

Report

PROMOTING REFUGEES' RIGHT TO HEALTH AND SOCIAL INCLUSION: A SYSTEMATIC APPROACH

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ABSTRACT

The societal effects of forced migration are a burning topic of current political debate in Europe. There is an obvious absence of sustainable approaches to deal with this issue. We describe a collaborative and systemic regional effort, involving some 50 partners, towards a health-promoting and inclusive integration process designed to reach all refugees who settle in the southern

region of Sweden. The main components of this process are now being disseminated to other regions in Sweden, which is contributing to national capacity-building. In addition, a national educational programme is being developed for those engaged in conveying civic and health information to asylum seekers and refugees. This work involves stakeholders in collaboration with six universities from

different geographical areas of Sweden. The effort we describe in this report is expected to greatly contribute to providing better opportunities for all refugees in Sweden, and to empower them to control their own adaptation to a new life, thus reducing the risk of health deterioration often seen among them.

Keywords: MIGRATION, REFUGEES, HEALTH PROMOTION, INTEGRATION, SWEDEN

INTRODUCTION

In Europe, the societal effects of forced migration are a burning topic of current political debate. The lack of systemic measures for social inclusion and improving the health of migrants, based on actual needs, poses an urgent challenge to policy-makers and professionals working in the field, and constitutes a threat to the sustainability of refugee policies.

We describe a systematic and holistic model for an inclusive and health-promoting integration process for newly arrived refugees in Skåne in southern Sweden. The model, called Partnership Skåne, originated in 2008 and has gradually come to be recognized as a national model for refugee integration (Box 1). Its central components are recognized as good practices by authorities and organizations, as well as by civil society

BOX 1. PARTNERSHIP SKÅNE AND THE COUNTY ADMINISTRATIVE BOARD

Partnership Skåne began in 2008 with two projects and 16 partners. Today, some 50 social stakeholders are active partners in the different activities. Partnership Skåne is closely linked to existing formal agreements and strategic platforms for collaboration on a regional and national level, and is coordinated by the County Administrative Board in Skåne.

The County Administrative Board acts on behalf of the national government to promote regional capacity for receiving refugees with a residence permit. For this, facilitating collaboration between different stakeholders is crucial.

umbrella organizations, and are being nationally disseminated, contributing to national policy-making (1). Due to national legislation, asylum seekers are not

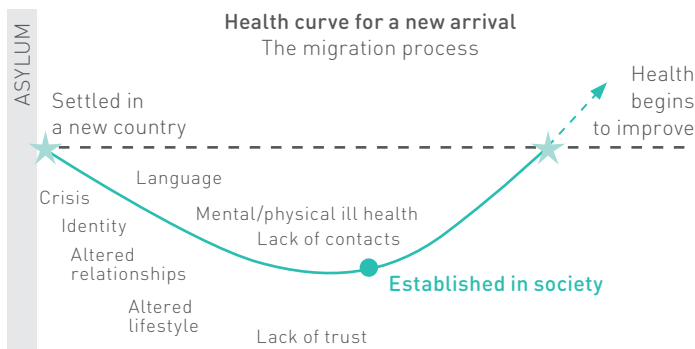
covered by the model. However, this will change in 2017, when they will gradually be included.

Furthermore, additional tools for national capacity-building in health promotion and inclusion are currently being prepared for national dissemination.

INTERSECTORAL MODEL FOR INTEGRATION AND HEALTH PROMOTION

Partnership Skåne is designed as a strategic-operational model, based on accumulated experience and research, that addresses the different impacts of forced migration on physical and mental health. Previous research indicates that refugees' health and well-being deteriorate over time after settling in Sweden (2). Refugees are at a higher risk of poor health compared with the general population; this is obviously partly tied to their experiences before and during the flight. Nevertheless, another important explanatory factor is how the initial period in the host country plays out at the individual and family level. The theoretical model illustrates how a number of risk factors may interact, resulting in the gradual deterioration of health for a period after settlement (Fig. 1). This changes only when some form of integration into society takes place.

FIG. 1. MODEL OF CHANGE IN HEALTH DURING THE FIRST PHASE AFTER A REFUGEE HAS RECEIVED A RESIDENCE PERMIT (3). THE ILLUSTRATION IS BASED ON A TIMELINE OF BETWEEN 7 AND 10 YEARS, WHICH IS CURRENTLY CONSIDERED TO BE THE AVERAGE TIME FOR INTEGRATION INTO SWEDISH SOCIETY (4).

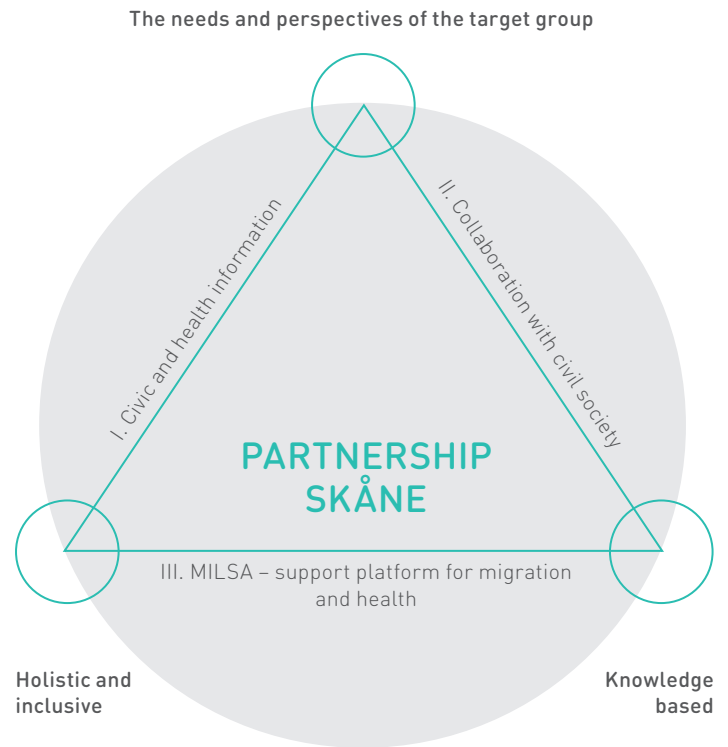


The complex interaction between economic and social vulnerability, marginalization and ill health poses serious challenges. Thus, development of the model started with several intersectoral seminars addressing questions such as to what extent the integration process was empowering, health promoting and conducive to social inclusion. The second step focused on which procedures could be developed in support of this, followed by the production of action plans around prioritized areas of coordinated activities (shown in Fig. 2). The action plans are listed below:

- I. provision of culturally sensitized civic and health information to all refugees;
- II. collaboration with civil society, and access to health-promoting and inclusive activities; and
- III. collaboration with researchers for the production of new knowledge and its implementation in practice.

The activities all started as single projects but today constitute joint collaborative platforms for development.

FIG. 2. MODEL OF THE THREE FUNDAMENTAL PRINCIPLES AND INTERLINKED COMPONENTS OF PARTNERSHIP SKÅNE.



I. CIVIC AND HEALTH INFORMATION: A KEY TO HEALTH AND EMPOWERMENT

A praxis that constitutes the basis of the system is to provide refugees soon after settlement with quality-assured and culturally sensitized information about health- and society-related issues in their mother tongue. Research shows that health literacy is a factor to consider when conveying health-related information. Health literacy concerns people's knowledge, motivation and competencies with regard to accessing, understanding, appraising and applying information in order to make judgements and decisions in everyday life concerning health care, disease prevention and health promotion (5, 6). It has been shown that a majority of newly arrived refugees in Sweden have inadequate health literacy (7), which reinforces the need for systematic, accessible and culturally sensitized information. Conveyed through dialogue, such information provides a basis for empowerment, and for taking care of one's health. Through the civic and health communicators tied to the platform, nearly all refugees in Skåne partake in a programme covering 32 different thematic areas adapted to suit refugees' specific needs in an environment conducive to trust and participation. The civic and health communicators all have personal backgrounds of forced migration and previous education in either the civic or health field but also receive extensive continuous training. Being at the centre of the system, i.e. Partnership Skåne, they are uniquely placed to help ensure that the continuous development work is adapted to the actual needs of

refugees. The programme is regularly evaluated on an informal individual, as well as a scientific, level (see Box 2) (8).

II. CROSS-SECTORAL COLLABORATION TO OPEN UP SOCIAL ARENAS THAT FACILITATE INCLUSION AND HEALTH

Creating a supportive setting in order to promote inclusion, well-being and health is a crucial objective of Partnership Skåne, regardless of the specific focus of the different activities that are carried out. Therefore, a main component of the model is to enable access to environments that facilitate networking and language practices within civil society. On a strategic level, civil society is involved in planning and decision-making, while on an organizational and operational level, civil society actors are engaged in providing services to refugees in conjunction with the public support system. Refugees are involved in already existing activities and associations (11), but also in the development of new activities designed to meet their special needs, such as the need for psychosocial support (4).

III. MILSA – SUPPORT PROGRAMME FOR MIGRATION AND HEALTH

A fundamental goal of the work described above is to create a foundation for close practice-based collaboration with the research sector. This is important, partly in order to gain from mutual learning processes and partly to produce new practice-based knowledge and scientific evidence to underpin policy development. MILSA recently concluded its first programme period of four interlinked projects (3):

- The first project carried out an extensive survey, partly based on the routine regional public health survey. It aimed to gain knowledge about the actual health situation among refugees, with the objectives of understanding the health status of refugees and identifying health-related obstructions to integration programmes in general. It also aimed to identify the need to adapt efforts towards integration.
- The second project worked together with the civic and health communicators to promote and facilitate physical activities within their programme.

BOX 2. CIVIC AND HEALTH INFORMATION

In 2010, culturally sensitized information about different topics related to living in Sweden, i.e. civic orientation, became a mandatory part of the integration programme offered to all newly arrived refugees with a residence permit in Sweden (9). However, as extensive health information was not covered by this legislation, a priority activity of the Partnership was to advocate for culturally sensitized health information as a right for all refugees in Sweden. The work was grounded in the research-based support platform for migration and health (MILSA), the third component in the model. Through MILSA, methods and knowledge for implementing this at a national level have been presented (10). These comprise efforts to integrate health information into the existing civic orientation by providing a blueprint for a needs-based educational programme and the organization needed for implementation at a national level.

- The third project focused on facilitating innovative forms of collaboration between the health sector, the authorities and civil society, aimed at proposing new ways to advocate a broader set of socially and vocationally integrative activities within the integration programmes.
- The fourth project had its focus on national capacity-building, and on the right to access culturally sensitized health information in combination with an extended civic orientation. It also focused on presenting tools to support relevant national capacity development, such as a nationally available standardized training course for health information.

KEY POINTS OF LEARNING

A study conducted in 2014 highlights a number of lessons to be learnt concerning the model, which can serve as an inspiration for how health-promoting development efforts should be set up to be as relevant as possible (12). The key points are summarized in the following sections.

A SYSTEMATIC APPROACH AS THE BASIS FOR DEVELOPING THE INTEGRATION PROCEDURE

An important departure point for the work within the platform is that the whole is more than the sum of the parts. The overarching goal of integration programmes is not necessarily achieved even though each part or organization achieves its goals. The development work is therefore not primarily connected to the activities of individual actors, but rather spans the areas of various functions and agencies with the aim of improving the system from the individual perspective. The structural components of the development work consist of cooperation, communication and development of joint actor processes. Collaboration becomes the means for developing the system, and for delivering greater overall benefits to each individual.

A FOCUS ON BUILDING CAPACITY RATHER THAN DEVELOPING NEW METHODS FOR INTEGRATION

The need to improve integration is sometimes interpreted as synonymous with method development. However, such a one-sided focus runs the risk of

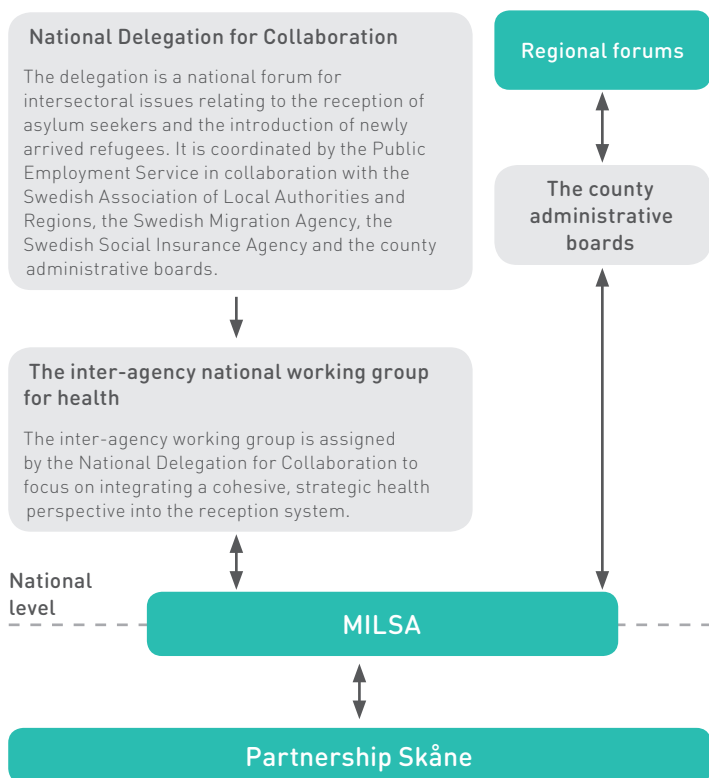
leading to lower benefits, with existing resources and methods not being utilized effectively. Studies show that the society's introduction support not only lacks relevant measures but also does not offer men and women measures based on their individual needs. In addition, cooperation between the actors is deficient (13). This means that the support system's capacity as a whole needs to be improved with regard to e.g. competence, coordination and processes, and not merely the range of available measures and methods.

To achieve sustainable effects, health-promoting development efforts need to have a broader perspective. The work of Partnership Skåne is based on such a broad perspective, with a focus on reinforcing collaboration, competence and processes in the system as a whole. In line with the purpose of capacity-building, several of the platform's projects are not targeted towards the newly arrived refugees themselves but towards the promoting actors who are responsible for the integration programme. Rather than a forum for traditional projects, the Partnership can be seen as a platform for horizontal operational and organizational development. This basic approach could be considered a prerequisite for the long-term development of the integration programme in a more health-promoting direction.

A STRATEGIC STRENGTHENING OF SUPPORT MEASURES COMBINED WITH OPERATIONAL ACTIVITIES

One important factor for success is the connection to formal agreements on different levels, which contributes to strategic strengthening of support measures. This is central with regard to the creation of mandate and legitimacy, as well as the consolidation of the different activities of the development work. Furthermore, this connection ensures that the initiatives taken are relevant to the goal of an inclusive and health-promoting integration process, and not just to the individual actors. The national platforms for collaboration that the County Administrative Board of Skåne is included in work as a springboard for raising the question of a health-promoting integration process at the national level (Fig. 3). At the same time, it is crucial that the development efforts show results, in order to maintain the actors' commitment and willingness to keep investing in the work over time. It is therefore important that the strategic perspective be supplemented with activities at an operational level.

FIG. 3. ORGANIZATIONAL CHART ILLUSTRATING HOW PARTNERSHIP SKÅNE IS LINKED TO MULTIPLE NATIONAL FORUMS THROUGH MILSA



NEXT STEPS AND CONCLUDING REMARKS

In 2015, about 5000 adult refugees settled in the region of Skåne. Partnership Skåne is designed to reach all refugees with a residence permit. The work to ensure a health-promoting integration process is now being further extended through collaboration with the private sector and cultural institutions, such as museums and libraries. MILSA is addressing the effects of this collaboration, as well as numerous health issues among refugees, including asylum-seeking unaccompanied minors. This is expected to contribute new knowledge that is important for improving existing policies, as well as for developing new ones. Another major effort is the ongoing organization of a national educational platform for civic and health communicators, involving stakeholders at all levels. This work is being done in collaboration with six universities from different geographical areas of Sweden. Knowledge gained from both completed and ongoing studies will be implemented continuously, as well as being disseminated nationally and internationally.

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FIG. 4. THE FUNDAMENTAL STARTING POINTS FOR THE WORK IN MILSA

Health is a human right

Migration due to flight increases the risks of physical and mental ill health. Yet the health perspective is often lacking in the integration process. MILSA aims to change this!

Research and practice – a good match

MILSA is a joint initiative where authorities, municipalities, organisations, and associations collaborate with researchers from different disciplines. We produce new knowledge and implement it in practice.

Associations make people associate with each other

The civil society organisations are an important resource in the introduction of newly arrived migrants. In MILSA, the civil society organisations are a given part.

A holistic approach to human beings and the system

For MILSA, a holistic perspective is essential. We make societal resources available and we provide opportunities for individuals to access them.

Health communication provides a good start

Professional civic and health communication in the migrants' native language is an important first step towards preventing ill health. Knowledge is the basis of autonomy and health.

Development of new knowledge and methods

MILSA is an innovative development platform for migration and health. We create new models for, and drive the development of, a health-promoting introduction. Knowledge, methods, and models are disseminated nationally as well as internationally. The platform is managed by the County Administrative Board of Skåne and Malmö University.

More about MILSA

<http://www.lansstyrelsen.se/skane/milsa>

**We are building the
integration process of the future
MILSA – a development model for migration and health**

MILSA is part of the Regional Agreement for collaboration on the introduction of newly arrived migrants and of the development platform Partnership Skåne.

PARTNERS the County Administrative Board of Skåne | a number of other county administrative boards | Malmö University | Region Skåne | the Social Economy Network in Skåne | the Sensus Study Association | the Red Cross | the Swedish Public Employment Service | the Skåne Association of Local Authorities | Skåne municipalities | the Swedish Social Insurance Agency | the Swedish Migration Agency | Lund University | Uppsala University | Luleå University of Technology | Mid Sweden University

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