

WP5 Task 5 – Study Visits to Assess Transferability

The Welfare Watch



THIS REPORT ARISES FROM THE JOINT ACTION ADDRESSING CHRONIC DISEASES AND HEALTHY AGEING ACROSS THE LIFE CYCLE (JA-CHRODIS) WHICH HAS RECEIVED FUNDING FROM THE EUROPEAN UNION, UNDER THE FRAMEWORK OF THE HEALTH PROGRAMME (2008-2013).

Documentation Template for Study Visits

1. General Questions

I am ☐ Provider/ Practitioner ☒ Participant / Potential replicator

1. Do you miss any information?

[ES] Not essentially. Perhaps an important issue difficult to grasp was the historical context of Nordic culture with the strong municipal components (perhaps even stronger in Iceland where counties – key health care and prevention units in other Nordic countries like Sweden – remain in a second line perhaps due to the small population size).

[IE] There was substantial information provided on the day.

[LT] Everything was clear. The only thing that we expected and was not told were the weakness parts of the interventions and mistakes could be avoided.

[NL] No

[PT] The monitoring of implemented proposals, their results and impacts, strengths and weaknesses.

2. What do you consider the “fundamental nature” of the original intervention that should be preserved?

[FI] When times of crisis, it is essential not to cut from basic services. Support vulnerable groups especially.

[EE] The utilisation of data (social indicators) to inform policy and practice, focusing on vulnerable groups; Effective partnership; Bringing together community resources for prevention and health promotion.

[ES] With regard to the Icelandic Welfare Watch (IWW), disregarding the critical time, which originated a citizens’ movement, the key aspect is the outcome of such process (which has been defined as actions at local level and subprojects, i.e. TINNA, Sudurnes, etc, and an attempt to modify the content of the Nordic Council indicators). EU member countries, which actually may be on a lower development level of social services, should be able to understand (to perceive) such development as an alternative either at municipal level or at National Statistical Institutes. The fundamental nature to be preserved is social development and equity.

[LT] It is important to start implementation in a small region and later expanded to national level.

[NL] Partnerships with all relevant stakeholders within the community; Independent advice to the government; Monitoring social indicators

[PT] The intersectoral and multi-level approach.

3. What are essential elements of project management and project governance of the primary intervention?

[EE] Organisational structures (responsibilities) are clearly defined, sources of funding are specified.

[ES] For the IWW, it would appear that citizens' movements and a public administration sensitive to citizens' needs are such elements.

[FI] Cross-sectional steering and working groups.

[LT] To involve many stakeholders from the different fields, including authorities and NGO's. If the project is implemented in one region – it should be managed by local authorities.

[NL] Support from the government and stakeholders

[PT] The high level intersectoral commitment (four ministries). The creation of working groups to support the steering committee.

4. What are indispensable conditions of the original context?

[FI] One of the costliest financial crashes in history started in 2008. Iceland had biggest bubble economy – in terms of debt accumulation and speculation. Unemployment level was very low before the crash and Iceland had to face very different levels of unemployment. Iceland has also a very small population. Social policy interventions played an important role in recovering from the financial crash.

[EE] Collaboration between different stakeholders across sectors and levels; durable political will and support.

[ES] The population's awareness about the problem (difficult to achieve without foreign negative factors) determining in some way a defensive action.

[LT] Additional funding is not necessary if people are interested in improving public health.

[NL] Sense of urgency from the Ministry not to cut down on health and welfare during the crisis.

[PT] The country and population sizes.

5. What do you consider necessary (and realistically feasible) elements of a knowledge transfer process?

[EE] Availability of documents and tools used in primary intervention.

[ES] 1. Understanding of the nature of the primary intervention and the implications at each decision level. 2. Identification of existing matched elements (for instance in political/administrative institutions and services providers) between the populations where primary and the replica interventions occurred.

[LT] To present the practices to the authorities and/or ministry of health trying to explain, that only multi-sectorial collaboration is able to implement a good practice.

[NL] Social indicators

[PT] A report about the monitoring of implemented proposals, their results and impacts, strengths and weaknesses.

2. Specific Questions on the *Welfare Watch*

Good Practice criteria addressed by <i>Welfare Watch</i> ¹	Key elements and indispensable conditions met through <i>Welfare Watch</i> to address this criteria
Equity	<p>[EE] Specific actions are taken to address relevant equity dimensions. Measures are proposed to help households and in particular vulnerable groups.</p> <p>[ES] Since it the purpose of the IWW is to detect problems, which occur and increase following non-random patterns, equity is a central issue to the IWW's objectives by design. Potentially visible target groups have been in consequence identified (extreme poverty, single parent families, unemployed).</p> <p>[FI] The welfare state systematically protected those, who were severely affected by the crisis.</p> <p>[IE] The Welfare Watch has a clearly articulated emphasis on equity, with an emphasis on particularly vulnerable groups in Iceland during the recession. Actions are targeted specifically towards children, youth, marginalised individuals and groups, unemployed and vulnerable families. Children's welfare was prioritised across all working groups.</p> <p>[LT] Low-income families, single parents and socially excluded families.</p> <p>[NL] Children, young adults and unemployed are the focus groups</p> <p>[PT] Equity is deeply addressed, since the proposals were focused on vulnerable groups (e.g. those who are living in extreme poverty and low-income families with children, especially single parents).</p>

¹ According to survey II in WP5

Comprehensiveness	<p>[EE] Very active partnership at local, national and international level.</p> <p>[ES] Comprehensiveness is present by fulfilling two criteria (1) the multilevel plan (state, local, international) and (2) the multidisciplinary inter-sector collaboration. With regard to health promotion, a view of wellbeing as health issue is required to be adopted.</p> <p>[FI] Multisectoral steering and working groups</p> <p>[IE] This is a great example of a comprehensive response by policy makers to recession and highlights what can be done when policy makers prioritise the welfare of vulnerable groups. Over 100 individuals took part in the working groups and steering group securing broad multidisciplinary cooperation. A key success of the approach was liaising with the academic sector to ensure adequate data collection on key welfare indicators. This data provided sound evidence on who to target. Involvement from the community sector provided a key source of knowledge which was easily exchanged between local authorities and national government through the committee structures.</p> <p>[LT] Health is one of the social indicators collections and is related to wellbeing. The intervention was established and operating on the ministry (national) level.</p> <p>[NL] Focussing on several different aspects of health and welfare.</p> <p>[PT] The intervention addresses several determinants of health, proposes interventions and policies directed to different setting and groups, and there is in place a real partnership involving multiple stakeholders of many sectors and levels of action.</p>
Description	<p>[ES] The IWW at local level and early time points aimed to describe needs and implement interventions purposely focusing on reducing impact of the financial crisis; at present time, it acts as a surveillance system able to detect early alarm signals. It could be defined as a public health surveillance system in the classical terms by Thacker et al and the USA Center for Disease Control if modern wellbeing views were incorporated. The practice has clear stakeholders such as municipalities.</p>

	<p>[IE] Under the auspices of the Welfare Watch a specialist group was established to direct the compilation of key social indicators and this has shown to be sustainable when it was transferred over to National Statistics of Iceland who continue to collect and monitor these indicators. They are now seen as an important part of national statistics available to inform and guide policy and practice.</p> <p>[LT] Concrete activities are well described in the “welfare watch report”.</p> <p>[NL] Well-described.</p> <p>[PT] Lack of monitoring of implemented proposals, their results and impacts.</p>
Ethical Considerations	<p>[EE] The Welfare Watch aims to monitor of situation of families who have struggled with housing and employment and watch that difficult situation do not get worse.</p> <p>[ES] The practice as implemented in Sudurnes districry, the TINNA project and the NORDIC COUNCIL appears to comply with ethical standards such as proportionality, harm/benefit ratio.</p> <p>[FI] All actions were considered in advance</p> <p>[IE] The approach appears to be ethically sound with emphasis placed on assisting those most in need. The community’s needs and preferences appear to be well represented in the process.</p> <p>[LT] Ehtnic minorities are considered on vulnerable group. Families living in severe poverty (including ethnic minorities) are in focus group.</p> <p>[PT] Ethical aspects related to equity are central in this project.</p>
Evaluation	<p>[EE] There is a evaluation framework assessing process and outcomes.</p> <p>[ES] As far as shown the effects have not yet been evaluated.</p>

	<p>[FI] Social indicators were established.</p> <p>[IE] Establishment of the comprehensive set of social indicators allowed for informed monitoring of the impact of the recession on the community in general and vulnerable groups in Iceland. There is a full suite of reports available on the actions and recommendations of the Welfare Watch. Unintended outcomes aren't reported but it is likely these were considered in the approach.</p> <p>[LT] Program evaluated by competent body – The Social Science Research Institute at the University of Iceland.</p> <p>[NL] Social indicators have been set up to evaluate the impact of the recession in Iceland.</p> <p>[PT] Despite the monitoring of social indicators, a monitoring process of the implemented proposals and their effectiveness would be very useful and should be taken into account for future actions.</p>
Empowerment & Participation	<p>[EE] Welfare Watch has representatives from different stakeholders across sectors and levels: ministries, NGOs, social partners, local authorities.</p> <p>[ES] It is difficult to assess how the three criteria are fulfilled. A proportion of the favourable evolution of supported persons may have been linked to economy recovery. While participation and consultation with the targeted population have been present, strengths and autonomy of the supported families remained not well defined, particularly in the long term.</p> <p>[FI] Multisectoral steering and working groups (groups included families, children and youth, unemployed etc).</p> <p>[IE] It is not clear exactly how the target groups were included within the process of developing the Welfare Watch however they appear to be well represented across the community organisations involved in the process. Two way information exchange was facilitated through the working groups from the bottom up through community representatives and information was disseminated from</p>

	<p>the top down to relevant stakeholders. Members and stakeholders enabled the actions and provided the mandate.</p> <p>[LT] Program lead by the Ministry Of Welfare an involves people from different public bodies and NGO's.</p> <p>[PT] The large number of representatives of civil society and the communities' involvement ensures participation and empowerment</p>
Target Population	<p>[EE] General population. The focus since 2014 has been on families with children and those living in severe poverty.</p> <p>[ES] Well defined in terms of needs assessment both by district and by family profile.</p> <p>[FI] Low income families and young adults, and people with long term unemployment.</p> <p>[IE] The target population was well articulated and actions were specifically targeted to address issues for vulnerable groups.</p> <p>[LT] General population with the focus on the families with (???) and these living in severe poverty.</p> <p>[NL] Children (<18 years), youth and young persons (15-25 years), marginalized individuals and groups, the unemployed.</p> <p>[PT] Target population was defined based on the observatory data analysis.</p>
Governance	<p>[EE] The continuation of the Welfare Watch is ensured, it is supported by governmental structures and international organisations.</p> <p>[ES] Governance and project management varied from critical early time points to present time. The dichotomy independence of political power and stable functioning appear to have been modified in</p>

	<p>parallel to crisis recovery. Project management appears to be divided in local activities and Indicators development proposed to the NORDIC council.</p> <p>[FI] Devoted minister</p> <p>[IE] There was clear direction from the Ministry of Welfare with dedicated engagement from the Minister. There were also clear independent structures in place for consideration of actions and building consensus. The resource requirements are not clear but it appears that most contributions to the Welfare Watch were voluntary. This is cited as one of the success factors of the initiative during the recession.</p> <p>[LT] Project lead by the Ministry of Welfare.</p> <p>[NL] Steering group with several working groups on welfare issues formed within the community.</p> <p>[PT] The high level intersectoral commitment (4 Ministries) is very important to assure the implementation of the proposals. The organization structures are well defined and the creation of Working Groups to support steering committee seems to have been an important management strategy.</p>
Potential of Scalability	<p>[ES] High if adopted by nordic countries in a time free from unexpected financial crises. The experience raised issues considered by the World Health Organisation (WHO) as a result of interaction between different components related to personal and social factors. The IWW may have been overlooked and in the future should perhaps be redefined as a public health surveillance system, which incorporates the full wellbeing dimension and the health concept of WHO based on functioning and disability, which exceeds limits defined by health conditions (diseases and lesions) incorporating impacts of social environmental factors. An appropriate terminology has to be internationally adopted for the IWW as a health technology.</p>

	<p>[IE] This was a national level initiative and it is now being scaled up and will be adopted in Nordic countries. Further information is required on the potential for transferring the learning from this initiative to other countries.</p> <p>[LT] It should be started from small steps, like Project TINA, the it could be expand on a Welfare Watch. Connecting several fields.</p> <p>[NL] High, already implemented in Scandinavia.</p> <p>[PT] Lack of a monitoring process of the implemented proposals and their results and impacts, strengths and weaknesses. Lessons can be learned from the expansion of the project to Nordic countries.</p>
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3. Questions from Partners

[ES]

Although it is planned to compile this section using partners comments collected at the meeting, as a partner which participated in minutes elaboration with Anna Gallinat, I would like to make clear:

- 1) My impression collecting comments related to the fact that, perhaps due to the novelty of experiences and practices presented and the short time between presentations, it was very difficult to prepare in-depth questions, comments or interpretations of the underlying phenomena immediately after presentations.
- 2) A careful reading of the presentations material allows a more fruitful consideration of the practices.

In summary, despite the focus of JA-CHRODIS, this is a pragmatic approach to good practices. Validity and correspondence need to be considered when analysing practices together with theory of health. Sometimes practices are ahead of theory or simply to be understood they must be fragmented, analysed and perhaps validated from different angles. Innovative initiatives may need appropriate language when international diffusion is attempted. Roots in established concepts are recommended. (...)

To my view, the IWW emphasises focus on social environment factors related to human functioning having an impact in disability, mainly at social participation acting at short latency, i.e. when employment, family economy or other social links weaken, affecting mental health but unlikely somatic ailments (i.e. malnutrition). (...)

The theoretical background appropriate to discuss the IWW is (...) the International Classification for Functioning, Disability and Health. Public Health Surveillance of Disability might be the appropriate frame to scale up and transfer the IWW concept despite it would appear that in Iceland the impact among the disabled elderly has not been shown to visitors to the same extent than among single parent families or population in active labour age.

Southern European countries may benefit from the IWW concept if tailored to their circumstances and implemented under strong political will. It may happen that the view of the severely disabled elderly has to be incorporated at a time when the traditional family structures collapse, requiring a new kind of support in social care.

[LT]

1. What mistakes were made and what were the weak parts in project implementation?
2. How were highest rank authorities and other stakeholders involved in the early stages of the project?