7th REGENERA WORKSHOP
The Hague, 1 - 2 – 3 December 2005

REGENERA is a thematic network within the URBACT Community Initiative
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Social support systems, social quality and health care

Synthesis of the visit and first learning points

This short paper is supposed to be a first step of the capitalisation of the meeting. It allows keeping track of what has been discussed in The Hague, for those who assisted and those who did not. This paper does not replace the report, which is to be issued early next year.
The first part summarises the visits of several projects and organisations in The Hague. In the second part we have drafted the emerging main learning points from the workshop. Please send your feedback to: awagner@grandlyon.org

Introduction to the workshop topic

The initial topic defined by all REGENERA cities in the beginning of the network was entitled "Social support systems and social inclusion", then the health sector was chosen in order to treat this very large topic in a more concrete way. The field of health care can therefore be taken as an example helping to analyse how our cities organise themselves in order to deal with the social support system and social welfare on a local level. Most often social support systems depend on national frameworks and competencies, but nevertheless a local intervention is needed, especially in areas where the population is more vulnerable than elsewhere.

Social support systems and health care in social neighbourhoods:

- What activities do cities carry out in fields concerned with social support systems and more specifically in terms of health care in order to match the specific needs of populations in deprived urban areas? There may exist specific measures for groups of which the specific needs are not taken into account by regular services or complementary measures where the social support system fails (lacking area-based services, no service provided to illegal immigrants etc.)
- It seems important to analyse this topic
- In an area-based context, that means the neighbourhood undergoing urban regeneration;
- In the context of the urban regeneration project. Which links between health care measures and actions in other fields? (In Turin for example we saw that the work on security also may include measures on condemned housing. Saint Etienne showed that for the work on image change of the south-east area measures concerning culture, the development of new activities and public transport are linked.

Visits

All the projects that were visited lie in or near the inner-city Schilderswijk area. Since a number of years the Schilderswijk has been a priority area undergoing urban regeneration. 90% of the population is of immigrant origin and has a statistical turnover of only 5 years.

The Kessler foundation

A centre for homeless people founded in 1923. The Kessler foundation services covering basic needs such as catering service by bus and emergency sleeping possibilities. The 100 beds the foundation offers cover different levels of integration: from a bed for one night or emergency facilities for families or single mothers to accompanied living. The foundation tries to help its clients all the way from homelessness towards a self-organised, autonomous live.

At the Kessler foundation

Parnassia

A foundation for mental health care with 40 000 patients per year. 10% of its services carried out try to take into account the cultural backgrounds of patients from immigrant communities. Parnassia tries to link mental health care with classical physical health care by creating links with general practitioners and to be present directly within the general practitioners' localities. Also, the foundation works closely with the police in order to allow the immediate treatment of mental problems of persons the police gets in contact with.

The Schilderswiik

The Mall

The Mall is a project for youngsters from the Dutch Antilles. The immigration from the Dutch Antilles is the most recent one and took place during the 1990s. Therefore, there are, so far, only very few facilities for these youngsters today. Among this group there are problems with crime activities, especially drug traffic. The Mall is therefore a project for 25 youngsters, which offers not only leisure facilities, but also helps to find training and job opportunities. The police is involved in the choice of the youngsters: the most vulnerable are admitted, but only those who have no criminal record yet.

Islamic spiritual health care

The central hospital of The Hague offers spiritual health care. The staff includes one Christian, one Hindu and one Muslim. A first objective is to consult patients in religious questions and rituals. The broader objective is to offer a more holistic health service, taking into account cultural, mental

and psychic aspects. The spiritual care-takers spend an important part of their work-time to listen to patients. Also, they train the medical staff in cultural diversity.

Presentation of the spiritual health care project

Diabetes among Asians

This project led by The Hague's city administration treats the very specific problem of Diabetes among South-Asians. The population concerned has it's origins in Calcutta, India and came to the Netherlands via Surinam. This group has a diabetes risk, which is 40 times higher than the average. The problem is even more important in the deprived neighbourhoods of the city.

The project has been very innovative in its communication and prevention strategies. It worked closely with the concerned community, used the community radio, a Hindustani festival and theatres to communicate about the problem. The project also included research on the origins of the problem and consultancy on nutritional behaviour. The input of the project members and researchers who themselves are members of the south-asian community was crucial.

The project faced financial problems from the start and so it is today. Even if it is an innovative project treating an urgent problem in a pertinent way, the project does not fit into standard health care financing. An ethno-specific approach is not fundable in the Dutch health system.

Stiom

Stiom is an NGO working in the deprived neighbourhoods of The Hague and which tries to link social action and health care. Stiom sees itself as laboratory of new approaches in this field.

At the health centre which hosts Stiom

Two examples: One project on healthy living consisted in a work with general practitioners. The aim was to encourage physically inactive people to do more sports. This was done via the doctors' prescriptions, which were not for medicaments, but for sports activities. This action now was adopted by several insurance companies.

The new tracks project aims to link and train "trust persons", persons of respect of different communities in order to act as an interface between members of their community and the health care services: inform the communities of available services and give personal assistance. Help the professionals to understand better cultural differences of their patients.

Discussion

The discussions of the first day of the meeting were focused on the Dutch health care system, which is currently being privatised. On this background, during the second day, different projects were visited and allowed a discussion based on concrete examples in the last part of our workshop.
In the core of the different discussions were the following aspects:

1. The link between health and urban regeneration and the link between social deprivation and health condition.
2. How the knowledge about and the access to health services is linked with a broader social integration.
3. The role of cultural differences for health care services. How to take into account these differences? What staff and skills are needed? Where do we need specific and where general services?

Although health care is not a core competency in the different cities, the issue is treated in the framework of regeneration of deprived areas. The city administrations play the role of a co-ordinator of different health-care actions on its territory. It seems important to a number of cities to link the action or services of the health sector to other sectors like the social field or to enlarge the strict medical treatment of physical illness to mental or psychological problems. Here, voluntary organisations also play a role in linking these different spheres.

The visits of the different projects and the contrasting case studies from Glasgow and San Adria de Besos led to a very lively discussion. In the following some of the crucial issues that came up:

- Health care is a social process and linked not only to medical skills concerning physical well-being. Important other dimensions are mental, psychic, or spiritual. As one local project leader said, "often, when the stomach is hurting it may be the head which needs to be treated."

- Health care is a process of co-production by the patient and the medical staff. This fact only begins to be recognised among professionals and politicians.

- Health: it is the outcome of a process, which links a multitude of actors (medicine, psychology, social actors etc.) and the patients. Health is a matter which concerns first and foremost the patients themselves, their manner of living and their physical and social environment.

- Health care is a relational field. Communication between professionals and patients is crucial. Therefore, the different cultural backgrounds and languages need to be taken into account.

- Health care needs time. Time for listening. This time often is rare in modern profit oriented health care systems. How to finance a global holistic health care (medical services and social prevention)? What are the overall costs?

- The need for qualified professionals of diverse cultural origins : The importance of language, culture, religion, gender. The need for training on cultural diversity for medical staff.
    - The risk: overpass some limits and impose some religious or cultural practises to the detriment of human dignity.

    - Then need to build common rules.

- The need for professionals and leaders working as interface between different spheres such as health care and social development. Which training for professionals would be necessary? Interface between research, training, practitioners, local politicians and local communities. The need to find time and place for exchange on these issues among professionals but also between inhabitants.Health is not a city-competency. Therefore the cities are more in the role of a coordinator taking into account local needs and linking local projects.Decentralisation to which extent in order to be able to take into account a territory?

- The right to try: Give more competence to local authorities? Develop voluntary health and social care to deprived population and particularly undocumented persons.

- The importance to have an area-based approach to the social and sanitary question.