Changing accountability relations in welfare state reforms: Lessons from Norway

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uni Rokkan Centre
Stein Rokkan Centre for Social Studies

Report
3 - 2012

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ISBN 978-82-8095-080-2
ISSN 1892-8366

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UNI RESEARCH AS

APRIL 2012

Report 3 - 2012

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Preface

This paper is written as part of the research project «Reforming the Welfare Stare. Accountability, Democracy and Management», funded by the Norwegian Research Council. It is partly based on Christensen and Lægreid (2011c) regarding the welfare administration reform, Byrkjeflot, Christensen and Lægreid (2011) regarding the hospital reform and Christensen, Lægreid and Ramslien (2006) regarding the immigration reform, with strong links to the projects: «Three reform programs in health care. A comparative project». «Regulation, Control and Auditing» and «Evaluation of the NAV-reform» at Uni Rokkan Centre, all funded by the Norwegian Research Council.

Summary

In this report we investigate how three major reforms in the Norwegian welfare sector changed accountability relationships. The reforms in question were the NAV reform of the welfare administration that Norway passed in 2005 and implemented through 2009, the hospital reform of 2002 and reforms of the immigration administration from 2001 onwards. The NAV reform merged the national pension administration and the employment agency and established local partnerships with the municipality-based social services. The hospital reform transferred ownership from counties to the state and merged hospitals into health enterprises. The immigration reforms established autonomous central agencies and reshuffled the responsibility between ministries. We map formal accountability relations to see whether they were changed by the reform and how they work in practice. More specifically we address the following accountability relations: Political, administrative, legal, professional and social accountability. We show that the actual accountability relations are not always tight coupled to the formal relations. The reforms have made accountability a more ambiguous issue. It is a complex and dynamic accountability pattern in which different accountability relations supplements each other. We reveal hybrid and multiple accountability relations combining different accountability relations in a composite and redundant manner.

Sammendrag

I dette notatet undersøker vi hvordan tre reformer i den norske velferdsstaten har forandret ulike ansvarsrelasjoner. De reformene som undersøkes er NAV reformen som ble vedtatt i 2005 og iverksatt fram til utgangen av 2009, sykehusreformen fra 2002 og reformer i innvandringsforvaltningen fra 2001 og framover. NAV reformen slo sammen Rikstrygdeverket og Aetat og etablerte lokale partnerskap med kommunene når det gjaldt sosialhjelp. Sykehusreformen overførte eierskapet for sykehusene fra fylkene til staten og omdannet sykehusene til helseforetak. Innvandringsreformene etablerte autonome sentral forvaltningsorganer og flyttet ansvaret mellom ulike departementer. Vi kartlegger formelle ansvarsrelasjoner for å se om de forandret seg som følge av disse reformene og diskuterer hvordan ansvarsrelasjonene utspiller seg i praksis. Følgende ansvarsrelasjoner undersøkes: politisk ansvar, administrativt ansvar, legalt ansvar, profesjonelt ansvar og sosialt ansvar. Vi viser at de faktiske ansvarsrelasjonene ikke alltid er tett koplet til de formelle relasjonene. Reformene har gjort ansvarsrelasjonene mer tvetydige. Det avdekkes et komplekst og dynamisk ansvarsmønster der ulike ansvarsrelasjoner supplerer hverandre. Ansvarsrelasjonene framstår som hybride og flersidige og er kombinert på sammensatte måter.

Introduction

Comparative studies of public reforms are often concerned either with features of reform processes or their effects. They usually focus on patterns of influence among actors, on efficiency and on the quality of public services (Christensen and Lægreid 2001 and 2007; Pollitt and Bouckaert 2004). Rather seldom, however, do such studies address fundamental accountability questions. Reform may change accountability arrangements, either deliberately via formal changes in design or else unintentionally, resulting in a new accountability practice (Christensen and Lægreid 2002). Normally accountability is an ambiguous issue in reform initiatives, and it has been claimed that reforms produce both accountability overload and accountability deficits (Bovens, Schillemans and t'Hart 2008). In most cases reforms involve some kind of trade-off between different accountability mechanisms and between accountability and other values such as flexibility, entrepreneurship and efficient service delivery. (deLeon 1998). Administrative reform is thus not inherently inconsistent with accountability, and accountability mechanisms can be matched to public problems and agency structures that are embedded in the reforms. Normally the rhetoric's of public sector reforms aims at increase government's accountability but administrative reform can result in more obscure accountability relations (Olsen 1988) and the problem of maintaining accountability cannot be reduced to the public officials' control of bureaucrats and citizens' control of political executives (March and Olsen 1995).

In addition, accountability is itself an ambiguous and contested concept irrespective of the effects of reforms (Mulgan 2003). In this paper we will use a rather narrow concept of accountability. Bovens (2007:450) defines accountability as «…a relationship between an actor and a forum, in which the actor has an obligation to explain and to justify his or her conduct, the forum can pose questions and pass judgments, and the actor may face consequences». The focus here is on whether actors can be held accountable ex post facto by accountability forums. One key question about accountability is the problem of many eyes or the *«accountability to whom»* question, which focuses on the nature of the forum. Bovens, drawing on the work of Romzek and Dubnick (1987), distinguishes between political, legal, administrative/managerial, professional and social accountability. We will look at all these types of accountability. The traditional mechanism of upward political accountability to the parliament becomes problematic in a complex state with administrative reforms that deploy a concept of extended accountability, for here traditional accountability is only part of a cluster of mechanisms through which public bodies are held to account (Scott 2000). In contrast to asking if the administrative reforms have made the civil servants more accountable than before the reform we will focus on the kind of accountability that is appropriate given the various dimensions of accountability and the complex contexts and tasks that the accountability relations operate within(Romzek 2000).

In this report we use these definitions of accountability to investigate how three major reforms in welfare services changed accountability relationships. The paper has first of all an empirical ambition of classifying and describing what happens to different

accountability relations in Norwegian welfare administration reforms. The reforms in question are the welfare administration reform that Norway passed in 2005 and implemented through 2009, the hospital reform that was initiated in 2000 and implemented from 2002, and the immigration administrative reforms that started in 2001. The NAV reform merged the national pension administration and the employment agency and established local partnerships with the municipality-based social services. The hospital reform transferred ownership from counties to the state and merged hospitals into health enterprises. The immigration reform established two independent agencies in 2001 and later on the political leadership have tried to increase their control again. We will map formal accountability relations to see whether they were changed by the reforms and how they work in practice.

Our data are taken from an evaluative study of the NAV reform, a large project on the hospital reform and from a project on governance and autonomy in the immigration administration. The current study is therefore based primarily on public documents and interviews with central actors in the three sectors. The material from the NAV reform evaluation is the most complete, as the interviewees here were asked specifically about accountability relations. Altogether 26 administrative executives in the central welfare agency and the ministry as well as political executives were interviewed in 2010. The study of hospital reforms is based on secondary sources and evaluation reports, and also a study of the discourse on the Norwegian hospital sector as expressed in documents from 2002 to 2006, as well as a few interviews conducted with local and regional managers between 2002 and 2006. These interviews were not specifically designed to deal with questions of accountability relations. However, we have been able to supplement with survey data on contact pattern. The data base for the immigration administration is public documents and reports as well as internal and internal sources. In addition eight central political and administrative executives have been interviewed in 2005.

First, we present our theoretical framework which consists of descriptive theory focusing on accountability. Second we present the national context as well as the more specific reform context. Third, we describe the formal changes in accountability relations of the reform. Fourth, we address the changes in accountability practice of the reforms along the dimensions of political, administrative, legal, professional and social accountability. Finally, we draw some conclusions.

Accountability: The problem of the many eyes

Accountability is an elusive, complex and multi-faceted concept. It is helpful to distinguish between the conceptual question of what is meant by accountability, the analytical question of what types of accountability are involved, and the evaluative question of how to assess accountability arrangements (Bovens 2007, Bovens, Curtin and t'Hart 2010). In this paper we will focus on the second analytical question. Accountability embraces several different aspects: first, there is the question of to whom an individual or organization is accountable; second, there is the question who is accountable; third, there is the question of what one is accountable for; and fourth, the

nature of the obligation. This paper addresses the first type of accountability. Public organizations are accountable to a number of different forums that apply different sets of criteria.

Romzek and Dubnick (1987) analyzed the Space Shuttle Challenger accident from an accountability perspective, highlighting the institutional factors that may have influenced the disaster. They state that a narrow accountability concept involves «limited, direct and mostly formalistic responses to demands generated by specific institutions or groups in the public agency's task environment» (ibid.: 228), while a broader concept «involves the means by which public agencies and their works manage the diverse expectations generated within and outside the organizations» (ibid.). Based on the broader concept they outline two important dimensions: whether the ability to define and control expectations is held by some specific entity inside or outside the agency; and the degree of control that the entity is given over defining that agency's expectations. Combining the two dimensions produces four types of public accountability: *Bureaucratic accountability* denotes a high level of internal control by and accountability towards political–administrative leaders. *Legal accountability* denotes strong control by and accountability towards an external actor, for example a lawmaker. *Professional accountability* is internally related, is low on control and deals with professional standards and expertise. *Political accountability* represents a rather low level of external control of an agency by different actors or institutions in the environment and is often labeled responsiveness.

Bovens' (2007) research builds on that of Romzek and Dubnick, but extends and elaborates their accountability perspective. He distinguishes between a broad and narrow accountability concept and locates that distinction along a normative/descriptive divide. Accountability in a broad sense is seen as normative because it is often defined as something positive, close to responsiveness. However, since there is no consensus on the standards of accountable behavior – civil servants engage in different and competing types of behavior that may be deemed more or less appropriate according to context – the concept is contested. (Christensen and Røvik 1999; March and Olsen 1989). As mentioned in the introduction, the narrower concept of accountability Bovens uses focuses on the obligations an actor has to give information and to explain and justify his/her conduct to a forum and that forum's right to pass a judgment that has consequences for the actor. He says that accountability is by nature retrospective – i.e. a form of ex post scrutiny – but can also be preventive and anticipatory, meaning that it can provide input for ex ante policy-making. Accountability relationships presuppose both that the actor being held accountable will play an active role in providing information about and adjusting his/her behavior, but also that the forum holding someone to account will actively seek information, discuss accountability matters and use the instruments it has to adjust the behavior of the actor.

Building on Romzek and Dubnick's research (1987), Bovens (2007) elaborates on five types of accountability based on different types of forums an actor must report to[1]. He sees *political accountability* as built on a chain or set of principal-agent relationships, i.e.

[1] There are different ways of classifying accountability relations. For an overview, see (Willems and Van Dooren 2011). Some classifications include market accountability (Grant and Keohane 2005, Page 2006) This accountability form has some relevance also for welfare administration reforms (Jantz 2011, Vrangbæk 2011, West, Mattei and Roberts 2011), but is not explicitly included in this paper.

the voters delegate their sovereignty to popular representatives in elected bodies, who further delegate authority to the cabinet and the civil service. Their accountability then moves in the opposite direction, from the civil service to the cabinet/ministries, from the cabinet/government to parliament and from parliament to voters. In addition, political parties and the media can function as informal forums for political accountability. Thus political accountability can include accountability to the minister or the cabinet within the executive branch as well as to the parliament (Storting) and to the public at large (Mulgan 2003). This is mainly a vertical accountability relation in which the forum formally has power over the actor due to hierarchical relationships. Political accountability is a key feature in the chain of delegation implied by the «the primacy of politics» (Pollitt and Hupe 2011). In this paper we will distinguish between political accountability to central political bodies (ministerial responsibility) and to municipalities (local self-government).

According to Bovens, *legal accountability* is becoming increasingly important in public institutions as a result of the increasing formalization of social relations and because there is greater trust in the courts than in parliament, whether these courts are civil courts or special administrative courts. Legal accountability is seen as the most unambiguous type of accountability, since it is based on specific formal or legal responsibilities.

Administrative accountability is related to a person's location within a hierarchy in which a superior calls to account a subordinate for the performance of delegated duties but it occurs in different variants (Sinclair 1995). It can be exercised by a range of scrutiny bodies that as quasi-legal forums carry out independent and external administrative and financial supervision and control of ministries or agencies. These may be auditors, inspectors, controllers, general offices, ombudsmen, independent supervisory offices, anti-fraud offices, auditing offices, etc. They may be primarily concerned with financial scrutiny or else focus more broadly on ensuring efficiency or effectiveness, as in performance auditing. Often they are linked to agencification and contract systems, but also to performance management systems, management-by-objectives-and-results systems and to the trend towards managerialism in public administration, labeled as an «audit society» by Power (1997). Contemporary reforms have put strong emphasis on managerial accountability, which means that managers on the one hand have been granted extended autonomy but on the other hand are made more directly accountable for their ability to produce measurable results and to run their organizations efficiently (Wallis and Gregory 2009). Political accountability should be confined to two functions: first, setting objectives; and second, evaluating policy based on an assessment of the results. Managers are left to get on with the rest of the business of government within a system of clear separation of policy making and policy implementation (Painter 2011). Generally managerial accountability work best where there is no political elements in a public service and low level of political salience (Bogdanor 2010). Managerial accountability is about monitoring output and results and making those with delegated authority answerable for carrying out agreed tasks according to agreed performance criteria (Day and Klein 1987). This is different from the traditional administrative accountability concentrating on monitoring the process or procedures in which inputs are transformed. We can also distinguish between a) internal administrative

accountability relations focusing on bureaucratic or managerial accountability in which the forum is part of the chain of command within the bureaucratic organization; and b) external administrative accountability where the forum are administrative bodies, audit offices and regulators outside the administrative body. In this paper we do not make this distinction explicit.

Professional accountability deals with the mechanism of professional peers or peer review. Particularly in typical professional public organizations different professions are constrained by professional codes of conduct – i.e. catalogues of conduct deemed appropriate – and scrutinized by professional organizations or disciplinary bodies. It is a system marked by deference to expertise where one relies on the technical knowledge of experts (Romzek and Dubnick 1987; Mulgan 2000). This type of accountability is particularly relevant for public managers who work in public organizations concerned with professional service delivery.

Social accountability arises out of a lack of trust in government and the existence of several potential social stakeholders in the government or public apparatus. This produces pressure on public organizations whereby they feel obliged to account for their activities vis-à-vis the public at large, stakeholders, or (civil) interest groups and users' organizations, via public reporting, public panels or information on the internet (Malena, Forster and Singh 2004). Giving account to various stakeholders in society occurs normally on a voluntary basis and has been labeled horizontal accountability (Schillemans 2008).

Bovens (2007) not only adds social accountability as a new type of accountability; he also differs somewhat from Romzek and Dubnick (1987) in his categorizations of the other types of accountability. Concerning political accountability Bovens focuses mainly on the chain from the sovereign people to administrative actors, a combination of external and internal elements, while Romzek and Dubnick evaluate this as a more general responsiveness by a public agency to actors and institutions in the environment. Legal accountability is for Bovens more associated with the courts while for Romzek and Dubnick it may also relate to the legislator. Bovens sees administrative accountability as connected to external scrutiny bodies, while bureaucratic accountability for Romzek and Dubnick is internal and related to the political–administrative leadership. Professional accountability is defined in roughly the same way by both.

The context

The national context

In Norway there are two partly contradictory doctrines informing accountability relations. First, we have the principle of *ministerial accountability* which implies that the minister is responsible to parliament for all activities in his own ministry and in subordinate agencies and units (Christensen 2003). This principle enhances strong line ministries and weak overarching ministries. Specialization by sector is strong and there are weak horizontal coordinative instruments. Second, we also have a strong principle of *local self-government*, implying that local government is responsible for local policy that

might be loosely coupled to central government policy. This principle enhances strong municipalities and weak coupling between central and local government. Specialization by area is strong and there is weak inter-governmental coordination.

Over the past 20 years the principle of performance management, or *management-by-objective-and-results* has been introduced, which is a tool for superior administrative bodies to control subordinate agencies and organizations mainly within the same ministerial area (Lægreid, Roness and Rubecksen 2006). By specifying objectives and performance indicators and establishing mandatory systems of performance reporting the central bodies try to enhance their control over subordinate bodies and increase efficiency and effectiveness. In addition to these three principles there are also strong norms of *professionalism*, expert governance and evidence-based policy making; *Rechtstaat* values enhancing principles of impartiality, predictability and due process; and norms of *participation* in the policy making process by external stakeholders, interest groups and user interests (Egeberg 1997). The principle of corporative participation has been strong in the Norwegian political–administrative system since the Second World War (Olsen 1983). The connections between these doctrines and norms and the mechanisms of political administrative, professional, legal and social accountability are pretty close.

The commercial parts of the government administrative enterprises mentioned above have all been corporatized, that is, established as various types of state-owned companies, whereas the regulatory parts have retained their agency form. Among the various kinds of state-owned companies that are subject to special law are: government-owned companies (statsforetak), government limited companies (statsaksjeselskaper), hybrid companies established by special law (særlovsselskaper) and governmental foundations (statlige stiftelser) (Lægreid, Opedal and Stigen 2005; Byrkjeflot and Grønlie 2005).

The reform context

Welfare administration reform

During the 1980s and 90s clients and civil servants in the welfare administration in Norway became increasingly critical of the fragmentation of service delivery, which was seen as especially problematic for the multiservice clients who had to visit many different public offices to claim their benefits. These actors put pressure on the Storting to initiate changes in the structure of the welfare administration, but were unsuccessful in their efforts until 2001 when a strong enough coalition was formed to ask the government to come up with a unified solution for the welfare administration (Christensen, Fimreite and Lægreid 2007). The minority coalition government was reluctant to accept this demand and sent a report back to the Storting saying that they did not support the idea of a unified service. A majority in the Storting was dissatisfied with this answer and replied that the government must deliver a more holistic service. This resulted in the government deciding to establish a public committee of experts to look into the matter. Their conclusion was that the basic fragmented structure was sound, but that the unemployment and social services should collaborate more closely at the local level.

The minister for the welfare administration who came to office in 2004 now headed a ministry that for the first time had all the relevant welfare services in one ministry. Realizing that it was politically impossible to come back to the Storting with yet another fragmented solution, he proposed a compromise that entailed a partial merger. The main goals of the compromise were to get more people off benefits and into work, to offer a more user-friendly and coordinated service and to be more efficient.

The administrative welfare reform was primarily a structural reform, consisting of two crucial elements. The first entailed a merger of the agencies for employment and the national pensions system, creating a new welfare agency (NAV) on all levels (ibid.). The second element entailed the establishment of a local partnership between this new agency and the social services at the local level run by the municipalities. The idea was to locate all services in one place and reduce the number of tasks involved to a minimum. Two aspects of this solution are worth mentioning. One is that it was politically impossible to propose a completely unified welfare administration, because that would have implied that it should be run either by central or by local government, which was not politically feasible. The second aspect is that the legally enshrined mandatory partnership required the support of the local authorities and their central organization, and one way to do this was to allow a dual local management in the welfare offices, making it easier for both actor groups to be represented and also allowing the municipalities to offer more services in local offices, over and above the minimum required. This might be seen as the central state increasing its influence and interfering in local self-government, but it could also be interpreted as local government getting central government to finance more local services.

After the Storting approved the reform in 2005, an interim period of one year followed during which the old organizations continued to run as usual while the new internal structures were being discussed and decided on. The new welfare administration officially began operating in 2006. It was based on a central partnership agreement between the government and the central organization for the municipalities followed by local agreements between the new NAV agency and all the municipalities. The process of establishing local welfare offices in all municipalities took four more years to finish.

In 2008 the reformed system underwent two significant reorganizations Christensen and Lægreid 2011a). One was the establishment of six regional pension offices, while the other entailed the establishment of county-based administrative back offices. This involved shifting quite a few personnel resources from the local level up to the regional level. The main arguments for this were that regional units provided an opportunity to increase the quality of casework. What this meant in practice was increasing competence and introducing more standardization, equal treatment and efficiency with respect to different benefits, while at the same time giving local offices the opportunity to focus on their two main tasks: providing information and guidance for their clients and helping the clients to get work. Central political and administrative actors, both in the ministry and in the welfare agency, saw this reorganization of the reform as a major precondition for fulfilling the aims of the original welfare reform. The paradox, however, was that the reorganization potentially undermined the original main reform idea of strong welfare offices in each municipality.

Hospital reform

Historically it was the municipalities and various local actors that were in charge in the development of health institutions in Norway. The consequence of this was that the hospital system was very fragmented with great differences among regions in accessibility to healthcare. One of the purposes of the local government reform in the early 1970s was to develop larger administrative units in order to establish a more fair and efficient system. It was now the counties that were to take responsibility for the development of hospitals. The rationale was to enhance local problem solving while simultaneously achieving equal accessibility across counties and regions. In time, however, and particularly by the 1990s, the counties came under increasing fire because of long waiting lists for patient treatment, a lack of economic control and failed attempts at achieving a more equal regional distribution of medical services (Byrkjeflot and Neby 2008; Hagen 1998).

In hindsight it looks as if the county regime that existed between 1970 and 2002 was quite unstable, the conflicts between professions, districts, administrators and politicians, and local and central health authorities were recurrent, and various terms such as «rematch» and «blame-game» were used to describe the situation (Byrkjeflot and Grønlie 2005). The question of responsibility was raised several times by government, but with not much success. Other important reform acts were implemented, however, primarily among them activity-based funding of somatic hospitals in 1997 and a patient rights legislation including the right to «free hospital choice» in 2001 (Ot.prp. nr. 12 (1998–99). These reforms made it even more difficult for the counties to take responsibility for the hospitals, since patients could go elsewhere at the same time as the central government now provided more than 70 % of the funding for these institutions (Hagen and Kaarbøe 2006:331).

The process that would lead up to the transfer of responsibility for the Norwegian hospitals from counties to the central government started in 2000 and in 2001 the decision to reform the hospitals were passed in the parliament. The reform act was thus prepared and implemented in a very fast pace (Herfindal 2008). One of the most important justifications for the reform was to give the hospitals «more clearly defined roles and responsibilities». Rather than be an integral part of the public administration they were now to be organized as enterprises with their own responsibilities as employers and for use of capital and finances, with the restriction that they may not go into voluntary liquidation. «As sole owner, the central government will have unlimited responsibility for and full control of the enterprises» (quoted in Bleiklie, Byrkjeflot and Østergren 2003; 21–22).

New management principles were introduced for the hospitals based on a decentralized enterprise model, originally with 5 regional enterprises, 33 local health enterprises which integrates 81 former hospital units (Stigen 2005:38). Currently there are 4 regional enterprises and 24 local health enterprises. The local enterprises are owned by the regional enterprises and are responsible for patient treatment, research, education of health personnel and patients. Several health care directorates and agencies were also reorganized in the same period, but these processes were initiated and implemented more or less independent of the hospital reform (ibid.).

On the one hand, the minister of health assumed full responsibility for conditions in the health sector and a new department of ownership was established; on the other, the enterprises were given enhanced local autonomy with their own executive boards and general managers with powers of authority to set priorities and manage the regional and local health enterprises. The reform involved an escalation of overall central government ownership responsibilities and control, simultaneously representing a decentralized, but also more unitary and hierarchical system of management.

Immigration reform

In Norway the immigration policy is rather contested and conflict ridden. The Progress Party has more anti-immigration attitudes than the parties that have been in power. This party has had a great agenda setting influxes on this policy area. There is, however, a rather broad consensus is that one has to control immigration in a rather selective and restrictive way, somewhat in between the liberal policy of Sweden and the restrictive Danish policy, but also that Norway should be open to receive asylum seekers and refugees, as well as economically motivated immigrants who are needed for the workforce. Legal established immigrants should also be treated well and offered generous welfare state services by combining rights and duties (Brockmann and Hagelund 2010).

In the 1980s, the immigration administration in Norway was rather fragmented without any strong administrative units. Since the late 1980s the issue of organization of the immigration administration has been on the agenda in a process of growth, institution building, reorganizations and reshuffling. It has been difficult to find a stable organization form and reorganization has been a routine activity in this policy area. There has been a tension between fragmentation and integration, between political control and agency autonomy, between control policy and integration of immigrants, between specialization by sector (ministerial responsibility) by area (local self-government) and by clients (immigrants).

In 1988 the government established the Norwegian Directorate of Immigration (NDI) which was responsible for implementing both the integration and the regulatory parts of immigration policy. The NDI was an ordinary central agency, administratively subordinated to the Ministry of Local Government. The Ministry of Justice was given the main responsibility for the control side, meaning that NDI was subordinate to two ministries. The establishment of the NDI meant increased horizontal integration of the integration and regulation aspects at the agency level, but at the same time increased vertical specialization, since the NDI acquired a kind of new independent position.

In 1994, a minority Labour government proposed that the handling of appeals should be moved out of the ministry and into a new independent immigration appeals board (IAB) for capacity reasons. This initiative produced a main cleavage among the political parties. The result of the process was that the proposal did not get enough support in the Storting and was sent back to the government. The Ministry of Justice came back in 1998, this time under a minority Centre government and proposed almost the same broad appeal board solution as the Labour Government had done four years earlier.

This time the proposal was supported by a majority in the Storting. It also got broad support from other public and societal actors. The government decided that responsibility for the regulatory side of immigration should be moved from the Ministry of Justice to the Ministry of Local Government from 2000 onwards. Establishing IAB with «super-independency» and the granting of greater autonomy to the NDI resulted in a considerable increase in vertical specialization. On the ministerial level the field of immigration policy was concentrated in one ministry, i.e. horizontal de-specialization.

After a year of a Labour Government, the non-socialist parties returned to power in 2001. They soon became rather unpleased with this organization model. In 2004, the Ministry of Local Government proposed a modified structure for the central immigration administration. It was stressed that the existing structure, which prevented the political executives from interfering in individual cases was problematic in a politically sensitive policy area, and that one needed to be more proactive by having instruments that were quicker and more effective to use. It was therefore proposed to seek a hybrid solution, something in between the structures of 1988 and 2001 (Christensen, Lægreid and Ramslien 2006).

First, the ministry wanted to give the NDI general instructions concerning the interpretation of immigration law and discretion, i.e. potentially stronger frame-steering than the 2001 structure. Second, the information flow from the NDI to the ministry was to be more closely regulated. Third, the ministry would decide that an application approver by the NDI should be handled by a new large board in the IAB consisting of a majority of lay members together with judicial experts. The Storting supported the proposal, with the Labour Party securing the majority for the government. The 2005 reform can be seen as a kind of tightening-up reform.

The different professional cultural traditions in the integration side and the regulation side resulted in 2005 in the NDI being split into two agencies, one for regulation and one for integration (The Directorate of Integration and Diversity), and also in the splitting of the ministerial department into two departments.

After the general election in 2005, with an incoming Red – Green government, the immigration field was moved into a ministry eventually labelled Ministry of Labour and Social Inclusion. When the Red–Green coalition was re-elected in 2009 a new reorganization at the ministerial level happened. The integration side was transferred to the new Ministry of Children, Equality and Social Inclusion while the regulation and control part was transferred to the ministry of Justice which it left in 2000. The only issues left in the Ministry of Labour were work immigrants.

Under the current Red–Green government the control measures have been tightened still further. A public commission suggested in 2010 to reorganize IAB into a Complaint Board for foreigners as a regular central agency and a Refugee Board with extended autonomy (NOU 2010:12). It also suggests that the ministry get extended authority for instructing the agencies in all cases except for asylums. The commission has proposed horizontal specialization and vertical despecialization by splitting IAP into two autonomous bodies and to keep strong professional and legal accountability in asylum cases but strengthen political accountability in regular immigration cases. This proposal which would keep the strong autonomy in asylum cases but to make the rest more in

line by standard procedures in regular semi-autonomus agencies, has not yet been approved by the government.

While the control and regulation policy is concentrated on central government level, the responsibility for the integration policy is to a great extent delegated to the municipalities. Despite the existence of a coordinating directorate the integration side was rather decentralized. Here the main principle was local self-government, not ministerial responsibility. The principle of voluntary municipal adaptation in the integration policy was strong. Municipalities were free to decide if and how many refugees they were willing to settle. This was also the case regarding work and language training. The municipalities have a lot of discretion and leeway regarding the integration policy and up to the Introduction Act (2004) the central government could not instruct the municipalities in such issues. By introduction of minimum standards and compulsory programmes this law reduced but did not eliminate the variation in municipal service level for immigrants. (Brockman and Hagelund 2010, 2011). In contrast to Denmark that has a strong central government control and Sweden who gives the refugees a lot of leeway the Norwegian settlement policy for refugees is still mainly a responsibility for local government (Djuve and Kavli 2007). In many ways the integration policy for immigrants are squeezed between sector responsibility and local self-government. So while the organization of the control policy at central government level has been under constant reorganization during the past 30 years, the main organization principles for organizing the integration policy of immigrants at the local level has been much more stable.

Summing up the reorganization of the immigration administration has been a continuous process during the past 20 years. It has been a process of step-wise capacity building outside the ministry and rather than of one big bang reform. We face a series of bigger and smaller reform initiatives. The reforms fluctuate between integration and fragmentation and between increased agency autonomy and stronger political control.

Formal change in accountability relations

In this section we locate types of accountability in these cases in the context of the theoretical discussion above. In the case of the NAV reform we base the analysis on questions asked in interviews with elites about changes in accountability resulting from the major NAV reform, whereas the analysis of hospitals and immigration is based more on documents and previous research. The focus here is on the formal changes in accountability relations.

Political accountability

Our definition of political accountability concurs very closely with Bovens' (2007). Norway espouses the principle of individual ministerial accountability whereby the minister is accountable to the parliament – the Storting – for everything that goes on in his/her executive administrative apparatus, meaning the ministry and the subordinate organizational levels and units. Within a ministry the administrative leadership is

accountable to the political leadership, as are the directors of the agencies and regulatory agencies. Olsen (1983) labels this the «parliamentary chain of command».

In addition to this principle Norway also adheres strongly to the principle of local self-government. Normally these two principles are loosely coupled and some of the main challenges in the Norwegian political administrative system have been about how to link accountability upward to the parliament with accountability downward to the local council. This was a central issue in the NAV reform since two of the tasks – pensions and the labor market – were central government responsibilities while the third – social services – had traditionally been the responsibility of the municipalities.

One way to frame the question on political accountability is to ask whether the reform had brought about any changes in the relationship between the new agencies and the political leadership on the one hand, and in the relationship between the political leadership and the Storting on the other.

Welfare administration reform

One important formal change in accountability relations in the welfare agency was the concentration of both pensions and labor market affairs in one ministry, which streamlined accountability relations from the previously loosely coupled and partly competing relationship between different ministries with responsibility for different tasks. Formally, the new NAV agency was established within a rather traditional ministry-agency model, implying a rather close relationship and considerable interaction between the ministry and agency. This is interesting coming after 10–15 years of devolutionary tendencies in the Norwegian civil service in which agencies have moved away from the political executive (Christensen and Lægreid 2001). One major reason for sticking to a model with considerable potential for political control is that this is the largest central administrative reform ever and a very crucial political area. Normally, the Storting would be rather passive concerning the organization of the central public apparatus, because this is seen as the executive's prerogative. The NAV reform is different in this respect, because the Storting initiated the reform and pressured the executive to come up with a solution, and it has been very active in following up on the reforms following their implementation. This offers potential for what in the US is labeled «sub-government» (Gormley 1989), in this case implying a rather hands-on attitude from the Storting.

The biggest change in formal accountability relations the reform implied was the introduction of the partnership arrangement between central and local government, which was supposed to be an organizational innovation that would resolve the contradictions between the principle of ministerial responsibility and the principle of local self-government. The partnership is compulsory by law and mandatory for all municipalities. The law stipulates that there should be one welfare office in every municipality and that the welfare office should be a joint front-line service, implying co-location of the social services administration and the new integrated employment and welfare administration. The welfare office can either have a joint management or a dual management arrangement, with one manager from the municipality and one from the employment and welfare administration (government). From the municipal side the

welfare office should as a minimum include financial social assistance, financial advice and the provision of housing for the homeless; in addition each individual has the right to have a social and welfare services plan. These one-stop shops are based on fixed, regulated, binding but also flexible co-operation agreements between the central and the local authorities, which are negotiated between the regional NAV office and the individual municipality (Fimreite and Lægreid 2009). In addition a purchaser–provider-model has been established between the NAV agency and a quasi-autonomous internal body providing ICT and other services. Summing up, the partnership model introduced by the NAV reform is a public–public partnership comprising only public partners at the central and local levels. The partnership was envisaged by the reform agents as a «Columbian egg solution» that would simultaneously establish a one-stop shop in every municipality in which all three services were included and accept the present division of tasks and responsibilities between central and local government to fulfill common goals.

The partnership model in NAV is a hybrid of hierarchy and network and tends not to clarify lines of accountability (Fimreite and Lægreid 2009). A key question in this model is how one can have joint action, common standards and shared systems on the one hand and vertical accountability for individual agency performance on the other. The challenge is to better balance accountability to central government, accountability to the local council and social accountability (Christensen and Lægreid 2007).

Hospital reform

In the case of the hospital reform there were significant formal changes in political accountability relations. Ownership was moved from regional elected bodies to national bodies. The ministerial responsibility was for this reason strengthened and local government accountability abandoned.

The new model, with health enterprises at the regional and local level, was partly inspired by the reforms that had taken place in the NHS in the United Kingdom, but also by reforms in other state agencies in Norway. However, it did also build further on historical traditions in the healthcare sector, where there has been a policy for regionalization in hospital planning since the 1970s. It was the five regions that were first set up in 1975 and made mandatory, as instruments for planning in 1999 that became the basis for the health enterprises that were established in 2002. The search for new organizational forms in the public sector has been an ongoing concern. It has been a particular aim for the Norwegian state to develop a new kind of public enterprises that are not part of the public-governmental line of command, but nonetheless are open for political intervention.

There is, in Norway, a distinct tradition for development of state enterprises allowing for the responsible minister to intervene in matters of public interest. The first company with such a statute was Statoil, the national oil company, and the same statute was introduced in the telecommunications firm *Telenor* when the telecommunication administration of Norway was transformed into a state owned company in 1994. Since then there has been a great deal of creativity in Norwegian state administration towards inventing new kinds of intermediate forms between state public administration and private enterprises («special law enterprises»). The health enterprise follows in this

tradition, but in this case a new kind of hybrid is created, moving even further along towards a combination of enterprise and public administration (Byrkjeflot and Grønlie 2005). Due to the historically strong links between local communities and hospitals, it seems to have been difficult to establish legitimacy for the new regional enterprises. They were thought of as a buffer between central government and the local hospitals, but local hospitals were accustomed to be able to relate directly to the political leadership and found it burdensome to deal with a relatively weak administrative level as a substitute. These regional and local health enterprises were subject to special legislation through the Health Enterprise Law. They are separate legal entities and thus not an integral part of the central government administration. The relationship between local and regional boards and local and regional Chief Executive Officer was a difficult issue.

Basic health laws and regulations, policy objectives and frameworks are, however, determined by the central government and form the basis for the management of the enterprises. The regional health enterprises have no medical service functions of their own. Their main responsibility is ownership, planning, organizational matters and distribution of health care services in their region. Thus, they are expected to retain both the role as owner and commissioner. After a brief moment of hesitation, an integrated model was chosen, which meant that, with exception for their relations to private hospitals, both the purchaser and provider roles were taken care of by the hospital enterprises. However, there was an adjustment in the reform in 2005/2006 which meant that the owner role was to be organized separately from the «purchaser» role, separate owner departments were now established in the Regional Health Enterprises. The actual health services were to be delivered by the hospitals organized as Local Hospital Enterprises. Enterprise meetings and commissioning letters are important steering devices for the regional health enterprises in their relation to the local health enterprise; equal to the management system at national and regional level.

In contrast to the laws regulating other public sector companies and trusts, the Hospital Enterprise Law specifies a lot more in detail what tasks and issues that have to be approved by the ministry (Lægreid, Opedal and Stigen 2005). A number of steering devices are laid down, either through the Health Enterprise Act (2001) or through additional statutes and documents, such as articles of association, steering documents (contracts), and decisions announced at the annual (later bi-annual) enterprise meeting, also called the ministerial meeting.. There is also a system for annual reports from the regional and local health enterprises and a performance monitoring system – with formal reports on finances and activities to the ministry.

Central government appoints the regional board members, while the boards of the local health enterprises are appointed by the regional enterprises. Previous to the reform in 2002 the hospitals were reporting to the county councils and were for the most part governed by boards that were directly accountable to the county. It was an important argument in the reform that there was a need for «professional» hospital boards. This meant that no active politicians could be members of the boards; the only group that had any formal representation was employees. In 2005 the statutes were changed, as part of a change of government from a center coalition to a Red–Green Government.

This meant that politicians could become board members, and they make up around 50 % of the members.

There is a built-in inconsistency in both reforms. They claim to empower users and clients, to free managers, to enhance administrative accountability and to strengthen political control by both central and local political bodies. But in reality it is difficult to achieve these things simultaneously.

Immigration reforms

The political accountability has been a core issue in the reorganization process of the immigration field. In many ways it seems to be a policy field that the politicians want to avoid by transferring it horizontally between ministries and also by political decentralization and autonomization. There has been a lot of turbulence regarding the political accountability meaning what ministry is responsible for what. In some periods the immigration field was one minister's responsibility, in others there was a split between integration policy and control policy. It has been linked to justice and police, to local government and regional planning, to labour and social inclusion, and to children and equality issues. But we have not, as in Denmark had a specific ministry assigned for this field alone. In Norway it has always had to compete with other policy areas for the minister's attention.

Along the vertical dimension there has also been a lot of turbulence. The 1988 reform and especially the 2001 reform were weakening the political accountability by structural devolution. The political executives' ability for control was undermined as their possibilities to interfere in single cases, were restricted except for in cases of national security and international policy importance. By building up a central agency outside the ministry and later also an appeal board with extended autonomy the organizational apparatus came on arm length distance from the political executives in the ministry. This autonomization and agencification process constrained the political accountability. Especially this was the case for the appeal board which was a unique construction in the Norwegian central government apparatus.

It soon became clear for the politicians that they had gone too far along the autonomy path (Christensen, Lægreid and Ramslien 2006). Even if they had transferred the formal responsibility to semi-autonomous agencies they often had to take the political accountability in practice anyway. Because of this the responsible minister has tried to regain some of the formal accountability that was lost during the agencification process. This process started in 2004 and has been going on incrementally up to now.

Administrative accountability

This type of accountability is more focused on internal administrative processes than political accountability, where the crucial question internally is the relationship between the political and administrative leadership. A primary means of internal administration in Norway is various kinds of performance management, which in many ways is rather technical.

Welfare administration reform

Management-by-objectives-and-results are a main steering tool in the NAV organization, both between the ministry and the NAV agency and internally between the central NAV organization and the local branches. But performance management in Norway is also carried out via the Auditor General's Office, so there is a component of external scrutiny here. In this respect our question to the elite respondents on administrative accountability combined the internal focus of Romzek and Dubnick (1987) with the external focus of Bovens (2007).

A central point of tension in this performance management regime is how many and what type of performance indicators should be used, not to mention how much stability and complexity there should be in reporting.

Hospital reform

In Norway management structures in hospitals became a hot political topic in the first years after the introduction of the hospital reform, as it became mandatory for all hospitals to be organized according to the same principle of management; unitary management. This means that only one manager were to be in charge both at the top level and the clinical level, where there previously had been shared responsibility between nurse managers and medical managers. This was first affirmed through a vote in the Norwegian parliament in 1995, and it has later become part of the health personnel law (2001). The need to develop a new, and unitary, management role was also regarded as one of the pillars of the hospital reform in 2002. (Vareide 2002). This was a break with established practice where there was a split between administrative and professional leadership on different levels, and where the various professions, primarily doctors and nurses, were the managers in each their domain.

The idea that management must be conceived as a profession in its own right, independent of the respective medical and healthcare professions has also been circulated and institutionalized in a new national management development program (Pilskog 2008). Until these events a model of shared management had become predominant at the ward level. In 1999 still only 20 per cent of the hospitals had introduced unitary management at all levels, while 80 per cent had implemented such a model already in 2003 and 92 per cent in 2007 (Kjekshus 2009:285).

The Norwegian central health administration was reformed in 2002 and 2003 coinciding with the implementation of the large hospital reform. The board of health supervision was established as an autonomous agency, separated from the Directorate of Health and Social Affairs. Also, there was a general reforming of audit organizations in the direction of creating more autonomous audit agencies, allowing regulation on a more «objective» basis (St.meld.nr. 17 [2002–2003]; Lægreid, Opedal and Stigen 2005). In 2004 The Norwegian Knowledge Centre for the Health Services was created, and this center has taken an increasingly important role in the development of clinical guidelines for medical procedures as well as quality development, the hospital enterprises, as well as the governmental agencies in the health sector play a central role as a commissioner of reports from this center. In cases where there is difficult to make a decision due to lacking information the enterprises or the ministry may commission a report from the

knowledge centre in order to legitimate their decisions. In a field where doctors and local actors have become used to act on the basis of their own knowledge, it may be of great help if the decision-makers can justify their choices with a report that show that their decisions are either evidence-based or at least built on knowledge relating to «best practice» (Byrkjeflot and Aakre 2007).

Immigration reform

The 1988 reform was an attempt to strengthening the administrative accountability by building up administrative capacity outside the ministry. The autonomy of NDI was further strengthened by the 2001 reform. The establishment of the NDI implied increased administrative accountability for the agency, which could potentially undermine political control because handling of many cases was delegated to the agency. The main argument for establishing an independent appeals board in 2001 was overload and capacity problems in the Ministry of Justice. The prospect of an increased workload of immigration cases, not to mention the unpredictable nature of these cases, made it attractive to delegate such tasks to two agencies. Added to this was the fact that individual immigration cases were often politically sensitive and represented an unwanted political burden for political executives.

The general principle of management by objective and result has also been applied to the immigration organization. A study of the MBOR in the NDI revealed that it soon turned out that it was more difficult to apply the MBOR system for the integration policy than for the control policy, partly due to the fact that the goals and target on the integration side was vague and difficult to operationalize (Christensen, Lægreid and Ramslien 2006; Ramslien 2005). Over time the MBOR system has also to a great extent been applied on the integration policy. In the White Paper on integration policy from 2004 the MBOR system was up front and has resulted in comprehensive action plans that specify objective and performance indicators for the integration policy in several ministerial areas. Thus the administrative responsibility has been strengthened through operationalization of objectives and more systematic evaluation (Brockman and Hagelund 2010).

After the crisis in the relationship between the ministry and the NDI related to the «asylum scandal» in 2006 (see later) the commission of inquiry suggested that a better internal quality control system within the NDI should secure a tighter coupling between policy signals from the ministry and decision in single cases in the agency (NOU 2006:14). In the aftermath of the crisis, the minister in charge, from the Labour Party, decided on more tightening-up procedural measures. The NDI followed these signals and established a new quality assessment system which it was rewarded for in 2010 by the Government Agency for Financial Management.

Legal accountability

The court system's rather low political and administrative status means that Norway deviates from the definitions given by the authors mentioned above of legal accountability as an externally related factor. Norway does not have a system of administrative courts, and few political or administrative matters reach the ordinary

courts; instead they are handled in political–administrative decision-making processes. This is slowly changing, partly because of Norway's adaptation to the EU, which puts more emphasis on individual rights.

Welfare administration reform

In NAV there is a unit for complaints within the central body for special units. These replicate comparable units in the two agencies that formerly constituted the NAV. If clients are not satisfied with a decision made by the complaints unit, they can appeal to a special court which deals mainly with pension cases, i.e. this is deviating from the common pattern. In some cases they can also complain to the Parliamentary Ombudsman, but his/her opinions and decisions are not binding for the central administration. Judicially the NAV is internally accountable, for there is no external judicial scrutiny body that covers the whole of NAV, even though the Office of the Auditor General exercises some of the functions entrusted to judicial watchdogs in other countries; moreover, as already mentioned, the pensions court also has a role to play.

The crucial questions we put to our respondents on the impact of the reform on legal accountability was derived from a more general principle of rule of law. We asked three questions specifically related to legal accountability: one concerned the rule of law and the judicial rights of clients; the second concerned equal treatment of similar cases and standardization; and the third was about how to organize a complaints procedure within NAV. This pertains more to the internal connection between the welfare administration and its clients than to external judicial scrutiny.

Hospital reform

In the Scandinavian welfare systems the courts have only to a limited extent been used to advance access to specialized health care. The general principle has been that rights of patients are restricted by the resources the society is able to provide (community contract), whereas the courts have played a more important role in countries were the right for healthcare is based on a civil right contract (Norheim 2005; Trägårdh 1999; Molven 2011:49)

However, there has been a rapid development in the patient right legislation, also in Norway during the latter years. Standards for quality have been introduced, along with waiting time standards and guarantees. As part of the Norwegian Patient Act first implemented in 2001 and strengthened in 2004 there has also been introduced free choice of hospital, right to information, access to medical records, right to second opinion, and rights to file a complaint (Kjønstad 2011).

There are few legal requirements related to how the provision of services should be organized. However, there is a requirement that hospitals be organized so that there is a responsible leader on every level, as discussed above (unitary management). Furthermore, every provider is required by law to establish a system of internal control as part of a mandatory system for safety and quality control. There is also a requirement to report incidents that have, or could have led to, serious injuries for a patients to the supervisory authorities (Braut 2011).

Immigration reform

Delegating authority to the NDI was seen as enhancing the rule of law and immigrants' rights and even more so when establishing IAP. When the proposal was first launched in 1994 the Labour Party and the Christian Democrats supported it and argued that this strengthened the legal rights of immigrants, while the Conservatives and the Progress Party were opposed, because they thought political control might be undermined in controversial individual cases. The establishment of the appeal board in 2001 was an organizational innovation in the Norwegian central administrative apparatus. Such semi-court like institutions are very unusual in Norway and establishing a «super-independent» IAB resulted in considerable increase in vertical specialization. The ministry stressed that both the new IAB and the NDI would have quite a degree of independence in deciding individual cases. To influence individual cases, the ministry had indirectly to use laws, rules and regulations, which was a strong limitation compared with the normal way of organizing the relationship between the ministries and the agencies. Equal treatment of cases was a main argument for the 2001 reorganization. Another argument was that the rule of law, impartiality, fairness and trust would all be enhanced. So moving the handling of individual cases out to the IAB and preventing executive politicians from interfering was deemed to be better.

The critics of the 2005 reform were against the proposed mechanisms for political control and supported more independence for the NDI and the IAB, citing the alleged objectivity of legal-style processes; they also thought that the reorganization was pragmatic and undemocratic, not to mention the complex and ambiguous nature of the new structure, with potentially overlapping functions.

Professional accountability

Welfare administration reform

Two types of professional competence, representing the professional cultures formerly related to pensions and employment, are covered in the new NAV agency. In addition the professional culture of the social services in the municipalities also comes to bear in the local welfare offices. Historically the pension's administration had a rather traditional rule-oriented culture characterized by a focus on single cases, and this profile did not change much in the run-up to the reform. In general one may characterize the organization as a machine bureaucracy (Mintzberg 1983), which means that management may exercise a great deal of control over professionals. The employment administration was traditionally a government monopoly managing a lot of resources and a variety of programs designed to help people find a job – a typically social democratic policy feature. During the final decade before the reform, the employment service changed considerably. It underwent a modernization and found itself competing with private employment providers. The social services in municipalities had historically been based largely on discretion and local knowledge and were dominated by social workers, but over time they became more professional and rule-based. One of the aims

of the new reform was to merge the three professions into one generalist role of welfare administrators

Hospital reform

It has been pointed out that medicine have been somewhat unique in their achievement of a regulative bargain with the state (Hafferty and Light 2005). It is as a consequence of such a bargain that the medical profession has become a «self-regulating profession», but also in the case of Norway, an integrated part of the state, which means that professional accountability has been a major form of regulation. The rise of the Norwegian health administration, personified by Karl Evang in the powerful position as Health Director between 1938 and 1972, was an example of an «extension of the medical clinic into the state» (Berg 1997; Nordby 1989)). In this model the medical competence was personal and delegated to doctors in intimate encounter with patients. It has been pointed out, however, that since the early 1980s the medical profession has lost some of this central position (Erichsen 1995). It is even argued that the hospital reform in 2002 followed as a consequence of a long-term trend towards breakdown of professional autonomy among doctors. The major force for this is medical specialization and the necessary expansion of management functions that followed as a means to keep the healthcare system together (Berg 2010).

Other observers emphasize the expansion of patient rights and ideology of consumerism, quasi-markets and the external control instruments that developed along with the rise of an audit culture (Gray and Harrison 2004). The reform may then be seen as part of a shift in strategy in the Norwegian government from a system heavily based on empowering and trusting doctors and other professionals, towards a more patient-centered system. The latter kind of system is to a greater extent oriented towards a «money follows the patient principle» along with patients' rights. The role of the patient is supposedly strengthened with a system of free choice of hospitals along with activity based funding, based on the idea of the patient as a customer and a citizen. Both these lines of reasoning may be questioned, however, since the doctors still take a predominant role in the institutions that develop the standards for best practice and clinical guidelines that is used in healthcare services.

Immigration reform

The establishment of NDI was applying a regular agency type that traditionally combined professional autonomy and political control in a rather non-controversial way. The reorganization in 2001 rearranged the personnel substantially, weakening the judicial competence in the ministry by moving many jurists to the IAB, and making the personnel in the NDI more heterogeneous through expansion, combining jurists and social scientists. This changed the culture and informal professional norms and values in both the ministry and the NDI, while the IAB was established with a homogeneous jurist-dominated culture that was traditionally typical for the ministry. Nevertheless, there was also a lot of cultural continuity in the relationship between the ministry and the NDI, and the effects of the new structure were also modified. The new leadership of the NDI, headed by a new director with a lot

of experience in refugee questions and made much use of informal contacts. One would think that this would have increased the likelihood of political control. However, the fact that the executive argued otherwise could either reflect that they had made up their mind anyhow or that there were still too many problems of political control being undermined. The leadership of the IAB played a quite different role that was more compatible with the demands for increased political control. They insisted on some kind of «super-autonomy» from the ministry.

Social accountability

It is difficult to map formal changes in social accountability since Bovens' definition refers to more informal kinds of mobilization. In the case of w*elfare administration reform* we asked elite respondents about possible changes in social accountability brought about by the reform focusing on two aspects: their relationship with clients and societal relationships. The relationship with the clients change formally through the internal structural changes, both concerning a new structure to relate to for the clients and often losing their case-worker. The societal relationships are mainly unchanged.

In the case of *hospital reform*, there is a formal change since both regional and local health enterprises have to establish patient commissions, due to the Health Enterprise Act from 2002. Patient involvement is also stressed in the composition of the boards, although the patient organizations do not have any formal board representation. These methods for patient involvement in the Norwegian specialized health care may not only be seen as an NPM inspired mean to strengthen the power of the consumers (patients), but also as an arrangement in line with the corporatist traditions of Norway, where affected organized interests are integrated into public policymaking (Opedal, Rommetvedt and Vrangbæk 2011).

Immigration reform

Different user organizations and humanitarian organizations got representation in IAB when it was established in 2001. Thus there was a layman representation in the complaint procedure to enhance societal accountability. The stakeholders in the civil society were therefore generally positive to the establishment of IAB which can be seen as strengthening the societal accountability in governmental complaint procedure. Overall, the various relevant non-parliamentary stakeholders were against the main elements of the 2001 proposal, so the situation was just the opposite of that preceding the 2001 reorganization. The user organizations felt that the new procedures would constrain their participation rights.

Changes in accountability practice

Political accountability

Welfare administration reform

The basic question concerning political accountability in the NAV reform is whether the relationship between the political executive and the sector ministry on the one hand and the new NAV agency on the other has changed in reality, even though it has not changed formally. The other relationship is the one between the parliament, the Storting, and the government and the agency. In the case of NAV the elite interviews revealed a number of prevalent attitudes regarding changes in the actual political accountability relationship. First, respondents seemed to agree that reforms had little impact on the policy development function in the sense that it continued to be based in the political executive. Nevertheless, a majority thought that in reality the pattern of influence had changed in favor of the NAV agency. This had mainly to do with the size of the NAV agency and the whole NAV organization (15000–20000 employees), which gave it the upper hand concerning expertise. Moreover, the complexity of this enormous organization made it difficult for the ministry to gain insight and information and to handle that information (see Brunsson 1989). The period 2006–2009 was also a time when the municipalities were very preoccupied with implementing the reform, which put the ministry at an even greater disadvantage. Despite the fact that the political leadership is now steering one instead of three separate administrations and the NAV reform is a salient policy area, the ministry lacked alternative information, making it dependent on the leadership of the agency. Frequent changes of minister also weakened the influence of the political executive.

Second, even though the actual political accountability pattern has changed and respondents saw the NAV agency as strengthening its position, few of them thought this would increase conflict. The political–administrative leadership in the ministry and the leadership in the agency seem to be in close contact and agreement, but, as indicated, the top leadership of the agency seems to have strengthened its role in influencing important decision premises, thereby in reality tilting the unchanged accountability relationships.

Third, even though the performance management system is meant to make a less ambiguous distinction between the political and administrative roles, some respondents said there was more ambiguity than before concerning political and administrative jurisdiction and that the two groups of actors tended to offload responsibility onto each other («passing the buck»), especially in times of crises. Some of the respondents also thought the director of the NAV agency had been made a scapegoat and had to some extent accepted this role when external criticism had been strongest, implying that the position of director had become politicized, but also that the director had room for maneuver.

Fourth, according to the respondents the Storting has been more active than normal in two different ways. First, it has exerted strong and consistent pressure on the

government and to some extent on the agency as well, for example by staging a high-profile public hearing on NAV in the Storting. Second, it has used alternative information from the organizations, allowing users and employees influence through the media. This has shifted the focus more onto single cases and clients and away from the effects of the new system as such, which at times can be frustrating both for the political leadership and for the leaders of the NAV agency. In this respect there has also been a tendency to blame NAV for everything, even issues relating to the municipalities and their social services, over which NAV has limited control, as well as for a number of problems originating in other sectors. Overall, however, despite the Storting's hands-on approach to NAV issues, the respondents seemed to agree that the Storting was also losing influence – as was the political executive – vis-à-vis the NAV agency. This happened despite an unchanged accountability relationship to the Storting.

In theory the partnership model should be a partnership between equal partners, but in practice the central government tends to become the big brother and to have the upper hand in the partnership arrangements. This seems especially to be the case with respect to the many small municipalities, while in the few very large municipalities it seems to be the other way round. The fact that the municipal part of the local office is subordinated to steering from locally elected representatives while the government part is subordinated to the ministerial chain of command leads to a problematic double-steering arrangement at the local NAV office (Fimreite 2010). There are more than 70 different local solutions regarding the task portfolio, which does not make accountability relations easier (Christensen and Aars 2011). The local NAV offices represent a combination of standardization and local adjustments (Fimreite and Hagen 2009). In practice the partnership does not live up to the expectations of a real partnership and the partnership model reduces rather than strengthens the local room for maneuver (Fimreite 2010).

This practice also has implications for accountability. Seen from a social accountability point of view the partnership model and the one-door approach can be an advantage for users. The problem, however, is that the partnership model blurs political accountability for services, making it difficult for citizens to discern which political level is accountable for what service and hence which politicians should be held accountable in general elections (Askim, Christensen, Fimreite and Lægreid 2010; Fimreite and Lægreid 2009). This is a common feature of network-based governance structures (Aars and Fimreite 2005) and the question is whether these kinds of arrangements reduce local government autonomy.

The conclusion we reached from the survey responses is that the political accountability relationship in reality has changed. The NAV agency and its leadership have strengthened their position both vis-à-vis the Storting, the central political executives in the ministries and local government.

Hospital reform

Some of the same mechanisms are playing out here as in the case of NAV. Hospitals are rather self-driven, complex organizations and the doctors have a great deal of control over the core tasks. There has been a constant problem with budget deficits. This means

that top management in hospitals to a greater extent rely on the ministry and the parliaments to gain stronger control of what is going on at lower levels. It is probably for this reason that the responsibility is kept closer to the health ministry level and not given autonomy to the same extent as in the case of the NAV agency.

A particular problem has been that the boards have had problems with establishing support for restructuring of services. The local resistance has been strong and local boards have been reluctant to support regional plans for centralization of services. It was probably for this reason that there was a change from so-called professional boards to boards with political representatives. In order to avoid conflict of interests it was specified that these politicians do not represent political organizations, geographical areas or other interest groups (Helse og omsorgsdepartementet 17.01.2008).They are proposed by the municipal or county councils, and in order to be nominated they have to be elected to one of these bodies. They are appointed to the boards by the Ministry of Health and Care (in the case of regional health enterprises) or the regional health enterprise (in the case of the local enterprises). Although they are supposed to only represent themselves as individuals, this is somewhat contrary to the logic of politics, particularly health politics, where party programs are important and where there is an ongoing debate in the media and in the parliament. Østergren and Nyland (2009) have studied how the board members see their role. They find that there is a great deal of consensus among board members, that they primarily see it as important to take part in strategy development and represent owner in efforts to overlook use of resources. Over time they have given more priority to economic control, however, also because they do not see that there is much room for strategy development both due to lack of resources and lacking mandate to act. They do not maintain much contact with other local stakeholders and therefore it does not seem to be the case that they see their role as representing local interests or stakeholders on the board. The conclusion is that the board members identify with ownership control and that the representation of politicians does not seem to make much of a difference in that respect (ibid.).

There are several examples of politicians on boards that as a consequence of their support for controversial restructuring plans have gotten into trouble in their relations with local constituencies. In some cases such politicians have lost out in nomination processes as a consequence of mobilizations against them among party members (NRK nyheter 2010).

In surveys of local boards in 2003, 2004 and 2008, the board members were asked to consider, firstly whether the coordination of the various roles of the state was sufficient. Initially, between 59 per cent at regional level and 69 per cent at local level saw this as a problem (Lægreid, Opedal and Stigen 2005:1047). In later surveys the share that sees this as a problem has decreased, however. The board members were also asked about what influence various agencies and groups have over decisions in the health enterprise. Particularly in 2003 and 2004 the results were in line with the reform's intention of a de-politicized implementation process. Local community actors such as local action groups, municipalities and counties were thought of as having little influence on the health enterprises' decisions. The user and patient organizations were also attributed little influence.

These results may indicate that the enterprise executives in this early phase had a strong loyalty toward their owner (Ministry of Health), but that they were confused about how state ownership would affect established relations to the state apparatus. Perceptions of influence pattern did not change a lot after the county and local politicians won a majority on the boards (2008 results), but local action groups appear to have gained influence. Most pronounced is the increased influence that hospital employees' organizations had gained in the view of board members. Parliament achieves significantly lower scores in 2008, which may be explained by the fact that there was now a majority coalition in parliament behind the government. Both Parliament and the Ministry of Health is part of the formal control line between the government and the health enterprises, but in the reform design the health enterprises were supposed to have a great deal of autonomy in administrative matters. The autonomy, however, appears to have decreased. When board members were asked to consider to what extent local enterprises were autonomous in 2003, 30 percent completely or partially agreed, in 2004 19 per cent and in 2008 only 12 percent were in agreement with this statement (Opedal 2005; Fjær, Homme and Holmen 2011:26).

One may conclude that it was an unrealistic ambition behind the healthcare reform when it was said that the aim was to keep politics at arm's length from administration and achieve a clear division of labor between various state authorities (Tjerbo 2009, Opedal 2005). The reform revitalized the parliament as an accounter of the health enterprises both regarding single cases and in more overall issues. The parliament has positioned itself as an important controller of the health enterprises. There has been an increasing amount of MP questioning. This has brought central elements of the enterprise model under pressure (Opedal and Rommetvedt 2010, 2005:101). Several studies show that local networks of politicians, allied with employees and other stakeholders, had more power over local development in hospital structures than assigned in formal structures. Tjerbo argues that such reforms are highly political and voters are closely monitoring the impact such changes have. Local action can thus have a major impact on decisions and create pressure not only for the regional enterprises and the boards, but also the central authorities (Tjerbo 2009). There have also been many complaints about the growing health bureaucracy and the many agencies in the state administration that intervene in the services and make demands on them in order to demonstrate their role in the running of the daily affairs.

The reform expectations for changes in governance practices were also not reflected in the long run in the documents we have collected and studied in another study (Byrkjeflot and Gulbrandsøy 2011). Between 2001 and 2003, the formal communication between local/regional health enterprises and the ministry indicates that both parties were of the opinion that if steering was becoming too detailed, that would not be in the spirit of the reform. In its annual report for 2001 to the ministry, the Western Health Enterprise (WHE) «sees a need for a simplification with less specific goals». It also seems as if WHE had expected the ministry to give them more freedom to act, than it had experienced so far. The ministry's steering document from 2002 states that «within the goal- and result demands that are created by the owner, WHE will have a large degree of independence in the use of resources» and that «the program will be developed with the aim of giving even better flexibility to decide how best to solve the

tasks». However, in 2003 we find a very long steering document, which contains many detailed demands about specific matters, and since then the number of details that the level above want to report on has continued to increase.

Terminology in steering documents has changed, which Opedal (2005:94) also points out. In 2002 the documents contained many expressions such as «you ought to do (x)», and «have responsibility for (y)», but in later documents the terminology becomes more directive and imperative and the expressions change to «you shall do (x)», and «you must do (y)». Less discretion is left to the enterprises in considering how and whether they will follow a guideline or carry out a given instruction.

Immigration reform

The Labour Party, traditionally in favour of political control of the civil service, was most consistently in favour of furthering the increased autonomy of NDI and the establishment of IAB. When in power they experienced being blamed for unpopular decisions, and this motivated them to hive off such cases to agencies on arm length from the politicians. The Conservatives were against the proposals for structural devolution, because they thought that the political executive was giving away control over a politically sensitive area. The NDI and the interest groups supported the 2001 reorganization because it was supposed to enhance legal, professional and societal accountability.

There seemed to be quite a lot of disagreement on the effect of this new 2001 model between the ministry on the one hand and the NDI and the IAB on the other. The political executives thought that the new organizational structure resulted in an undermining of political control of immigration. The new model was seen as inflexible and bureaucratic, because some instruments of control, like law-making, involved cumbersome and slow decision-making processes, and instructions about policy and practice were therefore difficult to give. They saw the lack of political control as particularly crucial because immigration laws are frame laws, open to discretion, something that strengthened the influence of the NDI and the IAB in practice. They also saw lack of information from NDI as a problem for control (Christensen, Lægreid and Ramslien 2006).

The process leading up to the reorganization of the immigration administration in 2005 was tightly controlled by a strong minister. She had the backing of the majority in the Storting and did not pay much heed to the various kinds of criticism from the NDI, the IAB and the relevant societal groups. The main reasons for the reorganization were the pressure exerted by immigration cases, increased politicization and unpredictability in the field and the need for a quicker response, several politically sensitive individual cases, where the political leadership had been blamed, even though responsibility had been delegated to the NDI, and the increased need for political control in a minority government situation. The political executives often got the blame for controversial single cases even if the 2001 reform was supposed to avoid this situation. Thus the minister came to the conclusion that it was better to have strong political accountability and get the blame than have weak political accountability and get the blame anyway. Getting increasing critique and blame in single cases had become more and more

political unbearable. It was easier for her to admit this, because she and her party had opposed the 2001 reorganization (Christensen and Lægreid 2009).

The 2005 reorganization was preceded by several individual cases that had been damaging to the political leadership and where the NDI's role had been heavily criticized. Learning the effects of the 2001 structure, defined as losing political control, it was in some ways rational to modify that structure. This was why the minister was eager to strengthen control. The organizational thinking behind the new and hybrid structure was rather loose, and therefore the effects also uncertain.

The debate before the changes in 2004 showed that most of the political parties agreed on the increased control, so the cleavage was primarily towards the agencies and interest groups that of different reasons supported an even more autonomous structure. The NDI and the IAB were against the reorganization in 2004. Given that both organizations had increased their influence as a result of the 2001 reform, they were understandably reluctant to relinquish this new power. Although the NDI had been exposed to media criticism in individual cases, neither the NDI nor the IAB cared particularly about the critique the political leadership had to deal with, in part because they were less affected by it. Both the NDI and the IAB, however, asked whether the complicated structure proposed would be easy to use in practice and whether it was really a good way to strengthen political control

The relations between the ministry and NDI have in specific periods been in crisis and the mutual trust between them has been rather low. The ministry has used informal channels and networks to control the agency in addition to the formal arrangements. IAB has to a greater extend insisted on the formal arrangements and have been more reluctant to build strong informal relations with the ministry. Thus it is not always a tight coupling between formal accountability relations and how they are practiced. Formal accountability relations were supposed to be clarified in the reform processes, but in practice such relations showed up as complex, contested and with grey-zones when executing accountability. The formal accountability arrangements have a significant effect, but they also represent broad categories that allow for big variations in practice. One lesson seems to be that fine tuning the organization forms to solve specific accountability problems, easily runs into problems when they face the complex administrative practice. The demand for new reforms therefore tends to appear in the wake of such reforms. More broad organization models that allow for greater variation in practice will probably be more robust and produce less need for new reforms.

Administrative accountability

Welfare administration reform

Formally, there seem to have been few changes in hierarchically based administrative–economic accountability as a result of the NAV reform, which means that it is characterized by a rather complex system of performance management and management by objectives, based in letters of intent from the ministry, internal plans and performance systems, and control and reporting systems, like in any agency. But the respondents seem to agree that the reform has changed actual administrative

accountability in the direction of increased bureaucratization, although the features they identify and the reasons they give differ (Christensen and Lægreid 2011c).

First, they report that the Office of the Auditor General has become much more active towards NAV than it previously was towards the agencies forming NAV. The Auditor General has about 40–50 people working with different aspects of NAV, which represents a lot of capacity. The respondents seem overall to be critical towards this external scrutiny, saying that it is excessive, too detailed and shifting, too control-oriented and insensitive to the fact that NAV is a huge and complex organization that has made a great effort to set up local offices and implement the reform. It is also worth mentioning that the Office of the Auditor General wrote a very critical report on NAV, which resulted in the above-mentioned public hearing in the Storting. One of its main criticisms was the loose connection between the general goals in the state budget and the objectives and performance indicators formulated in the letter of allocation between the ministry and the NAV agency.

Second, many of the respondents seem to think that internally the NAV agency has had a tendency to create too many staff functions related to control, without clearly defining their roles, hence the increasing emphasis on systems of control and risk steering. The multiple and changing routines are perceived as challenging, even though some of them are actually held to work rather well. Some respondents say that the apparent increase in problems of control is also related to exposing old problems. Result steering has had trouble getting off the ground in NAV. The tendency seems to have been to shift the steering focus from the overall goals of the reform to details of control. Overall, some of the respondents perceive rather loose coupling between the large central control capacity and actual control activities on the local level. These problems of managerial accountability are also partly due to the lack of an integrated ICT system, which makes it difficult to get systematic and reliable data.

Third, uniform quality standards for the entire organization have failed to be defined. National routines for measuring quality are lacking, and quality varies considerably between counties and local NAV offices. The performance management system measures activities and output more than outcome and there seems to be a loose connection between the overarching policy goals for the NAV in the state budget and the objectives that are formulated in the internal performance management system (Breivik 2010).

Fourth, the local partnership model is rather ambiguous concerning responsibility for the activities of local offices. Because this is a hybrid organization that represents a collaboration between the central government NAV agency and the social services of the municipalities, based in local democracy, it has not, for example, been possible to introduce a performance management system for the municipalities; the principle of local self-governance implies that local governments may have goals and objectives that are not in line with those of central government. It also turned out that the political executives in the municipalities are not much involved in how the local NAV offices are run and it is in practice to a great extent left to the administrative executives in the local government to take the responsibility for them (Aars 2011).

Fifth, it proved difficult to get the purchaser-provider model to work, and this arrangement at the central agency level was dismantled after a short period. Sixth,

building up regional level pension and management units at the expense of the local NAV offices and the partnerships has strengthened administrative accountability relations. Transferring personnel as well as tasks from the local partnership level to the regional state government level also tends to strengthen administrative accountability relations.

Summing up, the reform seems to have brought increased bureaucracy in control and scrutiny systems designed to secure administrative accountability, concerning both the number and type of control systems and personnel and administrative capacity. It is, however, difficult to get a simple management-by-objectives-and-results system to work as a steering tool for such a large and complicated agency as the NAV.

Hospital reform

The distribution of responsibilities between the different levels of the healthcare system has been affected by the new audit routines and the many agencies involved in audit practices. One reason for this is the increased need to revise and coordinate tasks and responsibilities for state institutions other than the department and the enterprises that three agencies, in particular are important: The Office of the Auditor General, The Norwegian Board of Health Supervision, and the Directorate of Health and Social Affairs. These agencies represent the formal organization of state control.

The Office of the Auditor General has increasingly been involved in audit of the hospital enterprises. Its activities include both economic and administrative audit, control of ministerial dispositions in relation to parliamentary policy, and general audit of policy implementation. For instance, control with health expenditure and efficiency has been a theme (Riksrevisjonen 2009), just as the implementation of the reform and coding practices in relation to activity-based funding. The Auditor General provides fuel for both political debate and action. The structural status of the Auditor General makes their findings directly relevant to parliament, ministry and ministers, creating more room for the involvement of national actors in quite detailed matters that the enterprises originally were responsible for (Opedal and Rommetvedt 2005). The Directorate of Health and Social Affairs' role is central in ensuring the implementation of law and policy on healthcare issues. Like the health ministry they issue annual letters of commission to the health enterprises.

The Norwegian Board of Health Supervision engage in direct monitoring, surveillance and audit of activity in healthcare, both in terms of general practice and single cases. Its activities are often directly related to law, for instance in order to secure patient rights or deal with malpractice. Their activity may result in direct sanctioning or prescriptions for change and implementation of measures. Langeland (2008) has observed that the hospital reform has created a more complex organization to supervise and she finds that the board now emerges as a more punishment-centered and authoritative body and that there is less emphasis on guidance and trust-related measures. Whereas there in the old system were at least some top level managers and chairmen of the boards that had been in position over a longer period, there are hardly any such managers in the new system. Among the 60 top managers that had been entering in the new posts in 2002 there were only 5 that were left in 2009 (Mordal 2009).

Managers have been leaving their posts as a consequence of scandals or as response to intervention from politicians. An investigation found that more than half of the health enterprises had gotten a new economics director in 2007 or 2008, and that an almost similar number of enterprises had also changed their CEO (Riksrevisjonen 2009).

The Norwegian Knowledge Centre for the Health Services, which was the result of a ministry-initiated merger of a set of semi-autonomous organizations in 2004, has as its mission to gather and disseminate evidence about the effect and quality of methods and interventions within all parts of the health services. The uptake of such evidence and the implementation of the best methods and technologies among healthcare institutions has become an increasingly important part of the health politics. The centre is organised under the Norwegian Directorate of Health, but is scientifically and professionally independent (Byrkjeflot and Aakre 2007).

Although operating on different levels and answering to different institutions, the interplay between these agencies for auditing, administrative control and setting of knowledge standards create accountability dynamics of increasing importance to the governance of the hospital system. (Neby 2009).

Generally the performance management system in practice seems to be a mixed system in which the political executives reserve the right to intervene when things go wrong or in politically sensitive cases. The formal performance management system seems in practice to allow a broad variety of actual behaviour (Christensen, Lægreid and Stigen 2006).

Immigration reforms

In practise the performance management system was more activity based than outcome based. The targets were more on activities and output than on outcome. The focus was more on internal efficiency issues than on external effectiveness. It was a strong focus on shortening the case processing time and reducing the waiting lists. The inherent logic in this steering system was to use it as a system for rewarding good performance and sanction bad performance but this turned out to be difficult to practice. In the beginning the MBOR system was mainly a ritual but over time it became a more potent steering tool, also used by the political executives. It also was clear that the formalized MBOR system in practice was supplemented by other more informal and ad hoc steering of NDI from the political executives.

The problem of practicing the new system was revealed when the NDI granted temporary residency permits to nearly 200 Iraqi Kurds in the autumn of 2005. News of the granting of the permits set off a political storm when it broke in the media in March 2006, and a commission was set up to investigate the agency. The Commission evaluated the agency harshly and accused it of following a more liberal practice than the one instructed by the ministry. It was blamed for «stretching» the rules and for not informing the government ministry in charge of immigration that it was implementing a practice that was in conflict with the ministry's view. The head of the NDI was heavily criticized but he had already left the agency when the «asylum scandal» was unveiled. The new director, formerly the deputy, was forced to resign and a public hearing in the parliament has been held. The media eventually allowed for a more balanced view of the

scandal, pointing to biases of the media coverage, the political actor's views and the Commission's work, saying that the humanitarian factor also should be given more weight.

In the aftermath of this crisis the NDI introduced quality measurement methods, risk management systems and better reporting systems, which strengthened the formal steering dialogue and also the contact between the ministry and the agency, but still there are problems regarding the collaboration with other ministries and agencies (Riksrevisjonen 2009).

Legal accountability

Welfare administration reform

First, several of the respondents underscored that the reform had revealed the problems of the rule of law and quality of the casework in the old system. This came about through the reform's introduction of less ambiguous rules and less discretion and, as mentioned above, more control systems and activities. The downside is more complicated rules and control systems. There is also some doubt about whether increased formalization is enough to bring about equal treatment, and some respondents pointed to geographical inconsistencies in the treatment of apparently similar cases.

Second, many of the respondents thought the reorganization of the reform in 2008, which established county-based back-offices, had improved the rule of law and made the treatment of clients more equal. The argument was that with fewer units, around 25 units on the regional level instead of 430 local offices, it had become easier to bench-mark. Larger areas of competence also improved the situation for clients, because it made it easier for the providers of different types of benefits to exchange information and hence to provide more equal treatment. In addition it is now possible for the leadership to exert pressure in this direction and make employees more aware of the importance of equal treatment. Respondents also pointed out those common method-related instruments were required for the discretionary handling of cases and that employees needed to be trained in this area, particularly with respect to local social services.

Third, some of the respondents were concerned about the complaints system in NAV, i.e., with how easy it is to complain and how the complaints mechanism is organized. Some pointed to the fact that a good application process would provide more legitimacy when clients complained; while others emphasized that more control systems might be seen as negative by clients, particularly those whose applications were rejected. There has been some discussion about whether a regulatory agency or an ombudsman is needed in the welfare organization for centrally based governmental services, but this discussion has yet to be concluded, although there is already an ombudsman for locally based welfare services. The Storting has contributed to the politicization of this question, because it is preoccupied with the treatment of single cases, as revealed in the complaints process, which showed system problems.

Summing up, judicial accountability has changed as a result of the restructuring and increased focus on control and the formalization of the complaints process brought

about by the reform. Overall this is perceived as enhancing the rule of law and equal treatment of clients. Respondents also attributed these effects to the establishment of country back offices.

Hospital reform

It is difficult to say exactly how the formal changes in organization of hospitals relate to actual changes. However, it is fair to say that the enterprise model aimed more at empowering patients in their role as users rather than as citizens. This was observed in one of the evaluation reports, and it was seen as one of the strengths of the reform that it had actually enabled a move in this direction (Evalueringsrapport 2005). A central device for this was the patient commissions. These commissions have been evaluated and it was found that the influence was strongest at the regional level, whereas there were problems with gaining any influence on the clinical level in the local enterprises. It was primarily patient groups with complex diagnoses that were given priority in these commissions. Routines still remained to be institutionalized that could make a difference in actual treatment processes (Alm Andreassen and Lie 2007)

Like in the NAV case there has been complaints about the complexity of the system, as reported in the section on administrative accountability. There might also be a contradiction between an emphasis on rights and an emphasis on fairness and equality. For instance, during the first years after the hospital reform the waiting lists became shorter, but it was the patients with diseases that were less serious and for this reason more easy to treat that were given most priority (Askildsen, Holmås and Holmen 2007). Partly for this reason there has been a renewed emphasis on the issue of prioritization and how the law may be used to prioritize the groups that are most in need of treatment. There are only a small share of the patients that actually make use of the right to choose hospital and it is not likely that it is those most in need of treatment that make use of such rights.

Immigration reforms

A main challenge in the immigration field is the balance between equal treatment and impartiality on the one side and on the other side to take individual and human consideration into account. While the NDI is trying to practice the legal accountability principles in their case handling, external stakeholders, media and also individual politicians acting as ombudsmen try to underline the specific human side of individual cases. This tension has also produced crises and conflicts in the relationships between UDI and the ministry. In practice this seems to be a very tension ridden tradeoff.

Professional accountability

Welfare administration reform

Most of the respondents describe a rather turbulent and challenging situation for professional accountability in NAV after the reform. Overall they agree that there is a need to join-up the different professional cultures and that this process is likely to be

beset with tensions. They disagree, however, about what are the most important aspects of this and whether there are reasons to be optimistic or pessimistic about the prospects for developing a new professional culture.

The optimistic take is that the reform has led to more focus on professional knowledge and accountability and that there are bound to be professional synergy effects of such a merger or collaboration between professional cultures, even though the process has yet to be completed. A large organization may also benefit from having some tension between different professional groups and tasks. Tensions will also differ depending on how heterogeneous some units are professionally, and there has been some talk internally about creating a common NAV education.

The negative arguments are different. Some say that developing a general professional ideal is unrealistic in an organization handling 55–60 different tasks or sub-services. There has also been some conflict among professional groups about the organizational and professional positions in the new organization. Professional groups from the former pensions and employment administrations have had problems focusing sufficiently on professional development, tending to fall back on traditional methods and professional approaches. Professionals in the NAV agency seem to mistrust the professionalism and problem-solving capacity of the local social services. This may be because the partnership model is ambiguous about how to develop the professional aspects. A strategy for competence development seems to be lacking.

While the respondents may disagree about the effects of the reform on professional accountability, they also perceive some parts of the new organization as functioning well in this respect, while they see others as struggling or not making a sufficient effort. There is, however, in practice a trend away from the original idea of developing a generalist role and back to a more specialized role for welfare administrators (Helgøy, Kildal and Nilssen 2011).

Hospital reform

There is in the Norwegian system a great deal of doctors that now take a central role in managerial positions (Torjesen, Byrkjeflot and Kjekshus 2011; Hasselbladh and Bejerot 2007). It thus seems like there is more of a trend towards hybridization in the managerial ranks in hospitals than in welfare administration, where hybridization takes more place at the professional level and in the local offices. One indication of a movement away from the established way of organizing hospitals, i.e. through professional accountability is the strengthening or rise of a new set of intermediate actors mentioned above; e.g. the Norwegian center for the health services and the Norwegian Board of Health Supervision. Several studies show that despite the strong emphasis on organizational control over professions in recent reforms, it has been possible for professional bodies to defend their work jurisdictions and their autonomy and discretion due to their established power position, e.g. their monopoly in knowledge production and their access to established networks.

There are not really many signs of a deprofessionalization, at least not to the extent predicted by these perspectives (Byrkjeflot 2005). Accordingly, it is difficult for management to exercise power over the professional and clinical level in the

organization. Hospitals do still work more like professional bureaucracies than machine bureaucracies (Mintzberg 1983).

Jespersen (2008) found that professional accountability was more challenged by new instruments for quality control introduced in the Norwegian health service than in Denmark. The influence of the professionals in accounting for quality was decreasing. Aasland, Hagen and Martinussen 2007) found that a majority of medical professionals thought that the hospital reform had not reached its major goals, and that the accountability relations had not become less opaque after the reform. This negative attitude among doctors in relation to the hospital reform is interesting in light of the support given by doctors in the initial phase and also the high wage increase they received initially (Byrkjeflot 2005).

Immigration reforms

The accountability relations on the immigration field have a Janus Face. On the one hand has the political accountability been challenged by stronger professional, administrative and legal accountability through autonomization. On the other hand the new formalized performance measurement systems enhanced stronger transparency and openness. It is, however, somewhat unclear what considerations that replace political signals and discretions but the professional and legal premises are more up front. This uncertainty has led the politicians to try to reduce the extended autonomy of the agencies. The agencies have not got any absolute autonomy, but some of the discretion that previously was exercised in the ministries close to the political executives, is moved to the central agencies. This being said, the political considerations do not disappear when the tasks are moved to agencies. It is more an arena shifting than a depolarization that happens (Flinders and Buller 2006). There seems to be a zone of indifference in which the professionals and legal experts can operate and make independent decisions in the shadow of political accountability. But if they transcend this zone, the politicians can interfere and strengthen the political accountability. In situations with high level of mutual trust between administrative executives, professionals and political executives, a common political–administrative culture and agencies with a good reputation this room for manoeuvrability is normally great, but it shrinks when the trust decreases.

Social accountability

Welfare administration reform

First, concerning the relationship to clients, some respondents pointed out that the reform had made the situation more complicated for users because units, employees and tasks had been moved around. This is basically seen as a disadvantage for the clients, because it destabilizes the employee-client relationship, even though some users may benefit from changing their contacts. However, the larger units implied by the reform may eventually restore stability.

Second, the merger or collaboration of three types of welfare services is seen as improving competence and increasing the probability that clients' needs will be fulfilled. The needs of clients have become more important in the new organization, because that

is the crucial relationship for measuring the effects of the reform. User surveys are used more intensively than before in NAV. Face-to-face contacts are thought to have improved, while telephone services are struggling.

Third, there is agreement that multi-service users are better off after the reform, i.e. one of the main aims of the reform seems to have been fulfilled. But there are more doubts about how the users of only one service are coping in the new complex system.

Fourth, there seems to be some disagreement about how the reform has changed the relationship between the NAV agency and the users' and employees' organizations, although most respondents judged this as negative. Some few respondents stressed that contact was closer after the reform than before, while others thought the organizations had lost influence, partly as a result of their contacts with the Storting and their focus on single cases, and the fact that the ministry and the agency tried to avoid involvement in single cases. There is a forum for contact with the organizations, but it is not used much. The dialogue with stake-holders in the labor market – the large employers' and employees' organizations – seems to have weakened, and NAV's function as a societal actor in this respect is not strong.

Summing up, the respondents paint a rather mixed picture with respect to the reform's effects on social accountability.

Hospital reform

It seems like the removal of local democratic links led to new kinds of mobilizations, particularly among local stakeholders in hospital development. Several thousand took part in both local and national manifestations during the early phase of the reform. Eleven local action committees were involved in the founding of «the people's movement for the local hospitals» April 6. 2003 (Lindset 2006). Several mayors from municipalities affected by reform plans and also many of the recently disempowered local politicians took a role in the discussions and manifestations that followed. An important impetus for the institutionalization of the movement was a group of doctors called «motmeldingslegene» from the north of Norway who produces alternative documents to the official white papers. The public sector union, Norwegian Union of Municipal and General Employees (Fagforbundet) have taken a central role both in the nation-wide movements and in the funding of research institutes and in the commissioning of alternative reports to the official evaluations and white papers.

It became apparent that both the new regional health enterprises and the governmental agencies and committees that were responsible for the reform plans had underestimated the challenge from the various local movements listed above (Byrkjeflot and Gulbrandsøy 2011). Already in 2003/2004 there was a movement towards involving stakeholders more in restructuring processes. In some cases new institutions were developed, such as in the case of the new hospital enterprise Innlandet, who created something called «samfunnspanel» (society panel) in order to involve municipalities and other local stakeholders in projects for restructuring (Tjerbo 2009). The new red–green government had stated in the so-called Soria-Moria declaration (2005) that no local hospitals would be closed as a consequence of the plans for hospital restructuring. This statement was repeated after the election in 2009 when the red–green coalition

continued in government. This does not mean that the controversies around local hospitals were not kept alive, however. Quite to the contrary, as it became apparent that the government would not take a stand in the discourse about how to define the term «local hospital», the conflict level again increased. The local opponents built on an established practice when they said that a health institution could not be defined as a hospital unless it had both a birth clinic and a unit for acute surgery. This definition of a local hospital was constantly challenged by actual plans presented by local hospital managers. By not making the definition explicit the government was free either to intervene or not to intervene in such processes. Both politicians in parliament and in government have been vulnerable to local protests, and it was often unclear whether they were ready to accept the consequences of their own demand for balanced budgets in the Regional Health Enterprises (Tjerbo 2009)

Immigration reforms

One important difference between the integration agency and the regulation agency is that professional and legal accountability dominates in the later while societal accountability is more up front in the former. The integration agency is to a greater extent involved in ideological campaigns and influencing the public opinion. Brought to a head the integration agency operates to some extent as a lobby organization for its users and clients while the regulation agency is more focusing on impartiality, rule-of-law and equal treatment.

The layman representation in the IAB is some kind of symbol for societal participation, even though the external representatives are more of a corporatist element representing affected organization or organizations with a special expertise. There is, however, limited influence from the layman representation, since only 6–8% of all the cases are handled in the sub-committees in IAB, while the rest is handled by the jurists in the secretariat and the chairmen in the committees.

Discussion

There was interplay between the different accountability relations in many of the reform initiatives. After the reforms the current structure of the administration in all three fields in Norway is a rather complex and hybrid one. The vertical specialization is the most ambiguous one. In the immigration field the main feature is that the ministry in charge is acting some kind of frame steering and cannot interfere in single cases handled in NDI and IAB, unless they are related to national security and foreign policy considerations, meaning overall a considerable professional autonomy. The same overall principle is due in the hospital field but at the same time the ministry can indeed interfere in specific cases. Also in the welfare administration there is a lot of ambiguity especially in relation to the partnership model.

Political accountability

The formal accountability relationship between the political leadership and the NAV agency has not changed as a result of the reforms, but actual political accountability

does seem to be changing nonetheless (Table 1). In the case of the hospital reform the formal political accountability relationship has changed but actual accountability relations seems not to have changed to the same extent. While in immigration administration both formal and actual political accountability has changed. Why is that? One important factor is the different nature of what is produced in the three sectors.

In the case of NAV the emphasis is more on administrative services and money transfers based on standards and rights. This means that the administration is more powerful, and that the organizational form is most similar to what Mintzberg has called machine bureaucracy. In the case of hospitals the core function is treatment of patients and this gives the medical profession and the local level a powerful position. The organizational form that comes to mind is professional bureaucracy (Mintzberg 1983). In immigration the formal changes are reinforced by agencies, in particular IAB, that are dominated by jurists that have a high specialized knowledge in the field, and this is strengthened by the fact that political executives cannot interfere in single cases. In the case of NAV the size and complexity of the administrative apparatus (Egeberg 2003) makes it rather difficult for the political leadership to follow up on the reform and makes it more dependent on the NAV leadership. The political leadership faces the paradox to which Brunsson (1989) pointed, namely that politicians in modern societies increasingly lack information about and influence over what is going on in subordinate agencies and public companies but still often get the blame when things go wrong. The government comes in for a lot of criticism from the Storting and the media, which makes it more dependent on the NAV leadership and hence tempted to blame the NAV for shortcomings.

In the case of the hospital reform it seems that there is a strong pressure for continuous reform due to the strong emphasis on healthcare in the media and thus also in the general political discourse. It is important for any modern government to demonstrate both its ability to bring the cost growth under control, while also responding to increased public demands for healthcare services and fast and efficient treatment in case of emergencies. In this sector it is still the lack of steering that is seen as a problem rather than the opposite. The use of market mechanisms is not necessarily seen as a means to delegate responsibilities to non-state actors, but rather to strengthen the role of the state and the patients simultaneously. Even though most recent reforms have strengthened the steering capacity of both the ministry and the central bureaucracy, the hospitals are fast changing and complex systems and in this case it means that doctors and professional networks may still keep a strong position in the system. One reason for the emphasis on decentralization may be that the government wants to establish a more loyal local administration. By establishing a hybrid management structure where doctors and nurses take the responsibility as managers, it is easier to hold them accountable also for what the management does on behalf of the organization. There is not a similar drive to develop a hybrid between management and professionalism in NAV, where the emphasis is more on establishing a local office which integrate expertise across the three previous sectors. Furthermore, in the choice between networks and hierarchy there is more of a need to strengthen networks in the NAV reform, whereas the strength of the professional networks in hospitals means that there is a greater emphasis on raising hierarchies in that sector.

At the same time the hospital reform has created a representation vacuum at local level which allows for the expansion of local social movements and mobilization of stakeholders which have been able to block major initiatives for restructuring. Although the enterprise model has been adjusted to allow for a clearer division of responsibilities and a greater emphasis on representation (in the case of the boards) the consequence has been an accountability overload for the government (Schillemans and Bovens 2011). In reality the balance promised in the reform between political steering in matters of principle and administrative steering in matters of detail has not been found.

In immigration administration, the formal changes create obstacles to swift political action, because political executives have to make change demands indirectly potent through changing rules and give general instructions. The actions from the agencies are, however, differentiated towards this fact. The NDI is formally closer to the political leadership and try to cater more to the political demands, even though it's rather autonomous, while the IAB, which formally has more autonomy, try to exaggerate its autonomy by having a strategy of «raising above the crowd» and not getting entangled in what they see as pragmatic political actions. They play the role of the defender of judicial quality and civil rights.

Political accountability is also influenced by the institutional environment – i.e., the Storting and the media's primary focus on symbol-ridden single cases and problems that make them blind to the complexity of the reforms in question and the time required to get systematic structural changes up and running.

In all three reforms the element of political accountability in local self-government poses a challenge. As already pointed out, the new formal partnerships introduced by the NAV reform have brought about a formal change in the relationship between central and local government. The current NAV system is a hybrid organizational solution, in which local welfare offices become subordinated to both central and local government – a dual hierarchy in other words. Our conclusion based on the interviews is that overall this new solution has changed real accountability relationships in favor of central government, simply because of its size, resources and influence over the implementation of the partnerships. There was some variation in the overall trend, however, with local NAV offices in larger cities becoming generally more influential vis-à-vis the center. In practice this means they make fewer attempts to coordinate and meld services. There is likely to be a similar movement in the field of healthcare, since the intention with the new cooperation reform is to create a system for increased cooperation and partnerships between municipalities and health enterprises.

In the hospital case there is a tension between the central ownership and control, on the one hand, and the influence and autonomy of the central actors of the regional and local health enterprises, which are closer to the economic–administrative instruments. The reappointment of political representatives to the boards of the enterprises may be seen as an attempt to establish a more balanced system, but the effect may have been to create an even more complex system with new possibilities for conflicts and alliances among local and central enterprise leaders, politicians, board members and strong medical actors.

Local health enterprises experience their relationships with the health and care ministry and related agencies as a challenge. For instance, a survey conducted among

leaders in the regional and local health enterprises in 2004 shows that about half of the respondents conceive of control signals from the parliament, the ministry, the directorate and other supervisory bodies as contradictory (Opedal 2005:99). In 2004 almost half of the respondents found the steering from the ownership unit in the ministry unpredictable. Nearly half of respondents claimed that the Directorate of Health focused too much on details (Lægreid, Opedal and Stigen 2005).

In the immigration case the role of local self-government is much stronger on the integration side. Only recently the freedom of municipalities has been constrained somewhat by the Introduction Act which opened for some more central steering. In contrast the control side has been a central government responsibility and this has not been challenged during the different reform initiatives. Thus in contrast to the welfare administration and the hospital reforms the central–local relations have mainly been unaffected by the administrative reform processes in the immigration field.

We can see a combination of independence and professional competence; and rule of law was seen as a safeguard for credibility and enhanced efficiency. The media, interest groups and the professional administration all seem to lack trust in politicians in this regard. Added to this was the fact that the executive politicians themselves participated in this development in order to rid themselves of a political burden, while the opposition thought that such a development might lead to a less restrictive immigration policy (Christensen, Lægreid and Ramslien 2006).

The disagreements among the actors in the immigration field are mainly about how to realize the main shared goals and definition of the immigration policy. Especially this is the case regarding organizing the control apparatus and how different accountability relations should be handled. The political–administrative leadership is constantly changing their views about this, leading to quite different structural solutions and trade-offs between accountability relations. The other actor groups are mostly having a consistent set of attitudes coupling policy and structural solutions, but having different views on effects. The main reason for the eventual agreement on the reorganization of 2001 was that different views on structural design could be joined, reflecting different attitudes to appropriate public steering models. The political–administrative leadership wanted more autonomy for NDI and IAB, to solve capacity problems in the ministry. NDI wanted more autonomy because they thought that professionally based accountability was the most appropriate, while IAB thought that an extreme autonomy model based on judicial expertise and legal accountability was the best. The interest groups and humanitarian organizations supported the new structure because it contained a lay element in the participation of representatives of the groups thus enhancing societal accountability and in the sub-board of IAB but also external judicial expertise and legal accountability. When the political leadership realized that they lost political accountability through the new structure, partly because of increased distance to and decision discretion of the subordinate bodies and their handling of single cases, it decided to vertically integrate more, against the vested interest and alternative accountability relations of the other main actors.

In the reorganization in 2001 a blame-avoidance element was recognizable since immigration cases had increasingly become politically sensitive issues for political executives. So the combination of capacity problems in the Ministry of Justice and a

wish to get rid of politically problematic single cases was the basis for moving the regulatory side to the Ministry of Local Government, giving NDI more autonomy and establishing IAB. The thought was obviously that moving the handling of single cases out of the ministry would transfer most of the blame focus on NDI and IAB. But this did not happen. The political executives still got the blame in political sensitive cases, without being able to have information on or influence those cases (see Brunsson 1989). It was necessary to regain political accountability and to bring the formal and actual political accountability relations on line. The reorganization of 2004 was not bringing back the old structure, but made a complex and hybrid structure combining old and new. We may still claim that the current structure is rather unique, concerning the autonomy of NDI, but particularly because of the quasi-court-like structure of IAB and its lay elements combining political accountability, legal accountability and social accountability in a unique mix.

Administrative accountability

Regarding administrative accountability, the impact of the institutional environment has been to increase control, since it is important for NAV to show the environment, and especially the Office of the Auditor General, that it cares about control, even though a complex organization like NAV finds it quite difficult to fulfill administrative–economic control aims in practice. One reason for some meta-control may be that the administrative culture in the agency has problems with a control-oriented reform implementation and it is also difficult to practice the performance management model as intended. At local level the politicians have mainly left it to the administrative executives to take the responsibility for the one-stop shops.

Concerning hospital reform, there have been formal changes in relation to the use of control bodies and user committees in the hospitals. At the same time, many respondents doubt whether all these systems are really working and believe that all that has emerged is a rather symbolic meta-system. In immigration, an implementation of MBOR has originally problems of working in practice, but that has improved somewhat over time, even though capacity problems are evident. In all three areas it was difficult to live up to the ideal performance management model. In practice there were loose connections between the different elements in the model and it was also supplemented by other more informal and ad hoc steering tools.

Legal accountability

In the case of NAV, by improving and cleaning up the old system the political–administrative leadership has apparently enhanced its legal accountability. Pressure from the environment, especially the Storting, is also part of this equation. The creation of county back-offices has raised awareness and competence in this area. Developments in other sectors seem to have some relevance in the discussion about whether to establish a regulatory agency or an ombudsman for central governmental welfare services. In the hospital sector arrangements with statutory rights and guarantees have increased in scope, and it is difficult for either the lawmakers or the user of services to grasp the effects of these rights. It may be difficult to avoid ending up doing something illegal in

one way or the other, as demonstrated by the discussion about corridor patients in psychiatry. The prime minister has been criticized for not fulfilling promises on time limits on cancer treatment, but it turned out that it was a plan not a promise or a guarantee. Sometimes such guarantees are issued in campaigns and in order to have reforms passed, this means that they have no legal backing, but in a discourse dominated by rights many patients will take notice and some of them will interpret it as a right. Parallel with the hospital reform several new statutory rights and guarantees have been introduced. The formal change has been less apparent in the case of the NAV reform.

The reorganization in the immigration case represented a clash between different accountability models. When the political leadership got problems with sensitive single cases after 2001, it was not easy to blame the professional or judicial culture in NDI and IAB, since the accountability seen from media and public opinion ultimately rests with the political leadership. On the other hand, NDI and IAB had not any good professional or legal reasons to help the political leadership avoiding blame, and it was often easy to say that problems was of a political kind and «pass the buck». The establishment of a single-purpose organization with extended autonomy to handle the complaint cases enhanced the focus on legal accountability issues. The 2004 reorganization was a clash between a revitalization of a hierarchical model focusing on political accountability that was deemphasized in 2001, and alternative models of professional and judicial accountability. The main strategy of the director of IAB is to argue strongly that his organization is in reality safe-guarding the judicial accountability and quality and accordingly that political executives should stay away from this area.

Professional accountability

The picture regarding professional accountability is that employees simultaneously cling on to the traditional professional culture and methods and try to adapt and develop something new. In the case of NAV a structural merger of two agencies together with the local partnerships gives rise to pressure to create a new culture. However, there is considerable variation between units and employees, with some continuing to work roughly as before while others are engaged in something new or are experiencing a complex combination of professional cultures. Path-dependency may dominate in such cases. While it may be thought of as necessary to create a common education for NAV and also new kinds of specialties in hospitals (e.g. geriatrics), these have been thorny political issues. In practice the idea of developing a new generalist role has been replaced by a return to a specialist role of welfare administrators.

In the hospital case there was a clear intension of increasing the professional accountability by replacing the politicians as board members by so-called professional managers with private sector experience. The medical profession was challenged by opening for more externally recruited managers with other professional background as hospital managers.

In the immigration case the professional accountability elements became significant primarily after the reorganization in 2001 when some of the old professional traditions were weakened and had to be re-established and developed. The effects of the

reorganization in 2004 will potentially be muted because of the new professional culture in the making, which favoured professional accountability. There is, however, a different type of professional culture in the two agencies; in IAB it is a dominance of jurists, while NDI has a hybrid culture with a tension between jurists and social scientists.

Social accountability

Regarding social accountability it appears that the structural changes introduced by the welfare administration reform have created greater structural complexity. While this is certainly problematic for some users, the increased focus on multi-service users seems to have been a success, having been given strong priority by the ministry, the NAV agency and the Storting. This is also symbolically important for all these actors and implies a cultural change internally. NAV's social role vis-à-vis other organizations seems to have weakened. This is due partly to the NAV's rather inward-looking focus in implementing the reforms, but also to the uncooperative attitude of external organizations. These have exerted environmental pressure, expressed by their use of the media and the Storting to portray a crisis in NAV, and they have also tended to focus on single cases, which do not further collaboration.

In the hospital reform there has been an emphasis on cutting waiting lists and create more efficiency through activity-based funding and this has improved conditions mainly for one-service clients with unambiguous diagnosis, whereas multi-service clients with less clear diagnosis, particularly the elderly and chronically ill, has had a harder time finding their place in the new system. The voice of patients has achieved formal representation, but it is not clear that either local citizens or patients have much of a say in the actual decision-making processes relating to local health systems. As a consequence the focus has mainly been on the many stakeholders mobilizing against restructuring of local hospitals.

In the immigration reform the social accountability is more up front on the integration side than on the control and regulation side. The central agency for integration involves the civil society organizations to a great extent in its activities. On the control side the layman element in IAB is more of a symbolic nature.

Summing up, we have analyzed the accountability relations from a pluralistic perspective and revealed the existence of multiple forms of accountability that are evolving in a partly supplementing and partly competing way (Flinders 2001). The understanding changing accountability relations seems to involve a complex and dynamic logic. Changing accountability relations must be construed as a complex interplay between deliberate strategies, cultural features and external pressure. Political executives try to achieve certain aims through restructuring, but some structures are not working according to the plans, partly because of lack of realism, but also because reforms often are hybrid and effects uncertain. Lack of formal change sometimes also leads to actual changes in accountability because of the dynamics in the policy fields, types of stake-holders activated, types of tasks, resource questions, etc.

As shown by Table 1, the overall picture is that the reforms have to a varying extent changed the various types of accountability in formal terms, but that it also has had a varied impact on accountability relationships in practice.

Table 1: Formal and actual accountability changes as a result of the welfare administration, hospital reforms and immigration

	Formal changes in accountability	Actual changes in accountability	Reported problems in field
Political accountability – the principle of ministerial responsibility	NAV: No	NAV: Yes, NAV-agency more influence.	NAV: agency large and complex. Ministry lacks information and insight. More grey zones in political–administrative dimension. Storting more active.
	HR: Yes, change in ownership, and increased local administrative autonomy means that ministry has more influence in matters of principle, whereas details are to be left more to health enterprises.	HR: Political involvement stronger both in matters of principle and detail but medical profession and local units in system still strong.	HR: strengthening of both central government and bureaucratic capacity, but roles are not clearly defined.
	IMMIGRATION: Yes, more autonomous NDI and especially IAB weaken political accountability.	IMMIGRATION: Yes, the NDI and IAB more powerful.	IMMIGRATION: IAB less responsive to political signals. NDI loyal to political signals before 2001, but than pressure towards stronger autonomy. Difficult for politicians to intervene in single cases. Blame avoidance. MPs as ombudsmen in individual cases.
Political accountability – the principle of local self-government	NAV: Yes, mandatory partnership agreements.	NAV: The central government has a strong position in the relationship.	NAV: Difficult to fulfill the idea of equal partners. Squeezing local self-government
	HR: abandoned, as ownership transferred from counties to state, local politicians later appointed to boards.	HR: The central government has a very strong position after the hospital reform.	HR: Difficult for politicians at hospital boards to define their role
	IMMIGRATION: No big changes but some standardization and weakening of local autonomy after the Introduction Act (2004)	IMMIGRATION: Local government has a strong position in integration issues but not in control issues.	IMMIGRATION: Lack of standardization and too great variation across municipalities. Capacity problems
Administrative accountability	NAV: Overall no, but more scrutiny from the Office of the Auditor General.	NAV: More resources for control and bureaucratization of control systems.	NAV: Increasingly complex control systems Problems of goal-focus, quality and responsibility.

	Formal changes in accountability	Actual changes in accountability	Reported problems in field
	HR: Yes, unitary management and a division of responsibility between ownership and commissioning. Intensified control activities.	HR: also more emphasis on control, but more emphasis on market mechanisms, private providers and boards in order to achieve rationalization, and budget control.	HR: The strong focus on economic efficiency simultaneously with a growth in audit and market instruments has created complexity in control systems that makes it difficult to develop legitimacy and give priority to quality at point of service delivery.
	IMMIGRATION: Yes institutionalization of MBOR over time.	IMMIGRATION: More emphasis on control, strengthening internal quality control systems.	IMMIGRATION: Vague and less operationalized objectives in the integration field. Problems of outcome control. Weak internal quality control systems. Loose coupling to political signals. Lack of information from NDI to the ministry before 2005, then improved.
Legal accounta-bility	NAV: No.	NAV: Yes, more rule of law and equal treatment.	NAV: Knowledge of clients rights, quality of information and case handling.
	HR: more emphasis on patient rights, guarantees, user influence and free choice.		HR: Free choice and patient rights seen as either symbolic or instruments for progress. Relates to controversy around market mechanisms. Number and scope of statutory rights have increased, Difficult to get overview, and estimate interaction effects. Increased risk for breaking with legal statutes or guarantees.
	IMMIGRATION: Yes, establishment of IAB as a quasi-court body with «super-autonomy» to enhance rules of law.	IMMIGRATION: Yes more capacity for equal treatment, impartiality in IAB.	IMMIGRATION: Difficult to verify information.
Professional accountability	NAV: Yes, merger of three agencies and professional communities.	NAV: Yes, pressure on merging three professional cultures.	NAV: Challenges of collaboration between three professional cultures and developing a new identity.
	HR: Yes, but more limited, since mainly relating to professional access to management positions.	HR: More external control of professional performance, but same instruments may also be used as means for self-regulation.	HR: The strongest professions (i.e. medical doctors) are also most successful in establishing power position outside of welfare services and in developing own instruments for professional (self) regulation.

	Formal changes in accountability	Actual changes in accountability	Reported problems in field
	IMMIGRATION: Yes, strengthened in IAB dominated by lawyers. Weakened and changed in ministry because legal profession transferred to IAB.	IMMIGRATION: Challenges of different professional cultures in integration and control. Weaker professions on the integration side.	IMMIGRATION: Difficult for ministry to control professional judgments because of lack of expertise.
Social accountability	NAV: Yes, for clients and patients No, for societal relationships.	NAV: Yes, better for some clients. Yes, societal connections weakened.	NAV: Better for multi-service clients, more ambiguous effects for one-service clients. More focus on client needs.
	HR: Yes for users, no for citizens and societal relationships less influence at local level.	HR: Local social mobilization as substitute for loss of local representation.	HR: Local protest about closing local hospitals and wards.
	IMMIGRATION: Yes clients and user groups giving access to the appeal process.	IMMIGRATION: Yes more responsive to some user groups and clients but only 6–8 percent of the cases go to board with user participation.	IMMIGRATION: Variations across municipalities in service provision. Difficult to verify information about clients and to strengthen evidence based policy making. Tension between critical media focus on individual cases and norms about impartiality and equal treatment.

The elite respondents in the welfare administration reform seem to agree about many of the changes in political, administrative and social accountability, but they are more divided with respect to judicial and professional accountability. The same kind of divided opinions may be observed in the discussions relating to the hospital sector. Tensions in views, based on organizational position, are typical for immigration respondents.

The reform pattern in the three welfare administration areas reflect a well-known characteristic of the Norwegian political administrative system as a mixture between representative democracy (political accountability), evidence-based policy making (professional accountability), rule of law (legal accountability), performance system (administrative accountability) and integrated participation from stakeholders and user groups (societal accountability). The mixture between these considerations is labile and varies between policy areas and over time. This is not necessary a sign of illness that can be cured, but rather a systemic feature that public organizations have to learn to live with. What we might see is that the traditional Westminster model with a strong focus on majority rule and political accountability has been challenged by a «Madisonian» model with checks and balances between different institutions and stronger focus on professional and legal accountability. To some extent power and authority is given to professionals and experts in semi-autonomous agencies with weaker accountability

relations to their political executives. A main challenge is how legal, professional, administrative and societal accountability can complement and supplement political accountability and not become competing and contested sources of legitimacy and accountability. The problem of political drift can occur when the agencies make decisions which are different from what the political executives want. It might easily be conflicts between political accountability, efficiency, rules of law, professional considerations and responsiveness to users.

The reforms in these three welfare state fields have each come up with their own organizational innovation to handle the accountability challenges that they face. The welfare administration reform introduced the *partnership model* which was supposed to solve the tension between ministerial accountability and local self-government. So the main focus was on political accountability and how to live with accountability to local politicians in the municipalities and to politicians at the central government level. It had, however, side effects on legal and professional accountability and it also turned out difficult to practice the partnership model which tended to make the accountability relations more ambiguous. Thus, the partnership model is a quasi-solution and it is too early to say if it is an innovation in the way that it fulfils the aims of the reform (Fimreite 2011b). In the hospital reform the organizational innovation was the establishment of *health enterprises* which was supposed to bolster the administrative or managerial accountability. In practice it has however been difficult to live up to this model which was supposed to give the management at the hospital level more autonomy. The political executives have been more hands on also in single cases; due to high political salience. In the immigration reforms the organizational innovation was the establishment of *the court-like central agency with super autonomy* to handle complaints/ appeals. This organizational arrangement was supposed to increase legal and professional accountability but in practice the political executives tended to get the blame anyway. So the politicians tried to bounce back and to re-install political control.

The three reforms represent different agency strategies. Delegation of responsibility from the centre is a core element in the immigration reforms but also in the hospital reform. The immigration reform is also a «moving target» approach by frequent management-merry-go-round reorganizations (Hood 2010:70). The welfare administration represents a third agency strategy focusing on partnership stuctures and trans-organizational elements. Such multi-agency arrangements represent shared responsibilities and organizational complexity. Delegation is a main organizational tool in all three reforms but with different levels of clarity and distance between delegated bodies and the core of government. The IAB case represents hard delegation with high distance and high clarity of delegation while the health enterprises represent a more mixed or soft delegation with a less clear-cut and more fuzzy delegation pattern (ibid.: 78). One hypothesis is that the former type of delegation will more likely than the latter have positive effects on accountability relations because it makes policy or administrative responsibility clearer (Hood 2011).

These cases illustrate first that it in practice is difficult to live up to the formal organizational models. The organizational forms tend to allow for a lot of variation in actual behaviour. It is difficult to solve political conflicts by organizational innovations. Rather than de-politicisation the reorganization reforms seems to encourage arena-

shifting. The political conflicts do not disappear by the organizational rearrangements but tend to move from organizational arena to another. Organizational innovations tend to solve some accountability issues but also to produce new accountability challenges.

Comparing the three welfare state reforms one important conclusion is that *tasks matter*. All areas are highly *political salient* and reforms cannot be reduced to technical administrative matters. This tends to put political accountability up front. There is a strong focus on political accountability in all three reforms. Attempts to strengthen other accountability mechanisms take place in the shadow of political accountability and there seems to be clear limitations on how far one can go in constraining political accountability in such politicised areas. In all three reform areas we see attempts at making other accountability mechanisms stronger through administrative reforms, but in practice the political accountability bounces back if the constraints are too strong. Eventually the reforms tend to strengthen central government capacity and political accountability even if they initially tried to upgrade other accountability relations. The political dynamics also tend to produce unstable trade-offs between the accountability mechanisms. The reforms have revealed that the accountability is not only multidimensional, but also dynamic. There are interesting developments over time within each reform area.

Second, the accountability varies with *different services*. The degree of professionalism matters. Hospitals are for instance more similar to professional bureaucracy and the reforms in this sector have a stronger focus on professional accountability. In the immigration field we also see a clear difference between a strong professional identity in the control and regulation administration but not in the immigration administration. Adding to this the acceptance of local variation in service provision matters (Fimreite 2011a, Bogdanor 2010). Immigration (especially control and regulation) and welfare service (especially pensions) are more like machine bureaucracies and have stronger focus on legal accountability than in the hospital sector. While hierarchical accountability might be better aligned with routine tasks, professional accountability might be more suitable for non-routine tasks (Romzek 2000).

There are three main problems of accountability in modern representative democracies (Day and Klein 1999). First, the institutional and organizational links between political accountability and managerial accountability are often loose; second, political processes often do not generate the kind of precise, clear-cut objectives and criteria necessary for managerial accountability to be a neutral and value-free exercise; and third, the organizational structure is often such that the managers accountable to politicians cannot answer for the direct action and performance of the service providers. The picture is further complicated by the existence of professional, legal and social accountability, making accountability relations even more complex.

We argue that the reforms in question do not necessarily reduce these problems. The role of political leaders is ambiguous in all three cases: elected officials have a role as strategists in defining the long-term goals of the public sector and assessing the results, but at the same time they are expected to give considerable discretion to operative agencies. Public service providers could eventually receive information about their performance directly from customers without having to go through elected representatives. If elected political leaders have limited control over the public

administration, is it then reasonable to hold them accountable for the actions of the public bureaucracy? And if elected officials should not be held accountable, then who should?

The NAV reform, the hospital reform and the immigration reforms thus seems to have made accountability a more ambiguous and complex issue. A central question is: Who should be held accountable for the conduct of complex public organizations where the problem of «many eyes» is highly relevant? Moreover, are executive politicians willing or able to adopt the role of strategic managers envisaged for them? In both the welfare administration reform and in the hospital reform there has been a shift in accountability from the political to the managerial sphere and from input and processes to output and outcomes. De-emphasizing input and process and emphasizing outcomes and output does not necessarily mean that government administrators are more or less accountable. The conceptual distinctions drawn by the reform with regard to the roles of minister and chief executive are amply clear on paper but less so in practice.

Conclusion

Overall, the reform of the welfare administration in Norway has led to formal changes the accountability relations, but with significant variation across reforms as well as across accountability mechanisms. The changes have been more significant in the hospital reform, particularly affecting political accountability. In the case of welfare administration reforms there have been limited changes in administrative, legal and social accountability. The most obvious formal change was the introduction of the partnership model, altering political accountability relations at the interface between the principle of ministerial accountability and the principle of local self-government. The only unambiguous formal change was related to professional accountability. In the immigration cases we see clear changes in political accountability by first reducing it and then trying to restore it. Linked to this is also a stronger focus on formal legal accountability and also professional accountability. In practice, however, changes came about in nearly all the different types of accountability in the three welfare state reforms.

In the case of the *welfare administration reform* the formal political accountability system stayed the same at the central level, whereas it was changed in the case of the hospitals. In the welfare administration reform the political leadership lacked the resources and capacity to deal with the size and complexity of the agency and its subordinate levels. The political leadership also became passive towards the NAV agency, partly to avoid blame. At the same time, as the provider of the majority of services and resources in local partnership offices, the central level strengthened its influence vis-à-vis the local political level.

The changes in administrative accountability strongly reflect how different actors have enacted their role since the reform, particularly with respect to control. The Storting has pressured the political executive to act on control, the Office of the Auditor General has put a lot of effort into controlling both the activities of the NAV agency and the hospitals, partly urged by the Storting, and there has been an increasing internal

focus on control in the hospitals and the NAV agency. All this adds up to a very complex system of administrative accountability.

After the reorganization of the reform, including the establishment of regional back-offices, role enactment was geared more towards ensuring rule of law and equal treatment, which changed judicial accountability in reality. This was also promoted by larger units, larger professional milieus and better quality case-work. In the case of the hospitals where one profession, the doctors, is predominant, quality has been left more to professional bodies.

Role enactment is also important for certain aspects of the weakening of social accountability. In the welfare administration reform employees' and users' organizations together with the media and the Storting has focused a lot on problems with single cases, which has led to a mismatch with the more systemic features of the NAV agency. In the hospital sector there have been constant focus budget deficits and also several scandals relating to the use of coding in order to increase income as well as mistreatment, corridor patients and illegal working conditions.

We also see some direct influence on actual accountability relations of the formal changes brought about by the reform and its reorganization. We have already mentioned the effects of the new mandatory partnership, but the merger itself – entailing the merging of three professional cultures into one – has also affected professional accountability.

In the case of the *hospitals* rather a new mix of governance has emerged that has reinforced the role of central government but this does mean that it is possible for central government to steer the sector in any instrumental way. If we include the other reforms that have been undertaken in the hospital sector we see that there have been changes in almost all of the five accountability types in the hospital field during the last 10 years. It seems to be a common view that the health bureaucracy has become stronger, but that the distribution of the different roles (ownership, commissioning, control, funding, advice and guidance) still makes responsibilities unclear not only to the regional and local health enterprises, but also to politicians and voters. This is also reflected in the observation that the opportunities for users to influence decisions within the various service areas have not improved a lot with the formalization of user committees on the local and regional level. Furthermore, it is not clear that the return of politicians at hospital boards have improved on the democratic deficit many have felt that exist on the local level, since it is not clear in what way or respect these board members can be held accountable to local citizens. In the case of the hospital reform the political leadership got involved in a struggle to restructure the structures of hospitals. The early reform plans mobilized strong resistance from the local level, and since there was no local forum that the local politicians could be held accountable by, these politicians were freer to take a stand against the centralizing tendencies in their own party.

Both the health enterprises and the health bureaucracy have become more professionalized and powerful as a consequence of the hospital reform. The predominant focus has been on cure rather than care and one-service rather than multi-service patients. The professionals and managers in hospitals are not trained or mandated to focus on primary healthcare needs and means for health promotion. In the

case of hospitals the new management systems have created potential difficulties for cooperation, particularly between nurses and doctors, but the professions seem to have found a way to keep the old division of labor with minor adjustments in boundaries between their respective jurisdictions. In this field there are many professions involved, at the same time as there are constant changes in technology which affect the established division of labor, however. The Scandinavian healthcare systems have been regarded as being hospital-centered and the hospital reform has not changed this situation. Coordination between health institutions in order to promote a broader focus has become a major challenge, and the government launched a coordination reform in 2009 that aim at giving primary care a more central role and improve cooperation between municipalities and hospitals.

In the *immigration* field we have experienced a reorganization fever in recent years (Christensen, Lægreid and Ramslien 2006) that to a great extent has revolved around accountability issues. The organization of the central immigration administration in Norway has changed considerably during a short period. Reorganization has been a routine activity. Reforms have followed reforms resulting in hyper activity around formal structures. The reform processes are scoring high on political control, but low on rational calculation. The organizational thinking has been rather ambiguous. The complex and dynamic relationship between the definition of immigration policy, its formal organization and its practical consequences on accountability relations are not well understood; dysfunctions and expected side-effects are normal outcomes (Christensen, Lægreid and Norman 2007).

There has also been «accountability confusion» in the reform process. An administrative, professional and legal accountability claiming that the political executives should obtain from intervening in single cases and to concentrate on general and principal policy issues clashes with a logic of political accountability in which single cases might have an important symbol value demonstrating political vigor and signalling difference between different political parties. Single cases can also open up for new regulations and perceptions. Often the political executives can be in a cross pressure between different accountability claims and face a «catch 22» situation. If they abstain from intervening they might be accused for passivity, but if they intervene they might be accused for not following the rules of the accountability game.

Reforms to immigration administration have been partly influenced by the sector specific features such as unpredictability, complexity and high political salience. Immigration policy is more controversial than many other policy fields. It is a highly turbulent field and also polarized field concerning the actors and institutions involved. It is handling «wicked issues» that is crossing the borders between different sectors and policy areas as well as stretching across different administrative levels from local government to supra-national bodies. In contrast to the Hospital reform and also the welfare administration reform, the local self government is still strong in the integration policy with a lot of discretion for the municipalities.

Major administrative reforms like the welfare administration reform and the hospital reform but also the immigration reform have to be assessed in relation both to governance representativeness and to governance capacity (Christensen and Lægreid 2011b). The first concern is closely related to political accountability and focuses on

measures designed to give citizens more influence, by introducing mechanisms for allowing for their attitudes and opinions to be represented in the policy-making process. This question has an external focus and concerns citizens' effectiveness and user participation and influence. The second concern has a bearing on administrative accountability, efficiency and to what degree social developments are affected by government decisions and public policy programs. This involves steering capability and public sector institutions' capacity to act and has a stronger internal focus. The question is whether governance is efficient and effective. Our argument is that the study of administrative reforms needs to move beyond the technical–functional flavor of administrative reforms with apolitical language.

The main challenge is to find organizational forms that enhance both the representativeness and the capacity of governance. Often there is a trade-off between the two (Dahl and Tufte 1974): reforms intended to enhance one aspect tend to harm the other aspect (Mattei 2009). Experiences so far from the NAV reform and the hospital reforms indicate that this is a tall order (Fimreite 2010; Tjerbo 2009). Following Scharpf (1999), our analysis shows that input-oriented representativeness and output-oriented effectiveness are both essential elements for democratic self-determination. Input legitimacy of electoral arrangements and output legitimacy of policy service delivery are both important components of sustainable democratic arrangements, and successful administrative reforms in representative democracies have to take both features into account. There might be a tradeoff between integrity and requirements for accountability on the one hand and effective service delivery on the other hand. Thus accountability is not always a good thing and too much accountability might be as problematic as too little (Flinders 2011). There has been a shift from input democracy towards output democracy in contemporary reforms, weakening political accountability and strengthening managerial and social accountability, but this transformation is by no means a panacea for the ills of contemporary democracy (Peters 2011).

A main lesson from this analysis is that the formal organizational models represent broad categories that allow some variation in actual accountability practice. There is not a tight coupling between formal models and practice. The accountability relations are more complicated in practice than in theory and changes over time, and between crises and normal situations. The traditional political accountability is still a powerful mechanism (Page 2010) in spite of the introduction of performance based accountability mechanisms and horizontal accountability arrangements in contemporary reforms. Performance management might enhance managerial accountability but it is contested if it will increase agency responsibility to politicians and citizens (Pollitt 2011). Increased horizontal accountability of executive agencies might increase organizational learning but not democratic control (Schillemans 2011).

Different and changing contexts and political situations constrain the room for administrative reforms in the welfare state and the mixture of different accountability mechanisms. If the promises of accountability are going to be achieved, the accountability mechanisms must deal with the institutional realities and complexity in which they operate (Radin 2011). No one type of institutional structure can deliver effective accountability for all types of public activity (Mulgan 2000). The accountability environments and contextual factors need to be taken into account when the

accountability relations of welfare state reforms are examined (Kearns 1996; Johnson, Pierce and Lovrich Jr. 2010; Dubnick and Frederickson 2011).

We are facing complex and compound welfare state reforms that are held accountable to different forums. Instead of choosing between different accountability mechanisms we have to treat them as supplementary and complementary in a mixed political order that combines and blends different modes of governance (Olsen 2007). We have revealed a multiple accountability regime in which the different accountability mechanisms do not substitute for each other (Schillemans 2008) but are redundant rather than segregated (Scott 2000). A new accountability regime with more complex, dynamic and layered accountability forms is emerging (Vrangbæk 2011). A key challenge is how to handle hybrid accountability relations embedded in partly competing institutional logics (Bode 2011). It is often claimed that such different conceptions of accountability might undermine organizational effectiveness and produce «multiple accountabilities disorder» (Koppell 2005) by oscillating between behaviour that are consistent with conflicting notions of accountability. But that might not always be the case (Schillemans and Bovens 2011). Multiple accountabilities may be appropriate solutions for an increasingly pluralistic governance system. Accountability is about managing diverse and partly conflicting expectations (Romzek and Dubnick 1987; Willems and Van Dooren 2011). Calling officials to account means inviting them to explain and justify their actions within a context of shared beliefs and values (March and Olsen 1995), which implies a dialogue between officials and those to whom they are accountable.

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List of abbreviations:

IAB	The Independent Appeal Board
MBOR	Management by Objective and Result
NAV	The New Welfare Agency
NDI	The Norwegian Directorate of Immigration
WHE	Western Health Enterprise