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Green care governance: between market, policy and intersecting social worlds

Green care
governance

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Abstract

Purpose – Green care – the utilisation of farms as the basis for health services – is seen as a promising addition to other health services, and it is seen as a viable diversification strategy for many farm families. However, the number of such services is low both in Norway and in Europe in general. The development of green care seems to have stagnated. This paper seeks to analyze and discuss the case of Norwegian green care in order to reflect on the hindrances to the further development of a viable green care sector.

Design/methodology/approach – The paper analyzes the green care market, green care policies and the interaction of social worlds that are necessary to make the green care sector function smoothly.

Findings – The conclusion is that there is a sound basis for a green care market and that there are sufficient political support and political engagement for the development of green care in Norway. The problem with the green care sector is the interaction between the “social worlds” involved in the sector – the suppliers/farmers, the users, and the (public sector) buyers. It is argued that the development of a green care market is hampered by the lack of an institutional framework and a set of market devices capable of bringing key actors together.

Research limitations/implications – The paper presents an analysis of the Norwegian green care sector. It shows that there are substantial cross-national differences between health service systems, and therefore comparisons between nations are difficult. However, the principal challenges – diverse social groups, the lack of institutional frames, and immature markets – are shared. Therefore, the need for further research is evident and there are lessons to be learned from cross-national comparison and case studies.

Originality/value – Within the green care research field, there have been few social science studies that address organisational issues and the governance of this new and emerging business. Theoretically oriented and analytical contributions on organisational aspects of green care services are therefore timely. This paper is such a contribution.

Keywords Governance, Norway, Health services

Paper type Research paper

Introduction

Green care may be defined as “The utilization of agricultural farms as a basis for promoting human mental and physical health in cooperation with health authorities”. This definition covers horticultural therapy, animal-assisted therapy and activity-based therapies in a farm context (see, e.g. Hassink and van Dijk, 2006a).

As in most western countries the Norwegian health sector is under substantial pressure. Increasing numbers of children and young people need treatment for psychiatric diseases; the number of elderly people with dementia is predicted to double within the next 50 years; and an increasing number of people of employable age are receiving different kinds of supplementary benefits instead of being in work. Many of these people could potentially receive help in a well-functioning green care market.



Agriculture, which provides green care services, is also under substantial pressure – in Norway as in most of the developed world. Structural changes within the agricultural sector have led to increased diversification and more pluriactivity[1]. Many farm families have found the need to either start additional businesses or to commence to work outside of the farm. Concurrently, rural and agricultural policy programs are expanding into other sectors along with a shrinking agricultural sector. In these new “outskirts” of Norwegian agricultural policy, green care has become an important issue. In the “Strategy for developing new businesses in agriculture” (Ministry of Food and Agriculture, 2007), the agricultural authorities ranked green care as one of the key priorities. However, it seems to be difficult to develop green care into a significant type of ‘side-activity’ for Norwegian farmers. In this article we ask: What are the most important hindrances for the development of green care in Norway? We believe that in spite of the peculiarities of the Norwegian case, there are possible lessons and implications also for other countries. The principal challenges are, we believe, general. In searching for the hindrances we arrange our discussions around three alternative types of organisational structures that have become rather standard in the social sciences: politics, market, and the social (see, e.g. Parsons, 1967; Stillwell, 2006). First, we investigate whether there are problems relating to the market for green care services. Consequently, we address issues of supply, demand, and the function of the market. Second, we discuss whether there are problems of political engagement. This involves questions on whether the extent and form of political efforts are sufficient. Third, we assess whether the problem is basically one of facilitating social interaction. This means that we analyse the social interaction and the organisation of green care services. Clearly, issues of market, politics and social interaction are deeply interrelated, but an analytical separation may be useful in the search for barriers to green care development.

In the Norwegian context, green care services are often treated as “Into the courtyard” services. This is a wider concept that implies both green care as defined above and several types of pedagogic services localised on a farm. “Into the courtyard” was established in Norway in 2001, both as a concept and as a generic brand. In this article though, we only address farm based health services, based on the above definition, and do not include pedagogic services, on-farm kindergartens, or health-oriented tourism services.

Green care implies important income opportunities for farmers, it is an effective remedy for a series of widespread health problems, and it provides a beneficial supplement to the existing health sector. In addition, since this kind of activity started to gain attention in the 1990s, we have seen intensive public efforts to expand and develop green care further. Still though (at the beginning of 2008) less than one percent of Norwegian farms provide green care services. The figures are lower still in other European countries (Hassink and van Dijk, 2006b). The apparent potential compared to the relative small number of green care services presents a puzzle, which is timely to address. Studies of green care governance and the organisational aspects of green care have a significant political as well as theoretical relevance. As substantial political efforts and resources are channelled into green care, it is imperative to assess the problems facing the sector in order to increase the plausibility of cost-effective initiatives. This is especially the case seeing as the public sector is now in need of new supplementary health services – particularly for young people with behavioural difficulties, for the increased number of “burned out” labourers of the new economy,

and for a steadily aging population. For green care to be a useful supplement to the existing health services, there is a clear need to develop a proper understanding of the barriers to the development of green care. For the agricultural sector, which is in constant need of appropriate fields for farm diversification, improved knowledge on the limits and possibilities of green care services are vital. The research on green care has so far been limited, particular in terms of social science studies, which address organisational issues and the governance of this new and emerging business. The work that does address issues of organisation and governance (e.g. some contributions in Hassink and van Dijk, 2006a) tends to be fairly descriptive. Theoretically oriented and analytical contributions on organisational aspects of green care services are therefore, as we see it, timely.

In this article we will first present an overview of the literature on green care. Thereafter a short remark on the data is presented. The analysis and discussion are organised into four parts:

- (1) The current state of Norwegian green care governance and the ongoing political efforts in green care.
- (2) The possible explanations of the current stagnation of green care development, drawing on market, political and socially based explanations.
- (3) A presentation and interpretation of the findings.
- (4) A commentary on further efforts in terms of governance and organisation.

The green care literature

It has become conventional to hold that green care services (and nature) have positive effects on people's health. However, the nature of the relationship is still not properly understood. Many explanations build on the idea that there is an inbuilt interconnectedness between the natural environment and the human condition that potentially provides health benefits (Kaplan and Kaplan, 1989). Still, research on green care and their associated health benefits can be described separately under the following headings:

- health benefits from nature and landscapes;
- health effects from interaction with animals;
- health effects from horticultural activity or other on-farm activities; and
- miscellaneous studies on green care. In the following we will briefly present some studies addressing these fields.

First then, several studies suggest that there are positive links between being in a green environment and therefore "close to nature" and health gains (Takano *et al.*, 2002). Clearly there are methodological problems in defining and isolating the most important variables in the causal chains between nature and health. The principal cause may be a genetic memory of a landscape, the view (Ulrich, 1984), the activity, the fresh air, or the sun. Although the nature of the relationship is still poorly understood, the overall picture is relatively clear: it is good for people to be out among nature. Children develop better (Grahm, 1996), older people live longer (Takano *et al.*, 2002), sick people rehabilitate better (Ottosson and Grahm, 2005a, b), and newly operated patients recover quicker (Ulrich, 1984).

Second, it also seems healthy to have a pet and to work with animals. Garrity and Stallones (1998) reviewed 25 scientific studies on human-pet relations and found documented evidence that there are health advantages of human-pet relations, under certain conditions. Even though this is an indication of an effect, the differences between pets and farm animals are substantial and findings cannot be transferred uncritically. However, recent studies on animal assisted therapy do reveal that occupational therapy with farm animals may be beneficial to persons with diverse mental disorders (Berget *et al.*, 2007), elderly people, and young people with behaviour disorders (Mallon, 1994).

Third, even though solid empirical evidence on the effect of horticultural therapy is still lacking, horticultural activity is also shown to have a substantial health potential (Stigsdotter and Grahn, 2002, 2003).

The works referred to above are typical for the research on green care. They focus on the issue of health effects and argue for the usefulness of the green-care approach. Most research takes place in the intersection between health disciplines and agricultural disciplines. In Norway, there are just a few studies and evaluations that also address organisational issues. Meistad and Nyland (2005) describe some experiences with the cooperation between green care providers and the service purchasers. They hold that green care is a promising kind of activity, for farmers as well as for people with mental health problems. The challenges ahead are described mainly from the farmer's perspective, and the authors see the cooperation processes as relatively time and resource consuming. From a farmer's perspective though, simplification is seen as important. In their work on green care, Stokke and Rye (2007) devoted a chapter to descriptions of the Norwegian county administration's organisation of work with green care. They showed that the work towards green care varies a great deal from county to county, but all over, the employees in the agricultural and rural development departments of the counties seem to agree that the municipalities are the "problem" in green care interactions (Stokke and Rye, 2007, p. 35). Another described that a key organisational challenge was the development of good long-term contracts. Bjørgen and Johansen (2007) carried out a "user ask user" evaluation of green care services, revealing two significant findings. First, it was pointed out that even though service-users and farmers had convergent interests in the care service, there were service-users that saw themselves as working on the farm without being properly awarded or paid. Second, this study also highlighted that the contracts between the farmers and the buyers was a weak spot that could affect the users of green care services negatively.

In the following we will address the organisational elements of green care, and we will do so in three sections. First, we address the green care market, next we consider green care policy, and finally we assess the intersection of the social worlds in the field of green care. However, before moving on, some brief comments on the empirical inputs are appropriate.

Empirical inputs

In this article we take a critical look at the current state of green care services in Norway. We argue that Norwegian green care is a poorly developed sector – or at least a sector with the potential to become much more than it is. Still, in an international perspective Norway seems to have come the furthest in green care development (Hassink and van Dijk, 2006b), and is therefore an interesting case in this respect.

There is reason to believe that if the current analysis illuminates factors that hinder green care development in Norway, these factors may also be of interest to other European and western countries, which are also engaged in the development of green care programs.

The empirical background is a joint research and development project[2], where the authors worked alongside the County Governor of Sør-Trøndelag in Norway, in order to look into and start the development of new organisational models for green care. Empirically, we have drawn on three types of information, which serve as data for our analysis. First, we did a review of the international and Norwegian literature on green care and farming for health. This served not only to provide important inputs to the current state of knowledge, but also highlighted which fields of green care research had been neglected. Second, we conducted a document analysis to examine the discourses evident in statements and documents relating to both the private and public sector actors in the green care field. Last but not least, we conducted observations and interviews with activists, public servants, politicians and researchers throughout the project period. Together, these inputs provide the basis for our reflections on the challenges of the emerging green care sector.

The stagnation of green care and some possible causes

The problem and its context

The green care sector in Norway is made up of four different types of actors. These are principal actors that may be found in most countries – although their features may vary. First, we have the users, or clients. They are of different ages and have different kinds of problems: some have mental-health disorders, some have behaviour problems, and some are burned out by the harsh requirements of the new labour market (Fjeldavli and Meistad, 2004). In general, these are not actors that are likely to articulate organisational or administrative issues. Even so, in the county of Sør-Trøndelag, “Mental Health Norway”, an organisation dedicated to issues concerning mental health has been a steady contributor to projects regarding green care. The second key actor is the local authorities who are the buyers of green care services. The buyers are normally the municipalities or NAV (the Norwegian Labour and Welfare Organisation)[3]. In the Norwegian system, the municipalities are responsible for the elderly, the primary health service, and for the primary schools, while most work related welfare services are paid for by NAV. The third actor group is the green care service providers – the farmers. The farmers are sometimes independent suppliers of green care services to clients, and sometimes they sell their services as subcontractors to other firms in, e.g. the labour market training business (Meistad and Nyland, 2005). The farmers are known to have strong and efficient interest organisations in other contexts (e.g. Almås, 2004). We observe the same in this field. The farmers association, known as Bondelaget, in Norway, has put green care high on their agenda. The farmers’ association participates in a series of boards, committees and working groups and promotes the development of green care and “Into the Courtyard” programs. They also have strong connections to the fourth type of actors: the agricultural authorities who operate at both the local and centralised governmental levels. As such, the different agricultural authorities are key actors at all levels of the emerging green care sector. They contribute with funding, personnel and information.

The extent of green-care services in Norway is somewhat uncertain both because there are no standardised systems of registration and because green care normally is “lumped” together with other “Into the courtyard” services. A study from 2003/2004 estimated the number of “Into the courtyard” farms to be around 600 (Fjeldavli and Meistad, 2004). In 2006, the number of such services was reported to be 665 (Stokke and Rye, 2007). However, since a substantial portion of “Into the courtyard” farms provide pedagogic services rather than health services, the number of green care providers can be calculated as even lower. Fjeldavli and Meistad (2004, p. 12) report that 24 percent of “Into the courtyard” farms have services for children of pre-school age, and 44 percent offer services for school children in general. Even though the proportions are flexible because some of the resources provided are rather general, one can estimate that the number of Norwegian farm-based health services constitute less than 70 per cent of the total “Into the Courtyard” services. This means that we can probably speak of less than 460 farms, or 0.9 per cent of all Norwegian farms, offering health related services. Stokke and Rye (2007) show that the average employment effect of the activities are around an average of 1.3 jobs for each farm. Totally, that indicates approximately 600 jobs nationwide – a rather modest number.

We will now try to reveal what is obstructing the expansion of green care services in Norway, focussing on whether it is an example of market failure, of policy shortcomings, social incompatibility between key actors, or a mix of these?

On the green care market

There is a market for green care services. From a neo-classical economics perspective one could imagine that demand and supply would meet – clearing the market – and that the existing extent of green care reflects a healthy balance between price and quantum in this market. However, this cannot be stated by assumption. It is an empirical question that needs to be evaluated. To analyse the market one can look into the supply side, the demand side and the institutional functioning of the market.

Let us start with the supply side. One of the assumptions necessary for the green care services to expand, is that there are enough farmers who are willing to take on this career. The average income from farming among Norwegian farmers in 2006 was 144,700 Norwegian crowns (NOK) or approximately 18,000 euro. The average household income among Norwegian farmers is between 300,000NOK and 400,000NOK (Statistics Norway 2007a), or between 37,000 and 50,000 euro. Bearing in mind that the mean annual income for individuals engaged in the processing industry was 355,600 or 44,000 euro (Statistics Norway, 2007b), it is clear that the levels of farm household incomes are low. As such, the need for additional income for farmers seems apparent.

Owing to agricultural policy reforms, changing conditions for farming and the development of new global markets, many Norwegian farm families have turned to pluriactivity and diversification to secure their income. While pluriactivity includes income generated outside of the farm through off-farm employment, farm diversification can be described as a farm-centred income generating activity and a strategy for greater economic viability based on transforming and expanding on farm activities by employing unconventional uses of on-farm resources (Fuller, 1990), for instance using labour, housing and farm activities themselves as the foundation of green care services.

Both pluriactivity and farm diversification have traditionally been important to Norwegian farming (Almås, 2004). Studies indicate that more than half (59 per cent) of all Norwegian farmers engage in additional activities based on the farm and its resources (Vik and Rye, 2006). On average, farm families gain half of their income from non-farming work, either through off-farm employment or alternative farm enterprises such as farm tourism, contracting for other farmers or non-agricultural customers, processing and direct sales. There is little doubt though that the need for additional income and activity is present for Norwegian farmers.

In this respect, green care is one among many opportunities for Norwegian farmers. In economic terms though, it seems to be a good alternative. Calculations done by Stokke and Rye (2007) show an average income of 216,000NOK per farm each year in the "Into the Courtyard" services, and an average turnover on 474,000NOK. This result is well above the core agricultural activity. Even though there are large variations, green care seems to be more profitable than traditional agriculture.

However, the commencement of offering green care services is not only facilitated through economic incentives. Many farmers are also motivated by the expectation that the green care services would imply more social surroundings, both at their farm and in their rural district in general (Stokke and Rye, 2007). Diversification into green care definitively makes sense for economic as well as social reasons. Thus, the green care concept seems to fit well into the Norwegian agriculture's call for additional work, and one could expect a sufficient supply. This is further substantiated by informants reporting that many farmers have signalled an interest in starting green care, and by the fact that many farmers have started green care services but then have quit after short time (Stokke and Rye, 2007).

The other side of the green care service market is the demand side. Is there an actual need for green care services? There does not seem to be a lack of demand when it comes to the Norwegian people's need of green care services. According to a mapping done by the Ministry of Food and Agriculture, 40,000 children and youths were treated for psychiatric diseases in 2004, and in addition 3,600 children and youths were waiting for elucidation and treatment within this field; There are also around 65,000 persons who have been diagnosed as having dementia in Norway, and this number will more than double the coming 50 years; Further, one out of five persons of employment age is receiving either sickness, rehabilitation, or disability benefits or other kinds of supplementary benefit instead of being in work (Stokke and Rye, 2007). Many of these people could arguably receive help in a well-functioning green care market.

However, in the green care markets, as in many health markets, the users and the buyers are different actors. To say that users may need the service is not the same as to say that the buyers want to pay for them. However, the health sector and social services have become more proactive in seeking alternatives to traditional medical treatment, therapy, rehabilitation and work training. Municipalities as well as NAV offices are now beginning to evaluate the possibilities of green care services, and a wide range of meetings and conferences address the buyers of green care services (Fylkesmannen, 2008; Inn på tunet, 2008). However, there appears to be some misalignment: The services provided by green care farms tend to be rather holistic and broad. Green care is said to be good for children, elderly people, depressed people, people with bipolar disorders and people with mental-health and cognitive disorders. In addition, the anticipated effects from the green care service may come from working from animals, from well structured routines, from the withdrawal from the stresses of

everyday life, from horticultural practices or just from being around nature. Thus, it is hard to isolate the core of the service as well as the relevant patient groups. Fjeldavli and Meistad's (2004) study makes it clear that the farmers also find it hard to choose and to elucidate what their products are, and for who they are suited. From the farmers' perspectives, services could benefit anyone from children with behavioural problems, to the elderly with dementia and patients with significant mental illnesses. This lack of clarity complicates where the exact market lies, however, this problem is not insurmountable. For both clients and buyers, the product becomes needs to clearly defined and supported by appropriate marketing.

Having showed that there is a potential supply and a potential demand we may ask whether there are problems with the functioning of the market. As Callon (1998, p. 3) describes, a market "implies an organization, so that one has to talk of an organized market (...) in order to take into account the variety of calculative agencies and of their distribution". In the green care sector there is no such organised "market-place". There is no, real or virtual, arena where buyers can meet sellers. The institutional frames are missing. The caseworkers in the municipality or the NAV system need to know personally which farms are available and what kind of services they provide.

Furthermore, the green care sector suffers due to a lack of what Callon *et al.* (2007) label as market devices. Muniesa *et al.* (2007, p. 2) describe a market device as the material and discursive assemblages that intervene in the construction of markets. A device is then an object with agency, in that it helps, steers, or forces actions in specific directions. Devices ease the market transactions. In this context, such devices might be a mark or brand indicating a public quality control; it could be a specific recognition procedure, or a standardised contract. It must, however, obligate and steer farmers as well as health bureaucrats. In the green care sector the lack of standardised products and standardised contracts illustrates the point. Informants told us that it is in many cases necessary to negotiate the service and the contracts in each individual case. For a new service provider an informant stated that the municipality and the farmer negotiated for more than three months over a contract. This included what to pay for as well as the form of cooperation. Other research supports that the negotiating of contracts is challenging (e.g. Stokke and Rye, 2007; Bjørgen and Johansen, 2007). This is a situation that demonstrates the very high transaction costs in green care. For busy bureaucrats as well as small-scale farmers, such time consuming, difficult and unfamiliar problems are a fundamental barrier.

Summarised, it seems that there is potential for a substantial supply as well as for a substantial demand. It is not what we can observe that is a problem for the green care market, but the absence of institutional or technological devices and standards that could make the market function more smoothly.

On the political engagement

For green care in Norway, markets are not automatically in place, and when markets do not function properly, policy intervention provides an alternative initiating force, and model of distribution. A responsibility for the stagnation in the development of green care may therefore also be interpreted as policy shortcomings. There may be a lack of political engagement, or there may be inadequate political efforts. Let us consider these two possibilities.

At face value, the level of political engagement seems impressive: Green care is one of the government's most prioritised fields when it comes to the development of new

industries within agriculture (Heggen, 2007; Innovasjon Norge, 2007b), and in many counties the County Governor has persons who are working specifically to further develop these kinds of services (Stokke and Rye, 2007). In Norway, 17 of the 20 county administrations have “Into the courtyard” contact persons. Green care is the most important element in this concept. Some officers are employed to work full time on these issues, while others share their time between different tasks. In addition to the governmental effort, the national farmers’ association has one person devoted to green care and there are several municipalities with people working on green care issues. Furthermore, a national secretariat function has been established and located within a non-government organisation – The Royal Norwegian Society for Development – and arena for the meeting of key persons are established, virtually (www.innpaatonet.no) as well as politically (Innovasjon Norge, 2007a). Considerable resources have been allocated to the program from several different budgets. There is little doubt that the problem is far from a lack of political will and willingness to use public funding. Let us then consider the direction of the work presently undertaken in the green care area.

Starting at the top of the political ladder, an inter-ministerial meeting has been established to exchange information and to plan further work in this field, and national coordination via the County Governors’ offices is also under planning (Innovasjon Norge, 2007b). There are several more limited and local network initiatives in this area as well. The local networks developed by the County Governors’ green care contacts involves farmers, representatives of the municipality, NAV, researchers, representatives of large governmental institutions (e.g. hospitals) and other local authorities. These diverse groups are making substantial efforts in order to connect, educate, motivate and inform about green care. Another example of a local network is the cooperation between the Norwegian farmers’ association and The Royal Norwegian Society for Development, which aims to develop a quality system for green care services and farms (Inn på tunet, n.d.). Criss-crossing the top-down dimension, a multi-disciplinary meeting arena for the development of “Into the courtyard” services has been instituted. This may be described in terms of corporativism (e.g. Olsen, 1978), public-private partnerships (Lucas, 2002; Reich, 2002), and in terms of networked governance. In this arena, such bodies provide the Ministry of Food and Agriculture with input for policy formation. Similarly, input from representatives of governmental administrations, farm unions, research and business are gathered. Many of the participants in the network make up a kind of community. They share an interest and a motivation for green care. It is therefore also illustrative that they take part in an international “community of practice” (CoP) on “Farming for Health” (www.farmingforhealth.org/). This is an international group of researchers, practitioners and policymakers with an interest in green care.

Altogether, green care governance may be described as multi-level, multi-arena and networked. Going into the different activities it becomes clear that in terms of networking and contacts the green care field is marked by a substantial variety of “levels” – in width, depth, and scope – of political engagement. Still though, it seems like these multi-level multi-arena networked governance structures are (so far) unable to spark the expansion of green care in Norway.

On social worlds and lacking market devices

We have so far argued that there is a basis for a market, although it does not function well, and that there is a genuine political will to contribute to the development of the

green care sector, although it so far has proven insufficient. When the green care sector still does not develop properly, the problem may be of a more fundamental order. Let us consider a social world interpretation of the problem: That the service buyers, providers and users do not fully manage to understand each other, to communicate, and to co-act.

Berger and Luckmann (1991, p. 114) argue that each individual is finding oneself inside a symbolic universe, by that "(...) all the sectors of the institutional order are integrated in an all-embracing frame of reference", and that "[t]he entire historic society and the entire biography of the individual are seen as events taking place within this universe". Thus, one is mostly hearing and seeing what one's own symbols permit (Strauss, 1993, p. 155). This significant network of meanings profoundly affects the individuals' interactions and provides justification for their interpretations (Strauss, 1993, p. 156). At the same time, Berger and Luckmann (1991, p. 103) argue that the individual is taking part in different sub-universes: "Like all social edifices of meaning, the sub-universes must be 'carried' by a particular collectivity, that is, by the group that ongoingly produces the meanings in question and within which these meanings have objective reality". Strauss (1993, p. 159) places Berger and Luckmann's (1991) concept of sub-university side by side to the Chicago School's concept of "social world".

Through their particular professions, social positions and situations, each part involved in the development of green care services can be understood as existing in what is referred to as a social world. Social worlds can be defined as "groups with shared commitments to certain activities, sharing resources of many kinds to achieve their goals, and building shared ideologies about how to go about their business" (Clarke, 1991, p. 131). With regard to the last-mentioned characteristic, each social world has its own understanding of the significance of their activity(-ies), what is working out, and how things should be best done within their field. Farmers, who are offering the green care services, can be understood to constitute a social world through their agricultural life and business, while the public health services is constituting another social world through their working for citizens' health. Other public buyers of green care services likewise constitute their own social worlds. Users of the green care services might also be understood to constitute another kind of social world. The rationales of the green care farmer, the public health bureaucrat, and the "burned out" potential client are clearly different, but does it matter? The social world-process of intersection is an important characteristic of contemporary society (Strauss, 1993, p. 217). Work and social interaction that criss-cross social boundaries are not uncommon. However, working across boundaries involves what Star and Griesemer (1989, p. 388) denotes "The problem of common representations in diverse intersecting social worlds". Why, around what, and on what grounds should the green care farmer, the health bureaucrats and the clients meet? Star and Griesemer's main contribution to this problem is the concept of a "boundary object". "Boundary objects are objects which are both plastic enough to adapt to local needs and the constraints of the several parties employing them, yet robust enough to maintain a common identity across sites" (Star and Griesemer, 1989, p. 393). A boundary object can be anything from a museum (Star and Griesemer, 1989), to knowledges (Carlile, 2002), or a rural image (Vik and Villa, 2008). Either way, "boundary objects" is a concept that refers to an entity that serves as an interface between different social worlds. Boundary objects then are shared by the different social worlds, but can be understood and used differently by each of them. A challenging feature of boundary objects is that when the new objects of co-action

mean different things to the different social worlds, “actors are faced with the task of reconciling these meanings if they wish to cooperate. This reconciliation requires substantial labour on everyone’s part. Contributing actors “translate, negotiate, debate, triangulate and simplify in order to work together” (Star and Griesemer, 1989, p. 389). The alternative though, is action instead of co-action. Strauss (1993) uses the word “arena” when referring to interaction between social worlds around issues – where actions concerning these are being debated, fought out, negotiated, manipulated, and even coerced among the social worlds.

From our insight into the world of green care, it seems like there is no such boundary object, or arena, around which the diverse social worlds working practically with green care service provision may gather. On the other hand, it is clear that the green care network has established several other kinds of arenas to develop green care. The first is a website, www.innpaatonet.no, which was meant to constitute a national intersection, where the regional development within this kind of green care could be mediated together with other “Into the Courtyard” actors. The web site is an internet-based, national competence- and network service for “Into the Courtyard” actors. It is also freely available to the Counties. Many county projects are using the website actively in their consultancy work, both as a source and as a reference (Stokke and Rye, 2007). The Ministry of Agriculture and Food and Innovation Norway [4] are financing this service together with the Ministry of Education and Research and the Ministry of Health and Care Services. Thus, this service is a part of a cross-ministerial attempt to support the development of green care services. A second arena which has green care issues as its sole focus is one of five national professional meeting arenas established by Innovation Norway to strengthen Norwegian agriculture (Innovasjon Norge, 2007a). The objective of this meeting arena is to contribute to business development through value chains and networking within green care. The meeting arena has a consultative function, and is initiating analyses, action plans and development projects. This national meeting arena for green care services is also working with a project on quality assurance on a national level, and a plan for action together with Innovation Norway. The objective of this plan of action is to further develop green care as a health and welfare option, and to contribute to the business development within agriculture.

As is clear, though, there exist arenas, and there exist virtual objects that one could expect to function as boundary objects. However, these objects are tailored around the needs, the visions, and the rationales of a diversifying farm sector. In line with this, Hassink and van Dijk (2006b) stress that in other European countries, the initiatives for green care farms have been taken up by the agriculture rather by the health sector. Thus, it is mainly farmers’ interests, and not the demands of the health sector, which constitute the driving force for the development of green care services.

The established arenas and virtual objects are not plastic enough to adapt to the local needs and the constraints of the several parties employing them. Neither the web site nor the meeting arenas wholly meet the needs of the public health bureaucrat, whether employed by the municipality or NAV, or the potential clients. It is not that these arenas are problematic for these actors, but rather that they are irrelevant. The objects have no established identity outside the agricultural segment of green care – and thereby they fail to be functional boundary objects.

Concluding remarks

We have argued that the field of green care services has a potential to develop into a substantial business. This is particularly so in Norway: There is a need among farmers to develop additional activities, and green care services, is clearly a well-suited, supplementary health activity. There is also a large, and growing, demand for the kind of health services that are included in the green care concept. The basis for a green care market should therefore be present. However, it has not developed.

We have also seen that the amounts of political efforts are impressive. Political support from agricultural authorities and interest organisations are substantial both rhetorically and financially. Even so, the efforts on facilitating effective and practical co-action have been inadequate. There are several facets of this problem. First, as in health services within welfare-based economies, users and payers tend to be different actors. Therefore, the problem of making actors meet to exchange is a bit more complicated than in some other markets that farmers diversify into. However, it should be possible to develop organisational models that make transactions possible. Second, there is a problem that the actors may be seen to live in very diverse social worlds. They think, act, and orient themselves in such different ways that transactions are neither smooth nor easy without significant effort from each party. Third, the institutional framework for a well-functioning green care market is absent and as such, the discussion shows that the foundation for a meeting of divergent social worlds are lacking.

The solution, as we see it, is not more motivation, mobilisation and networking among farmers and their organisations, and not more political anchoring among agricultural authorities. The focus should be on developing boundary objects or market devices capable of obliging farmers to conceptualise and develop their green care services in terms that practising street level health bureaucrats (Lipsky, 1980) find adaptable to their needs and the requirements of their work. That involves quality assurances as well as service specifications. Another necessary aspect of the market is the organisational elements. Institutional frameworks for the actual transactions must be constructed. It must be possible for buyers as well as users to find their way among service providers without having personal relations or knowledge of them.

The description of the situation of green care in Norway, and our analysis of its underlying causes is a starting point. Further research and practical development initiatives are required in order to build and implement practical market devices. This requires the joint efforts of the established green care network, but with a strengthened emphasis on the social world and the professional requirements of the local health bureaucrats. Norway is but a case. The above description and analysis should therefore be followed by international comparative studies that go deeper into the organizational and managerial aspects of green care

Notes

1. Pluriactivity used to be the normal situation in Norwegian agriculture. This changed in the late 1970s when the ideal of a fulltime family farm took over (Almås, 2004). Today, pluriactivity and diversification is again the norm. Vik and Rye (2006) show that 60 per cent of Norwegian farms have diversified into additional activities related to the farm, and that 68 per cent of Norwegian farm families report that less than 50 per cent of household income comes from the farm.

2. Financed by the Research Council of Norway, under the programme “Research for innovation and renewal of public sector”.
3. NAV is a merger between the National Insurance Organisation, the National Employment Service, and the municipal Social Welfare System.
4. Innovation Norway is a state owned company that is a result of a merger between The Norwegian Tourist Board, the Norwegian Trade Council, The Norwegian Industrial and Regional Development Fund, and the Government Consultative Office for inventors, SVO. Their mission is to promote industrial development and to help to develop districts and regions by contributing towards, e.g. innovation and internationalisation.

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