

Reference	SWG 2/4/3
Title	A note on social well-being
Submitted by	Denmark and the Nordic Council of Ministers
Summary / Note	This document was distributed as a non-coded paper during the SWG 1 Meeting.

Social Well-being Issues

The Oslo-Declaration on the Northern Dimension Partnership in Public Health and Social Well-being was adopted on 27 October 2003.

According to the Declaration the Partnership is to promote sustainable development in the Northern Dimension area through improving human health and social well-being, and the Partnership is to contribute to intensified co-operation on social and health development as well as to set priorities in health and social well-being and to narrow the gap between social and economic differences.

At the time of the adoption of the Declaration the Partnership had two priority areas, one of them being the promotion of socially rewarding lifestyles, with special focus on alcohol, smoking, drugs, social and work environment and social skills. Main target groups are e.g. children and young persons and the role played by their parents and other adults.

The Declaration specifically mentions that gender and children's perspectives shall be mainstreamed in all efforts within the Partnership and that cross-cutting themes such as equity and social inclusion, interaction between health and social sectors, people with disabilities, indigenous people and other vulnerable groups with special needs shall be taken into consideration. Reorientation and efficiency of health and care systems shall be supported, especially community based and preventive social services shall be enhanced.

Within the framework of the Oslo Declaration the Partnership should strengthen the inclusion of the social dimension in all its activities through an integrated approach - in order to ensure a balanced focus between health and social issues of the overall work of the Partnership.

This could take place on two levels, through: (1) a strategic agenda for the CSR/PAC meetings, and (2) Expert Groups. The task is to mainstream a holistic approach into the work of the Expert Groups in order to ensure that pertinent social issues will be integrated in the work that is already being dealt with by these Expert Groups. The overall idea was not to start new activities as such - but rather to build on the work that is already in progress.

The Declaration thus provides ample conditions for the Partnership to deal with social issues. The following is a catalogue of possible ideas for cooperation to strengthen focus on health and related social issues.

This paper proposes action on possible areas for cooperation to strengthen the social dimension in the work of the NDPHS as follows:

1. Support to vulnerable children

We have more and much better information on how strong the connection is between abused and neglected children and their health later in life. The latest research reveals strong proof that abused children develop self-destructive behavioral patterns during their childhood and adolescence, and that

they face a higher risk of illnesses such as cardiovascular disease, lung and liver diseases, diabetes, cancer and mental illness.

Policy objectives

The situation across countries in the Northern Dimension Region points towards greater need for assistance for children and young people. The main goal must be to prevent and reduce social inequality in relation to health and to ensure social inclusion.

Proposals:

- Coordinate research on preventive measures to mitigate the intergenerational transmission of poverty (“negative social heritage”) and to prevent health problems.
- Fight social inequality related to health through coordination of research concerning health problems and social conditions of children and young adults, and to highlight the gains that lies in cross-sectoral and cross-scientific efforts in this area.
- Share relevant information and knowledge both internationally and within the NDPHS countries on the occurrence and consequences of trauma, violence and abuse.
- Contribute to design concrete steps for prevention and assistance.

A concrete example is the Children’s House in Iceland - a house which is designed for children who have been sexually abused to feel comfortable. The medical examinations and interviews take place here and the health care professionals come to the house. Everything happens in the same place in order to safeguard the child.

2. Substance abuse and mental illness

Substance abusers constitute a group with very critical health problems and at the same time they are stigmatised and excluded from society. Many of these issues are also relevant for persons with mental illness. Mental illness is a particular issue when it comes to indigenous people as there is strong evidence that suicide rates among young men in this group are much higher than the rates on national levels.

Policy objective:

To prevent abuse and to promote social inclusion of vulnerable groups with a particular focus on children living in substance abusing families. The services provided are often not tailored to their needs.

Proposal:

- Develop knowledge on the situation of the children living in substance abusing families or who are mentally ill.
- Initiate activities focusing on the well-being of children and relatives living in substance abusing families/ with mental illness.
- Improve preventive measures through capacity building of health and other relevant personal working with children and youth in the age 0-25 years. This include psycho social assistance with children and young people and better coordination among health sector, schools, children’s unit etc.
- Promote an early preventive and comprehensive approach that involves a number of stakeholders i.e. police, law enforcement, schools, hospitals and in particular cooperation with NGO’s
- Discuss cross sectoral education for staff on psycho social work.
- Special attention on suicide among young men

3. Disabled children and young persons

Policy objective

On a general level there should be focus on disabled children and young persons, especially on the importance for disabled children and young persons to be able to have the right to health, education, to information and communication in order to make it possible for them eventually to make their own choices as regards training and education, job opportunities and life position, leading to a suitable standard of living.

Accessibility and personal freedom to move are factors that should be enhanced with a view to achieving such goals. Participation in public life is another important aspect to be in focus.

Proposals

By way of a more specific proposal the Partnership could take an initiative to study various institutional/residential models in the field of disabled children and young persons, including rehabilitation training and treatment. Spectres of social and educational working methods could be looked at as well as training of staff.

The study should include types of day care facilities, construction and lay-out, types of therapy, training and further training possibilities for staff, cooperation among different kinds of specialists, ability to meet special demands, cohesion between family and institution, etc.

The findings of such study could be developed into projects to be implemented at NDPSH-level, e.g. through expert groups.

4. Social Inclusion

Social inclusion is still an area that calls for action. In the Western European countries, where many action programmes have been implemented to eradicate poverty and social exclusion, many people still live under the poverty line, especially now with the global financial crisis – and much needs to be done.

Policy objective:

Action should be implemented under the auspices of the Partnership to outline strategies to include disadvantaged groups. Special attention should be attached to the difference between men and women as regards poverty and to the fact that many children live beyond the poverty line and to break the vicious circle of deprivation.

Proposals:

To compare national strategies on how best to promote social inclusion among vulnerable groups with a specific focus on persons with *HIV/AIDS*, *people released from prisons*, *homeless people*, etc.

5. Training and education of health and social services staff

A cross cutting issue is capacity building of health and social service staff. Often there is a lack of a holistic approach and coordination among the different service units.

Policy objective:

In order to strengthen a better functioning welfare system it is important to promote an integrated approach that works across sectors. The quality of the service provided will very much relate on this ability.

Proposals:

- To explore best practice models on how to build up strong locally based community services based on coordination and cooperation.
- Enhancing better and more holistic health and social services through the development of models for cross sectoral training of social and health staff and the police. The issue is cooperation and common training between schools, police and social services, or cooperation between social services and housing associations.

6. Other cross cutting issues

Indigenous people are having severe problems concerning health – so there is a need for **specific tailed services targeting** the specific needs.

Proposals:

- access to primary health care services –
- development of e-health system
- need for early prevention activities through education and information
- coordination on research on the health conditions of the Sami group and other indigenous people.
- Special efforts to prevent alcohol and drug abuse and treatment and rehabilitation
- Mental health issues: suicide among young men