

Overview Gronings Perspectief 2016-2020

English version



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May 2021*

What are the most important findings of the first two phases of the study ‘Gronings Perspectief’ (2016 – 2020)? This research project isn’t just very broad in its scope, it also elaborates on some topics in-depth. Twenty reports have been released. This calls for an overview. That’s why we look back at the results of five years of research and reflect on the overall picture. We will conclude with a summary table of all the addressed topics, including references to the reports in which these topics are addressed.

Gronings Perspectief studies the psychosocial impact of gas extraction on residents. In September 2015 we started with a large-scale study commissioned by the Nationaal Coördinator Groningen (a government organisation currently responsible for home reinforcement) on the impact of gas extraction on residents of the region. At the time there were several studies into the resident perspective, but those asked questions about support of, or satisfaction with, policy goals: what do residents think about gas extraction, the housing market, or claim settlement/handling? Such a question implicitly contains an assumption about the bottlenecks. Our study had a more basic starting point, interest in the residents and the region: what is going on here?

Gronings Perspectief mapped out the long-term attitudes and the psychosocial well-being of the residents – via a panel of residents of the entire province of Groningen, both residents who dealt directly with the consequences of the gas extraction as well as those who didn’t. Also, we conducted a lot of interviews and carried out more and more other research. During the duration of phase 1 of Gronings Perspectief, the focus was mainly on the impact of gas extraction on individual residents (e.g., their experienced safety and health). It became obvious quite quickly that the consequences of the gas extraction on the towns, neighbourhoods, and streets were substantial. During Gronings Perspectief phase 2 we focused more attention on this. Furthermore, we conducted research on the impact of reinforcement, and the impact on children. The professionals who deal with these issues also increasingly came into focus.

In the upcoming two years (2021 – 2022) Gronings Perspectief will be continued, commissioned by the Ministry of the Interior and Kingdom Relations. In this third phase, we will continue to study the psychosocial impact of gas extraction on individual residents and communities. An important element of the study will be to monitor the impact of gas extraction on safety, health, and the future perspective of the residents. In doing so we will also continue to monitor the central stressors of the gas extraction issues concerning safety and health (like damages and reinforcement). Besides that, we will focus on the reinforcement program: what makes the (groups of) residents either

resilient or vulnerable during several stages of the program? And which measures concerning the reinforcement are perceived as effective by residents and professionals, and also positively affect the vulnerabilities and perceived risks of the residents?

1. The impact of the gas extraction on the individual residents

In this first paragraph, we will describe the impact of gas extraction on individual residents. Figure 1 is a schematic visualisation of this impact.

Health risks

Our research continuously shows that the consequences of gas extraction undermine the health of residents. During the duration of the research, the residents with multiple damages were noticeably less healthy than residents without any damages to their residence. They are more likely to have mental health issues, more stress-related physical symptoms, and to experience worse general health. These aren't people who have more to complain about in general, because their reported symptoms match with (those of) chronic stress. When you inquire about throat symptoms (which aren't related to stress), then they have those as much as the group without damages.

The health disadvantage of residents with multiple damages increases until 2018, and has been slightly decreasing since 2018. Further exploration of this health improvement shows that this is likely due to the large number of new cases with damage claims: this concerns people who've had damages for a shorter amount of time and haven't been dealing with those damages and procedures for years. For the latter group, there is barely any improvement in health. Respondents with multiple damages, who are involved in long-lasting damage claim procedures, are considerably less healthy. This group makes up 8.6% of the respondents who took part in the panel survey.

The finding that damage to houses leads to health damage is not a coincidence, and the research suggests that this is a causal relationship. These findings have been validated in two ways:

1. The health research of *Lifelines* that has been tracking the health of the residents of the Northern Netherlands since 2006 replicates the results of the Groninger Panel. Furthermore, the Lifelines data show that there's a causal relationship between damage and health: Relative to their baseline scores of 2012 (when the damages were less than they are now) the residents with multiple damages have become less healthy in comparison with residents without damages. The Lifelines research furthermore shows how drastic and far-reaching the consequences can be for those involved: these people don't just feel less healthy and have diminished well-being, they are also more likely to get a burn-out, they report that can't cope as well physically (for example, carrying groceries or washing) and are also socially limited (for example, visiting relatives). They also experience,

due to physical symptoms amongst other things, limitations in their jobs and other activities.

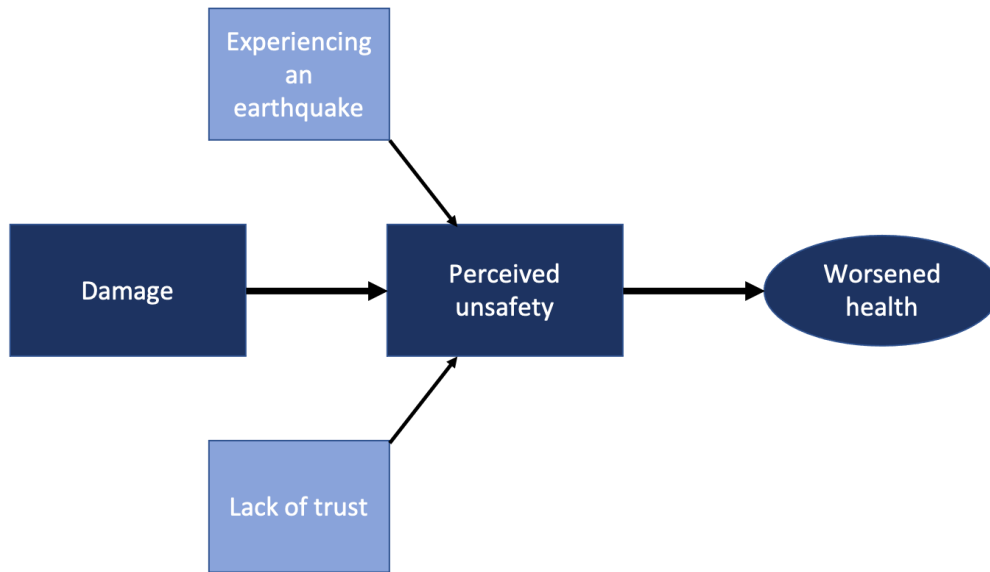
2. The same results can be found in the *GGD Gezondheidsmonitor* as conducted in the autumn of 2016. This is a particularly large and representative sample of the population of Groningen. Given that it is such a big and well-conducted research, it enables us to deduct with a considerable degree of certainty the actual number of people it was about at that moment. The effect sizes turn out to be quite large¹. When you compare the Groningers with multiple damages with the Groningers without damage, then the number of residents with lesser experienced health is 21% higher than normal, the number of people at high risk for mental health issues is 39% higher than normal, and the number of people with many health symptoms is even 80% higher than normal. The risks for people with singular damage is just slightly elevated (and not always significant).

The health risks are substantial. It has been established in the scientific literature that experienced health, mental health, and stress-related symptoms are, eventually, possibly related to other severe health issues. We concluded, based on the health disadvantage of residents at the end of 2017, that if we combine the magnitude of the health symptoms with the scientific knowledge on the consequences of an increase in health symptoms in the long term, that 5 or more people could die each year due to these issues. We point out that this is a highly cautious estimate: it is the lower limit (potentially there could occur more deaths each year)².

¹ What is a large effect here and what is a small effect? From an epidemiological point of view, exposure to earthquakes is a disturbance in the living environment of humans. For example, such a disturbance can also be found near Schiphol, where some residents are bothered by, among other things, the noise. The effects that we have found in our research in Groningen are several times larger. To illustrate, in all the years that the RIVM has conducted research on the residents near Schiphol there has only been one study that found a small effect on health. At the other end of the spectrum, there are disasters like the fireworks disaster in Enschede with even graver consequences than those in Groningen. Of course this was a totally different disaster – it was acute, there were many deaths and injuries and a great number of houses were instantly heavily damaged or completely destroyed.

² For more information, see Postmes, T., Stroebe, K., Richardson, J., LeKander, B., Oldersma, F., Broer, J. & Greven, F. (2018). *Gevolgen van bodembeweging voor Groningers: Ervaren veiligheid, gezondheid en toekomstperspectief 2016-2017*. Groningen: Heymans instituut, Rijksuniversiteit Groningen.

Figure 1: Impact of the gas extraction



Perceived safety and risk perception

The impact of damage on perceived safety is several times larger than the health effect. Residents with damage feel less safe, and those with multiple damages a lot less safe, in comparison with Groningers without damage. The experience of an earthquake influences the perceived safety; after experiencing an earthquake they feel less safe, and the stronger the quake, the less safe they feel. In periods in which there are fewer quakes the perceived safety bounces back.

Experienced safety isn't just connected with the magnitude of the quakes and with the physical damage itself. The research shows that safety is also about the consequences house damages have on the lives of the residents; they become uncertain about their future, the sustainability of their own house in the long run, about financial risks they face, and they also worry more about the unpleasant experience of the earthquake itself.

The effect of damage and quakes on perceived safety is identical to the effect one sees on risks people perceive: the likelihood of experiencing a quake in the future, of damage to property or of physical injury. They are two sides of the same coin. It is notable that people with (multiple) damages mainly estimate 'everyday' risks to be a lot higher, like having to repair their house. Only a few people are acutely afraid of a catastrophe, like the collapse of their house. Yet, a lot of people chronically worry.

Trust

There is a lot of distrust towards institutions that are responsible for (issues surrounding) gas extraction. The central government and the NAM (Nederlandse

Aardolie Maatschappij; the gas extraction company) are distrusted in particular. Even children and adolescents in the earthquake area distrust them. Levels of trust among people with multiple damages in institutions responsible for handling damage claims and reinforcement are considerably lower than those of people with singular or no damage to their house. Trust decreases strongly when people have felt an earthquake and slowly recovers afterwards. The less trust people have in governments, the less safe people feel and the higher they estimate risks.

Notably the trust in institutions like Instituut Mijnbouwschade Groningen (IMG; a government organisation currently responsible for damage claims) and Nationaal Coördinator Groninger is higher among people who have *recently* reported damage. Following previous big policy changes, like the restriction on gas extraction, we notice a small increase in trust.

Relatively speaking, residents have a lot of trust in institutions that defend the interests of Groningers with damage due to gas extraction, like the Groninger Bodem Beweging en Groninger Gasberaad.

Resilience and vulnerability

What is it that makes people vulnerable or resilient? The answer is not simple. Actually, for all subpopulations in the research multiple damages coincide with a lot of nuisance and chronic stress. It is not possible to make an unambiguous profile of residents who are at greater risk to get into trouble due to this. In interviews with affected residents, we see four common responses to problems surrounding gas extraction and earthquakes. Most people experience damage and reinforcement as a setback but are agile: they control their negative emotions and have the means to overcome the setback. A different pattern is that people experience the setback as a battle with institutions and procedures. A third group experiences this kind of setback as long-suffering waiting in insecurity and powerlessness. The waiting and the fighting demand a lot of people. A fourth response that people describe, in the most recent research, is to *flee*. Respondents are actively trying to escape the issues, in some cases, they actually move out of the area, because their health, well-being, and living pleasure have been severely tainted due to years of struggles with institutions and procedures. The battle and the waiting have become too much for them.

Subpopulations and their vulnerability

We have directed extra attention to certain groups during our research. Time and time again our research shows that respondents with long-lasting damages score worse on several dimensions than the rest of the respondents. Additionally, our research shows that respondents, as the reinforcement program progresses, feel less safe and perceive more risks, mainly during the planning process (in which residents may have been informed their house may not be safe, but no concrete steps have been taken to improve

the house). Reinforcement also has a negative impact on health, in particular for older respondents. Furthermore, we see that many respondents have seen little to no progress in their own situation. Uncertainty about reinforcement makes the respondents powerless and dispirited, so therefore this is the main reason for distress.

Furthermore, our research also highlighted some subpopulations that have been under-addressed in the overall picture:

- **Children and adolescents.** Growing up in the gas extraction area influences the well-being of children, adolescents, and their environment. Some children aren't negatively affected by earthquakes, while others say that they feel unsafe and anxious. They also pick up on the grief and stress their parents experience due to the gas extraction issues and they feel like there is less space for them. Parents tell us that their children are scared and can't sleep. The professionals who work with children also express that the gas extraction issues influence family life. In general we see the same kind of stress and worry as with adults. But, based on this research alone we can't say whether this group is affected more or less.
- **Self-employed people/business owners.** Self-employed people and business owners face a wide range of challenges and problems due to the gas extraction issues (e.g., damages, costs thereof, depreciation of property, the enormous time investment). Many of the arrangements for residents with damages aren't suitable for business owners, or aren't accessible. Hence they feel as if they aren't being heard or supported in the issues they experience due to gas extraction issues. It's our impression that more complex situations are more common with self-employed people and business owners. Still, our results don't show them to be more heavily affected, perhaps because they can take a hit.

2. Impact on communities

Social relations and environment

Drastic events strengthen interpersonal relationships – the scientific literature on disasters tells us that people are drawn to one another after an acute disaster; they support each other. But how does this work with a chronic disaster, which takes place for years on end? We know, based on literature, that stressful events can also be a burden on interpersonal relations. That's why Gronings Perspectief pays a lot of attention to social relationships.

The research shows that social relationships, and especially closeness with neighbours, are of great importance for the resilience of residents. Until 2018 we observed an increase in social closeness for people with and without damage. Residents with multiple damages felt more strongly connected to their environment than those without damage.

Furthermore, residents also display a lot of mutual solidarity in their actions: they inform and help each other when it comes to the gas extraction issues.

At the same time, we found that mutual relationships and the sense of community are *threatened* due to various reasons:

- **The individual approach of institutions causes a division.** Claims procedures lead to individual agreements with residents that sometimes differ for similar houses, and that can be confidential. This can lead to mutual distrust and experienced inequality. Moreover, there are many examples within the reinforcement program that this approach can reinforce the division: some homes get reinforced and others don't. Or policy changes, which leads to a different treatment for the neighbours. It soon becomes impossible to explain.
- **The impact of gas extraction is very energy- and time-consuming.** The consequences of gas extraction are severely time- and energy-consuming for residents. Hence, all attention is focused on their own houses and not on collective activities, neighbourhoods, and neighbours.
- **Physical separation.** Sometimes the reinforcement program results in people having to leave their homes for longer periods of time, and to the restructuring of neighbourhoods. In some instances people don't reunite ever again, because they don't return to their former area. This disturbs essential behavioural patterns and social structures: neighbours are physically separated, children get out of touch with their friends, schools and stores become poorly reachable. The social and societal costs can be quite extensive.

Social cohesion in towns and neighbourhoods

To get a better grasp of the state of social cohesion within towns and neighbourhoods, we've conducted focus-group research in six towns/neighbourhoods. Concerning the impact of the gas extraction issues on social cohesion in villages and neighbourhoods we drew two conclusions:

1. **The degree to which the gas extraction problem is seen as a collective problem differs between villages.** In some villages, the gas extraction problem has given a boost to solidarity. Residents have a strong need to deal with this problem collectively. On the other hand, there are villages and neighbourhoods with a lot of social cohesion and cooperation where the consequences of gas extraction are not dealt with collectively. Residents of these villages and neighbourhoods see the problems surrounding gas extraction as too small, too complex, or too individual in nature to (be able to) deal with collectively.

2. **There are clear success factors that promote social cohesion and cooperation in villages and neighbourhoods** (Table 1). It is notable that the municipality plays an important role in this (see the reflection chapter).

Table 1: Factors relating to cohesion and cooperation: 8 suggestions

Collective vision	Consensus on what is important for the neighbourhood or village goes hand in hand with greater mutual involvement and more joint initiatives.
A common goal	Cohesion in towns and neighbourhoods is created when residents go through a process together. It is about the common goal and the common aspiration and not so much about the achieved results.
Central meeting place	There are more joint activities in places with an accessible community centre or activity centre.
A facilitating municipality	Successful residents' initiatives can be launched where the municipality acts as a facilitator, giving the residents the means and confidence to act as they see fit.
High-quality dialogue with the municipality	The municipality and residents are involved in a high-quality dialogue in which they work together. This means that, in principle, (representatives of) residents have an equal say in and have input on the policy making and actions from the municipality that are relevant for the residents.
Momentum	When residents' initiatives result in a specific request to the municipality, a quick response will strengthen cohesion and cooperation. Conversely, a slow and/or unclear response will lead to friction in the short term and frustrate cohesion and cooperation in the long term.
Working together in diversity	There is more cooperation within communities where diversity is accepted and respected, or even seen as a positive characteristic of the town or neighbourhood.
Volunteers and initiators	Coherence and cooperation is possible due to the availability and capacity of volunteers and sometimes initiators to lead the way.

3. Underlying stressors: procedures and system

Claims handling

In 2019, about three-quarters of the respondents indicated that they report damages because they consider this to be normal and their good right to do so. The remaining respondents don't report damage to their homes or do so later. This is partly due to the low confidence in, and bad experiences with, the claims procedures that the various institutions (NAM, CVW, TCMG, IMG) have implemented throughout the years. Residents have lowered their expectations of the generosity and speed of the claims procedures over the years.

For many respondents, the claims handling causes stress because of the misery and uncertainty that comes with the damage procedure. In addition, respondents are seriously inconvenienced (a) by the fact that their home is continuously damaged, (b) by

the fact that the claim handling is not always adequate, fair, and timely, and (c) by the financial consequences of the damage.

Reinforcement program

A total of 16% of the respondents believes that their house should be reinforced and half of these say it is urgent. Residents affected by the reinforcements have (a) less trust in various institutions and in the government, but remarkably not less trust in the NCG, (b) perceive more risks and feel less safe, especially during planning and implementation, (c) experience reduced control over their lives, and (d) are at greater risk of health issues, especially when they're older. All of these effects are in addition to the already existing effects of damage.

The entire reinforcement program is poorly understood by the residents. Some of the respondents think that the repairments of their houses are also a form of reinforcement. Other respondents found the large number of institutions and contacts they had to deal with confusing. A frequently expressed frustration is that damage has to be reported to IMG, while reinforcements are done by NCG. Professionals point out that residents can lose control over their lives during the reinforcement procedure: they live in constant uncertainty and are confronted with numerous delays. Professionals have difficulty explaining the reinforcement process to residents. They also notice neighbourhood conflicts due to the constantly changing rules. In this manner, a part of the residents' support system is lost.

Professionals experience the reinforcement program as complex: there is a broad and diverse scope of projects within the reinforcement operation. There is consensus among professionals that there is a need for some form of harmonisation, direction, or coordination.

The system

Between February and September 2020, 33 professionals with central positions within the responsible authorities concerning the gas extraction dossier, were interviewed. The aim of the study was to map out how professionals explain that they are capable, or not capable, to realise the desired progress with regard to claims handling, reinforcement, and/or perspectives on the future. Professionals in key positions within the responsible institutions cited a large number of obstacles as explanations for the lack of progress in the gas extraction dossier: the large number of authorities creates an 'institutionally fragmented environment'; at the same time, these authorities are highly dependent on one another for progress. Institutions view (the solutions to) the problem differently, there is insufficient coordination, there are opposing interests, professionals of various agencies experience a lack of mandate, and it is unclear who is ultimately responsible for the gas extraction dossier.

According to regional professionals, professionals working at the national level don't have enough awareness of how policy is implemented in practice. Professionals close to the implementation indicate that they are hindered by bureaucratic supervision and constantly changing rules, even within their own organisations. The complex system, with all its protocols and rules, works against a custom-made approach and sometimes works out poorly for individual residents. Due to being unable to keep their promises and the constant changes in the rules, some professionals quit their jobs or become burnout.

4. Other topics

So far we have presented an overview of the results concerning the most important topics of the research of Gronings Perspectief. In addition to these topics, we have also paid attention to other subjects within the various surveys and sub-research. These include: emotions, justice, communication, influence on daily life, future perspective, social networks, concerns about (people in) the area, resilience, behaviour, collective action, the influence of media attention, experienced nuisances in the environment, hope, the impact of the gas quakes near Zeerijp and Westerwijtwerd, and the impact of COVID-19. For a complete overview of our reports and the topics discussed in the reports, we refer to our website www.groningsperspectief.nl. These reports will also provide an extensive, in-depth, and nuanced account of the topics discussed here, as well as the corresponding scientific justifications.

5. Reflection

When we regard all research results so far, what is the overall picture? Are there central themes in which the various results converge? And where is it necessary to take action?

Chronic stress

Acute disasters such as an earthquake, tornado, or a major flood have a major impact on victims, resulting in depression, anxiety, and sometimes posttraumatic stress. However, after a while recovery sets in, and many of the victims even experience the same good health as they had before the disaster. The situation in Groningen is different: instead of an acute event, it is an ongoing, long-term disaster characterised by perpetual damage, large and small earthquakes, and interventions by governments that sometimes, at least temporarily, lead to more rather than less stress.

Little is known in the scientific literature about the impact of such chronic disasters on health because research into this is lacking. The acknowledgment of an acute disaster is usually well known, but this is less so for a chronic disaster. It is for this reason that we regularly receive questions about the impact of gas extraction, such as: "but nobody has

died yet right?” Or: “how bad are those stress-related symptoms really?” Or: “but you can’t compare this to a ‘real’ earthquake, right?”

We believe that this downplaying and denial of the severity of the impact has been one of the factors contributing to the chronic stress that residents may experience. This coincides with what residents report themselves: many say that they are very occupied (e.g., with damage or reinforcements procedures) and they are annoyed or feel powerless. There are very few people who acknowledge that they are made sick by it and go to their general practitioner with their symptoms. And yet, there are still far too many residents for whom the end is not yet in sight, for example because they are dealing with long-term damage, and/or are self-employed, and/or are only at the beginning of the reinforcement process. Based on the scientific literature, we know that the health issues measured in our research (which are alarmingly increased in certain groups) are associated with an increased risk of several illnesses and very occasionally death.

This means that additional attention is desirable for health symptoms as for the health risks people face. More than before, this last phase of our research shows that it can differ who is at risk, and why. **It is therefore very important to keep a close eye on vulnerabilities for policies to respond to them adequately.**

The importance of physical *and* other forms of security

The importance of physical security

In the past, we concluded that the fear of a catastrophe or the collapse of one’s own house didn’t play a major role in the insecurity experienced by residents. We have also come to this conclusion in a recent report. In this concluding section, we would like to make a comment on this. We note that it is possible that concerns about physical safety will gradually play a greater role. Our interviews show that at least the feeling of awareness has increased. One respondent described it as follows: “I’m not that worried about it collapsing all at once. At the same time, I do see all the cracks... That house is getting weaker and it will collapse at one point because it just wasn’t built to be on vibrating and cracking ground.” In addition to alertness, this resident also mentions a realistic concern that cumulative damage over time will lead to catastrophe.

It is also likely that recognising that one’s own home is unsafe and that there is a risk of collapse is very threatening to residents. It means that your own life and that of your family members could be at stake. It can be a coping strategy to suppress this (possible) threat and deny the unsafety of one’s own home. After all, the realisation - on a daily basis - that your house could collapse is very stressful. Especially since there is currently no way out of this situation for many residents: they cannot or do not want to move to another house and the reinforcement program is still a long way off for most of them.

This means that **policy may also have to respond to feelings of physical insecurity in the short term**: to what extent do residents feel physically insecure (because they see an

increase in damage to their home for example, or because they have received a letter stating that their home is at increased risk)? And how do you deal with residents who do not feel acutely physically unsafe, but do take into account that their home could eventually collapse? At the same time, we explain in the following paragraph why a focus solely on physical safety is not sufficient to restore feelings of safety.

Focusing solely on physical safety may actually undermine feelings of safety. 'Safety first and the resident at the centre' is the name of the plan of action for the reinforcement program as drawn up by the National Coordinator Groningen³. The starting principle is that everyone in Groningen must be able to live, work and go to school safely. 10^{-5} is the leading norm: this means that every individual has a chance of 1 in 100.000 per year to die as a result of an earthquake⁴.

The research by Gronings Perspectief shows however that safety is more than the risk of collapse. That is why focusing solely on reinforcing a house is insufficient to restore the perceived safety of residents. That is because:

1. perceived safety for residents means more than physical safety. As we know from previous research by Gronings Perspectief, it also includes experiencing uncertainty, the concern about (damage to) your house, or the lack of acknowledgment of the problems surrounding gas extraction (see above).
2. measures to increase safety, such as the reinforcement program, are related to (temporarily) reduced feelings of safety. We also know that reinforcement processes are associated with factors that we know contribute to feelings of insecurity: a lot of uncertainty and hassle with authorities. Moreover, it is conceivable that the reinforcement procedures make people (temporarily) more alert to the unsafety of their homes.

This means that **safety is a complete package: increasing safety for residents requires much more than calculating whether or not the house meets the technical 10^{-5} norm.** An approach that isn't focused on a **broad definition of safety**, such as eliminating uncertainty, and that can't guarantee **social well-being** will not achieve its goal and will have the opposite effect for many residents, which is increasing the feelings of insecurity.

Communities: How municipalities can promote social cohesion

Reinforcement and also (to a lesser extent) damage procedures threaten mutual social relationships, the social cohesion, in towns and neighbourhoods. We found it very striking that the professionals we interviewed, and who are central in the implementation (NCG, municipality, construction companies, care facilities, and housing

³ <https://www.nationaalcoordinatorgroningen.nl/downloads/beleidsnotas/2018/11/22/plan-van-aanpak-mijnraadadvies>

⁴ <https://www.sodm.nl/documenten/vragen-en-antwoorden/vraag-15>

corporations), said that conflicts as a result of the reinforcement program are inevitable. They struggle with this, but they also have the idea that they can't do anything about it because of the many policy changes ("impossible to explain to residents"). It is certainly not easy to maintain good social relationships and/or to avoid social conflict. However, we do see opportunities to promote social cohesion and to (indirectly) work on preventing conflict. To mention a few examples: as explained below, a dialogue based on equality with the municipality, but also the preservation of a central meeting place (see the previous section on impact on communities) can make an important contribution to social cohesion.

In other words, it is our belief that such social conflicts are indeed never completely avoidable, but there is a lot that can be done. **The risk of social conflict is less if one takes into account the impact of (new) procedures on individuals and communities when making and implementing policies.**

We emphasise that institutions play an important role both in promoting social cohesion and in stirring up conflict. One of the most important insights in social cohesion in villages is that – in addition to the contribution of residents themselves – the attitude of institutions (in this case municipalities) can promote or undermine social cohesion: a dialogue based on equality in which the vision and needs of the residents are taken into account in the gas extraction problem appear to be associated with social cohesion. In contrast, distance to citizens and top-down decision-making is associated with poorer relations. We advise municipalities to **further discuss reinforcement procedures not just with individuals but also with communities and neighbourhoods, in order to take the needs of residents into account and to work towards a shared vision on reinforcements of villages or neighbourhoods.** A conversation between a municipality and citizens should therefore be more than just providing information. Citizen participation is often seen as slowing things down and time-consuming but eventually, sufficient support can actually speed things up.

Putting the resident at the centre

We see that it takes a lot of effort to design policies and procedures in such a way that the resident is at the centre of it. This becomes clear from the stories we hear from the residents. Professionals also indicate the system is **not designed for residents.** Three reports were published during phase 2 of this research, in which we examine the experiences of professionals working within the reinforcement program, or, even broader, within the gas extraction dossier. All these reports show that residents have a hard time. According to them, the cause isn't the residents themselves, but the set procedures (e.g. agreements that are not lived up to, communication that is not mutually aligned), and, to a very large extent, the underlying system of institutions and areas of expertise that should guide the reinforcement, claims handling, and other matters in the right direction. They agree with each other that this system has (too) many

shortcomings. Institutions are very busy with each other, with agreements and with governance. Eventually, this all too often harms the resident.

But how do you put the resident at the centre? A professional offers a seemingly obvious solution: “What do people need, and now go and see how you make that happen. [...] Organise everything in such a way that you eventually sit down with the individual resident, who can respond to what’s really going on there, because of that. So that should be the goal of the whole... way in which all institutions organise themselves, that’s the way it should be.” What this professional is referring to is that procedures should be more tailored to the wants and needs of the residents – whereas professionals note that we have lost just that a bit in all procedures. Our addition (see above) would be to take the individual residents and communities as a starting point of policy.

However, several recent reports show that in many cases the system is designed in such a way that addressing the needs of the residents, or communities, is *not* central – what is more, they say to have lost the resident in all the policies and procedures. And those who have much insight into the needs of residents, the professionals who work with them on a daily basis, indicate they have little say in the procedures. For example, a social worker explained: “I have never been asked by anyone, anyone from policy, like: what do you notice or what are the most important things you come across?”

We recommend involving the ‘experts’ concerning residents – those who have a lot to do with residents (e.g., resident counsellors, earthquake coaches, employees of care facilities) – more than before when designing procedures. This seems to us an important step to give residents a central position. At the same time, it is clear that this alone is not enough to put residents at the centre. We will address this in the next section.

The system as an untameable monster?

What on earth are we doing? This is a recurring theme in our conversations with professionals: the question they ask themselves.

The question is: when will the agencies and institutions involved have the bravery to radically turn the system as it is now upside down? As we read in a previous section (‘the system’), professionals at these institutions indicate that they are faced with many fundamental barriers at their jobs. As long as the existing institutions, rules, and procedures continue to be in place, the situation remains that residents, and some professionals, will perish because of it. The institutions that have created and still maintain this system should, in our opinion, **jointly** consider how they can tame this monster – how they can completely solve the obstacles that have been put forward by the professionals themselves. We suggest that this can only be done by turning the pyramid of priorities upside down. Don’t focus on ‘the task’ or ‘gaining ground’ or the ‘area plan’, but focus on the neighbourhood and its residents, take stock of the problems

and needs, and, together with the residents, come up with possible solutions. Put the system at the service of the projects that result from it. In our view, this is the most promising approach.