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WORKING GROUP FOCUS HEALTH ANALYSIS AND RECOMMENDATIONS IN SUPPORT OF FURTHER WORK



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1. INTRODUCTION

Newly arrived immigrants who have received a residence permit on humanitarian grounds present with greater ill-health compared both with Swedish-born persons and with foreign-born persons who have come to Sweden for other reasons.¹ The poorer health of refugees is partly tied to experiences in their country of origin and escape to Sweden. But an important explanatory factor is also the new arrivals' initial period in Sweden, a period when their health often sees a further deterioration. Research shows that this decline in health can be reduced through the right support, for example by strengthening the individual's social network.² Similarly, the absence of this support, or deficiencies in it, can impair health. The establishment period thus constitutes an important resource for promoting the health of the newly arrived and thereby their opportunities for establishing themselves in Sweden.

The appropriation directions for 2012 commissioned the County Administrative Board, Swedish Public Employment Service, the Swedish Migration Agency and Swedish Social Insurance Agency, in consultation with the Swedish Association of Local Authorities and Regions (SALAR) to improve collaboration and coordination in the establishment process for the newly arrived. The involvement of the county councils in this establishment, and their roles and responsibilities in providing newly arrived persons with social support, were some of the areas to be considered. At the central level, the actors concerned work together through what is known as a Delegation for Collaboration. Under the Delegation for Collaboration comes the working group "Focus Health", whose aim is to develop cooperation on issues concerning a health perspective in relation to the establishment of the newly arrived. The working group's current mission, which expires in 2015, has a particular focus on the areas of rehabilitation and assessment of performance capacity.

In order to support further work, Ramböll Management Consulting (hereafter Ramböll) was asked by the Delegation for Collaboration to problematise and comment on the way in which the agencies and SALAR can help to develop the establishment process towards a health-promoting perspective in the future. Our analysis is based on a general review of existing research in the area and on interviews with the actors concerned and with the political leadership of the Ministry of Employment. We have also studied participant questionnaires from the four national conferences held by the working group in 2014-2015. This report presents Ramböll's conclusions and recommendations.

1.1 Delimitation and implementation of the analysis

The aim of our assignment is to provide recommendations on the working group's strategic role and focus. Ramböll's assignment is thus not to propose concrete activities or questions at a detailed level. The focus is on the working group's function as an arena for development work. Other conceivable ways of using the working group are as a forum for information exchange or the management of crisis situations. These areas of use will not be addressed in the report.

In order to provide recommendations, it is necessary to have a clear vision, i.e., what the working group ultimately aims contribute to. The working group's current mission statement does not include any description of this kind. An important subsidiary aim of this assignment has therefore been the proposal of a possible vision by clarifying what could characterise a health-promoting establishment. This proposal, presented in Chapter 2, does not claim to give an exhaustive picture of what a health-promoting establishment entails, but should be viewed as an initial attempt to delimit the concept, which the working group can continue to work on.

Ramböll's conclusions are based on what existing research says about health-related needs and shortcomings in today's establishment, and on how the agencies and SALAR could contribute towards the development of the health-promoting perspective in light of these needs. The opportunities of the collaborating actors to pursue a development work that promotes health are also dependent on what the priorities and resources are in other fields. Ramböll's conclusions should therefore be seen as indicative input rather than strong recommendation, where the decision on which

¹ Lindert et al (2009), Fazel et al (2005).

² Salehi (2010), Sundell Lecerof (2008).

level of ambition is to characterise the health-promoting development work must for obvious reasons also be weighed against other needs.

2. WHAT IS A HEALTH-PROMOTING ESTABLISHMENT?

The World Health Organisation (WHO) defines health as a state of physical, mental and social well-being. According to this definition, health is not merely to be understood as the absence of disease

or infirmity, but as a resource that actively enhances the individual's capacity as a whole.³

Research suggests that an individual's state of health is dependent on a variety of factors, which often lie outside the policy area of health and social care.⁴ Both WHO and the EU therefore advocate the integration of a health perspective into the policies of other fields (Health in All Policies). This means that health is not viewed as a separate issue, but rather as a cross-cutting perspective that needs to permeate initiatives, approaches and regulations in other areas.

Health promotion represents a comprehensive social and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. Health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health. Participation is essential to sustain health promotion action.

WHO (1998)

WHO's outlook is in line with the focus of Swedish public health policy. In Govt. Bill 2007/08:110, the Government writes that the objectives of public health policy presuppose broad efforts across all sectors affecting the development of public health. For this reason, public health work is based on eleven cross-sectoral target areas. Each target area covers a number of factors which research indicates to be crucial to health. Among these are participation in society and financial and social security.

The terms of reference for the working group Focus Health lack a detailed description of the type of vision to which the working group's activities are to contribute. But in view of the approach adopted by WHO, the EU and the Swedish Government, and of conducted interviews, a health-promoting establishment could be defined as a process that is designed in form and content to enhance the mental, social and physical well-being of the newly arrived. Thus, a health-promoting establishment not only concerns individuals whose ill-health constitutes a real obstacle to participation in initiatives. It is also a general resource and capacity-building measure that enhances the opportunities of the newly arrived to realise their potential as a whole. This holistic perspective on health can be seen as a prerequisite for health-promoting work to become as effective as possible. The reason for this is that care interventions targeting seriously ill or traumatised new arrivals will generally yield a lesser effect if their establishment otherwise fails to offer a supportive environment. For example, it is reasonable to assume that it will take longer for the newly arrived to regain their health if they feel isolated, even where relevant care interventions are offered. Similarly, the health of someone who has good health initially will risk deteriorating over time (thereby increasing the need of care) if establishment does not have a holistic perspective.

2.1 What characterises a health-promoting establishment?

At an overarching level, a health-promoting establishment can be seen as the same as a functioning, inclusive and high-quality establishment as a whole. Establishment activities of low quality and unclear purpose can, for example, generate stress, which in turn has an adverse impact on health. However, our noting this offers little guidance on the question of what health-promoting development work should primarily focus on. Based on existing research and conducted interviews, Ramböll has therefore identified three starting points for a health-promoting establishment, which together represent an attempt to describe the core of the health perspective. All three —

³ WHO (1998).

⁴ Ramböll (2011).

starting points involve the creation of a supportive environment that backs up the efforts of the newly arrived to prevent and address ill-health, independently or with the help of professional care. An important insight from existing research is that the individual's experience of opportunities for dialogue and influence regarding the establishment period is decisive for how this support is perceived, which is in turn significant to health. For this reason, attitude and conduct represent a common thread in all three starting points.

A health-promoting establishment promotes individual empowerment

Research shows that effects that stress, anxiety and traumatic events have on mental health are largely dependent on environmental factors.⁵ A supportive environment can increase individual resilience and empowerment, i.e., the individual's own ability to use internal and external resources to cope with, withstand and recover from various experiences. A high resilience means that an individual might have experienced severe traumatic events without developing serious mental symptoms.⁶ A health-promoting establishment should therefore steer towards mobilising the individual's own resources with the goal of strengthening his or her resilience and empowerment.

An important factor indicated by research to influence resilience is relationships and social contexts.⁷ For the vast majority, migration to a new country diminishes social networks. Studies show that many new arrivals feel isolated and alone. This applies particularly to their contact with Swedish society and relations with Swedish-born persons.⁸ Thus, addressing the social context of the newly arrived can strengthen resilience. By law, the establishment plan shall not only promote establishment on the labour market, but also active participation in the life of society. Associations, for example, can play a potentially important role in this connection. Strengthening the social context of the newly arrived is also highlighted as an important area of focus by the promoting actors that participated in the conferences on migration and health held by the working group in 2014.⁹

Another key factor of influence according to the research is the individual's self-confidence and perceived opportunities to be able to understand and influence the establishment process.¹⁰ Thus, in order to strengthen the new arrivals' sense of empowerment and resilience, it is key that their establishment promotes participation, dialogue and co-determination. Studies suggest that many new arrivals have a limited understanding of the establishment process as a whole. Among other things, there is uncertainty about what it is possible to expect from the system in general, what happens after the end of the establishment period and about how different initiatives fit together to promote establishment.¹¹ In an interview study among 40 new arrivals, the majority of respondents experience an inability to influence either the format or content of the establishment plan, which has an adverse impact on their belief in the future and sense of empowerment. New arrivals who feel that they have good communication with their administrators are, according to the interview studies, generally more positive and hopeful with regard to the future.¹²

A health-promoting establishment enhances the individual's health literacy

An individual's health is highly influenced by lifestyle and the access to relevant care or health-promoting initiatives. The capacity to make informed decisions on these issues requires the ability to access, understand, assess and use health-related information. This ability is called health literacy. Low levels of health literacy are linked to lower use of preventive healthcare, more frequent use of emergency care, poorer health and increased risk of medical errors.¹³ In a recently published report, the National Board of Health and Welfare suggests that it is very common to see discontinuations of

⁵ Socialstyrelsen (2015).

⁶ Ibid.

⁷ Ibid.

⁸ Ikonen (2015).

⁹ Documentation from the Migration and Health conferences in Hässleholm and Sundsvall.

¹⁰ Socialstyrelsen (2015).

¹¹ Ikonen (2015), Tovatt (2013), Thomson and Hoflund (2000).

¹² Ikonen (2015).

¹³ Mårtensson and Hensing (2010).

treatment with antidepressants in cases where patients have poor Swedish skills and little knowledge of the disorder and of how their medicine works.¹⁴ A high health literacy can thus be seen as a prerequisite for effective care. There is also research indicating that deficiencies in health literacy lead to feelings of exclusion.¹⁵

Health literacy is largely dependent on context. Individuals can thus have relatively high health literacy in a society where they understand the language, know the healthcare system and are aware of the cultural aspects of health. Upon migration to another country, health literacy generally deteriorates. For this reason, newly arrived refugees, particularly those with little education, often have lower levels of health literacy. Low health literacy includes factors such as a lack of knowledge of the Swedish healthcare system and of how different treatments work, but also of how to interpret signs of ill-health and of the opportunities for self-care that are available.¹⁶ A further dimension concerns inadequate knowledge of how the migration process and difficult experiences in the country of origin can affect other skills such as cognitive ability, which in turn generates greater stress. An interview study among 40 newly arrived refugees in Skåne provides examples of several highly educated refugees with trauma who say that they feel great anxiety and shame about not performing better in SFI instruction.¹⁷

Thus, in light of this, an important component of a health-promoting establishment should be to enhance the health literacy of the newly arrived. This might involve a greater availability and simplification of health-related information or conveying such information by other means. Civic and health communication in the mental health problems that raises matters such as the individual's own health and the Swedish healthcare system has proven to have positive effects and is currently being tested in several parts of the country.¹⁸ Another key factor of influence involves the attitude, conduct and knowledge of the actors meeting the newly arrived. Experience shows that persons with low health literacy may feel ashamed and try to hide their low competence, or choose to completely avoid the healthcare system.¹⁹ It is therefore important that the administrators and staff of the actors concerned are able to meet the individual in a way that opens up dialogue.

A health-promoting establishment enhances the access of the newly arrived to individualised healthcare

Many new arrivals are in need of healthcare during their initial period in Sweden. Refugees, for example, have on average a higher incidence of mental health problems than the majority population. At the same time, studies show that they seek care to a lesser extent.²⁰ SALAR's report *Vård på (o)lika villkor* [Care on (un)equal terms] suggests, for example, that foreign-born persons, despite greater needs, refrain from seeking care twice as much as Swedish-born persons. A health-promoting establishment should therefore work to establish a greater degree of contact between the newly arrived and the healthcare system. One way to do this is to promote the aforementioned health literacy of the newly arrived. Structures for collaboration and coordination also play an important role. The national conferences on migration and health held by the working group in 2014 highlighted stronger contact between the Public Employment Service /the municipality and the healthcare providers as an important development area.

Besides this contact with the relevant healthcare providers, access to care is dependent on the provider being able to make the right diagnosis and to motivate patients to complete their treatment. The National Board of Health and Welfare notes in a report on migrant health that cultural competence has become an increasingly recognised necessity for Swedish healthcare personnel.²¹ When the patient's perceptions and notions about physical and mental disorders are significantly different from the Western way of thinking, this affects both the diagnosis and the treatment and its results. Medical

¹⁴ Socialstyrelsen (2015).

¹⁵ Socialstyrelsen (2015).

¹⁶ Mårtensson and Hensing (2010).

¹⁷ Ikonen (2015).

¹⁸ Ramböll (2011a).

¹⁹ Ramböll (2011b).

²⁰ Ibid.

²¹ Socialstyrelsen (2015).

praxis is also different in Western countries compared with that in many other parts of the world. Studies show that healthcare providers are often bad at explaining why they are doing things in a particular way, which can lead to uncertainty regarding the performance of care and its professionalism.²² A further prerequisite is the availability of information and communication in the native language of the newly arrived.

For example, the use of interpreters and of symptom scales translated into the patient's language have proven to be of

major significance for the ability to make a diagnosis of depression.²³ A health-promoting establishment is thus dependent on the actors that meet the newly arrived individual having health-related cultural competence, and on both parties being able to make themselves understood and to understand each other.

²² Ng et al (2011).

²³ Socialstyrelsen (2015).

3. HOW CAN THE WORKING GROUP CONTRIBUTE TO A HEALTH-PROMOTING ESTABLISHMENT?

The previous chapter discussed what a health-promoting establishment entails, i.e., what can be seen as the long-term goal of the working group's activities. This chapter concerns *how* the working group should work to contribute towards this goal. In line with Ramböll's assignment, this chapter does not present any individual activities. Rather, the chapter aims to problematise and comment on the function and strategic focus that the working group should have overall.

The chapter begins with a summary of lessons learned from the national conferences held by the working group in 2014. This is followed by a presentation of four principles that Ramböll believes should guide the working group's mission and work. The chapter concludes with reasoning on the function that the working group could potentially have in the continued development work in more concrete terms.

3.1 Lessons learned through the working group's activities last year

The health-promoting development work is highly dependent on the efforts of local and regional actors. In other words, if establishment is to be characterised by a health perspective, it is necessary to develop activities within and collaboration between individual municipalities, employment offices and county councils, etc. In 2014, the working group therefore held four national conferences on health and migration that had regional and local actors as their target group.

The participant questionnaires that were conducted indicate that the conferences have helped to enhance the conditions for a health-promoting establishment at the regional and local level. A clear majority of participants state that the conference increased their knowledge of health issues within the establishment process and clarified the responsibility of the various parties for this question. According to the County Administrative Boards, collaboration processes have been launched for continued development work in the area of health in many parts of Sweden as a result of the conferences. The open-ended responses also show that the conferences served as a network-promoting platform that allowed actors from various parts of their counties to establish contact with each other. An additional value is that the conferences pushed the issue higher up on the organisations' agenda and contributed tools for enabling the actors concerned to enhance the health perspective in the establishment process. Many parts of the country conduct development work linked to health and establishment. The conferences suggest great interest among local and regional representatives in noting the results of this development work. Here, through its national grounding, the working group has played an important role in promoting experience exchange and the dissemination of successful methods and practices.

At the same time, both the interviews and the questionnaire follow-up suggest that local and regional actors have partially limited conditions for independently continuing systematic development work. A health-promoting establishment requires not only collaboration between, e.g., healthcare providers and the Public Employment Service, but also requires conditions concerning competence, attitude and conduct, processes and range of initiatives to be in place. In the questionnaire's open-ended responses, several representatives at the regional and local level seek extended support for enabling further work on this question. One participant writes: "A very good day, but who takes on the mission afterwards? [...] Otherwise the risk is great that each of us drops the issue with doubtful/mixed results."

The data collected also indicates a need for continued mobilisation work among the regional and local actors concerned. The working group's conferences have contributed to the health perspective increasingly coming to be seen as an important issue at the regional and local level.

At the same time, conducted interviews suggest that awareness of the importance of the health issue is still partly inadequate among the actors, e.g., with regard to how each organisation enters the issue and to how roles and responsibilities are divided. Thus, an initial condition for enabling establishment to develop in a health-promoting direction is that these actors want to get involved in the development work.

3.2 Guiding principles for the working group's continued development work

This section presents four principles that Ramböll believes should guide the working group's continued work. The principles are formulated on the basis of collected data and build on the arguments in the previous chapter. Although the principles primarily focus on the working group's activities, they have great bearing on development work in the field of health and establishment in general.

3.2.1 *The working group's overarching goals and focus require clarification*

According to Ramböll, health-promoting development work should aim to create a supportive establishment environment that promotes the empowerment of the newly arrived, and health literacy that secures access to relevant healthcare. In other words, it is important that development work is based on a broader perspective and not only addresses individuals with ill-health. For obvious reasons, the working group cannot take sole responsibility for developing establishment in a health-promoting direction. However, it is important for the working group's focus and strategic context to be explicit so as to enable effective planning and implementation of the work. Therefore, according to Ramböll, future terms of reference should more explicitly include the goal of a health-promoting establishment as a starting point for the working group's activities.

In Ramböll's view, there is a partial lack of a common understanding of what a health-promoting establishment entails in more concrete terms. In some cases, the concept is interpreted as a relatively delimited question that mainly concerns collaboration between the municipality/the Public Employment Service and the relevant healthcare providers. In other contexts, a health-promoting establishment is described as being synonymous with an effective establishment as a whole. In order to create clarity, it is important that the working group and its clients come to agreement on a common interpretation of the concept of health-promoting establishment, preferably by virtue of the proposal presented in this memorandum. This interpretation will then need to be communicated and grounded regionally and locally.

If possible, it might be a good idea at an initial stage to deepen the analysis of the factors that affect the health-related conditions of the newly arrived for effective establishment, e.g., in terms of empowerment, health literacy and access to care, and of the needs and shortcomings characterising today's system from this perspective. What cultural competence is possessed by, e.g., healthcare personnel? What knowledge do the newly arrived have about health and the Swedish healthcare system, and how can this be enhanced? How much do the shortcomings in today's system cost in terms of, e.g., increased costs for emergency care, longer establishment periods, and so on? And how can the actors' collaboration, capacity and approaches be further developed for strengthening individual empowerment, health literacy and access to healthcare and health-promoting initiatives? This problem and needs analysis can then be used as a basis for producing priorities and activities for the development work.

3.2.2 *The working group's mission should have a systematic approach as its starting point*

If the establishment process is to offer a supportive environment, it is not enough for the activities of the individual actors to function well. It is also of key importance that the establishment period as a whole be perceived as relevant and coherent. Therefore, according to Ramböll, if health-promoting development work is to generate as great an effect as possible, it is important that the working group's mission is based on a systematic perspective.

A central starting point of systems theory is that the whole is not the same as the sum of its parts, which means that a system can be ineffective even if every individual part performs well. The National Council for Innovation and Quality in the Public Sector has described the systematic approach as part of a broader perspective shift in the public sector, which the Council sees as

necessary for promoting innovation, development and renewal in general.²⁴The various elements of a system-based outlook, and how this relates to the traditional way of organising the public sector, are described in the table below.

²⁴ SOU 2013:40.

Traditional organisation of the public sector	Organisation from a systematic approach
Control	Trust
Considering the parts	Looking at the whole
Case-based focus and authority needs	Target audience focus and societal needs
Citizens as receivers	Citizens as co-creators
Measures of performance	Measures of effect
Enquiries	Pilot schemes
Linear understanding of cause-and-effect	Understanding of complex systems
Competition	Collaboration
One year cycles	Longevity
Acutely treating symptoms	Preventing and understanding underlying causes
Monitoring and supervising	Learning and reflecting
Following rules and a standardised working method	Professionals authorised to handle variation
Micromanaging	Understanding systematic factors
Playing it safe	Controlled risk-taking
External motivation	Internal motivation
Comparable performances	Comparable results
Procedural uniformity	Legal uniformity
Unit costs	The overall cost for society

Source: SOU 2013:40.

In an analysis of lessons learned from regional development work within the establishment process performed last year by Ramböll on behalf of the Coordination group of the County Administrative Board's Integration Network (LIN), it was noted that the systematic approach constitutes an important success factor for effective development work.²⁵ In more concrete terms, a systematic approach means that development work does not only have its starting point in the missions of the individual actors, with a focus on, e.g., reduced costs or higher quality of initiatives. Also of interest is the interaction between the various control systems, practices, initiatives and procedures in the establishment process. The systematic approach can serve as a framework that places focus on what the working group needs to steer towards and on how various activities are interrelated. A system-based problem analysis also helps to make visible development areas that require changes in, e.g., regulations or mission, and thus provides a basis for policy development.

3.2.3 *The working group needs to combine strategic grounding with operational action*

Experience from regional collaboration demonstrates the importance of development work having a strategic grounding.²⁶ This strategic grounding is central for creating mandate and legitimacy, but also for maintaining coherence in the various activities of development work. As will be reported in more detail in the next section, Ramböll therefore sees a need to make explicit the working group's link to the policy level. At the same time, it is of key importance that the work be able to demonstrate results in order to maintain the actors' commitment and desire to continue investing in the collaboration over time. It is therefore important that the strategic perspective be supplemented with action at the operational level. Section 3.1 notes that there is a great demand for concrete tools and practices that can be used to develop establishment in a health-promoting direction. Here, the working group can serve an important function for building the competence and capacity of the actors concerned.

A health-promoting establishment should strive towards providing a supportive environment that promotes the empowerment and health literacy of the newly arrived and their access to adequate care. The capacity-building activities should thus not only focus on the matching of treatment and care; it is also

²⁵ Ramböll (2014).

²⁶ Ibid.

relevant to capturing development areas and best practices that address empowerment, health literacy and access to care in a broader sense. Among other things, this might involve supporting the coordination of various actors' processes, missions and initiatives, as well as initiatives to develop their staff's attitude, conduct and knowledge. It might also involve initiatives to enhance the individual's own health-related knowledge and social contexts.

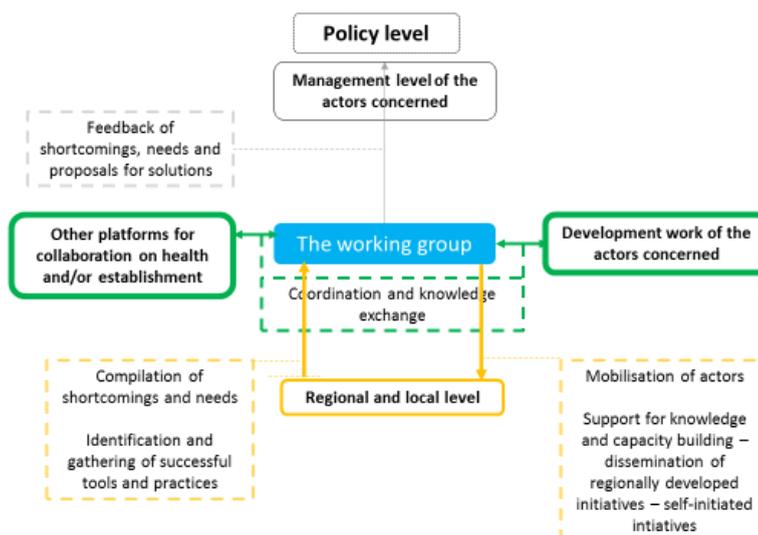
- 3.2.4 *The working group's capacity-building activities should be based on existing methods and practices*
 Many parts of the country conduct development work linked to health and establishment. According to Ramböll, the working group's capacity-building activities should harness methods and practices developed in these projects and pilot activities. This is justified for several reasons. Firstly, it reduces the risk of ineffective development work that "reinvents the wheel". Secondly, the regionally developed practices generally have a regional grounding that can be used as the basis for dissemination at the national level. Thirdly, it increases the opportunities for synergies, where results from various forms of regional development work can reinforce and complement each other to a greater degree. Fourthly, it is a way for the working group to achieve a major impact with limited resources. Developing one's own methods is both time- and resource-intensive. At the same time, it is difficult to gain a hearing at the policy and operational level without having concrete proposals for solutions. Thus, by starting from existing practices, in a short time, the working group can contribute to a greater impact.

The practices and tools should promote quality assurance and address the goal of a health-promoting establishment and the factors that affect this. Ramböll therefore believes that the working group's continued work will do well to have its starting point in the development work conducted within the framework of Partnership Skåne. Through the sub-projects Civic and health communicators (SHK), Network, Activities and Participation (NAD) and MILSA – research based support platform for migration and health, structures for collaboration with civil society, the implementation of civic and health communication and for collaboration between agencies and the region have been developed. Partnership Skåne's development work also constitutes one of the pillars in parts of the County Administrative Boards' integration mission. The pillars of Partnership Skåne's activities have been, or are being, disseminated to other regions, such as the model for civic and health communication, which in regionally adapted form is being implemented in several places and is currently being tested in Stockholm. The NAD model is also under development in several parts of Sweden, including Östergötland County. The practices and tools being developed in Partnership Skåne can thus be seen as a partly untapped resource that the working group, through its national grounding and broad representation, can harness and build upon.

3.3 The working group as a supporting, coordinating and driving actor

Experience from previous years shows that there is a need for nationally integrated and long-term development work linked to migration, establishment and health in order to achieve sustainable and comprehensive results in the area. Here, according to Ramböll, the working group can play an important role through having a driving, coordinating and supporting function (Figure 1). The proposed function can be viewed as a further development of the role that the working group has today, in the first instance aiming to systematise the work and to strengthen the working group's strategic context.

Figure 1. The working group as a driving, coordinating and supporting actor



National level

A health-promoting establishment presupposes the development both of activities and of existing processes and practices. To achieve maximum effect, it is important that health-promoting development work is conducted in various national arenas that are moving in the same direction. As the figure shows, the working group can serve an important coordinating function with its aim of contributing to experience exchange and coordination of the development work that the agencies concerned conduct internally or externally in the area of health and establishment. This might also involve development work conducted within the framework of other national platforms for collaboration, such as the County Administrative Boards' working group for health. The figure uses green to illustrate the coordinating role.

Coordination can allow experience from various forms of development work to feed into each other and contribute to a greater total value than would have been possible if each development work had been conducted separately. Coordination also counteracts the risk of duplicated work and the building up of parallel systems and praxis. Finally, coordination reduces the risk of development work in various national arenas being perceived as fragmented by the regional and local representatives receiving the results of the work. A further aspect concerns coordination between the four working groups within the Samverkansdelegation and how together they complement each other. Relevant questions include how the method support can be developed to achieve an even greater contribution to a health-promoting establishment, or how communication and procedures concerning the settlement process can be developed to strengthen individual resilience and empowerment.

Besides a coordinating role, Ramböll believes that the working group can also serve an important function at the national level by alerting the management of the actors concerned to development needs and possible solutions linked to a health-promoting establishment identified at the regional and local level. In this respect, the working group can act as a bridge between the regional/local level and the national level, thereby contributing to the development of activities and policy. This might, for example, involve regionally developed procedures for performance assessment that can be implemented and disseminated nationally. The figure uses grey to illustrate this function.

It is probable that some of the health-related needs and shortcomings highlighted at the regional and local level will also be of interest at the policy level, i.e., the Government and

Government Offices. In order to promote policy development, Ramböll believes that knowledge transfer between the working group and the policy level should be strengthened. There are already existing structures for

agency dialogue, with participation by the managements of collaborating actors, through which experience and knowledge generated by the working group could be shared to a greater degree. Using existing structures lends weight to the message. This also increases opportunities to coordinate experience from the health-promoting development work with experience linked to other parts of agency activities. The disadvantage is that this arrangement places great demands on internal coordination at many stages. There is also a risk of the health-promoting issues being de-prioritised in favour of other issues. One alternative is to find forms for dialogue that focus on the health perspective specifically in the establishment process. In this case, it is important to ensure that this structure is integrated with already existing dialogue structures between the agencies and the Government Offices in order to reduce the risk of fragmentation and inadequate grounding.

Regional and local level

Ramböll believes that the working group can serve an important competence- and capacity-building function (Section 3.2). Capacity-building activities should be based on existing practices and methods. The working group can then support the dissemination and implementation of these tools, either by making the national level of the agencies aware of these practices or by disseminating them to actors at the local and regional level with the aim of building capacity. As a complement to regionally developed practices and tools, there is also potential for the working group to pursue its own development initiatives.

A prerequisite for the regional and local development work is that the actors concerned are willing to invest in the collaboration. Besides capacity-building initiatives, Ramböll believes that the working group can also continue to contribute to the mobilisation of local and regional actors, such as healthcare providers. Previous years' conferences indicate one success factor to be the raising of the health perspective's importance, but also the provision of information on the way in which this perspective is relevant for the individual organisations and on the role they have in a health-promoting establishment. Interest in participating in a health-promoting development work can also be promoted by making clear the value of the work to the actors' target group and activities as a whole. Training in cultural competence, for example, is not only an investment in the group covered by the Act on establishment activities, but enhances the actors' capacity to support foreign-born persons in general. Similarly, work to develop attitude and conduct towards new arrivals is communicated as a means of raising customer satisfaction and assured quality. For example, for several years the Swedish Tax Agency has conducted systematic development work linked to attitude and conduct, partly through mandatory internal training for all administrators in order to develop service and customer benefit in general. The figure uses orange to illustrate the working group's mobilising and supporting role at the regional and local level.

3.3.1 Conditions

If the working group is to be able to have the proposed function, it is necessary for certain conditions to be met. The working group, like the Samverkansdelegation, is not a formalised constellation. This means that the Government cannot commission the Samverkansdelegation directly without formalising the constellation. Activities are therefore dependent on the managements of the collaborating actors themselves choosing to prioritise health-promoting development work and issuing the working group with a mandate to pursue those activities. Depending on the mission's scope, there might also be a need to increase resources, such as funds for development work and time to gain internal grounding. The Government can, however, strengthen the agencies' incentives to make use of the working group by, e.g., raising the value of the Samverkansdelegation in appropriation directions, showing interest in the working group's activities or issuing special government commissions that require collaboration in the area of health.

The coordinating role requires the working group's representatives to receive information on other development work as well as access to relevant internal arenas. The working group should be seen and used as a resource for improving performance in the collaborating organisations' core missions, rather than as a separate side-track that encumbers the

organisation. It is therefore

important for the working group's mission and activities to be linked to ordinary internal structures and missions. To ensure this, some organisations might need to implement work to gain internal grounding. Here, the working group's representatives have an important role in efforts to increase knowledge and interest regarding the working group's activities in their parent organisations.

The Samverkansdelegation, like the working group, is a platform for collaboration at the national level. However, both the supporting and the mobilising role are dependent on contact surfaces with the actors at the regional and local level. Besides this, there is a need for access to information about the development work being conducted in various parts of the country and which the working group would be well placed to highlight. Therefore, as a complement to the national actors' own networks, Ramböll believes that the County Administrative Boards contribute an important supplementary value through their regional mission and wide networks at the regional and local level.

3.4 Ramböll's summary conclusions and recommendations

Health is a resource that enhances the prospects of individuals to realise their potential as a whole. Ill-health reduces the opportunity of the newly arrived to participate in and appropriate establishment activities, and thus delays their establishment. Without the right support, ill-health can result in life-long exclusion with major costs both to individuals and society as a consequence.

A health-promoting establishment counteracts and prevents ill-health that has arisen due to factors in the surroundings of new arrivals. But the health perspective is also justified since the absence of a health-promoting perspective can *in itself* cause ill-health. Lack of participation, initiatives with an unclear purpose and lack of coordination can, for example, lead to anxiety and stress which might ultimately develop into mental health problems. Thus, a health-promoting establishment not only concerns individuals whose ill-health constitutes a real obstacle to participation in initiatives. It is a resource and capacity-building perspective in general that should permeate the entire establishment process.

A health-promoting establishment can be defined as a process that is designed in form and content to enhance the mental, social and physical well-being of the newly arrived. This partly involves enhancing the access of the newly arrived to health-promoting initiatives and healthcare, but also designing the establishment period in a way that mobilises the individual's own resources to cope with stress, anxiety and trauma. Another important component concerns enhancing the individual's opportunities to understand and act on health-related information. Low levels of health literacy are linked to lower use of preventive healthcare, more frequent use of emergency care, poorer general health and increased risk of medical errors.

A health-promoting establishment is based on a holistic perspective, and thus requires not only collaboration between, e.g., healthcare providers and the Public Employment Service. It is also a key requirement that conditions concerning competence, processes and range of initiatives are in place. Also of great importance are the communication, attitude and conduct of administrators and healthcare providers.

Health-promoting development work needs to be long-term and have a system-based outlook with a focus both on activities and the interaction between the processes and practices of various actors. The working group can here play an important role as a driving, coordinating and supporting actor, where strategic grounding is combined with operational action. The mission's core should involve harnessing synergies with other development work, supporting capacity building at the regional and local level, promoting the mobilisation of the actors concerned and contributing documentation for policy development. In order to have this function, the working group's overarching goals and focus require clarification. The working group will in this case also need to be issued with a clear mission and mandate to pursue these activities.

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