Cities Changing Diabetes

Vulnerability Assessment in Copenhagen

Steno Diabetes Center

Steno Health Promotion Research

September 2015

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The Social and Structural Environments in Selected Neighbourhoods of Copenhagen

- Report on Focus Group Discussions with Socially Active Representatives of Socially Vulnerable Population Groups

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Executive Summary

This report presents the findings from a study on the social and structural environments within selected neighbourhoods of Copenhagen. The study was carried out within the framework of Cities Changing Diabetes (CCD) (www.citieschangingdiabetes.com) and contributes to the establishment of a CCD knowledge base on barriers and opportunities for interventions addressing the escalating problem of urban diabetes within CCD partner cities, including Copenhagen. The knowledge base is established as a coordinated scientific process within CCD and comprises a quantitative Rule of halves (RoH) analysis and a qualitative Vulnerability Assessment (VA). Key partners involved in establishing the knowledge base in Copenhagen include the Department of Public Health at the University of Copenhagen, and Steno Diabetes Center.

The present study was carried out in two districts of Copenhagen, namely Brønshøj-Husum and Valby, where the RoH analysis had identified the highest levels of socio-economic risk factors for developing diabetes type II and other lifestyle related diseases. Focus group discussions (FGDs) with socially active representatives of socially vulnerable population groups were conducted within the vulnerable neighbourhoods of Akacieparken, Folehaven and Tingbjerg. The FGDs addressed the questions of 1) *How is the local community perceived in relation to safety, trust, norms, values – and social support?* and 2) *How do vulnerable citizens in Copenhagen view social initiatives in their local community?* Emphasis was on the characteristics of the social and structural environments, the degree to which these environments were considered conducive for social engagement and healthy living, and the perceived potentials for improving them.

Under the following headings, five overall themes emerged from analysing the data: 1) A village in the city, 2) a feeling of security, 3) young people, 4) social networks and activities and 5) dialogue and collaboration. The findings indicate that most residents are very happy about living in their neighbourhoods. There are substantial amounts of resources and motivation available for social and health action, including cross-cultural dialogue and organisational collaboration. Nevertheless, the feeling of insecurity was ubiquitous across age, gender and ethnic domains. Security and trust related issues are key determinants of social and health behaviour in the neighbourhoods. Social and health development are mutually dependent, if not inseparable, and deeply imbedded in local, social and cultural contexts pertaining to everyday life circumstances and challenges. In

particular, participation in formal social networks established and/or supported by the social housing associations fostered neighbourliness, confidence, trust, learning and action within the socially vulnerable population groups. Social and structural factors must be taken into account by CCD in the process of identifying, developing and implementing interventions aiming at changing behaviours and lifestyles of citizens.

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Introduction

Background

Copenhagen is situated in a country based on a welfare state model, which is characterized by equalitarian institutional features that have been shown to produce egalitarian outcomes. Within the Danish health care system coverage is universal and compulsory as all registered as residents in Denmark are entitled to health care that is largely free at the point of use. In general, Copenhagen is expected to have high levels of average health and minor social inequalities in health and in the prevalence of diabetes. The Rule of Halves analysis (RoH) for Copenhagen did indicate that the 'halves' rule does not apply to Copenhagen for most of the RoH levels. Copenhagen is doing better than that[1]. *However*, the results from the analysis have shown that there are major socioeconomic differences in the prevalence of risk factors and in the occurrence of diabetes in Copenhagen. Low educated citizens have twice the prevalence of high risk score and diabetes compared to high educated citizens, unemployed citizens have as much as 80% higher rates than employed citizens in the same age, and populations with a non-western background have twice the risk compared to populations with a western background[1].The analysis has also shown that only around 50% of those who receive diabetes care achieve the treatment targets and of these only around 50% achieve the desired treatment outcomes[1]. Furthermore, one out of four citizens with diabetes has not been diagnosed, and approx. 40-60% of the population with diabetes experience poorly regulated diabetes or diabetes complications[1]. Significant socioeconomic differences in the prevalence of diabetes were found between the 10 administrative districts in Copenhagen.

Persistence of social inequalities in health in highly developed welfare states of Western Europe is a paradox for which various explanations have been suggested[2]. One explanation for social inequality in health in Nordic welfare states such as Denmark is that inequalities in overall access to material and immaterial resources have not been eliminated by the welfare model. The existence of a significant social class gradient in exposure to social stress due to economic hardship has been suggested.[3] The risk of sustaining the illnesses that contribute most to inequality in health in Denmark is greater the more one is exposed to an unhealthy diet, smoking, physical inactivity etc. Inappropriate health behaviour and related biological risk factors are increasingly concentrated among the socially disadvantaged. This may indicate a differential exposure

to the different risk factors, but also a risk of differential vulnerability, because the socially disadvantaged are exposed to several interacting behavioural and environmental risk factors for the same illness[4,5]. Due to the change in epidemiological regime, in which consumption behaviour and self-care management has become one of the most important determinants of ill-health, the marginal benefits of the immaterial resources to which a higher social position gives access have increased.[2] Appropriate self-care management is closely associated with consumption behaviour, which is related to socially rooted differences in attitude, knowledge and competency between socioeconomic groups[6].

When addressing social differences in achieving treatment targets and desired outcomes among diabetes patients, an important question is how vulnerable groups use the health care system and why social inequality persists in the access to health care and in treatment outcomes, in spite of the equal access to the Danish healthcare system. Several explanations have been suggested and the concept 'candidacy' has been introduced, describing the ways in which people's eligibility for medical attention and intervention is jointly negotiated between individuals and health services[7]. Accomplishing access to healthcare requires considerable work on the part of users, and the amount, difficulty, and complexity of that work may operate as barriers to receive care and adherence to treatment regimes. The social patterning of perceptions of health and health service, and a lack of alignment between the priorities and competencies of disadvantaged people and the organization of health services, may create social inequality in both getting a diagnosis, receiving care and achieving the desired outcome of medical care. These questions have been addressed and presented in a separate report by the Department of Public Health, University of Copenhagen.

The social, environmental, cultural, economic, and political contexts in the local community and in society at large are important attributes affecting attitudinal and behavioural change potentials and processes of citizens. Contextual factors may relate to the circumstances of everyday life as perceived by populations groups targeted by public health action. In this case, context may comprise very local level barriers and opportunities at the level of the household, classroom, or local community. Since contextual factors often influence the outcome of public health action they should be understood and, if possible, addressed in the planning and implementation of public health initiatives. This requires direct interaction and dialogue with citizens about their perceptions of existing barriers and opportunities for healthy living with a view to identify interventions that are locally meaningful and realistic to implement. The vulnerability assessment will therefore describe contextual conditions pertaining to the local, social and structural environments as perceived by active citizens representing vulnerable

population groups. These issues have been addressed and presented in this report by Steno Health Promotion Research, Steno Diabetes Center.

The analytical approach of the 'Mapping'-phase in the CCD-initiative is composed of the RoH analysis and the Vulnerability assessment. The primary aim of the quantitative RoH analysis was to estimate the population risk of diabetes, the prevalence of diabetes and actual diagnosed patients, and patients receiving care and achieving treatment targets. The Vulnerability Assessment tool is a qualitative research instrument that identifies and verifies the presence of diabetes-specific social risk factors and examines the experience of health and illness in individuals with diabetes or at risk of getting diabetes[8-9]. The examination takes place across three domains: the formal domain (e.g. services available, use of services as a function of capability, opportunities to make changes), the community domain (e.g. existence of non-governmental organisations, local systems of support, local models of understanding and addressing problems) and the vulnerability domain (e.g. standard vulnerability indicators of unemployment, cohabitation status, feeling financially secure and coping). Interview persons for the vulnerability assessment included vulnerable citizens at risk of developing diabetes, active and resourceful citizens, patients with diabetes and health care professionals. The recruitment of citizens and patients was guided by the recruitment criteria (case filters) agreed for all project cities and based on the preliminary results of the RoH analysis for Copenhagen. Consequently, RoH results guides the recruitment of interview persons in the two districts that were identified by the RoH analyses to be among the most vulnerable in the municipality of Copenhagen.

The Vulnerability Assessment in Copenhagen will be integrated into the global mapping of urban diabetes challenges for the five cities in the Cities Changing Diabetes programme. The Vulnerability Assessment will contribute to a better understanding of the interaction between material infrastructure and individual and collective social functioning and practices in different areas in Copenhagen. The assessment addresses the research questions listed in Table 1 and mainly provides attitudes and perceptions of citizens and patients rather than a mapping of existing health and social services.

Study objectives

The present study aims to describe the social and structural environments of selected neighbourhoods in Copenhagen with a high occurrence of risk factors for developing non-communicable diseases, including diabetes type II, as perceived by socially active representatives of socially vulnerable population groups. Emphasis is on the degree to

which the social and structural environments are conducive for social engagement and healthy living.

Table 1. *Questions addressed by the entire Vulnerability Assessment together with data sources and implementing research institution. Questions addressed in the present study by Steno Diabetes Center are highlighted.*

Research questions	Data source	Research team
How is the local community perceived in relation to safety, trust, norms, values – and social support?	Focus group discussions 'Go-along' interviews with citizens	**Steno Diabetes Center** University of Copenhagen
What characterize the collective lifestyles (or cultural practices) in the local community and how do they influence self-care, nutrition and exercise?	Semi structured interviews with citizens	University of Copenhagen
What are the risk- and illness perceptions among vulnerable citizens and patients?	Semi structured interviews with citizens	University of Copenhagen
How do vulnerable citizens in Copenhagen view social initiatives and health promoting facilities in their local community?	Focus group discussions 'Go-along' interviews with citizens	**Steno Diabetes Center** University of Copenhagen
How is the interaction on health matters between vulnerable citizens and the health care service perceived?	Semi-structured interviews with citizens	University of Copenhagen
How is the interaction between patient and the healthcare service perceived concerning diabetes care? (incl. access, availability and navigation in the health care system)	Semi structured interviews with patients and focus groups discussion with healthcare professionals	University of Copenhagen
How do citizens with diabetes view health initiatives and health promoting facilities in their local community?	Semi structured interviews with patients.	University of Copenhagen
How do collective lifestyles (cultural practices) influence the management of diabetes? (self-care, medicine adherence, nutrition and exercise)	Semi structured interviews with patients	University of Copenhagen

Structure of the report

The first part of the report presents the methodology of the study with emphasis on presenting and justifying the use of focus group discussions (FGDs), the study site,

participants, data management, research ethics and study resources used during data collection and analysis.

Next, the analytical findings are briefly introduced followed by an elaborate presentation of five themes emerging from the FGDs. The presentation includes numerous citations from the discussions and each theme is finalised by concluding analytical remarks. Some overlap exists between themes but the analytical focus is distinct for each theme.

Subsequently, the analytical findings are discussed in relation to the socio-economic area characteristics and in relation to the focus and actions of the Social Housing Master Plans implemented in the residential areas. Moreover, the analytical findings are related to the parameters of the so-called Community Domain of the Vulnerability Assessment.

Finally, a concluding remark will be made where the perspectives in relation to the purpose of the study will be examined.

Methods

Study sites and participants

The RoH analysis[1] showed that the most significant risk factors for developing diabetes in Copenhagen relate to age, BMI, hypertension, employment status, gender, ethnicity (defined as western or non-western background), education and whether the person has children living at home. The RoH analysis also showed that the two districts of Copenhagen with the highest prevalence rates of diabetes and macro-vascular complications are Brønshøj-Husum and Valby. This information formed the basis for defining the target sites and participants of the present study. The study was thus carried out in the neighbourhoods of Tingbjerg (which is located in Brønshøj-Husum) and Akacieparken and Folehaven (both of which are located in Valby). A map of the study areas is shown in Appendix 1.

Area characteristics

All three study areas are considered socially "vulnerable" and are characterised by the presence of social (or council) housing schemes, which receive public financial support for social and structural development through four-year Social Housing Master Plans[10]. All houses in the neighbourhoods comprise of apartments that are administered by various social housing associations. To qualify for financial support, the social housing associations must have a record of severe social and/or economic problems as well as other challenges related to issues such as excessively increasing rentals, high flow rates of residents, high prevalence rates of psycho-social problems, violence, vandalism and worn-out buildings or other infrastructures[10]. Once qualifying for support, the social housing associations must submit a formal application to a national fund (Landsbyggefonden) that will review and respond to applications on a competitive basis. One of the involved neighbourhoods, Tingbjerg, is further categorised as being "especially vulnerable" by the Ministry of Housing, Urban and Rural Affairs[11]. This is based on criteria related to levels of crime, unemployment, immigrant residents, education and income.

Current Social Housing Master Plans for the involved neighbourhoods operate from 2012-2016[12-14]. A Social Housing Master Plan is a social and structural development plan, which receives financial support from a self-governing institution "Landsbyggefonden"

(contributing a maximum of 75 % of the budget) and a co-sponsor, typically the local government/municipality (contributing a minimum of 25 % of the budget). In Tingbjerg the main topics addressed by the plan relate to vulnerable groups, education & employment, social networks, participation & democracy, health, culture & leisure, image & communication[12]. In Akacieparken the main topics are children, young people & families, education & employment, social networks, participation & democracy, and image & communication[13]. In Folehaven the main topics are children, young people & families, social networks, participation & democracy, and image & communication[14]. The three neighbourhoods have previously received public financial support through the Social Housing Master Plans and thus some initiatives have already been established prior to the current Social Housing Master Plans[12-14]. Also, there are Urban Renewal Plans addressing geographically wider development goals that include Tingbjerg and Akacieparken which indicate the need for initiatives to improve these vulnerable areas.

In June 2015, the thematic areas for the next round of applications were announced by Landsbyggefonden[10]. These are security & well-being, crime prevention, education & employment as well as prevention & parent responsibilities. The four themes cover a common overall objective concerned with security & social inheritance. The Social Housing Master Plans and their thematic focus areas are of interest to the present study because they represent the nature of current and future social challenges and actions.

Inclusion and exclusion criteria

Participants for the FGDs were defined as socially active representatives of socially vulnerable local population groups living with a relatively high risk of developing non-communicable lifestyle related diseases, including diabetes type II. The FGDs should provide a citizen perspective and addresses the social and structural environments of local neighbourhoods. Emphasis was on the degree to which these environments are conducive for social engagement and healthy living. Therefore socially active residents were chosen as spokespersons for the entire community. This might imply both similarities but also differences in the perspectives between the socially active residents and the socially vulnerable population groups. The FGDs should not provide a patient perspective and should not address diagnostic, clinical or medical environments. As a reflection of this focus and of the identified risk factors for developing lifestyle related diseases, the inclusion criteria related to:

- Age (high risk: above 45 years)
- Gender (high risk: male)
- Education (high risk: limited education)

- Employment status (high risk: unemployed)
- Ethnicity (high risk: non-western background)
- Whether the person has children (high risk: no children living at home)
- Whether the person lives alone (high risk: living alone)

Recruitment strategy and process

The study involved health disseminators and social workers to support the process of recruiting study participants for the FGDs. The selected health disseminators and social workers used their skills, experience and knowledge about the targeted neighbourhoods to identify and communicate with eligible citizens to participate in the study.

Health disseminators are professional health workers operating at local community level with the mobilisation of residents for social and health promotion action. Health disseminators have been trained by the Municipality of Copenhagen and are on the payroll of the municipality.

Researchers and health disseminators organised several meetings to discuss and plan for the recruitment of FGD participants. The first meeting was held on Friday 16 January 2015 and involved two health disseminators, one representative from the health department of the municipality of Copenhagen and two researchers. A second meeting was held on 5 February 2015. The following issues were discussed at the meetings:

- Vulnerable population groups in the target districts; who are they?
- Resourceful representatives of the vulnerable population groups; do they exist?
- Inclusion and exclusion criteria for recruiting FGD participants; key priorities?
- Proper processes and challenges for their recruitment; how to register candidates?
- Defining the required number of FGDs and FGD participants; what is possible?
- Time and venue for the FGDs; what is optimal?
- Health ambassadors (volunteers) as a separate focus group; any barriers?
- Ethical issues such as informed consent and the right to withdraw; oral or written?
- Data collection; manually or digitally recording the interviews?

The intention was to recruit citizens based on individual risk factor characteristics[1] and to group them for FGDs within distinct risk factor categories. Recruitment was intended to take place through existing more or less informal social networks present in the neighbourhoods. In each of the targeted neighbourhoods, the social networks have access to a network office, which is administered by the social housing associations and made available for residents to meet and interact through structured arrangements (e.g.

homework café for children, food club for men or IT learning for elderly residents) or unstructured social interaction (e.g. passing by for talking over a cup of coffee). The network offices were the intended venues for both recruitment of participants and implementation of FGDs.

In April 2015, social workers employed by the Social Housing Master Plans in the targeted neighbourhoods were involved in the recruitment process. The social workers have specific responsibilities and competences related to particular thematic focus areas of the master plans, e.g. health, education, communication etc. Moreover, the social workers have great insights into the social development history of the residential areas and the dynamics of residents living there. Support provided by the social workers to the planning and organisation of the present study was therefore invaluable. This support included guided tours in the neighbourhoods as well as sharing of impressions and experience on developments in the neighbourhoods over the past years. By advice from the social workers the research team decided to adjust the recruitment strategy.

Rather than recruiting participants across the existing social networks for grouping into distinct risk factor categories it was considered more appropriate to organise the FGDs around each of the distinct social networks based on invitations to their members. The rationale was that members of social networks have a shared social identity and confidence to speak freely among friends and peers in the networks. Group dynamics and communication was expected to be severely hampered if FGD groups were identified exclusively based on hard biological, socio-economic, cultural and ethnic characteristics. It was acknowledged that this approach would reduce the homogeneity of the focus groups in some respects (e.g. socioeconomically) but increase it in other (e.g. social identity) and that this could affect the vibrancy of discussions and diversity of viewpoints and arguments expressed in the FGDs. However, it was not possible to predict the direction of such influences.

The revised recruitment strategy comprised a combination of the *strategy of maximum variation* and a *theory based strategy* for the selection of study participants[15]. The strategy of maximum variation applies for age and gender. FGDs were thus conducted with either female or male participants of different age and with mixed groups of both male and female participants. The theory based strategy argues for the existence of common feature for all participants of a focus group. This was satisfied by the notion that participation in a social network was considered a key criterion for a resident to be defined as a *socially active representative* of a socially vulnerable local population group.

Social workers organised the contact between the research team and the social networks. The organisers of specific network activities (i.e. coordinating residents or social workers)

granted permission for the research team to attend relevant arrangements and to invite network members to participate in the study. To establish a good and trust building relationship with network members, the recruiting researchers were the same two researchers who would moderate and observe at the focus group discussions. At the network arrangements, the two researchers introduced the study, either in plenum or individually, and presented its origin, objectives and perspectives. Subsequently, the researchers had individual conversations with network members at which invitations to participate in the study were issued and practicalities discussed. The procedure followed the recruitment process presented in Appendix 2 (in Danish) and biological and socio-economic characteristics of participants were recorded in the registration form presented in Appendix 3. The research team visited and interacted with a total of six social networks in the three neighbourhoods, two in each neighbourhood.

Network members who accepted participating in the study were given a letter (on site) specifying when and where the specific FGD would take place. The letter is presented in Appendix 4 (in Danish). Moreover, on the day before the FGD, each study participant received a text message reminding him or her about the appointment. All FGDs were carried out approximately one week after recruitment and at the same time and place as the recruitment. This was meant to make it easy for participants to remember the appointment and hence minimise the risk of drop out. Almost all participants showed up as agreed.

An information folder about the study was distributed to involved health disseminators, social workers, network representatives and other people with an interest in the study. The content of the folder was described to those few FGD participants who could not read Danish. The folder describes the purpose of the study, how it would be conducted, when and by whom. It also includes ethical issues and contact information. The folder is presented in Appendix 5 (in Danish).

Characteristics of the study participants

In total, six FGDs were conducted involving a total of 35 study participants, as follows:

1. Six men from the residential area of Tingbjerg in Brønshøj-Husum
2. Five women from the residential area of Tingbjerg in Brønshøj-Husum
3. Eight women from the residential area of Folehaven in Valby
4. Two men and three women from the residential area of Folehaven in Valby
5. Six women from the residential area of Akacieparken in Valby
6. Two men and three women from different neighbourhoods in Valby

FGD number 4 differs from the other FGDs by comprising elected board members of a social housing association rather than participants of an open social network. All board members are residents of the targeted neighbourhood of Folehaven. Moreover, FGD number 6 includes citizens living in the targeted district of Valby but only some of them are residents of the targeted neighbourhoods in Valby. This FGD was considered important because it includes a hard-to-reach group of elderly men with a Danish background.

A summary of the characteristic of the 35 study participants are presented in Table 2. Additional characteristics of the study participants are presented in Appendix 6. To protect anonymity only some of the known characteristics are presented. In brief, the study included 24 women aged 23-82 years and 11 men aged 19-76 years. The majority of the participants are over 30 years old and less than 60 years old. 14 participants are single while 19 participants live together with one or more other persons. 24 participants live together with one or more children whereas 11 participants live without children at home. Ethnic diversity is large. Participants mainly come from Denmark, Middle East and Northern Africa. Ten participants are in employment, six are unemployed, four are students, two are trainees, nine are pensioners and four did not register their occupation.

Table 2. *Summary characteristics of the 35 study participants. Abbreviations: n=number of individuals; F=female; M=male; S=single; C=cohabiting.*

Gender (n) and age range (years)	Living as single or cohabiting (n)	Children or grandchildren living at home (n)	Ethnicity (country)	Occupation (n)
F: 24 (23-82) M: 11 (19-76)	S: 14 C: 19 Unknown: 2	Yes: 24 No: 11	Algeria Denmark Egypt Eritrea Ethiopia Iraq Lebanon Morocco Palestine Syria Turkey	Employed: 10 Unemployed: 6 Student: 4 Trainee: 2 Pensioner: 9 Unknown: 4

Data collection

Focus Group Discussions

The FGD method was used in this study because it can produce data about complex issues such as people's perceptions about the social and physical contexts of their residential areas. Information becomes complex when participants discuss and compare experiences in group processes or, as explained by Halkier[15]:

> "The participants ask questions to each other's viewpoints and comment on each other's experiences based on their knowledge about the context which the researcher might not possess"

The FGD method was also used because it can obtain highly diverse insights into given subjects in a limited amount of time. This is of importance to the community residents who volunteer to participate in the study and to the research team, which is working with limited resources.

Interview guide

A draft interview guide for the FGDs was developed by Steno Diabetes Center in February 2015 and presented to the following key stakeholders for inputs:

- *University of Copenhagen, Institute of Public Health*: CCD partner in Copenhagen with overall responsibility for reporting from the RoH and VA studies carried out in Copenhagen.
- *Novo Nordisk, Public Affaris*: Global CCD partner with several responsibilities cutting across CCD cities including coordinating the harmonisation of RoH and VA tools applied by the various CCD cities.
- *University College London, Department of Anthropology*: Global CCD partner with overall responsibility for the scientific quality and reporting from the RoH and VA studies carried out in the various CCD cities.
- *Municipality of Copenhagen, Department of Health*: CCD partner in Copenhagen with a political, technical and public responsibility for CCD activities and interventions carried out in Copenhagen.
- *Health Disseminators*: Stakeholders affiliated to the health and prevention centres in Copenhagen and involved in the process of identifying and recruiting study participants for the present study.

The agreed version of the interview guide was applied, evaluated and adjusted repeatedly after each FGD. The guide was meant as a true guide with numerous questions and probes made available to the FGD moderator to choose from in directing the discussions towards properly answering the research questions. The agreed version of the interview guide is presented in Appendix 7.

Interview process

FGD facilitation was carried out by an experienced FGD moderator. Moreover, an observer from the research team was present in all FGDs to observe and record non-verbal actions and expressions among participants. All FGDs were held in Danish language with the exception of one where a woman translated for about half of the participants. Each FGD had between 5-8 participants and was of about 90-120 minutes duration. Only one FGD was conducted per day.

A relaxing and informal atmosphere was established around each FGD. Tea, coffee and snacks were served and the FGDs took place in familiar surroundings in the neighbourhoods. In some of the social networks the participants prepared breakfast or dinner. The moderator asked for permission to digitally record the interview and this was accepted by all study participants in all focus groups.

As an incentive to participate in the study, each study participant was offered a gift voucher at a value of DKK 150 for buying groceries at a local retailer (either COOP or Dansk Supermarked, which includes Netto, Føtex or Bilka). The voucher was provided to participants immediately after completing the FGDs.

Data management and analysis

The FGDs were recorded digitally and fully transcribed within a few days after recording. One FGD was instantly partly transcribed on site by the observer and later completed. The data was analysed using the qualitative content analysis approach, which involves processes of condensation and coding of bits and pieces of interview text[16]. This was done systematically for all texts from all FGDs. Data was analysed with direct reference to what was actually said during the FGDs and to the age, gender, ethnic and socio-economic characteristics of the study participants. Key themes and sub-themes was not predetermined, but defined from coded text. However, the themes were influenced by the nature of raised questions and associated discussions, and these addressed the social and structural environments of the targeted neighbourhoods.

In this report, the outcome of the analysis is presented as the researchers' compiled impressions of expressed perceptions and attitudes for each of the identified themes and sub-themes. Efforts have been made to present the diversity and dualistic nature of perceptions and attitudes expressed for each theme and sub-theme without emphasising too much on single-standing statements. The presentation of these impressions is supported by a large number of carefully selected citations representing key and commonly expressed perceptions and attitudes by the study particpants. The citations

have been translated from Danish into English with emphasis on conveying the proper meaning of the citation rather than presenting a word-by-word translation.

Research ethics

Participation in the FGDs was voluntary and based on informed consent. Each participant received an official invitation which provided relevant information about the study. Furthermore, a verbal introduction to the study was made individually at the point of recruitment in the social networks and collectively before each FGD.

The FGDs did not address any questions or issues that were socially, economically, medically or in any other ways sensitive to the study participants, and the study should therefore not be approved by public ethical authorities in Denmark. Invitees were informed that they could decline their participation without risking any penalties or sanctions. They were also informed that they could drop out of the study at any time should they regret their participation. Furthermore, they were informed that once they had participated in an FGD they had the right, at any time, to request their data to be deleted. Data is treated anonymously and kept confidential at all times. In this report only gender and neighbourhood will appear where citations are presented. Furthermore, the specific nature of social networks involved in the present study is not revealed in the report.

Study resources

All study costs were covered by Steno Diabetes Center except payment to health disseminators for their support. This was covered by the municipality of Copenhagen.

The following team of researchers and assistants based at Steno Diabetes Center were involved in conducting the study:

- Maria Ea Sirkka Bjerg Sørensen, Research Assistant
- Pernille Haarløv-Johnsen, Research Assistant
- Asser Jon Nielsen, Student Assistant
- Cecilie Petersen, Student Assistant
- Paul Bloch, Principal Investigator, Senior Researcher

Analytical findings – The five themes

Five themes and numerous sub-themes were identified. These are presented graphically in Appendix 8. None of the themes and sub-themes was predetermined; they all emerged from the process of analysing transcribed interview data. Although acknowledging the presence of problems in their neighbourhoods, citizens were predominantly happy about living where they live. The following citation illustrates this:

> "I am happy to live in Tingbjerg. The environment is good and there are lots of different people. But sometimes you hear about problems" (Woman, age 39, Tingbjerg)

This dualistic perception of satisfaction about living in the neighbourhoods and concern about prevailing social problems is a predominating feature of all six FGDs. This is reflected in the summary of impressions from the five themes presented in Figure 2.

- **A village in the city.** This theme was constructed from primarily positive expressions about the neighbourhoods of the study participants. It was a common immediate response across the FGDs to refer to the neighbourhoods as a village in the city; a positive expression of community feeling with reference to both the physical and social environments of the neighbourhoods.

- **A feeling of security – physical, structural and social conditions.** Despite community feelings, the neighbourhoods also suffer from various social and structural challenges, and these were elaborately discussed. Most of the study participants referred to personal feelings of insecurity at different times, locations and situations in the neighbourhoods. The intensity and emotional implications of these feelings varied.

- **Young people.** Young people were discussed from the wide perspectives of troublemaking, challenged parenthood and positive resources. A small hard group of youth appears to be the root cause of troublemaking in the neighbourhoods and blame is given to parents who are challenged by prevailing norms for upbringing of children. The many positive resources that youth possess were acknowledged.

- **Social networks and activities.** More or less formal social networks play important roles for the feeling of security and neighbourliness in the neighbourhoods. Social network activities were considered key drivers for establishing and maintaining personal relationships and for acquiring important informal learning.

- **Dialogue and collaboration**. In responding to the question about measures for improving the social and structural environments in the neighbourhoods, dialogue and collaboration across age, gender, culture, setting, profession and organisational affiliation was the predominant answer.

Figure 2. A brief summary of the five themes emerging from analysing the six FGD interviews conducted in the present study.

1. A village in the city

"A village in the city" has been formed as a theme because of the use of this phrase independently across the FGDs. The study participants also talk about the residential areas as small bounded units in the city. A phrase like "inside the walls of Folehaven" (Man, age 70, Folehaven) illustrate this. In addition, a woman described the residential area where she lives in the following way:

> "Folehaven is actually situated in a really nice area. You have Vesterbro, Nørrebro, everything nearby. But at the same time you are able to retreat. And that is what is so great about it" (Woman, age 34, Folehaven)

The physical surroundings and social factors both play a role in defining the residential areas as villages in the city. This is covered below under the sub-themes of "Inside the Walls", "Neighbourliness" and "Urban Spaces". The theme and sub-themes are presented graphically in Appendix 8.

Inside the walls

According to the study participants almost everything they need in their everyday life is situated inside the walls of the residential areas. For example the residents talk about access to child care centres and primary schools in the neighbourhoods. It was noted with satisfaction by the participants of the FGDs that these institutions all are within walking distance from their homes. A woman explained:

> "…I am happy to live here. The reason why we chose this place when we got the apartment was because of the after-school centre, day care, nursery and school two minutes from the apartment" (Woman, age 34, Folehaven)

With child care centres within easy reach, study participants with children stressed that it gives them a feeling of security for their children. The children do not have to cross any big roads on their way to school and they are able to play with their friends in the neighbourhood without paying attention to traffic and long distances.

Although these expressions have positive connotations referring to security, community and neighbourliness, they also have another and less positive side related to distance and decoupling of the neighbourhoods from the surrounding city. A woman said:

"I do not often go outside of Tingbjerg" (Woman, age 39, Tingbjerg)

It is possible to live in "the village" and not go outside of the neighbourhood very often. Conversely, people who do not live in the neighbourhood might never go there. This would limit interaction across neighbourhoods and contribute to community isolation.

Another implication of the physical isolation of "the village" is that some institutions, organisations and retailers would not be available. One example is the lack of discount supermarkets in Folehaven:

"We only have SuperBrugsen, which is very expensive and Netto is far away when you feel ill or tired" (Woman, age 54, Folehaven)

In one of the other neighbourhoods the access to discount supermarkets has improved, which was appreciated, especially by the older generation.

Neighbourliness

Apart from their function as caring and learning institutions for the children, the child care centres and primary schools have a social function for the parents. Relations with neighbours are established and maintained within these settings:

"…hand over your children in the day care centre and you meet your neighbours even though you don´t know them and they are not from the same country as you. You don´t speak the same language but you can´t avoid saying hello to each other…All of sudden you get to know people a bit more when you attend parent-teacher meetings" (Woman, age 34, Folehaven)

Mainly female study participants discuss the function of day care centres and primary schools as meeting places in their everyday life, which promote a feeling of community and neighbourliness. In addition, the feeling of neighbourliness is established or maintained when residents meet in the street. The sense of neighbourliness and community are expressed in the conversation between two women:

> "Woman 1: Everybody in the area speaks with each other …I feel like
> this is…
> Woman 2: …home…
> Everybody laughs
> Woman 1: Yes, our home, it is our place.
> Woman 2: People here are kind to each other"
> (Women 1, age 63 and Woman 2, age 43, Akacieparken)

In this example, the women refer to the area as their place and to people as being kind, and this is compatible with the overall feeling of community and neighbourliness. Many of the study participants have established good relations to their neighbours and assist them with all sorts of the everyday life duties including shopping, solving IT problems or looking after their children. In contrast, some of the study participants talk about frequently seeing familiar faces in the street without having any relations them.

Urban spaces

The study participants are also discussing the outdoor green urban spaces. They all find the residential areas to be attractive. A woman said:

> "Tingbjerg is a beautiful place to live. The first time I came here I
> thought the school looked like a castle and the lake was there. I came
> here in the spring. I can still remember it" (Woman, age 45, Tingbjerg)

A male study participant from Valby compares his neighbourhood with France "when the sun is shining". All in all there are numerous positive comments about the outdoor spaces. This also applies to recreational opportunities such as places to play football, which is commended in all three neighbourhoods. Some of the study participants (mainly in Folehaven and Tingbjerg) further commend the local opportunities for exercising physical activities such as strolling, riding bicycle and running. The outdoor areas are also used for social activities such as community events and informal socialisation between families with children in the summer time. In contrast, some study participants find that the outdoor spaces are not used as much as they could be.

> "…there are plenty of green spaces and facilities. Maybe we need to
> have some campaigns so that people go out and use the green spaces"
> (Man, age 21, Tingbjerg)

A great diversity of outdoor spaces and facilities are available, especially in Tingbjerg and Folehaven, and they have potential to be used a lot more. Hence, the outdoor spaces positively support the physical and social environments, and thus the feeling of neighbourliness and living in "a village in the city".

Concluding remarks

"A village in the city" covers primarily positive perceptions about community and neighbourliness feelings of the study participants. The majority of the participants are very happy about living in their neighbourhood. It is mainly the diversity of outdoor green areas, the presence of public institutions and the general feeling of neighbourliness among residents that makes the neighbourhoods attractive. The flip side is a tendency for the neighbourhoods to become geographically isolated and this may maintain stereotype societal impressions of neighbourhoods in both good and bad terms. Despite many positive perceptions about the neighbourhoods, the study participants did not close their eyes for a variety of challenges facing the neighbourhoods and this is the point of departure of the next theme: "A feeling of security – physical, structural and social conditions".

2. A feeling of security – physical, structural and social conditions

Throughout all FGDs the issue of security was a key topic of discussion. In this analysis the overall theme is divided into four sub-themes, namely "The residents' experiences", "Rumours and reputation", "Composition of the residents and housing conditions" and "Neighbourliness". Participants' experiences with security linked to the urban spaces and young people are presented first to give an insight into the nature of challenges facing the neighbourhoods. This is followed by participants' impressions about rumours and reputation. Subsequently, some of the key structural factors contributing to participants' feeling of insecurity are described, followed by social factors contributing to their feeling of security. The theme and sub-themes are presented graphically in Appendix 8.

The residents´ experiences

The study participants perceive security issues differently. Some feel very secure, others do not. To a large extent the feeling of security or insecurity is related to a combination of physical characteristics of the neighbourhoods and the presence of small groups of young troublemakers. This combination can have a negative impact on the feeling of security, as illustrated by the following discussion:

> "Woman 1: This is one of the main streets…we see a lot of traffic…Police driving fast and different people driving fast down the street. The police pursuit people and things like that…but I think the square is afflicted the most.
> Woman 2: It is also how I see it. The square has become the centre. It's the place where the boys hang around" (Woman 1, age 54, Woman 2, age 63, Folehaven)

Across the two FGDs in Folehaven all study participants agreed that there are certain exposed locations where it is unpleasant to walk by. Often a group of young men hang out in these locations, for example, the main square that must be passed to get to the supermarket. Women and children find this unpleasant and insecure. However, other study participants do not feel threatened or harassed by the young men.

The feeling of security differs between day and night. A woman said:

"During the day we don´t notice anything. It is nice and quiet. But you don´t know what will happen during the night. That is the problem" (Woman, age 45, Tingbjerg)

In addition, a woman from Folehaven explained:

"When I come home at night and park the car, if some of the older boys are gathered nearby then I get nervous. I find it annoying because I have never felt that way before. And I don't like the feeling of insecurity" (Woman, age 63, Folehaven)

In this example, it is both the time of the day and the presence of a group of older boys that provoke the woman's feeling of insecurity. This viewpoint was shared by many of the study participants.

The feeling of security was an issue that affected study participants in different ways. The majority of the elderly participants from Valby also did not feel safe at night and therefore do not leave their apartments after around nine p.m. Furthermore, women in Folehaven refrain from exercising in the streets after dark. The feeling of insecurity thus influences residents´ opportunities for using outdoor urban spaces in their everyday life.

It was mainly female study participants who were concerned about security. However, a man from Valby explained that he was as worried as his wife about security in his neighbourhood. Another person had actively decided not to be worried and intimidated:

"…I am not afraid to go outside in the evening. Yesterday, I came home from the city at 1 a.m. I am not afraid, because I don't want to be" (Woman, age 63, Valby)

The physical structures and urban spaces may also have a positive impact on the feeling of security. An example is the urban development projects completed in Akacieparken. A dialogue between three study participants from Valby illustrates this:

"Woman 1: Yes, they have used several millions in Akacieparken.
Man: Urban development, right?...
Woman 2: Yes, it has something to do with the social housing area.
Woman 1: Actually, it is since then that security has improved at our place" (Woman 1, age 82; Man, age 72; Woman 2, age 63, Valby)

The feeling of security or insecurity is connected to the built environment in the neighbourhoods and to the presence of small groups of young people hanging out in the streets. Most study participants, but not all, expressed concern with security in their neighbourhoods.

Rumours and reputation

> "…the question is: If I didn´t hear it from him, to what extent would I then notice the sense of insecurity?" (Woman, age 63, Folehaven)

A female study participant asked this question addressing public rumours and reputation about ubiquitous insecurity, violence and crime within the neighbourhoods. These rumours are spreading fast in the neighbourhoods and affect resident's feeling of security. The combined powers of media messages and bad reputation was considered very unfortunate for the vulnerable neighbourhoods (Woman, age 63, Folehaven). A young female study participant explained:

> "What makes me unsafe is when I read on the internet and become overwhelmed by articles from Ekstra Bladet writing about a kidnapping here just a couple of metres from where I live. That is unpleasant news. I think it is unpleasant when I can watch people selling cannabis right in front of the staircase. That is unpleasant" (Woman, age 23, Folehaven)

In this case both rumours and personal experience affected the feeling of security. Some participants expressed deep frustration about the way their neighbourhoods are portrayed in the mass media. Bad reputation is one thing; living in the area is another, a woman from Akacieparken explained. One of the study participants explained that he was often confronted with the bad reputation of his neighbourhood by people who had never been there. He said:

> "…Often people ask how I can live here and things like that. I say to them 'have you ever been here?' Before you talk about how it is to live here? Then they say 'well, we heard a lot about Tingbjerg and how it is'" (Man, age 19, Tingbjerg)

Together with other study participants, this person found it unfair to judge the neighbourhood based on reputation. In Folehaven, a male study participant had observed the positive reactions of first-time visitors to his neighbourhood:

"…as soon as they enter Folehaven they say 'Lovely, they have so many green areas'. Yes, as soon as they enter the area then it is completely different" (Man, age 70, Folehaven)

A male study participant referred to police statistics showing that crime rates in the neighbourhoods had declined while the sense of insecurity among residents had increased (Man, age 70, Folehaven). Whether rumours were true or false was discussed by two study participants in Folehaven:

"Woman: Off course, there is a reason why such rumours begin to spread but I think it is too much. I don´t think it is as bad as people make it. But some of it is true in some way.
Man: There is more to it. The group that creates the reputation is so small" (Woman, age 23; Man, age 62, Folehaven)

Even if not true, bad reputation of the neighbourhoods can have consequences for residents' wellbeing in the neighbourhood. A young woman from Folehaven said:

"…I do not like to say where I live when people ask. Then I just tell them that I live in Valby. I do not say that I live in Folehaven because I get labelled as something I´m not" (Woman, age 23, Folehaven)

This woman was not proud about living in Folehaven and she did not want others to identify her with the neighbourhood because of its bad reputation. Bad rumours and reputation may thus not only affect residents' feeling of security but also their community identity. Unfortunately, it is very difficult for a neighbourhood to get rid of bad reputation. A man explained:

"We have a very hard time to remember the good things. But we are very good at remembering bad things" (Man, age 33, Tingbjerg)

Although the existence of social problems in the neighbourhoods was acknowledged, the study participants' feelings of community identity were affected by bad rumours and reputation – most of which was probably exaggerated - about insecurity, violence and crime in the neighbourhoods.

Composition of residents and housing conditions

Study participants discussed the composition of residents and housing conditions as structural issues that aggravates the social instability of the neighbourhoods and thus worsens the feeling of security among their residents.

Regarding the composition of residents a key challenge relates to the allocation of apartments. A woman explained:

> "It is because the local housing authority allocates apartments to *vulnerable* citizens and then it becomes a *vulnerable* area. Well-functioning families can´t move to the area. They have to wait for 30 years" (Woman, age 43, Folehaven)

This illustrates what the majority of the study participants expressed, namely the experience that the composition of residents is unequal in relation to social vulnerability. There should be more resourceful families moving to the neighbourhoods. The neighbourhoods are not representative of the composition of the citizens in Denmark, a man in Tingbjerg explained. There are too many disadvantaged and poorly resourced residents and this leads to social instability and affects the feeling of security. Study participants argued for a socially more balanced composition of residents with reference to e.g. employment status, education and ethnicity. A woman from Folehaven felt that it is the responsibility of the local housing authorities to make sure that the composition of residents is beneficial to the area. They have the power to change the composition through allocation of apartments. This would prevent that the neighbourhoods are turned into ghettos (Woman, Folehaven).

Another structural factor that was discussed in relation to the feeling of security relates to housing conditions. The apartments are too small and have too few rooms for a family with three or four children:

> "The children were small and they got into trouble because there was not space enough for them…So I had a struggle to move from here. Not because of the area but because of the size of the apartments in this area" (Woman, age 43, Akacieparken)

The same story was told by women from the FGDs carried out in Tingbjerg. The limited size and number of rooms of the apartments makes children and adolescents hang around outside during day and night time, and this may affect their own security while making other residents feeling insecure. The combination of such structural factors and

their effects on the feeling of security made some of the study participants reconsider their housing plans for the future:

> "I have always said that I would like to live here when I should move to my own flat. I don't feel that way anymore. I think the area has become more insecure" (Woman, age 23, Folehaven)

Some of the study participants' children have already moved away from Folehaven or does not want to be registered on the waiting list for an apartment (woman, Folehaven).

Neighbourliness

Neighbourliness was a widely discussed issue cutting across several of the analytical themes, including this one on security. A woman expressed the link between neighbourliness and security very directly:

> "…what gives me a sense of security is that we are familiar with people living here. There is a sense of neighbourliness…that gives me a sense of security…to see familiar faces on the street and say hi and talk about the day…" (Woman, age 23, Folehaven)

Security is not only about avoiding crime and violence in the streets but also about having contact to and relations with other people and a social network that can assist in different situations. Security is about helping and caring about each other in everyday life:

> "You feel safe because people are always nearby and they want to help if you need it" (Woman, age 43, Akacieparken)

And security is about talking to each other:

> "I have a neighbour and we speak to each other. We go for a walk and the children are playing. We tell each other what our children are doing outside" (Woman, age 39, Tingbjerg)

Concluding remarks

Different perspectives on residents' feeling of security were described. The feeling of security depends on personal experience from living in the targeted neighbourhoods but

also on rumours and reputations about the gravity of conditions. Some study participants felt very secure while others did not. The feeling of insecurity both had a social and a structural dimension. It was mainly caused by small groups of young men hanging around outside day and night intimidating other residents by their mere presence. The situation was believed to be rooted in structural conditions such as poor housing conditions and an inappropriate composition of residents in the neighbourhoods. A strong sense of neighbourliness counteracted the feeling of security.

The present theme is closely linked to the next theme, Young People, due to the connection that is often made between the feeling of security and the troubles caused by small groups of young offensive troublemakers in the neighbourhoods.

3. Young people

Young people are intensely discussed in the FGDs and a theme has therefore been formed around this group of residents. Study participants discuss young people in both positive and negative terms because young people are considered socially challenging but also full of resources to positively influence the neighbourhoods. Moreover, roles and responsibilities of parents are discussed with emphasis on the implications of diverse values, norms and resources for bringing up children across the cultural domain. Sub-themes defined under "Young people" are "Concerns", "The parent role" and "Opportunities and potentials". The theme and sub-themes are presented graphically in Appendix 8.

Concerns

Concern about young people, mainly small groups of offensive men, is linked to the previous theme about residents' feeling of insecurity:

> "Ten to twelve young people are a challenge here. They don't want an education, they don't want a job, they rather want to sell cannabis, make trouble, vandalize or things like that. It is not pleasant" (Man, age 70, Folehaven)

The situation is the same in all three neighbourhoods. Parents are also concerned about the risk of recruitment of their own children into these groups. A woman said:

> "I hear a lot about children doing bad things. I am concerned and don´t know what to do. I just talked to a woman. We have brought up our children and hope for the best to happen. Actually, we are concerned" (Woman, age 37, Tingbjerg)

Even though this woman believes that she has brought up her child in a good manner she is still concerned about the risk of the child getting into trouble later in life. The women are mainly concerned about the boys:

> "The boys don´t want to be alone so they team up in groups and here they pick up things from their friends. They learn things we can´t

recognise. It is completely different from proper upbringing. It is not how I brought up my child. They just learn and learn all the bad stuff and act cool" (Woman, age 39, Tingbjerg)

It is frustrating and concerning for the mothers who do not know how to handle the situation. A woman in Tingbjerg explained that even if there are no problems when the boys are twelve years old then there is a risk that when they turn fourteen, fifteen or sixteen years old then they may get into trouble. Since this is a matter of concern for the future of the young individuals as well as for the future of the neighbourhoods it is important to stop the "recruitment" of younger boys into these troublemaking groups.

Girls and young women are hardly mentioned in this context. According to a male study participant in Folehaven the young women are hardly present in the streets after they turn seventeen or eighteen years old and thus there are no visible problems to be concerned with regarding this group of residents.

The parent role

The discussion about young people was just as much also a discussion about parenthood and addressed issues like upbringing, responsibilities, culture, norms and the need for support. Children sometimes hang out in the street until late at night. A woman said:

> "I don´t think it is good for children to be outside until nine o´clock in the evening. Parents have the responsibility. If there are no rules for the children from two o´clock when they come home from school and until ten o´clock in the evening, then of course there will be problems" (Woman, age 34, Folehaven)

This represents what a majority of the study participants expressed, namely that parents have the main responsibility for the whereabouts of their children. They have to bring up their children and set up rules for what the children are allowed to do. The cultural and ethnic background of the parents may influence how the children are brought up. A woman in Tingbjerg explained:

> "Many people fled to Denmark because they experienced problems. Then they grow up and the parenting happens automatically. That is not good parenting. But the parents do not notice. When do they notice? When the child is sixteen, seventeen years old" (Woman, age 48, Tingbjerg)

This illustrates the complexity of parenthood for citizens suffering from social stress and trauma related to their personal history of fleeing from their homeland to start a new life in another country and culture where norms and traditions are different. Other personal social histories challenging parenting were mentioned in the FGDs, including alcohol abuse. One of the study participants said:

> "When you talk about the parents, you need to be aware that some of them have very few resources, right. And they need help. I stood in front of a single mother who said 'what shall I do with him? He is nineteen years old and he is hanging around in the streets. I can´t make him stop'" (Man, age 70, Folehaven)

This was an expression of powerlessness. Parents love their children but some of them have a very hard time figuring out how to handle their children and how to bring them up in the best way. Danish culture and norms were considered a challenge for some of the study participants with a non-western background. A woman said:

> "Parenting is different. They come to Denmark…Here it is different. It is not the same as parenting in Somalia, it is not similar to Arabian parenting. Danish parenting is different" (Woman, age 48, Tingbjerg)

Whether or not parents are poorly resourced and have a non-western background the need for support to parents and their children was intensely discussed. The history of a young woman illustrates this:

> "There are not only vulnerable families …there are also families who function well …I come from an amazing family …but I couldn´t find a positive way to search for recognition. I felt terrible at school. I wasn´t having success in the soccer club ...so I didn´t get any recognition there. So it was naturally to go to the playground where I knew I would get recognition no matter what I did" (Woman, age 23, Folehaven)

This example illustrates a young woman's need for recognition and support, not as a parent but as a child. Similarly, some of the boys do not get recognition at home or at school and turn to the community of boys in the street. The parents need support to handle this challenge but it was intensely discussed that this can both come from the social networks within the neighbourhoods and from social sector authorities in the municipality:

"All of the parents live in Denmark and we have plenty of service opportunities for free. So let's talk. We don´t need to be afraid of the local authority staff. A lot of people have bad thoughts and negative thoughts. They think 'if I talk to the authorities they are going to take away my children'" (Woman, age 48, Tingbjerg).

It is possible for parents to get help either from the public authorities or from the local social workers employed by the Social Housing Master Plans. The social workers can establish contact to the right type of professionals, who can assist in different situations. However, it is not uncommon for parents and other residents of the neighbourhoods to distrust, or even fear public authorities, including those engaged in health and social development. This mainly applies to residents with a non-western background and is a complex issue deeply embedded in unpleasant personal histories with officials, structures and systems in their homelands as well as in Denmark.

Alternative means of attaining support are therefore pursued, including support provided through some of the many formal and informal social networks in the neighbourhoods and very successful support provided by anonymous counselling over the phone, which, according to a woman in Tingbjerg, is far less unpleasant than formally asking public authorities for help.

Opportunities and potentials

Young residents in the neighbourhoods were not only discussed in negative terms. They were also considered resourceful with great potential for influencing the neighbourhoods constructively. However, study participants found it important to provide focussed support to this group of residents in relation to their personal educational and professional development and in relation to their social integration into their neighbourhood, e.g. by giving them meaningful responsibilities and assignments for the common good of the neighbourhood. A man explained:

"Those ten or twelve young people possess many resources. Actually, they can do everything we ask them to. Last year the club asked them to plan a summer party. Then they planned the summer party…And they can do a lot of other things. I mean, they are busy selling cannabis and do crimes. So they do possess some resources. Just a shame they use them in a wrong way" (Man, age 70, Folehaven)

Across the FGDs the social workers employed by the Social Housing Master Plans were highly acknowledged for their efforts to organise activities, assignments and jobs for children and young residents. A woman said:

> "It is a good thing that the social housing initiatives supply the young people with jobs. It is a way to solve the crime and make the young people think differently…" (Woman, age 43, Akacieparken)

These efforts may keep children and young residents off the streets. However, as mentioned in Akacieparken, there is also a need for more volunteers to support the organisation and implementation of local arrangements for children and youth. This should involve the children and youth groups in order for them to feel ownership and part of the community, rather than marginalised or excluded. A woman in Akacieparken argued that many young residents currently feel neglected by the community and that genuine involvement and participation of youth in community arrangements may help solving this problem.

It is very difficult for society to motivate and engage the group of inactive young men over eighteen in meaningful activities. According to a man in Folehaven this is a big challenge for the social authorities, the educational institutions, the police and everybody else; not just in Folehaven, but in the whole country. Nevertheless, in Folehaven the Social Housing Master Plan coordinates a successful "job" initiative where young residents are offered socially meaningful assignments (e.g. organising a summer party in the neighbourhood) and, in return, generate an income that is saved (compulsorily) on an account until the saving is big enough for a group of "young staff members" and a couple of professional social workers can take a week off and travel somewhere together.

A lot of attention is paid to the small groups of boys and young men who cause troubles in the streets. However, it is important to acknowledge that the majority of young residents do not cause any troubles. Some, and possibly most, of these are socially very well-functioning while others, boys as well as girls, are "invisible", alone and possibly socially isolated. A woman said:

> "Do not only focus on the boys who hang out in the street and cause troubles. Also focus on the boys sitting alone at home" (Woman, age 34, Folehaven)

Concluding remarks

Parents and other residents are concerned about the young people, their future and the influence they have on children growing up in the neighbourhoods. Parenting is challenged by various social and cultural factors, and many parents need professional parenthood support. Professional support is available both 'inside' and 'outside' the neighbourhoods but trust related barriers often limit their use. Many residents thus distrust all kinds of public authorities and, instead, seek support through the more or less formal social networks present in the neighbourhoods. Young residents possess valuable resources that can be, and already is being, used constructively based on innovative, meaningful and participatory initiatives.

4. Social networks and activities

Social networks are vital for personal and social well-functioning of the neighbourhoods. They serve as settings where residents can interact with each other, share experience and concerns and learn and build competencies. To some residents the social networks function as their "family" while others do not use them at all. The social networks are more or less formal. Conceptually, less formal (or informal) networks include family, friends, neighbours, and acquaintances in the neighbourhood and wider communalities. Formal social networks, however, include people with whom you have a formal relationship e.g. employers, teachers, business partners, health workers and social workers. It is the combination of informal and formal relationships that make study participants talk about the feeling of neighbourliness as a key value within their neighbourhoods. An example of informal relations unfolding in a formal setting follows:

> "When you hand them in at school …then it is not possible to avoid getting into a conversation …If you have an interest in getting to know Danes I find it important to organise playdates for the children. That is how the families get to know each other" (Woman, age 34, Folehaven)

The social networks addressed in this study are "more or less formal" implying that they include both formal and informal elements. Most of them are established, organised or supported by professional social workers employed by the Social Housing Master Plans. This has strong formal connotations. However, the residents who use them for various purposes (e.g. cooking, playing, learning, gaming, sporting or just talking) most often know each other very well and share social and cultural identity. This has strong informal connotations.

Most of the study participants were recruited through such more or less formal social networks, and it is these networks and their activities that are in focus in this chapter. Some reference will also be given to other and wider community activities such as summer parties, culture days and a health festival that are all co-organised by professionals and voluntary residents. The overall theme of "Social networks and activities" is sub-divided into "Purpose for the residents", "Participation" and "Organisation". The theme and sub-themes are presented graphically in Appendix 8.

Purpose for the residents

There are many reasons for residents to engage in social networks. First of all, they foster a feeling of neighbourliness, community and "family". You can obtain moral support in networks or acquire specific learning through peer-support and social learning processes or through more structured and formal educational arrangements. A woman describes one of her motivations:

> "At first you can´t tell how you feel but it is possible when you get to know each other. And if the other people experience problems as well then we are all equal…We are like psychologists [laughs]" (Woman, age 43, Akacieparken)

This is a very common motivation for engaging in social networks. They function as social settings where relations are established and everyday life issues are discussed.

> "You get to know each other the more time you spend here. Some people see each other a lot. There is a group-cohesiveness. People come here because they miss each other." (Man, age 67, Valby)

A woman explained how the social network functions as an important substitute for her absent family:

> "We don´t have family here. We are alone. We do not visit aunts, my sister, my uncle, my cousin. I have nobody here. Luckily, we have this place…It is like going and visiting my sister and eat breakfast with her" (Woman, age 48, Tingbjerg)

The social networks also function as settings for acquiring knowledge and information on specific topics such as the management of illnesses and healthy living. A woman explained about acquiring knowledge on health issues through social network activities:

> "The doctor just gives me some medicine and says 'now you are well'. But here [in the network] I can have information on how to take care of my body. I was told that I´m at risk of developing different diseases …I have never thought about that before. I have always thought about work and taking care of my children. I haven´t thought about taking care of myself" (Woman, age 39, Tingbjerg)

Mainly elderly residents use the networks to help each other solving practical problems in everyday life. Moreover, an elderly woman with a non-western background living in Folehaven explained that she used the social network attached to the local church to learn about Danish customs and traditions, and other study participants explained that they learn about official rules and regulations affecting their daily lives. According to a woman from Folehaven, the social networks and activities can be seen to have a positive impact on the mental and social health status. Also, attending the social networks can be seen to strengthen the women's self-confidence (Woman, Folehaven).

Participation

Characteristics of users of social networks were discussed with emphasis on gender and age but also on whether residents were widely represented in the networks.

The men and women

A man from Valby described that it was challenging the first time he participated in a social network activity. He said:

> "Of course it may be tough the first time you walk through that door. I
> mean, it may take some courage" (Man, age 72, Valby)

It was clear from the FGDs that women are more frequent users of social networks than men. A woman from Akacieparken noted, as a possible explanation, that women are better at establishing social relations than men. A man from Valby further explained:

> "Women live longer than men. And women love to talk. That is what it is
> about. They love to talk. It takes a lot more for a man to prattle on. Men
> communicate in another way. It must be something about interests
> …women talk about everything" (Man, age 67, Valby)

Thus, men and women were said to have different interests and motivations for joining the social networks. Men prefer to meet around specific activities or topics because that is more meaningful to them and it makes it easier to enter into conversations. The specific activities of the networks were thus catalysing men's use of the networks. A man pointed to another explanation for the gender difference:

> "Men are precautious that people do not come too close to them …it is
> about culture. It is rooted in the gender roles we know from our

> upbringing. Men can´t complain. We need to be strong" (Man, age 67, Valby)

This notion suggests that men may abstain from using social networks because networks encourage their users to engage socially and talk to each other, and, to some male residents, this is against their gender-based identity. A man from Valby suggested that this may change over time as upcoming generations may develop different norms and practices. A woman from Akacieparken was of the opinion that men more commonly engage in informal social networks together with involving friends and family. It was also noted that the use of social networks is rooted in ethnicity and culture. People with a non-western background may not have the same strong tradition as people with a western background for engaging in local associations and clubs, and this may affect their use of social networks. Nevertheless, there are good examples from the neighbourhoods of functional social networks that are established, coordinated and managed by male residents with different ethnic backgrounds. Moreover, plans are underway in the neighbourhoods, mainly in Tingbjerg and Folehaven, for increasing the number and scope of social networks for men.

Ethnic differences in the use of social networks were also observed among female residents within the neighbourhoods. A woman thus noted:

> "After starting the Women's Association the Turkish women have become active and now participate a lot more. Many of them don´t have a job and are at home. Now, they look forward to Wednesday and Thursday when we meet" (Woman, age 43, Folehaven)

The same tendency was noted for women from Morocco. In Tingbjerg, women's use of social networks was ethnically and culturally more mixed, as reflected in Appendix 6, showing some of the characteristics of the study participants.

Young and elderly people

Children use formal sports and leisure associations, and attend communal youth clubs or after-school centres. This may even take place outside the neighbourhoods in other parts of the district. Boys are allegedly more frequent users of these facilities than girls.

Girls and young women were much less frequent users of social networks than middle-aged and elderly women. Generally, the study participants did not pay much attention to the generation of girls and young women in any of the discussions of the present study.

According to study participants from Folehaven there are very few, if any, formal social networks directed at female teenagers. Yet, a participant from Folehaven explained, these females are not seen hanging around in the street either. They are to some extent "invisible" and possibly spend most of their leisure time at home. Similarly, there are very few formal social networks that appeal to young residents above eighteen years of age (mainly in Folehaven and Akacieparken). A young woman from Folehaven explained:

> "When I read about the social networks in the area…There is nothing…I just need to figure out how to say this…None of the activities appeal to me [everybody laughs]…I don't think the activities appeal to my generation" (Woman, age 23, Folehaven)

A man from Folehaven described a new initiative in Folehaven, "Young democratic residents", which has the objective of exposing young residents to the wider social life of the neighbourhood and to involve them in the planning and implementation of relevant social activities across age, gender and cultural domains.

The population group of elderly residents experience other kinds of challenges related to participation in social network activities. Elderly study participants from Valby explained that many elderly residents do not have enough energy and physical strength. Moreover, at some point in life you begin to lose friends and family and this affects the motivation to participate in social network activities. This is illustrated in a conversation between a man and a woman in Valby:

> "Woman: It matters whether people are extrovert or not.
> Man: Yes. And if you lost your husband or wife. You get a bit…
> Woman: Yes a bit odd.
> Man: And that is self-perpetuating" (Woman, age 82; Man, age, 67, Valby)

The usual suspects

Whether emphasis is on young, middle-aged or elderly people it is often the most socially active residents and 'the usual suspects' who participate in social network activities. This is illustrated in the following two citations:

> "All these clubs …it is mainly people with resources who participate, right? It is not the people you would like to see. They are difficult to get hold of and get to participate" (Man, age 62, Folehaven)

"Often it is The Usual Suspects who participate …right? I think it is difficult to engage people in the different activities" (Woman, age 43, Folehaven)

Thus, social network participants are more resourceful than other residents in the neighbourhoods and they comprise a relatively small group of dedicated and persistent users, i.e. "the usual suspects". This is compatible with the argument used by the present study for recruiting study participants through formal social networks, namely that this is where socially well-resourced residents can be found.

In more general terms, participation in social networks is influenced by people's perceived needs for social contact, as explained by a woman in Folehaven. Some people do not have much contact with other people in their daily life, and they may have a greater need for wider social engagement as compared to people who see colleagues at work, friends at school, family at home etc.

Organization

The FGDs addressed a variety of issues related to the organization of formal social networks. In the following, these are referred to as recruitment of residents to the social networks, diversity of social networks, the social workers, and volunteering.

Recruitment

Recruitment to social networks takes place in different ways. One way is through existing networks and their participants, as illustrated by the following conversation:

"Woman 1: One of the members of the social network did not participate back then. We dragged her to this place."
Woman 2: They dragged me to this place. 'Come on, come on'.
Woman 1: Now she can´t live without us [laughs]" (Woman 1, age 43; Woman 2, age 52, Akacieparken)

Knowledge about the social networks and their activities may thus be acquired informally by word of mouth between peers or information may be disseminated through more structured processes, such as in Valby where social workers advertise in the local

newspaper and drop invitations directly into the mailboxes of residents. One woman was recruited by chance, as illustrated below:

> "I went to the public swimming pool where I got into a conversation with a Danish lady. She said 'we talk and talk and talk. Do you attend any social networks?' I didn´t know any social networks. Then she gave me a phone number and an address" (Woman, age 48, Tingbjerg)

Study participants in all neighbourhoods expressed a desire to recruit more participants to their social networks. In Tingbjerg, a group of male study participants explained that social networks, indoor facilities and outdoor recreational areas are all available. It is just a matter of advertisement and recruitment to attract more participants.

Diversity of social networks

There is a high degree of diversity among residents living in the neighbourhoods across the age, social, cultural and ethnic domains, and this is also reflected in the diversity of social networks. Two male study participants had the following conversation:

> "Man 1: …there are many different people with a range of diverse personalities.
> Man 2: and age groups and interests as well. Because there are a lot of elderly people but also a lot of young people…and parents and children. So you need to make space for everybody at the same time" (Man 1, age 21; Man 2, age 19, Tingbjerg)

Some of the social networks are defined by the spoken language and cultural affiliation of their participants. Others are defined by a specific topic (e.g. food and meals) addressed by the network. Concerning the difficulty of widening the cultural composition of a network, a woman from Akacieparken said:

> "I met people from Turkey and Somalia when I attended a course about health. I talked to them and said 'come and join our social network'. I invited them to participate but it's a bit difficult" (Woman, age 63, Akacieparken)

Language barriers are particularly challenging in the efforts to establish social networks that are meant to be inclusive and open to all. A woman explained:

> "It would be great if we could form one big group but it is difficult because of the language. Even though we Arabs are from the same country then we speak Danish" (Woman, age 34, Folehaven)

For residents who do not speak Danish it is a relief to speak with peers in native language and, for some, this is a key reason for using a social network. An example from Akacieparken was presented whereby participants from a common social network split up in two separate groups that did not communicate because of a language barrier. According to a woman this kind of division creates a 'comfort zone' where it is possible to relax and feel free when speaking the native language while sharing common interests.

There is also a great variety of personal interests represented among residents in the neighbourhoods and this may be rooted in culture and ethnicity. A woman explained:

> "Woman: They have different needs in the two groups within the social network. The Turkish people don´t have a need to sew or crochet because they know how to do it …that is something they are born with [laugh]
> [Everybody laughs]" (Woman, age 43, Folehaven)

Despite these motivations for joining the more exclusive social networks there are examples of successful social networks that are open to all. An example is a café for women in Tingbjerg, which successfully attract residents with different ethnic backgrounds. Residents with an ethnic Danish background are not very frequent users of any of the social networks in the neighbourhoods. However, study participants in Akacieparken and Folehaven expressed a clear vision to strengthen the social linkages in the social networks across ethnic domains. A concrete initiative related to a new café in Folehaven, which had been established for the purpose of connecting residents with different ethnic backgrounds. A man in Folehaven explained:

> "The café is the only place where we start to 'build bridges'…where ethnic Danish women and women with different ethnicities are together" (Man, age 70, Folehaven)

The social workers

The social workers employed under the Social Housing Master Plans are often the driving forces in supporting the establishment of social networks and in coordinating their activities. In most FGDs the study participants expressed great appreciation about the

assistance provided by the social workers. Study participants in Tingbjerg and Akacieparken explained that the social workers are very knowledgeable on local and social issues and deeply committed to their jobs. They provide many kinds of support to residents of the neighbourhoods including assistance with fundraising for social network activities and with establishing contact to public authorities and institutions within education, child care, health care and social support.

Volunteering

Many of the social networks receive administrative support through the Social Housing Master Plan. However, the activities that are implemented by the networks depend on voluntary participation by the residents of the neighbourhoods. Volunteers often organise weekly or monthly activities themselves or they assist the social workers in preparing for them. At special events it is also often volunteers from social networks who assist with cooking and selling food. In some cases it is the social workers who encourage residents to volunteer. In other cases the residents take the initiative themselves. A man from Valby explained why he has volunteered:

> "I get a feeling that I'm useful to somebody and that I can make a difference. Other people can do well from my skills" (Man, age 67, Valby)

Moreover, a woman from Tingbjerg explained:

> "It can be hard work but I´m happy when I do it. Someday it will be an asset to me because I can write it on my CV" (Woman, age 39, Tingbjerg)

Although volunteers are mainly motivated by doing something good for their community, volunteering may also provide them with skills and competencies that can be used personally for other purposes. Some of the study participants were themselves active volunteers in organising and implementing social network activities.

Concluding remarks

There are several reasons for participating in a formal social network. Most importantly, residents participate because it gives them a feeling of community, neighbourliness, and to some even "family". Networks provide identity, confidence and trust to participants, and it strengthens cohesiveness of the community and thus the feeling of security in the

neighbourhood. Social network participants also acquire knowledge through network activities, e.g. related to health, parenting, and public rules and regulations. Although the social networks are used by all kinds of residents, i.e. males and females, children, youth and adults, by far the most frequent users are middle-aged and elderly women. Young women are almost completely absent from the networks, and so are the socially most vulnerable and disadvantaged residents. Moreover, compared to the total number of people living in the neighbourhoods there are relatively few users of the networks and it is largely the same participants who show up again and again, i.e. "the usual suspects".

The social networks are most often targeting specific population groups that are either widely defined (e.g. networks for women or for elders) or narrowly defined (e.g. networks for residents with specific cultural, linguistic or ethnic affiliation). The initiative to establish a social network may come from residents themselves or from the Social Housing Master Plans. No matter where the initiative comes from, it is most often supported by the social housing associations and the activities are organised by professional social workers, by voluntary residents or jointly by both groups of stakeholders.

5. Dialogue and collaboration

This last theme provides a prospective perspective on social and structural development in the targeted neighbourhoods. It is based on discussions among study participants addressing possible solutions to prevailing challenges, and their hopes and visions for the future of the neighbourhoods. The overall theme of "Dialogue and collaboration" is sub-divided into "Public participation", "Diversity, cultural understanding, tolerance and relations" and "Cross-cultural and cross–organisational collaboration". The theme and sub-themes are presented graphically in Appendix 8.

Public participation

A fundamental factor in support of the proper development of the neighbourhoods is public participation. In some of the FGDs this was emphasised very rigorously. In Folehaven, they found it important to strengthen the participation of residents in the development of relevant and sustainable initiatives fostering cross-cultural understanding in their neighbourhood. A man from Folehaven said:

> "In the end it is dialogue that is going to solve the problems" (Man, age 70, Folehaven)

This citation refers to the challenges with offensive young trouble-makers in Folehaven and the feeling of insecurity they cause among other residents. The cited person had started a project, which involves youth in setting agendas for local community development initiatives. He further said:

> "I´ve tried to start a project called the young democratic residents…you need to involve the young people to suggest what we are going to focus on" (Man, age 70, Folehaven)

A woman in the FGD elaborated why she finds public participation important, also among young residents:

> "It is not a good idea to decide anything based on trends …then some organisers will use a huge amount of time and make an effort to establish initiatives that will not be used" (Woman, age 23, Folehaven)

A major challenge, however, is how to make people participate. Across the FGDs, the participants discussed the general lack of participation of fellow residents in local activities, most importantly by adult male residents, including family fathers. It was, however, as discussed in Folehaven, considered important to continue trying establishing contact with male residents and engaging them in different social networks. Similar challenges were experienced with the engagement of young men and women in Folehaven and also here it was emphasised that it is the only way forward and that they would keep on trying.

Public participation is also practiced by the social housing associations. Across the FGDs people explained about the various community meetings they are invited to when, for example, the construction of a new playground is to be considered. The degree to which residents are really affecting decision-making varies a lot. In some cases residents are merely consulted on predetermined plans; in other cases the participatory processes are much more genuine and empowering, and at times, they are directly addressing the implementation of residents' own ideas and visions. The attendance to these community meetings is not very high in any of the neighbourhoods but some residents always show up, and often the same. A woman from Akacieparken explained how public participation sometimes can be a very long process from generating ideas to implementation of concrete plans, and how this often discourage residents from engaging in such processes right from the start. However, as discussed in Folehaven, when public meetings are concerned with the rent of the apartments then people show up in great numbers.

Diversity, cultural understanding, tolerance and relations

The cultural and ethnic diversity of the neighbourhoods is valued by residents. A woman from Akacieparken said:

> "…it is a lovely place and it is an international place" (Woman, age 63, Akacieparken)

On the other hand, study participants in Folehaven discussed the existence of a large cultural gap within their neighbourhood. This gap was considered inevitable when living in an area characterised by large cultural and ethnic diversity. However, the gap was also considered to be diminishing over time, from generation to generation. Women in Folehaven explained that young people of today are attentive and knowledgeable about cultural diversity and possess greater cultural competences than their parent generation. In the coming years this was perceived to positively affect community cohesiveness in

the neighbourhoods. There is already now a strong desire among the residents to get to know fellow residents across the ethnic domain. A woman in Folehaven talked about the efforts of a friend to build cross-cultural linkages:

> "To get to know a Dane she has been cooking and baking and she
> shared it with the neighbours. She would like to know a Dane so she can
> get a glimpse of their life. Unfortunately, she hasn´t succeeded"
> (Woman, age 43, Folehaven)

There are other examples of similar efforts of residents to build cross-cultural linkages, e.g. a group of women in Akacieparken who invited people with different ethnic backgrounds to come and use their network café. A woman in Folehaven explained that in the past she had been prejudiced against people who were not from the same country as herself but this had totally changed after she joined a cross-cultural social network for women. Now, she really liked people with other cultural backgrounds and she was very happy to be part of a social network where she got to know different people. This illustrates the strength of social networks as settings for residents to participate and establish relationships leading to greater cultural understanding and tolerance.

There are also other settings where cultural understanding and competence can be strengthened, e.g. primary schools. A man from Tingbjerg explained:

> "The social life that emerges from the school is important. If the children
> visit each other, then the parents are going to visit each other" (Man,
> age 45, Tingbjerg)

In Folehaven, cross-cultural dialogue-meetings have been organised to break down some of the cross-cultural barriers and to strengthen cohesiveness and tolerance within the neighbourhood. On the need for tolerance across cultures, a woman in Folehaven said:

> "It would be nice if people were more tolerant and open-minded,
> because I think people, not everybody, but a lot of them jumps the gun"
> (Woman, age 63, Folehaven)

Cross-cultural and cross–organisational collaboration

Some FGDs went even further and argued for more intense collaboration across organisational and cultural affiliation. A woman in Folehaven said that there is a need to:

"…foster more enthusiasm and organise initiatives where people with different ethnic background and people with ethnic Danish background have the opportunity to meet and get to know each other" (Woman, age 63, Folehaven)

The same viewpoint was expressed in Akacieparken where a social network for women actively invited people with different ethnic backgrounds to join the network. In Folehaven it was decided by volunteers to organise a project with the aim of making cross-cultural relations evolve. The setting for this project was a combined café and second-hand shop. This setting was chosen because it was strongly believed that it would attract residents with all sorts of backgrounds. A lot of attention was paid to cross-cultural initiatives. A man in Folehaven said:

"We have decided to initiate cross-cultural events. We will find out how it is going to be done. That is something we need to figure out together. The young democratic residents came up with the idea" (Man, age 70, Folehaven)

A woman from Folehaven explained what she would like to gain from a cross-cultural social network:

"I don't understand Danish completely so I don't know what happens in the news. If I can get in contact with a Dane then we can talk and I'm able to learn something" (Woman, age 54, Folehaven)

This woman would like to improve her language skills, to talk about the news and to learn things by speaking with residents with an ethnic Danish background. However, this may be achieved without establishing new social networks. Study participants argued that existing networks can easily accommodate cross-cultural initiatives. This would also be possible for larger arrangements provided that different networks collaborated and that the social housing associations provided some support. Cross-cultural collaboration was also perceived to be a means to handle various social challenges such as those related to children and young people in the neighbourhoods. A woman in Tingbjerg said:

"We have children and I'm worried for them. The most important thing is how to support the child in the best way. The parents, the police, the social services, the local authorities and the child need to collaborate" (Woman, age 48, Tingbjerg)

It is believed that it would have a real impact when such social problems are addressed jointly by different stakeholders working together to support both children and youth in their everyday life but also their parents with regard to upbringing and parenting. An example of an event that is based on a highly productive cross-organisational collaboration is the annual and highly popular summer festival in Folehaven where all residents are invited to participate and where activities are organised for all kinds of residents. The festival is organised by a festival-group composed of a wide range of local stakeholders including:

> "...the school, the church, the day care centres, everybody. We would like to have a partnership where we have the possibility to discuss the challenges in the area and the young people and the obligations for each of the partners" (Man, age 70, Folehaven)

As explained by this man from Folehaven the purpose of the festival is not just to bring people together but to have a forum where all kinds of issues in the neighbourhood can be discussed. There are similar annual events in the other neighbourhoods as well.

However, there may be challenges associated with brining a range of stakeholders together in a cross-organisational partnership. A man in Folehaven explained:

> "There is a lack of participation and lack of engagement and lack of showing any form of cooperativeness in relation to finding a solution to the problems" (Man, age 70, Folehaven)

It can also be a challenge for public institutions and departments to collaborate:

> "The Culture and Leisure Department and the Education Department are two separate departments. They are not the same and there are Chinese walls between their money and everything imaginable …It is so difficult!" (Man, age 70, Folehaven)

And it can be a challenge for civilians (residents) and public authorities to work together to solve social problems, as the following citation illustrates:

> "…a lot of people don´t like when the police is around. But they are there to help, but some residents are afraid. We need to talk to them, that's all we can do" (Woman, age 48, Tingbjerg)

Local distrust in the police was mentioned by study participants in Tingbjerg and more and better dialogue was perceived to be the way forward in fostering understanding and trust. Despite various challenges, study participants were determined that cross-cultural interaction and cross-organisational collaboration must be intensified in the efforts to handle many of the social challenges of the neighbourhoods.

Concluding remarks

Public participation in community development was considered important by study participants because it promotes dialogue among residents and between residents and professional stakeholders such as social workers under the Social Housing Master Plans. Dialogue is important because it may promote cultural understanding and tolerance. Moreover, public participation and dialogue together may lead to the formation of relevant and sustainable initiatives including new social networks, activities and events. The neighbourhoods are characterised by large cultural and ethnic diversity and it is therefore necessary to continue and to expand ongoing efforts to strengthen the cultural understanding and tolerance among residents. Useful means to do so include relationship building and social network strengthening emphasising inclusiveness across cultural and ethnic domains. Efforts to expand the scope and inclusiveness of existing social networks have started. Study participants emphasise on intensified cross-cultural and cross-organisational collaboration as upcoming agendas in the neighbourhoods. It was recognised that it is challenging and time-consuming to involve the more vulnerable and disadvantaged residents in social mobilisation and to bring all kinds of residents and professional stakeholders together for joint action. However, it was considered the best way forward in the efforts to develop neighbourhoods that are socially well-functioning and appreciated by all their residents, including the most vulnerable.

Discussion of the analytical findings

This chapter discusses the analytical findings. The five themes are illustrated in Figure 3. The themes and their interrelations are discussed followed by comments on the correspondence between participants' perspectives and priority themes of the Social Housing Master Plans.
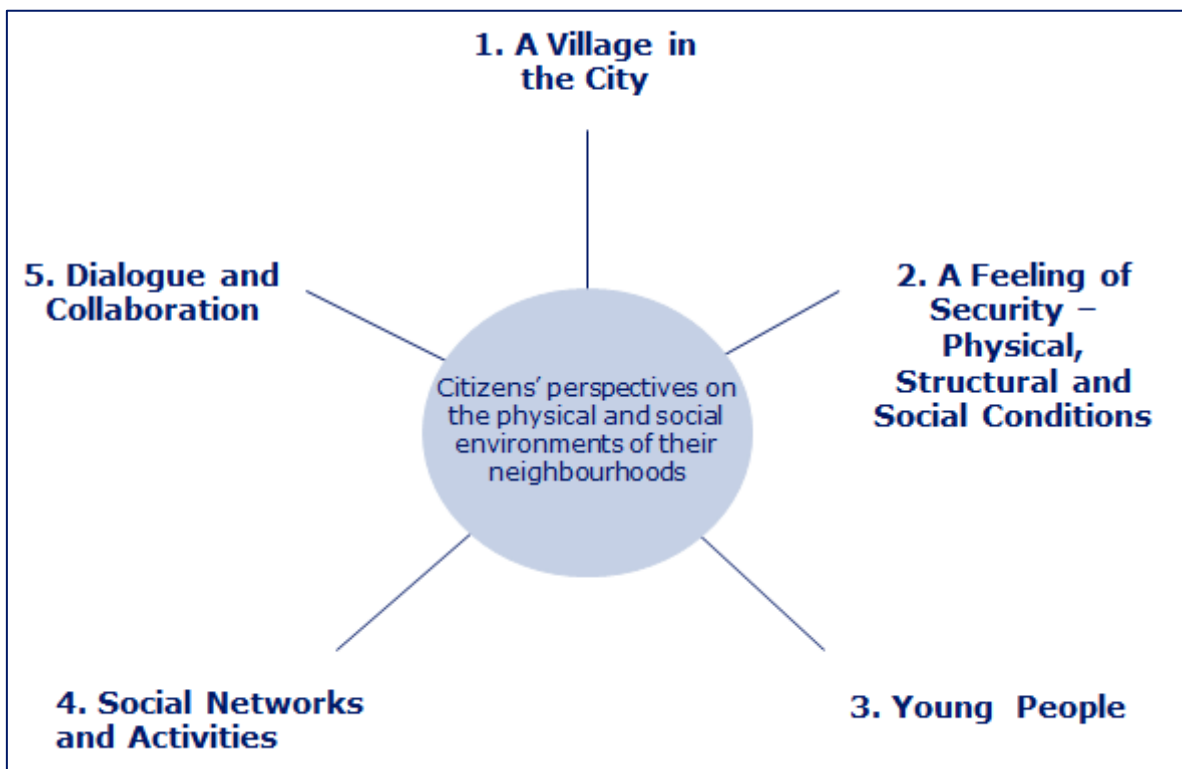
Figure 3. *The five themes emerging from analysing the FGD interviews.*

The theme "A Village in the City" is mainly reflecting the positive aspects, socially and structurally, of living in the targeted neighbourhoods. There is a feeling of neighbourliness and cohesiveness in the neighbourhoods and an appreciation of the availability and accessibility of institutions, recreational areas and leisure opportunities. This is all conducive to healthy living in relation to social, physical and mental wellbeing. The many positive statements emerged from all FGDs and were unexpected considering that the neighbourhoods are categorised as "vulnerable" social housing areas (Akacieparken and Folehaven) and "especially vulnerable" social housing area (Tingbjerg)[11]. Massive amounts of bad reputation about the neighbourhoods have been disseminated in mass media for years and this is probably one of the reasons for the discrepancy between our anticipations and actual findings. Although the neighbourhoods

are facing various social and structural challenges that have been presented widely in figures and numbers, and which may justify their classification as "vulnerable", the many positive connotations largely outweigh the negative statistics in the eyes of the residents. The feeling of neighbourliness is one of the characteristics of the neighbourhoods that is most highly appreciated by the residents. "Neighbourliness" therefore appears as a sub-theme in three out of five main themes. Under the theme "A village in the city" neighbourliness is simply a main positive connotation that residents make to their neighbourhood, as described above. Under the theme "A feeling of security" where the focus of discussions is on social concerns and insecurity, the ubiquitous feeling of neighbourliness is presented as a complementary factor to the perceived challenges and a key factor safeguarding feelings of security among residents. Finally, under the theme "Social networks and activities" the feeling of neighbourliness is both an important ingredient and an important outcome of processes of establishing and maintaining social relations across cultures.

An intense feeling of identity with your own neighbourhood is a very positive feature. However, it may also have some less positive implications. Some residents hardly ever leave their neighbourhood because they do not see a need to do so. Everything they need in their daily lives is within reach in the neighbourhood and, in effect, other parts of the city may seem very remote, physically as well as psychologically. To minimise this tendency of isolation of entire neighbourhoods, processes of opening up neighbourhoods to the surrounding city through major structural changes in the urban landscape (e.g. establishing physical corridors and popular facilities in the urban space between neighbourhoods) are underway[17]. This provides opportunities for involving citizens in shaping the urban spaces in directions that promote social living as well as healthy living.

Discussing youth, children and young people aged 3-17 years comprise about 25% of all residents living in the "especially vulnerable" social housing areas in Denmark (including Tingbjerg). In comparison, the same population group comprise about 17% of all residents living in "ordinary" social housing areas and about 19% of all residents living in other ("non-public") residential areas[18]. Demographic data were not available for "vulnerable" social housing areas such as Akacieparken and Folehaven but they are likely (based on other demographic indicators) to be similar to the social housing areas that are categorised as "especially vulnerable". The relatively high proportion of children and young people living in the targeted neighbourhoods may explain the considerable attention paid to these population groups in the FGDs and thus the need for addressing the social and health issues pertaining to these particular groups of residents. This includes issues pertaining to the feeling of security or insecurity. "Vulnerable" social housing areas and "ordinary" social housing areas have a significantly higher proportion

of "passive" (defined as not having a formal job and not being in education) young residents aged 18-29 years compared to other residential areas[18]. Some of these "passive" young people may hang around in the neighbourhoods and make other residents feel intimated and insecure.

People with 11 different ethnic backgrounds participated in the present study. In "especially vulnerable" social housing areas in Denmark about 65% of all residents have an ethnic Danish background, about 6% have a western background and about 29% have a non-western background. In housing areas that are not categorized as social housing areas, about 93% of all residents have an ethnic Danish background, about 4% have a western background and about 2% have a non-western background[18]. Thus, there is a big difference in ethnic composition between vulnerable and ordinary housing areas in Denmark. This is not surprising considering that the proportion of residents with a non-western background is one of several criteria used to categorise a social housing area by level of vulnerability. Although we do not have access to the demographic statistics for the targeted neighbourhoods of Akacieparken, Folehaven and Tingbjerg, it is reasonable to anticipate, based on this reasoning, 1) that the three neighbourhoods have a relatively high proportion of residents with a non-western background and 2) that this proportion is higher in Tingbjerg as compared to Akacieparken and Folehaven. Interestingly, several study participants with ethnic Danish or a non-western background expressed a need to change the composition of residents towards a more even distribution of residents with western or non-western backgrounds. This was meant as one of the most important measures to reduce the social vulnerability of the neighbourhoods and not to undermine the cultural and ethnic diversity of the neighbourhoods, which is clearly appreciated by many residents.

The perceived importance of cross-organisational collaboration as a catalyst for social and structural change in vulnerable neighbourhoods is emphasised by the Social Housing Master Plans[10]. It is considered imperative to strengthen the collaboration between local authorities, social housing associations, executive committees of social housing areas, and ordinary residents of the neighbourhoods. In addition, there are various initiatives in place whereby local partnerships are widened further to include other stakeholders such as primary schools, nursing homes, day care centres, leisure clubs and associations, religious institutions, non-governmental organisations, the police, and private enterprises in the service and retail sectors. The approach for establishing and engaging such wide collaborative partnerships in the local community has previously been defined as the "supersetting approach" and successfully applied in different health promotion and prevention projects in Denmark[19].

Citizens perspectives and Social Housing Master Plans

There are four priority areas of the future Social Housing Master Plans for 2015-2018, namely 1) Security and well-being, 2) Crime prevention, 3) Education and employment, and 4) Prevention and parent responsibilities[10]. This implies that new applications for funding of Social Housing Master Plans in Akacieparken, Folehaven and Tingbjerg must fit with one or more of these overall themes. The extent, to which these themes are compatible with residents' social and structural priorities for their neighbourhoods, as documented by the present study, is addressed below, theme by theme. To a large extent residents' priorities *are* compatible with the priority areas of both current and future Social Housing Master Plans. This is illustrated in Figure 4.
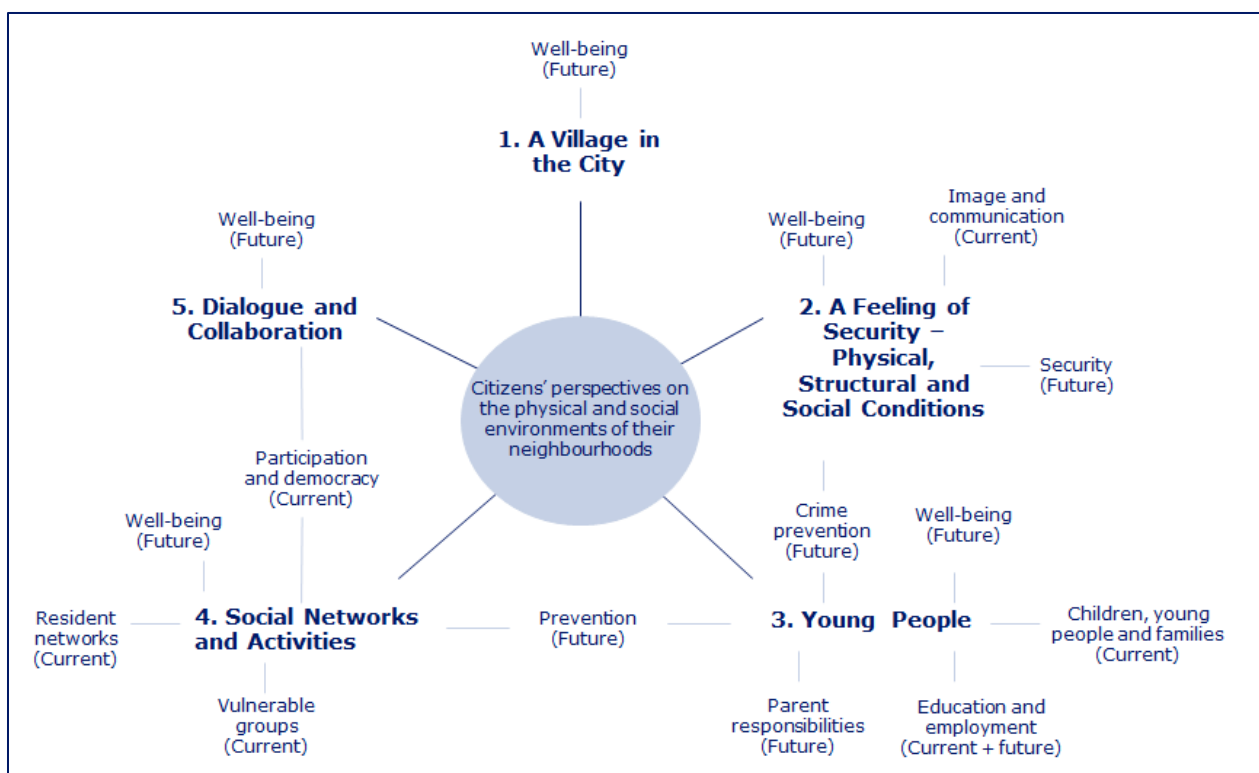
Figure 4. *Compatibility between residents' perspectives on key social and structural development issues of their neighbourhoods and the current and future priority areas of the Social Housing Master Plans[10, 12-14].*

A village in the city

The feeling of neighbourliness is important to residents living in the targeted neighbourhoods and this is largely related to social and mental well-being. In one of the current Social Housing Master Plans, "Health" is a priority area. "Health" is not included as a priority area in the future Social Housing Master Plans. However, "Security and well-being" is included as a priority area in the future Social Housing Master Plans and this is likely to include health in its widest physical, mental and social perspective. Residents' perceptions of the importance of neighbourliness may thus be well-covered under the theme of "Security and well-being" in the future Social Housing Master Plans and we shall

expect that the feeling of neighbourliness will be further strengthened in those neighbourhoods that include this theme in their applications for funding.

A feeling of security – physical, structural and social conditions
The feeling of insecurity affects well-being according to the study participants. As an example, some residents do not exercise physically in their neighbourhoods because they feel insecure, mainly after dark. Moreover, some residents are stressed by the feeling of insecurity. The feelings of (in)security and well-being are thus related in different ways and it is therefore reasonable to assume that interventions leading to stronger feelings of security will also lead to improved well-being in the neighbourhoods.

Residents' concern about the feeling of insecurity is highly compatible with future official priority areas of "Security and well-being" and "Crime prevention". However, they are also compatible with future priority areas of "Parent responsibilities" and "Education and employment" based on the widely recognised perceptions in the neighbourhoods that security and crime prevention must be tackled through proper parenting within the context of the family, and through proper education within the context of formal educational systems. This should pave the way for young people to get meaningful jobs, establish families and have good life qualities rather than hanging out in the streets and engage in destructive and vicious life courses.

Study participants also discussed the negative effects of rumours and reputation on residents' feeling of insecurity. This is addressed under the theme of "Image and communication" in the current Social Housing Master Plans. However, in the future Social Housing Master Plans this is not a priority area. It remains to been seen if some of the other future priority areas can include and absorb the important theme of "Image and communication" and thus act on, and hopefully reverse, the bad rumours and reputation into much more positive representations and disseminations of the many excellent social initiatives that take place in the neighbourhoods.

Young people
Several study participants connected young residents with insecurity and crime, mainly by claiming that a minority of young men roam around in small groups and cause various kinds of trouble in the neighbourhoods. It was considered important to invest substantial resources in the younger generation and to make use of existing formal social networks, or establish new ones that are more purposeful, as alternative settings to the streets where youth can engage in interesting and meaningful activities. Just as much as youth issues are addressed in the *current* Social Housing Master Plans under the main theme of "Children, young people and families" it appears that emphasis on youth in *future* Social

Housing Master Plans is even more pronounced and thus compatible with concerns and priorities of the study participants. The future and new priority area of "Crime prevention" must thus be expected to address youth challenges in a very *direct* way but also to interact closely with related future priority areas of "Security and well-being", "Parent responsibilities" and "Education and employment" as a reflection of the notion that youth challenges are deeply rooted in complex social structures and systems, involving personal life histories, parenting, culture, education etc.

Social networks and activities

More or less formal social networks are important settings to the study participants because they promote physical, social and mental well-being as well as information sharing and learning. Under the theme of "Resident networks" the current Social Housing Master Plans have invested substantial amounts of resources in establishing and/or supporting social networks for many of the population groups and residents in the targeted neighbourhoods. Despite the obvious benefits of having formal social networks in socially vulnerable neighbourhoods, this priority area does not exist explicitly in the future Social Housing Master Plans and it may be speculated if future support to formal social networks will instead be provided through other future priority areas, e.g. "Security and well-being".

Participants and users of formal social networks are considered as socially resourceful residents. The most frequent users comprise relatively small groups of residents ("the usual suspects") who devote substantial amounts of time and energy in the networks and who find personal identity in being part of them. At the other end of the social spectrum are the most vulnerable population groups and the most vulnerable individuals who rarely, if ever, show up in the networks and who rarely participate in any social activities in the neighbourhoods. Involvement of these vulnerable groups and individuals in social networks requires substantial amounts of resources and this requires political, strategic and financial priority and determination. "Vulnerable groups" is a priority area of the current, but not the future, Social Housing Master Plans and it may be speculated if the most vulnerable population groups and the most vulnerable individuals will be disregarded in the future plans of the neighbourhoods.

Dialogue and collaboration

"Participation and democracy" is a priority area in one of the current Social Housing Master Plans and this is compatible with the priorities of study participants who strongly argue for increased public participation and voluntary support. They also argue for increased cross-organisational collaboration and increased cross-cultural interaction and dialogue as useful means to further develop the neighbourhoods and to strengthen the

cultural competences, inter-personal relations and tolerance of residents. In the present study we have included all these issues under the theme of "Dialogue and collaboration" and it embraces strengthened dialogue and collaboration between residents (i.e. inter-resident), between professionals (i.e. inter-professional) and between residents *and* professionals (i.e. collaboration across the two domains). None of these issues are explicitly included as areas of priority in the future Social Housing Master Plans. However, it may be argued that dialogue and collaboration are cutting across all other themes and thus implicitly included in the future plans. Moreover, Landsbyggefonden[10] encourage future Social Housing Master Plans to strengthen their cross-cultural dialogue and cross-organisational collaboration.

Concluding remarks

To a large extent priorities of study participants are compatible with the formal priorities of both current and future priority areas of the Social Housing Master Plans. This indicates that from the perspectives of residents, the Social Housing Master Plans provide relevant and meaningful support to the neighbourhoods. It also indicates that the Social Housing Master Plans have good insights and understanding of the needs and challenges of the neighbourhoods, and adequate political and strategic determination to do something about it.

Priority areas of current and future Social Housing Master Plans are not similar but they are conceptually wide in scope and thus overlapping in focus. The rationale for changing priority areas is not clear except that there has been a desire to reduce the numbers of themes from seven to four. However, it is noted that *current* priority areas represent a combination of values and principles (e.g. participation), target groups (e.g. vulnerable groups) and development goals (e.g. education) whereas *future* priority areas only include development goals (e.g. well-being and crime-prevention). It may be speculated that the future priority areas have intentionally been defined as development goals to emphasise on the outcomes of activities rather than setting directions on applied approaches, methods, settings and target groups. This would suggest that the values and principles that were emphasised and prioritised by the study participants (e.g. participation, dialogue and collaboration) are fully eligible in the processes of developing and implementing activities within the framework of future Social Housing Master Plans.

Although five distinct themes were constructed from analysing the interview data of the present study, the overlap and interrelationship between them is considerable. There is a wealth of social resources and recreational facilities available for residents in the targeted neighbourhoods and although the potential for their use is not fully exploited then it indicates that opportunities for social well-being and healthy living are good (Theme 1).

It also suggests that there is a good foundation for solving some of the social challenges of the neighbourhoods. One of these challenges relate to the feeling of insecurity (Theme 2). This problem is rooted in social and structural conditions of the neighbourhoods including poor housing conditions, socioeconomically inappropriate compositions of residents and challenged parenting. It has a strong social bearing related to youth groups hanging around in the streets (Theme 3). They are not necessarily involved in crime and vandalism but they appear offensive and make other residents feel insecure. The problem is augmented by bad rumours and reputations disseminated in mass media and by mouth about the poor state of affairs in the neighbourhoods. However, the young generation is also considered an asset to the neighbourhoods and increasingly more resources are made available to involve youth in meaningful activities and to provide social support to parents, children and youth in need. Much of this support is provided or organised by social workers employed by the social housing associations and disseminated through formal social networks (Theme 4). There are several social networks in the neighbourhoods and they serve different purposes, attract different participants and population groups, and organise different activities. However, they all share one feature, namely to strengthen the feeling of neighbourliness, community and social well-being. In addition, some of the network activities directly address healthy living through sports, games, cooking and education (e.g. on physical activity and healthy eating). Users of social networks are residents with social competences and resources. Socially vulnerable residents do not use them. Intensified dialogue, participation and collaboration across age, gender, culture and the professional and organisational domains are required to attract more residents to the social networks and to the social activities of the neighbourhoods (Theme 5).

Vulnerability Assessment – The Community Domain

Three domains have been defined in the VA tool, namely the "formal domain", the "community domain" and the "vulnerability domain"[9]. The present study contributes to answering some of the questions relating to the "community domain". The questions relating to this domain are presented in figures 5 and 6.

- Are there any **non-governmental organizations** to mediate?
- Are there other **local systems of support?**
- Are there any **local models of understanding** and **addressing a problem** – Can they be built upon? How can they be supported?

Figure 5. The purpose of conducting the "community domain" inquiry[9].

- [C1] Do members of your community cooperate to assist one another (to alleviate hardship, share information, etc.)?
- [C2] Customary rules of assistance (Do they exist? What are they? Compliance?)
- [C3] Duration of effect (Temporary or long-term?)
- [C4] New forms? (Crowd sourcing? New social capital? Community action groups? "Citizen Science"? Are new forms healthy forms?)
- [C5] Equality of access? (Can anyone participate?)
- [C6] Sustainability (Will they grow or continue? How can we promote sustainability?)

Figure 6. The "community domain" assesses community resources and coping strategies[9].

Based on the analytical findings from the FGDs and the insights of the research team into the targeted neighbourhoods, it is possible to answer some of the questions of the "community domain", namely C1, C4, C5 and C6. Furthermore, it is possible to discuss the questions relating to purpose, see Figure 5.

The purpose of conducting the "community domain" inquiry

Are there any non-governmental organizations to mediate?

Yes, there are important non-governmental organizations with mediating functions within all three neighbourhoods targeted by this study. Most importantly, the social housing

associations employ community-based social workers to manage and implement the Social Housing Master Plans. The majority of the cadre of social workers mediate and build bridges between the many more or less formal social networks in the neighbourhoods, and between residents and public institutions and professionals inside and outside the neighbourhoods. In addition, the social housing associations have executive committees comprising elected local residents who take decisions, often based on participatory approaches, about community development issues and organise their implementation with support from social workers and volunteers. The executive committees also provide financial and logistic support to community-based initiatives. There are other non-governmental organisations working with social issues in the neighbourhoods but the present study has not systematically mapped or engaged with these.

Are there other local systems of support?

Yes, even if disregarding the many public services available to all Danish citizens, there are very strong local systems of support in all three neighbourhoods. Most importantly, the more or less formal social networks provide considerable social support to many residents. To some residents, mainly those with a non-western background, this support is imperative to social and mental well-functioning because it substitutes distant or lost family and friends. On the more informal side, the sensation of neighbourliness is actively worked with as an asset by social workers and active residents, and is therefore a local support system with great future potential for reaching out to the most vulnerable residents in the neighbourhoods.

Are there any local models of understanding and addressing a problem?

Yes, when considering the perceptions of socio-culturally diverse but *resourceful* residents as well as professional stakeholders operating in the neighbourhoods then there are local models of understanding and addressing problems. Social problems are largely considered to be rooted in life-history and life-course contexts and thus not in single-standing and challenged individuals or population groups (e.g. youth) affecting the well-being of the masses. Moreover, the values and principles of these diverse stakeholders (i.e. active residents and professionals) are quite similar as far as the needs and requirements of the neighbourhoods are concerned. These have been addressed elaborately in this report and relate to the strengthening of social networks, cross-cultural interaction, inter-organisational collaboration, multi-level and multi-setting action, public participation and inclusiveness in community development, and dialogue across age, gender and socio-cultural domains. The complexity of social problems is widely acknowledged in the neighbourhoods but there is preparedness to address them together and to use whatever tools and approaches are required.

Do members of your community cooperate to assist one another? [C1]

Yes, residents in the targeted neighbourhoods cooperate a lot to assist one another. This is done is various ways but always rooted in the strong feeling of neighbourliness in the neighbourhoods. One way is through informal social networks whereby residents provide practical assistance and support to each other in relation to everyday life duties. This may relate to the provision of shopping assistance for elderly people, technical help with IT problems and watching out for other parent's children. However, cooperative assistance is also provided in more structured ways through formal social network activities where voluntary residents (and professional social workers) provide assistance to fellow residents with a potential to reach out for diverse population groups. In this case assistance is wide-ranged and includes simply small-talking to each other over a cup of coffee, informally discussing and advising on specific family and parenting issues, or structured educational courses on matters pertaining to solving everyday life challenges, including healthy living. Despite these important measures of assistance in the neighbourhoods there are still groups of highly vulnerable and socially isolated residents that are going "under the radar" without any significant engagement in formal or informal social networks.

Customary rules of assistance [C2]

The present study did not address this question. Customary *channels* of assistance are addressed under item C1 and these are both formal and informal but always rooted in the feeling of neighbourliness and based on trust relationships between residents and between residents and social networks.

Duration of effect [C3]

The present study did not address this question. However, observations were made on *sustainability* and this is addressed under item C6.

New Forms [C4]

Since Social Housing Master Plans have been in operation in the targeted neighbourhoods for some years there is a long tradition for professional community-based social workers to function widely as mediators between residents and various kinds of professional stakeholders, including public health professionals. This is not new but it is a very important function of social workers. What is new, however, is the recent recognition among both residents and professionals that new forms of local organisation and

collaboration of stakeholders are required to tackle the social and health related problems of the neighbourhoods. Thus, much wider and more inclusive organisations are in focus. Future collaborative efforts will cut across sectoral boundaries in recognition of the intersectional nature of social and health challenges. They will also cut across the civic, public and private domain of stakeholders, and they will be strongly participatory as far as visioning, planning and implementation of action is concerned. We shall expect to find partnerships in the neighbourhoods that are working with holistic and life-course based approaches to problem solving rather than silo-based action. We shall also expect to find new partners in these partnerships such as private sector stakeholders from the service sector, retail sector etc. Interestingly, this recognition within the neighbourhoods is compatible with the new thematic focus of the Social Housing Master Plans for 2015-2018 as stipulated by government and administered by Landsbyggefonden[10].

Equality of Access [C5]

In principle, access to formal social networks and their activities in the neighbourhoods is unrestricted. The networks are open to all residents living in the neighbourhoods and, at times, to citizens living elsewhere. However, in practice, some social networks have been established for residents with certain cultural and ethnic backgrounds to have a place where they can socialise in accordance with their own traditions and communicate in their own language. These networks are, by definition, not open to everybody. The same applies to social networks reserved for either men or women. What is more important, however, is that there are population groups (e.g. young women, young men and elderly men) in the neighbourhoods that are not attracted to existing social networks and thus at risk of being socially isolated or reacting socially indecently, e.g. by engaging in crime and vandalism. This problem is recognised by active residents and professional social workers in the neighbourhoods and a variety of efforts to address the problem are ongoing or underway. The challenge is to engage in dialogue with these population groups and support them in defining their needs and implementing their solutions. Other residents without access to social networks are the most vulnerable and disadvantaged residents. They are not excluded from the social networks but they are extremely difficult to reach and they do not show up to social events and arrangements. The wider collaborative efforts described under item C5 will address the issue of engagement of the most vulnerable residents proactively.

Sustainability [C6]

The sustained existence of formal social networks depends on the active contribution of both voluntary residents and professional social workers. Both of these stakeholders are

involved in administering the networks and in organising and implementing activities. Some networks function with limited support from the social workers while others require substantial support. It is the ambition of the social housing associations to transfer as much responsibility as possible to the residents because it makes the networks more sustainable. The problem is that the Social Housing Master Plans, which provide human and financial support to many of the social networks, are temporary projects of four years duration with no guarantee of extension. Integration of the social networks into permanent local community structures is therefore imperative although it is recognised that pressurising these processes may jeopardise sustainability. Some of the measures taken to promote sustainability is to enlarge the number of active network volunteers through recruitment and to provide training, at times formalised training, of volunteers in management competences and various technical skills of relevance to the management of the networks. Experience shows that residents use their acquired competencies and skills for personal development, e.g. seeking job opportunities, which emphasize the importance of sustained recruitment and capacity building of volunteers. Moreover, a sustainability factor that was elaborately discussed is the importance of participation and involvement of both residents and professional stakeholders in any community development process. This would increase local ownership and responsibility, and thus sustainability.

Sustainability does not imply that social networks and their activities should remain unchanged over time. On the contrary, sustainability implies that the networks should be adapted to the needs and interests of their users at any point in time. Sustainability may be thus promoted by iterative processes of evaluation and modification of network objectives and actions. Some networks may close and new ones may emerge. Professional social workers may facilitate these evaluation and change processes but it is the residents of the neighbourhoods who are the drivers of sustainability. They are the owners, the users and the beneficiaries of the networks and thus a prime target for interventions addressing sustainable social and health impact in the local community.

Concluding remarks

The present report describes the social and structural environments of selected neighbourhoods in Copenhagen as perceived by socially active representatives of socially vulnerable population groups. Emphasis is on the degree to which the social and structural environments are conducive for social engagement and healthy living. The neighbourhoods of Akacieparken, Folehaven and Tingbjerg were selected as target sites due to a high occurrence of risk factors for developing non-communicable diseases, including diabetes type II.

Six FGDs were conducted with members of well-established social networks in the targeted neighbourhoods. We defined these residents as being socially active representatives of socially vulnerable population groups. This might imply both similarities but also differences in the perspectives between the socially active residents and the socially vulnerable population groups. Interview data was analysed and five overall themes were constructed under the following headings:

- A village in the city
- A feeling of security – physical, structural and social conditions
- Young people
- Social networks and activities
- Dialogue and collaboration

Here we will conclude on: a) the main characteristics of the social environment in the neighbourhoods, b) the degree to which it is conducive for social engagement and healthy living, c) the potentials to improve the social environment. The same structure is used to conclude on the structural environment in the neighbourhoods.

The main feature of the social environments in the targeted neighbourhoods is the feeling of neighbourliness. Residents consider themselves to be living in a "village in the city" "inside the walls", which intensifies the feeling of neighbourliness. Another key feature of the social environment is the community established within the social networks. These are essential for social interaction, learning and the feeling of security to many residents.

For residents participating in social network activities, the social environment is highly conducive for social engagement. Furthermore, residents participating in social network

activities occasionally recruit new participants, which expand the social networks. The widespread feeling of neighbourliness in the neighbourhoods augments this tendency. The social environments of the neighbourhoods are also conducive for healthy living when referring to a broad health concept that includes physical, mental and social well-being. Social network activities may be highly health promoting either by addressing healthy living in physical terms (e.g. through sports, games and cooking arrangements), in educational terms (e.g. through seminars on body functions and signals, healthy eating and exercising) or in social and mental terms (e.g. through social bonding, sharing of pleasures and concerns, exchanging experience and providing moral support).

Without undermining the important attributes of the social environments of the targeted neighbourhoods it is necessary to emphasise that there is room for improvement. Residents participating in the social network activities are resourceful residents of the neighbourhoods in terms of social competences and they form a minority of the entire population living in the neighbourhoods. The most socially vulnerable and disadvantaged residents do not participate in social network activities. The most frequent users of social networks are middle-aged and elderly women of any cultural background. Much less frequent users are elderly men and young people, mainly young girls/women. Suggested measures to reach out for more residents, including those who are more vulnerable, to engage in social networks include structured peer recruitment and establishment of cross-cultural networks and activities fostering cultural understanding and tolerance among residents.

The main feature of the structural environments in the targeted neighbourhoods is the presence of fine outdoor recreational areas and facilities. Residents acknowledge these features of their neighbourhood and largely use them for a variety of individual or social activities such as jogging, cricket and picnics. Less flattering features are the "dark spots" where young men hang out and make other residents feeling intimidated and insecure, mainly after dark. This is believed to be linked to poor housing conditions and an inappropriate socio-economic composition of residents.

Outdoor areas and facilities in the neighbourhoods are highly conducive to social and healthy living. They are plentiful and accessible, especially in Tingbjerg, and can easily be used to promote physical, mental and social well-being. Nevertheless, many residents do not use them and there are several reasons for that, e.g. inadequate awareness of and campaigning for their use. Moreover, some residents feel insecure after dark and refrain from going out.

Although the structural environments in the neighbourhoods are relatively good, there is room for improvement. Most importantly, the social networks should be strengthening in numbers, scope and size to accommodate for more varied interests and to appeal widely to residents. Other issues of importance include the need to adjust the policies for allocating apartments (towards a better socio-economic composition of residents) and to create alternative and meaningful opportunities for young residents who have many competences, skills, and resources but may need help to mobilise and use them for purposes that are not only beneficial to themselves but also to the surrounding community.

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Appendixes

1. Map of targeted neighbourhoods of Akacieparken, Folehaven and Tingbjerg
2. Guidelines for the recruitment of study participants (in Danish)
3. Registration form for study participants
4. Information letter to study participants (in Danish)
5. Information folder (in Danish)
6. Characteristics of study participants
7. Interview guide
8. Illustrations of analytical themes emerging from the FGDs

1.   Map of targeted neighbourhoods of Akacieparken, Folehaven and Tingbjerg
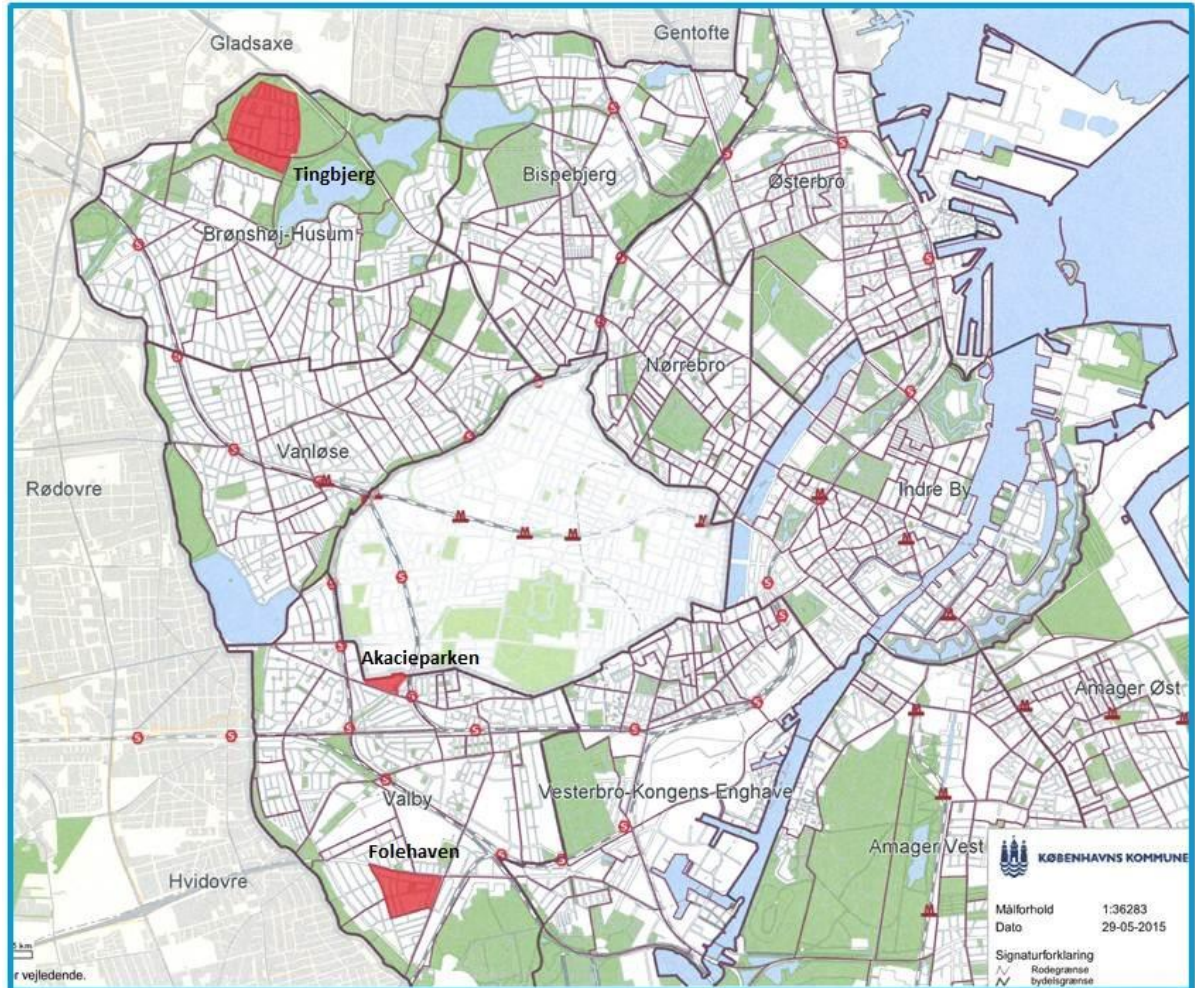
2.   Guidelines for the recruitment of study participants (in Danish)

Fælles introduktion / henvendelse til borger:

"Hej, jeg hedder [navn] og jeg er i gang med en undersøgelse om jeres lokalområde og vil meget gerne høre hvad I synes om at bo her. Jeg har fået lov af [navn på vores kontaktperson i netværket] til at komme og være med i dag og høre om I har lyst til at være med i en gruppe snak i næste uge [Hvis det er en fælles intro så tilføj: Jeg vil komme rundt og så kan vi snakke mere sammen hvis I har lyst og så kan I også høre mere om hvad undersøgelsen handler om.]

Aktivitet går i gang. Smalltalk med borger (en eller flere ad gangen): For eksempel *"Hvor bor du henne?", "Hvor tit kommer du her [sted]", "Er det første gang du er her?", "hvad kan du bedst lide ved at komme her?", "kender du de andre der kommer her?"*

Smalltalk afrundes med: *"Det lyder spændende / hyggeligt. Har du lyst til at fortælle mere i næste uge [dag og tidspunkt] til en snak sammen med nogle andre her fra [sted]? Det tager ca. 1-1½ time og vi skal blandt andet snakke om [bydel], hvad man kan lave her i området og hvordan du synes det er at bo her. Hvis du har lyst til at deltage får du et gavekort til [supermarked] på 150 kroner".*

Til sidst er det vigtigt at vi får oplysninger på borgeren: *"Jeg har brug for at vide lidt mere om dig til undersøgelsen, så jeg har fem spørgsmål som jeg gerne vil stille. Det er til undersøgelsen, så der er ikke nogen der kommer til at vide at det er dig."*

Her stiller vi spgørgsmål i forhold til:
- *Navn [Hvad hedder du?] (Vi kommer ikke til at bruge dit navn i undersøgelsen, så man kan ikke kende at det er dig der er med)*
- *Alder [Hvilket år er du født?]*
- *Enlig/samboende [Bor du alene?]*
- *Hjemmeboende børn eller børnebørn [Hvis personen bor alene spørges der ikke ift. hjemmeboende børn. Måske der allerede er svaret igennem forrige spørgsmål]*
- *Etnisk baggrund [Vi vil gerne vide lidt om din familiebaggrund – Hvor er dine bedsteforældre født og opvokset? Hvor er dine forældre født og opvokset? Hvor er du født og opvokset] (tilpasses selvfølgelig alt efter svar)*
- *Beskæftigelse [Hvad laver du til daglig? Uddyb hvis hjemmegående]*

"Må jeg også få dit tlf. nr. og din mail? Så kan jeg skrive til dig inden gruppesnakken eller hvis dagen bliver ændret"

"Tak fordi du har lyst til at være med. Hvis du finder ud af at du ikke har lyst til at deltage alligevel, så er det ok at du siger fra. Du kan altid skrive til mig på det tlf. nummer eller mail der står på sedlen" [Materialet uddeles til borgeren].

3.   Registration form for study participants

Health and wellbeing in Valby and Brønshøj-Husum] – Registration of invitees for focus group discussions

Id	Name [1]	Phone [2]	District [3]	Age [4]	Sex [5]	Living alone [6]	Home-living children [7]	Ethnic background [8]	Occupation [9]
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

[1] What is the name of the person?

[2] Which telephone number can we use to contact the person and about his/her possible participation in the study?

[3] In which district or neighbourhood of Copenhagen does the person live?

[4] How old is the person (full years)?

[5] What is the sex of the person (M/F)?

[6] Is the person living together with another adult person or with several other adult persons (yes/no)?

[7] Does the person have children staying with him/her (yes/no)?

[8] What is the ethnic background or affiliation of the person (e.g. Danish, Turkish, Kurdish, etc.)?

[9] What is the occupation of the person (in education, working/employed, job-seeking/unemployed, home-going, retired, other)?

4.   Information letter to study participants (in Danish)

Kære _____

Tak fordi du vil deltage i undersøgelsen som foregår
d._____ kl._____ på _____

Hvis du har spørgsmål, er du velkommen til at kontakte _____
på tlf._____ eller mail _____

Vi glæder os til at snakke med dig om din bydel.
Mange hilsner

....

Informationsbrev

Kære _____

Formålet med undersøgelsen er at finde ud af, hvordan borgere i Brønshøj-Husum og Valby oplever det område de bor i og hvordan det påvirker deres helbred i hverdagen. Resultaterne skal bruges i en rapport og desuden hjælpe kommunen med at forstå, hvilke tilbud, der kan mindske udviklingen og forbedre håndteringen af type 2 diabetes (gammelmandssukkersyge). Vi interviewer både borgere med og uden diabetes.

Interviewet vil blive optaget på bånd og dit navn samt personlig kontaktoplysninger vil blive slettet, så du ikke bliver genkendt. Du kan til hver en tid trække dig fra undersøgelsen og det du siger, vil i så fald blive slettet.

Novo Nordisk er en af vores samarbejdspartnere, så selvom undersøgelsen ikke omhandler et bestemt produkt, så har vi alligevel pligt til at videregive information om eventuelle bivirkninger du måtte nævne under interviewet. Informationen om bivirkninger vil blive registreret og behandlet hos Novo Nordisk af hensyn til patienters sikkerhed. Hvis det er relevant, bliver Informationerne videresendt til sundhedsstyrelsen, og dit navn og kontaktoplysninger vil i så fald blive slettet fra informationerne.

Med min underskrift står jeg ved, at ovenstående er læst, forstået og accepteret:

_____
Underskrift og dato

5. Information folder (in Danish)

For mere information omkring undersøgelsen kan du kontakte:

Mette Ryle,
Specialkonsulent, Sundheds- og
Omsorgsforvaltningen, Københavns
Kommune,
Tlf: 35303807
E-mail: bf4e@suf.kk.dk

Paul Bloch,
Seniorforsker, Steno Diabetes Center,
Tlf: 50926617
E-mail: pabc@steno.dk
Link: www.steno.dk
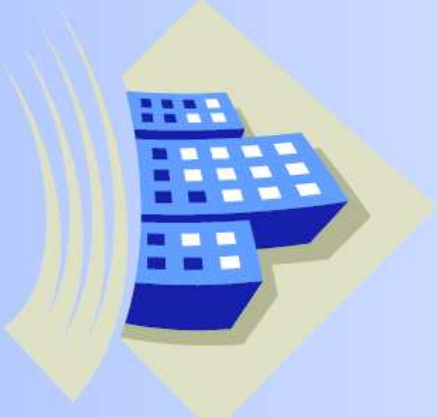
Information om Cities Changing Diabetes
kan findes på linket:
www.citieschangingdiabetes.com

steno diabetes center

Københavns Kommune

Februar 2015

Undersøgelse om trivsel og sundhed i Valby og Brønshøj-Husum

93

Hvad handler undersøgelsen om?

Undersøgelsen handler om dine meninger om de fysiske og sociale miljøer i din bydel. Der vil især være fokus på de forhold, som påvirker din trivsel og sundhed.

Undersøgelsen udspringer af et større projekt, Cities Changing Diabetes, som forsøger at styrke de trivsels- og sundhedsfremmende miljøer i udvalgte storbyer rundt omkring i verden. København er én af disse storbyer.

Hvorfor har vi valgt at spørge dig om at deltage?

Du er blevet valgt, fordi du bliver set på som en borger med mange ressourcer. Det betyder, at du deltager aktivt i lokalsamfundets udvikling, f.eks. ved at medvirke, når der skal planlægges og gennemføres sociale arrangementer og projekter i din bydel. Som borger med mange ressourcer, kan du være med til at repræsentere de mere sårbare borgere i dit lokalsamfund. Vi ved, at der er mange borgere i Valby og Brønshøj-Husum, som lever med kroniske sygdomme (f.eks. sukkersyge). Vi ved også, at borgere med kort uddannelse, høj alder, en ikke-vestlig baggrund og ingen arbejde har større risiko for at udvikle disse sygdomme. Det er disse borgere vi henviser til som sårbare.

Hvordan foregår undersøgelsen?

Undersøgelsen foregår som afslappede gruppe-interviews. Det betyder, at deltagere med nogenlunde samme baggrund sidder sammen i en gruppe på 5-8 personer og fortæller om, hvad de mener om de spørgsmål, som bliver stillet. Samtalen bliver styret af en mødeleder. Et gruppe-interview varer cirka 1 time og 30 minutter.

Hvor og hvornår gennemføres undersøgelsen?

Undersøgelsen bliver holdt lokalt på f.eks. netværkskontorer eller sundhedshuse i Valby og Brønshøj-Husum i løbet af februar og marts 2015. Deltagerne i undersøgelsen vil modtage en invitation til at deltage i undersøgelsen. Invitationen vil indeholde præcis information om tid og sted for undersøgelsen.

Hvem gennemfører undersøgelsen?

Undersøgelsen gennemføres af forskere fra Steno Diabetes Center i tæt samarbejde med Københavns Kommunes Sundheds- og Omsorgsforvaltning. Udover disse partnere indgår Novo Nordisk, Københavns Universitet og Diabetesforeningen i det danske partnerskab omkring Cities Changing Diabetes.

Hvad vil resultaterne blive brugt til?

Resultaterne vil blive analyseret og skrevet sammen i en rapport henover foråret 2015. Rapporten vil indgå som en del af Københavns bidrag i Cities Changing Diabetes. Den vil blive præsenteret og diskuteret på et internationalt møde i Cities Changing Diabetes sidst på året med henblik på at skabe nye ideer og inspiration til byudvikling på tværs af de involverede storbyer. Rapporten vil også blive brugt af det danske partnerskab i Cities Changing Diabetes til at pege på afgørende områder for forbedring af de fysiske og sociale miljøer i København.

Er det frivilligt at deltage?

Ja, helt bestemt. Du vil blive inviteret til at deltage og kan lige fra starten takke nej. Du kan også melde dig til og senere melde fra, hvis du fortryder. Har du først deltaget i et gruppe-interview, kan du til enhver tid bede om at få slettet dine data. Data bliver behandlet fuldstændig anonymt.

Hvad får jeg ud af det?

Som tak for din hjælp vil du som deltager i et gruppe-interview modtage et gavekort til

6. Characteristics of study participants

Characteristics of participants - Tingbjerg (Female)

Gender	Age (Years)	Single (S) / Cohabiting (C)	Children / grandchildren living at home	Ethnicity	Occupation
F	39	S	3	Eritrea (Ethiopia)	Unemployed
F	56	C	1	Eritrea	Part-time employment
F	48	C	3	Lebanon	Unemployed
F	37	-	3	Iraq	Student
F	45	C	3	Algeria	Unemployed

Characteristics of participants - Tingbjerg (Male)

Gender	Age (Years)	Single (S) / Cohabiting (C)	Children / grandchildren living at home	Ethnicity	Occupation
M	21	S	-	Syria	Student
M	19	S	-	Syria	Student
M	45	C	4	Palestine / Lebanon	Pensioner
M	33	C	3	Syria	In employment
M	52	C	5	Syria	In employment
M	52	C	5	Palestine / Lebanon	In employment

Characteristics of participants - Akacieparken (Female)

Gender	Age (Years)	Single (S) / Cohabiting (C)	Children / grandchildren living at home	Ethnicity	Occupation
F	52	S	1	Syria	Trainee
F	63	C	-	Syria	Pensioner
F	52	C	1	Syria (Palestine)	Pensioner
F	40	-	2	Iraq	Trainee
F	43	C	3	Lebanon	Unemployed
F	48	S	2	-	Unemployed

Characteristics of participants - Valby (Female / Male)

Gender	Age (Years)	Single (S) / Cohabiting (C)	Children / grandchildren living at home	Ethnicity	Occupation
F	63	S	-	Denmark	Pensioner
M	67	C	-	Egypt	Pensioner
F	82	S	-	Denmark	Pensioner
M	76	S	-	Denmark	Pensioner
M	72	S	-	Denmark	Pensioner

Characteristics of participants - Folehaven (Female)

Gender	Age (Years)	Single (S) / Cohabiting (C)	Children / grandchildren living at home	Ethnicity	Occupation
F	45	C	3	Turkey	Unemployed
F	40	C	3	Turkey	In employment
F	49	C	3	Turkey	In employment
F	43	C	2	Turkey	In employment
F	34	C	3	Morocco	-
F	39	C	2	Morocco	-
F	54	S	1	Morocco	-
F	50	C	2	Iraq	-

Characteristics of participants - Folehaven (Female / Male)

Gender	Age (Years)	Single (S) / Cohabiting (C)	Children / grandchildren living at home	Ethnicity	Occupation
M	70	C	-	Denmark	Pensioner
M	62	S	Yes	Denmark	In employment
F	23	S	-	Denmark	Student
F	54	S	1	Denmark	In employment
F	63	C	-	Denmark	In employment

Characteristics of the 35 participants

Gender	Age (Years)	Single (S) / Cohabiting (C)	Children / grandchildren living at home	Ethnicity	Occupation
F: 24 M: 11	19 - 82	S: 14 C: 19 (2 people hasn´t been registered)	24	Eritrea Ethiopia Lebanon Iraq Algeria Syria Palestine Turkey Morocco Denmark Egypt	In employment: 10 Unemployed: 6 Student: 4 Trainee: 2 Pensioner: 9 Unknown: 4

7. Interview guide

Interview guide for focus group discussions within the framework of CCD-CPH (90 minutes)

The physical and structural environment in the neighbourhood (20 minutes)

1. Do you *like living* in this neighbourhood?
    a. If yes, why? [probe: is there anything *particularly good* about this neighbourhood, which may not be found in other parts of Copenhagen?]
    b. If no, why not? [probe: is there anything *particularly bad* about this neighbourhood, which may not be found in other parts of Copenhagen?]
2. Are there any public places in this neighbourhood where people can play football, basketball, go jogging etc?
    a. If yes, can you describe these places? [probe: which physical structures support these activities?][probe: strengths and weaknesses?]
    b. If no, what do people do to be physically active? [probe: where do people go?]
3. Which *physical activities* are most commonly practiced in this neighbourhood? [probe: both indoor and outdoor activities]
    a. Who practice these activities? [probe: with reference to age, gender, ethnicity, level of education, employment status etc.]
    b. Who else live in this neighbourhood? [probe: with reference to age, gender, ethnicity, level of education, employment status etc.]
4. Are there any public places in this neighbourhood where people get together to cook, talk, play games etc?
    a. If yes, can you describe these places? [probe: which physical structures support these activities?][probe: strengths and weaknesses?]
    b. If no, what do people do if they want get together with other residents in the neighbourhood?

The social environment in the neighbourhood (30 minutes)

5. Do you think that your neighbourhood is a *safe place* to live? [probe: for children, elderly people and everybody else?]
    a. If yes, what makes it safe?
    b. If no, why not?

6. Is it common that people *know each other* in this neighbourhood? [probe: do people greet when passing by each other in the street?]
   a. If yes, do you have a feeling, as local residents, that everybody knows each other?
   b. If no, why not? [probe: why do people not get to know each other?]
7. Is it common that people *support and help each other* in this neighbourhood? [probe: both physically and psychologically]
   a. If yes, in what way?
   b. If no, why not?
8. Are there any *social networks or groups* in this neighbourhood? [probe: e.g. based on ethnicity or cultural affiliation]
   a. If yes, how would you describe these networks? [probe: who are the participants/members?]
   b. If yes, is there any form of contact between these networks? [probe: please, elaborate on the nature of this contact and how it is expressed]
9. Are there any social groups of residents that are *particularly active* in this neighbourhood? [probe: physically and/or socially active]
   a. If yes, which groups? [probe: who are the participants /members of these groups?]
10. Are there any social groups of residents that you *never or rarely see* in this neighbourhood?
    a. If yes, which groups? [probe: who are the participants /members of these groups?]
11. Have you ever experienced any *social arrangements* for residents of this neighbourhood? [probe: e.g. Shrovetide traditions, flea markets, grill evenings]
    a. If yes, *which arrangements* can you remember?
       i. Are these single-standing arrangements or are they repeated regularly? [probe: have they become a tradition?]
       ii. Who stand behind these arrangements? [probe: who organize them?][probe: e.g. local residents, social networks, public institutions]
          o If residents are involved, how are they recruited? [probe: are they volunteers; are there many volunteers?]
    b. If yes, *who participate* in these arrangements (and why)? [probe: e.g. individual residents, groups or social networks?]
    c. If yes, who *do not participate* in these arrangements (and why not)? [probe: e.g. individual residents, groups or social networks?]

      d. If yes, do these arrangements contribute to strengthening the *social community* in this neighbourhood?

          i. If yes, in what way? [probe: do they bring residents together across cultural and social affiliations?]

         ii. If no, why not? [probe: are they unpopular?][probe: what then can strengthen the social community?]

      e. If yes, do these arrangements contribute to strengthening the *wellbeing and health* of residents in the neighbourhood?

          i. If yes, in what way?

         ii. If no, why not? [probe: what then can strengthen the wellbeing and health of residents?]

      f. If no, why not? [probe: how come nobody have organised any social arrangements?][what are the barriers?]

Informants' social engagement in the neighbourhood (20 minutes)

12. Do you think that you are *socially active* in your neighbourhood?

      a. If yes, in what way? [probe: what do you do, which is socially active?]

          i. Why are you socially active? [probe: do you get anything out of being socially active in relation to your wellbeing and health?]

      b. If no, why not? [probe: why are you not socially active?]

13. Do you feel that you are part of the *social community* in your neighbourhood?

      a. If yes, in what way? [probe: What kind of social community are you part of?][probe: is it an open or closed community?]

          i. Why are you part of the social community? [probe: do you get anything out of the social community in relation to your wellbeing and health?]

      b. If no, why not? [probe: why are you not part of the social community in your neighbourhood?]

14. Do you participate as volunteers in the planning of *social activities* in your neighbourhood? [probe: which activities?]

      a. If yes, why do you do that? [probe: do you get anything out of your voluntary engagement in relation to your wellbeing and health?]

      b. If no, why not?

Informant's perspectives and visions for a socially stronger and healthier neighbourhood (20 minutes)

15. What do you think that *local government* should do to strengthen the social community in your neighbourhood? [probe: ...and residents' wellbeing and health?]

16. *What can you do* as local residents to strengthen the social community in your neighbourhood? [probe: …and residents' wellbeing and health?]

17. Are there any *major barriers* for strengthening the social community and residents' wellbeing and health in your neighbourhood? [probe: which barriers?]

18. How would you like your neighbourhood to look like in say 5-10 years from now? [probe: in relation to the physical and social environment?]

    a. What will your local community need to do to work towards reaching these goals?

    b. What will each of you need to do to support the process of reaching these goals?

8.   Illustrations of analytical themes emerging from the FGDs

A Village in the City

- Urban Spaces
  - Green areas and grounds
- Neighbourliness
- Inside the Walls
  - Child care centres and schools within easy reach
  - Supermarkets

A Feeling of Security – Physical, Structural and Social Conditions

- The Residents' Experiences
  - Urban Spaces
  - Young People
  - Day and Night
- Rumours and Reputation
  - The Media
- Composition of the Residents and Housing Conditions
  - Allocation of flats
  - Number of rooms
- Neighbourliness

Young People

- Opportunities and Potentials
  - Activities and Jobs
  - Resources
  - Acknowledgement
- The Parent Role
  - Need for Support
    - Trust in authorities
    - Opportunities available
  - Background
    - Culture
    - Personal Situation
  - Parenting
  - Responsibilities
- Concerns
  - The Younger Generation
  - Crime and Insecurity

Social Networks and Activities

- Purpose for the Residents
  - Community / Neighbourliness and 'Family'
  - Knowledge
- Participation
  - Men and Women
  - Young and Old People
  - 'The Usual Suspects'
- Organisation
  - Recruitment
    - Existing network
    - Advertisement
    - Heterogeneous composition of residents
  - Division of Social Networks
    - Interests
    - Language
    - Building cross-cultural bridges
  - The Social Housing Employees
  - Volunteering

Dialogue and Collaboration

- Public Participation
  - Challenges
  - Developing Relevant Initiatives
- Diversity, Cultural Understanding, Tolerance and Relations
- Cross-cultural and – organisational Collaboration
  - Resident to resident
  - Social Networks, Social Housing Employees, Executive Committee, Day Care Centres, Supermarkets, Local Authorities