



Partnership Skåne

INTEGRATION EQUALS TRUST



This report is based on research produced in MILSA in 2013-2019. It also describes development work aimed at creating national capacity for the professionalization of the civic orientation offered to newly arrived refugees in Sweden.



INTEGRATION EQUALS TRUST

A person living under severe stress, who is unfamiliar with the cultural norms in the new country and who lacks social networks in the Swedish society, will most probably face difficulties in the integration process.

The programme of civic orientation in Sweden gives newly arrived refugees information about Swedish society in the native languages of the participants. Civic orientation is a central arena for conveying important knowledge and information, as it is a compulsory part of the introduction, thereby reaching nearly all newly arrived refugees in the municipalities of Sweden.

Hence, the quality of the civic orientation is important, as are the topics covered. This has become evident through the results of several years of extensive research conducted through MILSA, a research-based support platform for migration and health. It is, for example, crucial that civic orientation provides in-depth knowledge on health, including mental health and well-being, and facilitates contacts with different official institutions and civil society organizations, as well as being a forum for dialogue on cultural norms and traditions. Those are all key factors for a successful labour market integration. Moreover, MILSA research has shown that trust is a vital component of any integration. Therefore, in order to support integration, mutual trust needs to be built up between newcomers and Swedish society.

Through a professionalized civic orientation, and by creating a national training programme for the communicators conducting the civic orientation, we can achieve faster integration.

NEW KNOWLEDGE

MILSA is now presenting new knowledge on how to facilitate integration. Though based in Skåne, the southernmost part of Sweden, MILSA operates nationally. Through studies, evaluations and recommendations, and in collaboration with various universities, researchers and experts, MILSA is contributing to a knowledge-based development in the field of integration. MILSA was set up in 2008, and since then various practice-oriented research programmes have been developed in order to produce knowledge on how the health perspective could be strengthened in the reception and integration process of asylum seekers and newly arrived migrants. This report presents a brief summary of recent findings in MILSA 2.0, as well as the ongoing work in MILSA 3.0 on creating national capacity for a quality-assured civic and health communication including an in-depth programme on mental health and well-being.

RESEARCH RESULTS

The latest **research results within MILSA 2.0** provide evidence of the risk of migrants gradually developing poor health after settling in Sweden. The fact that both the physical and the mental health of many newcomers deteriorate over time was confirmed in a report published by the Public Health Agency of Sweden in 2019. We know that one of three refugees in Sweden suffers from poor mental health, and that there is a close relationship between experiences of forced migration, health and the possibilities for joining the labour market. Thus, improved health is a prerequisite for better integration.

Culture-sensitive health communication conveyed in the recipient's native language, is a recognized method for strengthening migrants' opportunities for better health, and the civic orientation makes it possible to reach newcomers with such health communication.

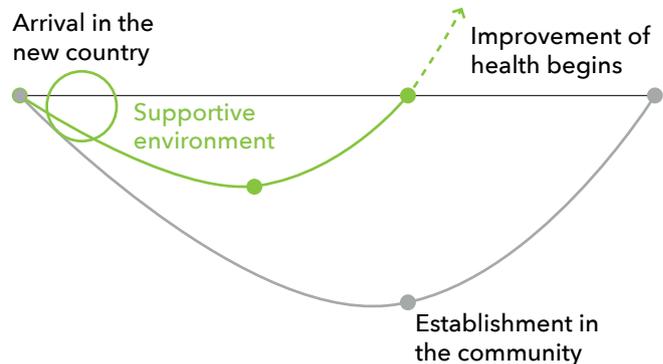


CULTURE-SPECIFIC HEALTH COMMUNICATION

The MILSA educational platform conducts an educational programme for communicators, thereby strengthening the civic orientation, which is a key to newcomers' opportunities for integration, employment and health. Importantly, the training includes **culture-sensitive health communication**. With financial support from the European Social Fund, a total of 200 communicators are being educated across Sweden. Evaluations show that the communicators' level of knowledge and their pedagogical skills have improved significantly. Moreover, MILSA is in the process of launching a proposal for setting up a framework for a permanent education for civic and health communicators, which is to be implemented in cooperation with municipalities, regions, universities, various experts and the county administrative boards in Sweden. MILSA is also publishing a textbook and a communicator's handbook with a specific focus on the role of civic and health communicators and tools for a dialogue-based method in the classroom.

Poor mental and physical health is common among newly arrived migrants and this is linked to factors that occurred before, during and after the forced migration. Many things are different in Sweden compared to other countries. Parenting, for example, is something that can be perceived as challenging in the new country, and that can therefore also affect mental health negatively.

Health curve for newly arrived migrants



Source: MILSA anthology

EXPANDED MEASURES

Many of the negative health outcomes developed over time in Sweden can be avoided or diminished with early and adapted measures, as illustrated by the green curve in the picture to the left.

Supportive measures on a general level often fail to reach newcomers due to language difficulties, differences in culture or lack of trust. However, MILSA studies demonstrate that different health factors can be improved through civic orientation, including health communication.

One of the studies in MILSA 2.0 is an evaluation of an extended civic orientation programme, Welcome to Skåne. During the extended programme, the newly arrived make five programme-related visits to different social arenas, such as libraries, museums, associations, workplaces and physical activity facilities.

The evaluation shows that the civic orientation was highly appreciated and that health had improved among the participants, both those who did and those who did not (i.e., the control group) take part in the programme-related visits. However, measurements made six months after the civic orientation course, show that mental health has deteriorated in the control group, and that their level of trust in society has not increased to the same extent as among those who participated in the extended programme. In contrast, among participants who took part in the programme-related visits, mental health has improved and trust in society has been strengthened. Moreover, the participants feel that through the programme-related visits they are in closer contact with education and the labour market. The results are interesting, indicating that stepping out of the classroom into different social arenas during the civic orientation has started health-promoting processes and contributed to improved mental health. Thus, civic orientation with health communication has the potential to contribute to improved health and integration among the newly arrived.

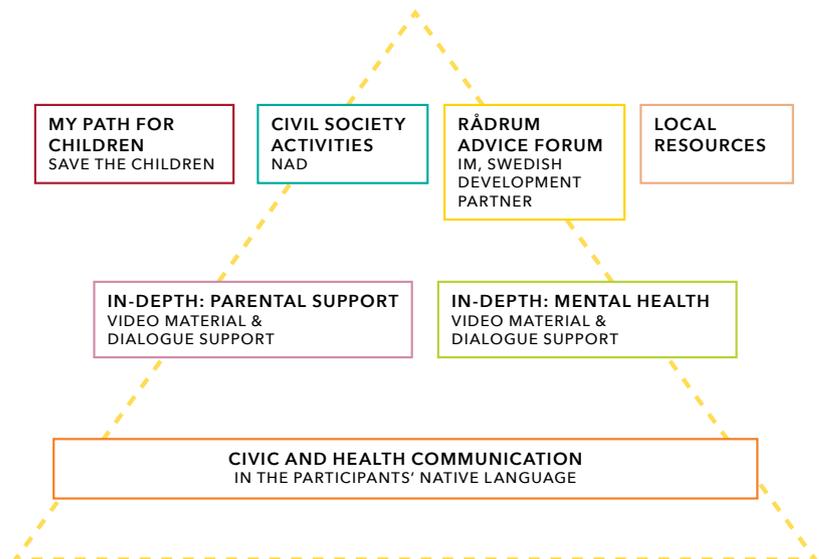
IN-DEPTH PROGRAMMES

There are strong reasons for linking mental health and parenting to the civic orientation, as newcomers generally have high levels of trust in the communicators. MILSA has developed in-depth programmes on mental health and support for parenting on assignment from the national Ministry of Health and Social Affairs. Currently, communicators who have completed their MILSA education are taking part in **specialized training on mental health and parenting in Sweden**. The in-depth programmes are centred around a series of tailor-made educational films supporting knowledge and empowerment with regard to mental health and parenting.

The films reflect refugees' own experiences and provide a deeper understanding and knowledge of relevant topics. Additionally, special study materials have been produced in order to facilitate reflection and dialogue in classrooms in the form of study circles. Through a model called PREMIO, participants are further linked to local support systems within the municipality, civil society organizations and, if needed, healthcare institutions.

This way of working has the potential to turn the health curve upwards and significantly improve opportunities for integration.

EFFORTS FOR A STRENGTHENING ENVIRONMENT



MILSA 2.0

In 2016–2019, five studies were carried out in MILSA 2.0, with support from the EU's Asylum, Migration and Integration Fund (AMIF).

Sub-project 1.

In-depth study of the health of newly arrived families with children participating in the introduction programme (data collection through interviews; 15 families and 11 women; a special focus on the situation of women in the establishment programme). Responsible researcher: Elisabeth Mangrio, Malmö University.

- Finding stable housing is a major challenge for newcomers.
- There is a general desire to be able to enter the Swedish labour market, but many experience challenges in learning the Swedish language.
- There is a general desire to find opportunities and ways to interact more with native Swedish speakers in order to learn the language and be integrated into society.

Sub-project 2.

Survey on the health of the newly arrived in relation to the introduction programme (the study was conducted as a regional survey and questionnaires were distributed in connection with the civic and health communication. The total number of questionnaires answered was 315). Responsible researcher: Slobodan Zdravkovic, Malmö University.

- Slightly more than half of the respondents describe their health as good or very good.
- Unsatisfied healthcare needs are common.
- Almost every other respondent is bothered by loneliness.
- Three out of ten women and four out of ten men have poor mental health.
- Physical inactivity and weight problems are common. Newcomers want to increase their physical training but feel that there is not enough time.
- Smoking is a common risk factor among men.
- Low trust in fellow human beings is common.
- The view of the future is bright.
- Stress is common.
- The respondents experience difficulties in getting education or knowledge validated.
- Cramped accommodation is common.

Sub-project 3.

Survey on health and health determinants among newly arrived young people (data collection through a web survey of newly arrived young people in collaboration with schools around Skåne. A total of 219 young people responded to the survey). Responsible researcher: Peter Gladoic Håkansson, Malmö University.

- Newly arrived young people have less bonding (close friends) and less bridging (trust and memberships in associations) social capital than Swedish-born or other foreign-born who have been longer in the country. Low social capital is associated with poorer health.
- Newcomers have significantly worse conditions (more risk factors) in terms of risk behaviour, than both Swedish-born and foreign-born who have been longer in the country.



- **Sub-project 4.**

Evaluation of the extended and in-depth civic orientation course carried out through civic and health communication in several social arenas (data collection through a survey in civic and health orientation classes; answered by 799 people. Six months later, a follow-up survey was sent home to participants, and 223 persons returned the questionnaire. Focus group interviews with a total of 34 people). Responsible researcher: Ragnar Westerling, Uppsala University.

- Most participants (more than eight out of ten) in the programme Welcome to Skåne stated that the civic orientation had provided them with knowledge that would make it easier for them to join associations, get to know new people, and become self-supporting in Sweden. More than nine out of ten of the participants in Welcome to Skåne also reported that they had learnt things that would help them get an education in Sweden. They said that through the programme-related visits, they had learnt about the Swedish society, but also about several concrete things they could do in their present life situation. Most of the participants also returned to the arenas afterwards on their own.

- **Sub-project 5.**

Follow-up study on the health and health determinants of newcomers who have finished the introduction programme (data collection through a regional survey in Arabic sent home to 10,000 persons aged 20-64, born in Iraq and Syria and who received a residence permit between 2012 and 2016. In total, 3,226 persons responded to the survey). Responsible researcher: Slobodan Zdravkovic, Malmö University..

- The majority were granted a residence permit within a one-year period.
- Half of respondents can communicate in Swedish; the higher the education level, the better the language skills.
- Weight problems are common.
- One out of five has a long-term health problem.
- Painkillers are the most commonly purchased medicine.
- During the past three months, half of the respondents have visited a doctor.
- One out of four men and one out of five women have poor mental health.
- Low trust in fellow human beings is common.
- Among the public institutions, schools enjoy the highest confidence. Almost one third of the respondents do not have a high level of confidence in the healthcare centres. More than four out of ten respondents have very high confidence in childcare.
- One out of three has a bright view of the future.
- Half of the respondents have participated in different association activities over the past 12 months.
- One out of four has no one who can give them personal support to cope with stress and problems.

MILSA - A PART OF PARTNERSHIP SKÅNE

MILSA is a part of Partnership Skåne (PS), which is led by the County Administrative Board that has the government mission to assure preparedness and capacity building for the reception of refugees, as well as supporting collaboration between the organizations involved. The work at MILSA is jointly led by Malmö University and the County Administrative Board of Skåne and is implemented through different programmes with focuses subject to varying needs.

The first Programming Period, MILSA 1.0, was carried out in 2013-2015 with support from the EU's Asylum, Migration and Integration Fund (AMIF). MILSA 1.0 consisted of four sub-projects:

1. Survey on the health of the newly arrived

This sub-project was carried out as a specially designed survey, targeting newly arrived migrants in Skåne, in four different languages, similar to the Regional Public Health Survey in Skåne. Responsible researcher: Slobodan Zdravkovic, Malmö University

2. Assessment of work and performance capacity

This sub-project was aimed at developing collaborative processes in the field of performance and work capacity assessments while maintaining individual needs and conditions in focus. Responsible researchers: Andreas Vilhelmsson, Lund University, Carin Björngren Cuadra, Malmö University, Per-Olof Östergren, Lund University

3. Newly arrived migrants' opportunities for physical activity

Through action research, several different ways to stimulate physical activity were tested among newly arrived migrants participating in the introduction programme.

Responsible researcher: Anna Fabri, Malmö University

4. Professionalization of health communication

In this sub-project, the focus was on how health communication can be integrated into the civic orientation of newly arrived and how the role of the health communicator can be professionalized. As a part of this, a national pilot study was conducted, which formed the basis for the MILSA educational platform for civic and health communicators.

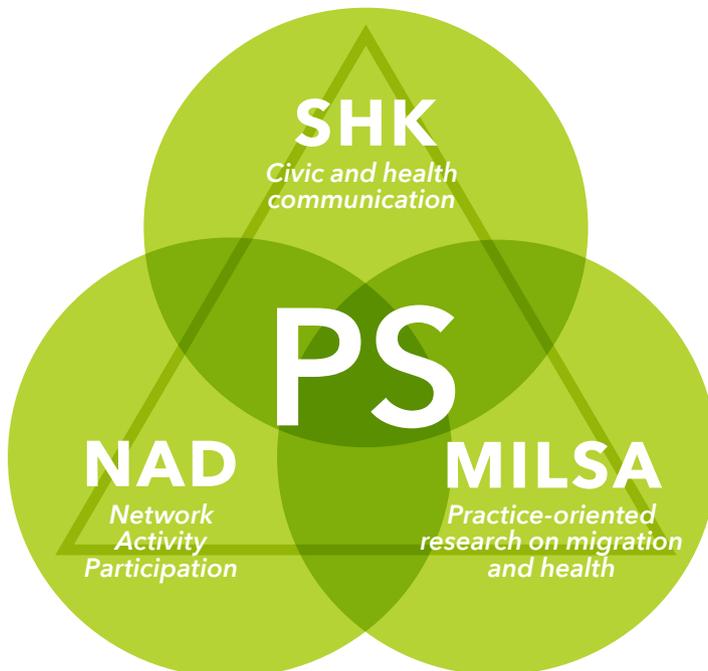
Responsible for the sub-project: Ziad Jomaa, County Administrative Board of Skåne, Anette Agardh, Lund University, and Katarina Carlzén, County Administrative Board of Skåne

PARTNERSHIP SKÅNE

Partnership Skåne (PS) is a regional resource system that develops, quality-assures and coordinates measures aimed at improved health and integration of refugees, for example, through regionally coordinated civic and health communication and collaboration with civil society organizations.

The core funding of PS is provided jointly by Region Skåne and the County Administrative Board of Skåne. It is supplemented with additional funding from municipalities, the Swedish Public Employment Service and the European Union.

The main methods in PS are civic and health communication (SHK), coordination of resources among civil society organizations (NAD, Network, activity, participation) and knowledge-based development with the support of MILSA. The guiding idea behind all methods in PS is the human right to good health and opportunities for participation in society, and the awareness that in order to be effective all measures must relate to the needs and perspectives of the target group.

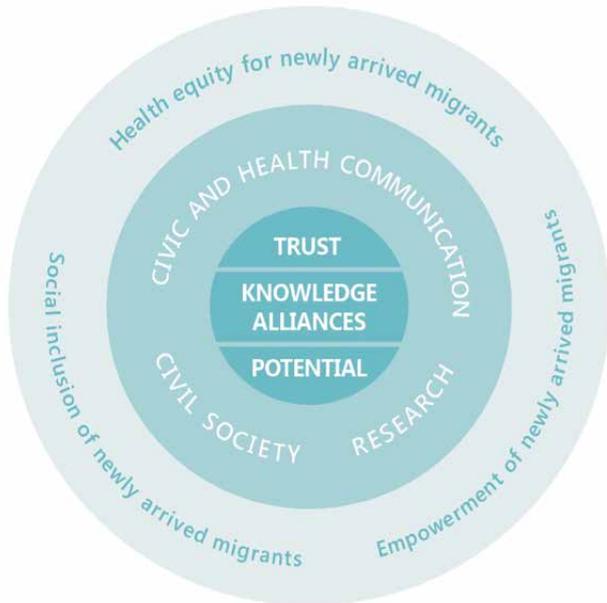


The activities in PS are available for municipalities in Skåne through an interest-based collaboration. Currently, 29 out of 33 municipalities are involved in the collaboration, which means that PS is reaching the majority of the refugees residing in Skåne.

PS started in 2008 as a regional platform, and since then it has gradually been scaled up nationally and internationally.

In 2016, WHO Europe declared PS “a key learning example for an action and strategy plan for migration and health”.

In 2019, PS contributed to WHO Europe’s book “Health Diplomacy – spotlight on refugees and migrants”.



• MODEL – HEALTH DIPLOMACY •



Partnership Skåne

All newly arrived refugees in Sweden are required by law to take part in civic orientation, which, if properly implemented, leads to increased trust in the Swedish society and a faster integration. National surveys show that the potential of civic orientation is not yet fully exploited.

Thanks to many years of development work, research-based working methods have now been developed to professionalize and quality-assure civic orientation, thereby strengthening the conditions for successful integration.

Information about researchers and all research reports can be found at www.partnerskapskane.se.

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