

JA-CHRODIS Study Visit

1st-2nd June 2016
Reykjavik, Iceland



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).

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Attendance: 15 participants from 9 countries

Belgium	Bulgaria	Estonia
Finland	Ireland	Lithuania
Netherlands	Portugal	Spain

Note takers: Jesus de Pedro-Cuesta, Anna Gallinat, Marieke Hendriksen, Evelina Voitonis and Ignas Keras

Session 1 – The Welfare Watch

Presentations

- The Icelandic Welfare Watch & 2nd part
- The Suðurnes Welfare Watch – transferring good practice to the local level
- TINNA – project supporting single parents receiving financial aid from the City of Reykjavik
- The Nordic Welfare Watch 2014-2017 – Background and overview of the work
- The Nordic Welfare Watch – In response to crises
- Welfare consequences of financial crises
- The Nordic Welfare indicators

The Welfare Watch

Presentations (1, 2) and [further information here](#), p. 265ff.

The Welfare Watch is a national level platform, involving key stakeholders from all sectors and levels, providing important data and insight in general, informing policy and actions with the aim to secure welfare (health and social security) for all citizens. It was set up following the economic crisis in 2008, after which all political parties promised to protect the welfare state and to monitoring the consequences of the financial crisis on individuals. Its main objectives are to collect information (impact of crisis) and give recommendations (for action) to the ministries, government and the local authorities.

The Welfare Watch consisted of 1 steering group and 8-9 working groups, with a focus on vulnerable groups. Those were: children/youth, long-term unemployed and unemployed young people. The main idea was to prevent the formation of a ‘lost generation’, following feedback from Finland.

The Welfare Watch uses social indicators rather than economic indicators (finding e.g. single parents had trouble finding housing which would have been missed by solely economic indicators). The social indicators collect data for one decade (measuring the difference in 10 years), carried out by the national statistics office.

There is no ‘official’ budget for the Welfare Watch. People are investing their working time (on average 10-15 hours of work as part of a working group) but were also encouraged by their organisations because the minister saw the benefits of the Welfare Watch and supported it.

Examples of actions proposed and carried out by the Welfare Watch:

- Lunch guaranteed to all school children. Extra costs for families kept lowest if possible.
- Request to authorities to caution in cutbacks in services
- Protect payments to parents in maternity/paternity leave

A new Welfare Watch was set up in 2014. Many more people got involved and new stakeholders were added to the table. The focus shifted towards extreme poverty and low income families (e.g. single parents).

Discussion on Transferability

- How did you get the involvement of politicians? Since it was an initiative set up by the ministry itself, the people/stakeholders asked to join all agreed. At present, the Welfare Watch is appreciated highly and many people want to join. The advice given is always founded and based on own research or literature.
- The response to the economic crisis in Ireland was very different, e.g. they supported the banks rather than letting them collapse. There are also no social indicators, so they can't be sure what the effects of the crisis were/are. → Support of Ministry of Welfare crucial
- What are the main outcomes of the Welfare Watch? Clear policies and the social indicators. Housing situation and health are the most important aspects on which the crisis had an impact.
- Is the list of social indicators used for the Welfare Watch available? Unfortunately, it is not available in English, but a brief list could be downloaded from the national statistics office. Offer to give contact details.
- Who chose which indicators to use? This was done based on a combination of how group was built; a close working group that split into 4 areas and building up the indicators with sociologists or statisticians. Many indicators came from other countries. The research community, committed politicians and grass root level also had an influence on the choice of indicators.
 - o Demography (age, gender, immigration, people in schools....)
 - o Welfare & income
 - o Health
 - o Closeness in community
- How is/was the communication between the health (care) and social/welfare sector to set the indicators? Different sectors were included in the development of the social indicators. More wellbeing indicators will be added in the new Welfare Watch.
- What are the most important social indicators to monitor throughout the recession/crisis? Access to healthcare, secure housing, welfare of children, employment, leisure activities for children are very important.

- What are the main facilitators for the implementation of the Welfare Watch? First of all, the Welfare Watch was (politically) independent. The chair was not political and did a very good job in chairing the meetings, facilitating engagement and a relaxed environment, so that discussion could be open and free. Authorities prioritised the work of the Welfare Watch and everyone was involved and felt the objectives were important.
- What were the main barriers for the implementation of the Welfare Watch? We cannot tell municipalities what to do. Politicians might disagree with recommendations made. Collaboration between sectors was difficult at times (different kinds of NGO with different agendas).
- Do you think being a small country helps? Twofold answer: Yes, because you get to meet also in other settings and informally. But when you know a person, it can also hinder.

The Suðurnes Welfare Watch – transferring good practice to the local level

Presentation

High unemployment rate after a military base closed in 2006 and the economic crisis in 2008. The Suðurnes Welfare Watch was established in 2011 with the main objective to enhance collaboration the local authorities in the field of welfare and also to stimulate employment and education in the region. Various projects being carried out, e.g. a conference on all social benefits available to unemployed people, annual reports mapping the indicators for the region and a campaign against domestic violence. Much national media attention gave the region a bad name.

Results of Sudurnes Watch:

- Stronger connection between people in welfare
- Awareness of resources available
- Documentation produced
- Participation and awareness of the ministry
- Future cooperation

TINNA

A project to support single parents and their children who receive financial aid. In 2011, the welfare department in Reykjavik decided to conduct a survey to get better information about the situation poor parents in Reykjavik are facing, with emphasis on social network, leisure and health of their children. The survey showed a clear social gradient: according to the parents' income, children's participation in leisure and sport activities differed as well as health and social network differed.

With funding from the ministry of welfare, a pilot project was set up for 2 years (2016-2018) funding 2.5 fulltime social workers. The main aim of TINNA is to provide holistic support from both state and local services according to the need of the families on an individual basis and also in a group. This includes providing opportunities for education and/or employment, training, assistance concerning housing, parenting, finance and leisure activities. The Welfare Watch took interest in the project and introduced it to the funding body (Ministry of Welfare) and the Department of Welfare of Reykjavik.

Discussion on Transferability

- Funding is now secured for two years. Do you have any idea to make the intervention sustainable who will ambassador for reading results after two years? A: Hope more financial support. More institutions work together, formal employees from other institutions.
- What are core elements? These are first and foremost the exclusive dedication of persons to the project. Also to have base for this outside the service centre. If it goes well, it would be interesting to go, where there is social housing, because we need to change the culture there.

The Nordic Welfare Watch 2014-2017 – Background and overview of the work

Presentation

When Iceland held the presidency of the Nordic Council of Ministers, it set up three projects (2014-2016), one of them was the upscaling of the Welfare Watch: the Nordic Welfare Watch. The aim with the Nordic Welfare Watch project is to promote and strengthen the sustainability of Nordic welfare systems through cooperation, research and mutual exchange of the experience and knowledge acquired. The objective is also to develop solutions and coordinate actions to meet future challenges and to develop welfare indicators which can be useful for policy making. The Nordic Welfare Watch is divided into 3 separate projects (for more info, see following chapters):

- The Nordic Welfare Watch - in response to crisis
- Welfare consequences of financial crises
- Nordic welfare indicators

A final conference on the three projects is planned for 10th November 2016 in Reykjavik (more information and registration [here](#)).

Discussion on Transferability

- It is good to see the comparison. Ireland lacks strong welfare system from the start. Answer: Iceland does not have a strong welfare system and is more like the UK, Portugal or Spain, our story shows that it is possible to make policy changes.

- The Nordic Council funds 3 years of the Nordic Welfare Watch. What are the core elements to transfer from Iceland to the Nordic setting? It might be difficult to transfer the Welfare Watch exactly as it is, because of certain circumstances and being a small country. So, for example, the indicators were adapted. The Nordic Welfare Watch is more like a dialogue, to be more active rather than reactive.
- What would be the core recommendations how Ireland could do better from your perspective? Countries are not giving money to the welfare systems. Come to terms with doing more with what we have right now. Let's enhance cooperation. For example, Iceland imported ideas and policies from Finland, who were saying "Learn from our mistakes". Last but not least, it is important to keep in mind that successful policies are imported.
- Invisible crisis is the crisis of trust in public institutions (politics, banks, courts)

The Nordic Welfare Watch – In response to crises

Presentation

The underlying idea is to approach the impact of crisis in term of health promotion. Crises affect people with chronic diseases and thus appropriate responses to man-made as well as natural disasters are relevant to chronic disease prevention. The aim of the Nordic Welfare Watch in this particular area is to minimise effects of crises and to build strong relationships across all governmental levels and organisations. Vulnerable groups are hit the hardest by crises; class and race have impacts on both recovery and long term effects. The main determinants of degree of consequences following a crisis are (I) economic status, (II) health & age, (III) origin and (IV) family status. It is being said that resilient society "bend but they do not break".

Nordic countries are known for their welfare systems and social services but few studies have addressed their role in crises. This project brings together 30 experts, stakeholders and scholars on national advisory groups.

What are we doing in this project?

1. Examine the role of social services in the preparedness & emergency system
2. Evaluate the activities in Iceland
3. Map the known risks that Nordic countries faces
4. Evaluate if there is a need for Nordic countries to develop crises responses

Why we are doing this?

- Interest in lessons learned from the Icelandic Welfare Watch
- Strong welfare system in all countries
- To avoid consequences if a new crisis occurs

Welfare consequences of financial crises

Presentation

Effects of the economic crisis in 2008 were felt throughout Europe. Iceland was one of the countries that was hit very hard. Economic crises can have destructive effects on well-being. In Iceland, social policy and social policy interventions played a big role in the country's recovery. There are two strategies available for the government to counteract the effects of crises.

- Active fiscal policy
- Active social policy (focus on those affected)

In Iceland, the welfare state was systematically protected, while other sectors experienced cutbacks. Social policy in Iceland included:

- Benefits raised
- Rights to unemployment benefits extended
- Special housing benefits introduced
- Tax burden on lower income groups decreased
- Unprecedented household debt relief

Iceland pursued a mixed approach due to (→ leading to):

- Weak fiscal position, massive budget deficit and conditionality attached to IMF loans
→ Fiscal consolidation
- Grass roots pressure, economic hardship affected most, political actors in power prioritized welfare state → Social protection

The experiences from Iceland point towards the following lessons. Economic crises can have devastating effects on the well-being of individuals. Icelandic authorities actively employed the welfare state to shield those who were severely affected by the crisis, while also consolidating government finances. Iceland was quite successful compared to other European countries in terms of lower unemployment and less poverty due to the crises, without negative consequences for growth. All in all, this indicates that a strategy of redistribution is a feasible approach, which offers an alternative to austerity.

The Nordic Welfare indicators

Presentation

Icelandic social indicators: Yearly collection of 41 indicators across five chapters (demography, equality, social sustainability, health and cohesion). This is highly influential (government, parliament, social partners, media) and presented by the minister. Special thematic reports focus on e.g. housing, tenure status, quality of life of children and poverty.

Nordic countries: Limited amount of indicators (ca. 30), used to highlight the Nordic dimension and to improve the comparability of the Nordic countries. As these countries are similar, their policy challenges are also similar and the indicators very relevant for policy makers across the Nordic countries.

The Nordic welfare indicators are:

- Health dimension
- Work-life balance

- Educational skills
- Social participation
- Civic engagement and accessibility
- Personal security
- Subjective well-being
- Income and earnings
- Employment
- Housing

Discussion on Transferability

- Were there any indicators or measures on disability? This is difficult to measure and to compare. Which definition to use would already lead to difficulties.

Session 2 – The National Curriculum Guides

Presentations

- The Curriculum Guides and the Pillar “Health and Wellbeing”
- Health promoting preschools, compulsory schools and upper-secondary schools as a mean to implement the pillar “Health and Wellbeing”
- Breiðholt – An example of a health promoting district in a health promoting city
- Implementation of the pillar health and wellbeing/Health promoting school, example from the compulsory school Hamraskóli in Reykjavik

The National Curriculum Guides and the Pillar “Health and Wellbeing”

Presentation and further information here, p. 38ff.

In 2011, a policy framework for Icelandic schools, the “National Curriculum Guides” for pre-, compulsory and upper secondary schools were published by the Ministry of Education, Science and Culture. This policy achieves a milestone by defining “health and wellbeing” as one of six fundamental pillars of education, thereby confirming the importance of health and wellbeing for education and vice versa.

The Guide describes the role of education in schools according to Icelandic laws and regulations, the objectives and organisation of school operations and the requirements and rights of everyone in the school community. The fundamental pillars are meant to accentuate the principle of general education and encourage increased continuity in school activities as a whole.

Six fundamental pillars have been developed within this framework. These are:

- Health and wellbeing
- Literacy
- Sustainability
- Democracy and human rights
- Equality
- Creativity

Discussion on Transferability

- Schools do not specialise on one of the pillars, e.g. creative or healthy school. They are supposed to implement all pillars throughout in school life.
- The Directorate of Education performs external evaluation for The Ministry of Education, Science and Culture as well as the Pillar. They visit pre-, compulsory and upper secondary schools every fifth or sixth year. During this evaluation they look at the laws for schools and the implementation on the whole curriculum, including all six pillars. They look at available data on school activities, visit classrooms during school hours and then they interview students, school staff and parents.
- Implementation depends on minister’s/ministry’s commitment. There is no legislative enforcement or policy about the implementation.

- Specific teaching materials (in Icelandic) have not been produced. However, the website (www.namtilframtidar.is) is available with info for parents. It also holds OECD reports for teachers as well as hands-on materials. Various books have been published for all pillars with ideas for lessons.
- Students from upper secondary schools are involved in decision-making process.

Health-promoting schools project

Presentation

Preschools, compulsory schools and upper secondary schools have started to implement the pillar “Health and Wellbeing” through the project “Health-Promoting Schools”. Rather than a project with a specified end, it is seen as a trend or general approach. It aims to support schools for school health and encompasses different themes, like physical activity, mental health and nutrition.

How do you become a health promoting school? The school needs to fill in an application and appoint a coordinator. A group is gathered by teachers, other staff, administrator, nurses, counsellors and the canteen. Students and parents should also be involved in the preparation and development. It is important to first discuss the policy the school wants to achieve, and then go through the checklist. The policy also has to be written down in the school’s curriculum.

An interactive website containing e.g. information about the steering group, written health policy, checklists, action plans and evaluation will be available soon.

Breiðholt – A health promoting district in a health promoting city

Presentation

The project showcases how a district can become health promoting. The base for it was the prevention policy in Reykjavik (general matters included: eat, sleep well...) and agreement between the city and DOHI. The support from the political level was essential on a conceptual level, while DOHI’s support was essential to carry out the project.

The project is structured: Vision → Long term objectives → Strategies. The strategies, or action plans, are the ones actually being implemented.

42 organisations signed up (i.e. committed to actions) and 33 are implementing them. The organisations range from kindergartens and schools (all levels), sports clubs, homes for disabled people and senior citizens.

Discussion on transferability

- Who funds HP Breidholt? Reykjavik city (municipality) funds one position, the coordinator.

Implementation example from the compulsory school Hamraskóli in Reykjavik

Presentation

Physical education teacher, Erla Gunnarsdottir, explained how the pillar “Health and Wellbeing” was implemented through the project health-promoting schools at the elementary school Hamraskóli in Reykjavik. She is the coordinator for this at her school and very committed.

Part of it since 2011, each year focused on a different health promotion subject (e.g. exercise & diet, mental health & school wellbeing, lifestyle).

LEARNINGS. “The activity is not a sprint but rather a marathon” and the leadership of the headmaster of school is crucial. PE teachers are not strong enough to control the policy of the school. The parents’ involvement increased participation.

Discussion on transferability

- Health promotion is for all and must be equitable → Sometimes families in Breiðholt do not have money for food and at the same time they are encouraged to enrol their children in sports.
- Advertising decisions affect health. There is a need for legislation for advertising (alcohol, soft drinks...). But sports clubs need the funding from industry. Offering certain drinks at sports’ centre bars to children should not be allowed (e.g. offer sports drinks instead of soft drinks). Answer: if not legislation, at least rules in schools. But it differs per schools.
- You need someone to coordinate it but every teacher should take part in the team work. Many teachers and one policy means heterogeneous positioning.
- Are there possibilities to feedback results and successes to politicians? Yes, but mostly only for specific issues such as alcohol.
- There were no changes in schedules of the school. If no extra, special dedicated time in curriculum, how can it be taken up? In the way we teach, in the breaks and through three times per week PE classes. Does this entail extra work for teachers? It needs to be flexible. HP is a support, that can add to your job and that you can tailor to it. In addition, motivation is key. You have to work with the reality available to you.
- How does Iceland rate on physical activity compared to other countries? What is the culture in Iceland? Nordic countries similarly high on physical activity. Children do go outside during recess. Sport association system is also very strong in Iceland.

Session 3 – Multimodal training programme for successful ageing

Presentation

- Multimodal Training Intervention – An approach to successful ageing, introduction of the research project and information about the upcoming implementation in some Icelandic municipalities

Multimodal training interventions (6-MTI) are of special interest for older individuals, because of their high rate of disability, functional dependence and use of healthcare resources.

See [further information here](#), page 124.

Conclusions

Multimodal training intervention:

- Improves and prevents decline in functional fitness and endurance performance
- Maintains strength performance and quality of life

Implications:

- Influence on behaviour with positive health effect
- Encourage older persons to increase their physical activity
- Encourage societies to give older persons the opportunity to practice multimodal training intervention

Discussion on transferability

- Works in adaptation to five municipalities.
- Requires a building and trainer; during the day many sport halls are empty.
- In sum, the programme has been shown to be effective and can be adapted to routine intervention.