Danish University Colleges

Study visit report
For knowledge and best practices transfer in setting up and implementation of public policies in the socio medical field
Rotaru, Carmen; Hansen, Steen Juul; Kjeldsen, Lena; Leerberg, Malene Bødker; Amby, Finn

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Cod SIPOCA/ My SMIS: 245/111413

Study visit report

For knowledge and best practices transfer in setting up and implementation of public policies in socio-medical field from Denmark

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January 2019
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1. Context

The study visit to Denmark was carried out under the project "Alternative Public Health Policies", SIPOCA / My SMIS: 245/111413, project co-funded by the European Social Fund (ESF) through POCA 2014-2020 and implemented by the Filantropia Federation in partnership with the Ministry of Health. The organization of the study visit in terms of setting up visits to the relevant institutions, presentation of the main topics and conducting the debates in Denmark were conducted by VIA University College. The aim was to achieve a transfer of knowledge and good practices in the initiation and implementation of Public Policies in the socio-medical field by ensuring the transfer of know-how in a workshop organized for a group of 10 (ten) for 5 (five) days, between 26.11.2018-30.11.2018.

VIA University College, as the largest college of applied sciences - www.via.dk - develops and offers a variety of accredited programs in the fields of business administration and social studies. With more than 18,000 students, study programs in four main areas of study are organized in four faculties:

- VIA Education and Social Sciences
- VIA Health Sciences
- VIA Business
- VIA Continuing Education

VIA develops educational programs in close cooperation with employers - companies, mayors, regional, national, international institutions. There is a link between research and the learning environment with the understanding of challenges and opportunities in the practice environment. 20 VIA research centers support the ambition of being a research-based college.

The study visit was structured on two components:

- Component 1 - knowledge transfer during interactive sessions held at the university, where the experts and the university specialists presented the themes of interest for the group of participants;

- Component 2 - exchange of experience and good practices, through visits to centers / NGOs active in the project areas (public policies, health services, advocacy, lobbying, social dialogue, etc.).

The staff involved are experts and university professors in the fields of public administration with applied and theoretical practice experience in the process of initiation, formulation and adoption, social dialogue, civic
involvement and evaluation, monitoring of public policemen. Their role was to facilitate the transfer of knowledge and exchange of good practices for the comparative analysis between Romania and a northern country, to discuss good cooperation practices between social partners and central authorities, to present evaluation and monitoring tools, to develop a collaborative network at international level.

2. The Study visit program

Location: Denmark, VIA University College, Aarhus C, Ceresbyen 24

Date: 26-30 November 2018

Program:

- 4 visits to the relevant institutions marked with orange
- 10 presentations marked with blue
- 4 debriefing sessions marked with green
<table>
<thead>
<tr>
<th>26 November</th>
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| **8.30 Welcome session**  
**8.45- 10.30**  
Presentation Malene Leerberg, Co-Creation – when public organizations and local communities collaborate. Two sessions concerning 1) public policy and 2) community involvement and social dialog  
**10.45-12.30**  
Presentation Lena Kjeldsen, Digital inclusion in society for people with special needs and | **9.00 – 10.30**  
Presentation Steen Juul Hansen, Implementation and evaluation of methods of mentalization in residential homes for children and youngsters with behavior difficulties. Two sessions concerning monitoring and evaluation of public policies. | **9.00 Departure Ceresbyen**  
**10.00 Visit Egmonthøjskolen** | **9.00 -12.00**  
Presentation of the university development strategy in the field of social innovation and internationalization. European network (Carmen Rotaru) |
<table>
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<tr>
<th>Time</th>
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<tr>
<td>11.00-12.00</td>
<td>Visit the Street priest in Århus.</td>
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<td>12.30 Lunch</td>
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<td>13.00-15.00 Visit Muskelsvindfonden.</td>
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<td>14.00 – 16.00 Visit Ungdomscenteren</td>
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<td>14.15 – 16.15 Presentation Finn Amby, Handicap policies. Two sessions</td>
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<td>concerning 1) public policies and concepts of disability and 2)</td>
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<td>adaptation processes and social dialog at the local level.</td>
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<td>13.20 Arrival</td>
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<td>16.15</td>
<td>Debriefing session</td>
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Institutions that had been visited:

1. Muskelsvindfonden - an association of patients with the aim to improve the conditions for people with muscular dystrophy. The association is founded in 1971 by Evald Krog, who has muscular dystrophy himself and who is the chairman of the association. Muskelsvindfonden arrange each year several fundraising activities. They have since 1983 arranged Green concerts in collaboration with Tuborg – a national brewery in order to make people with disabilities more visible and part of the society. The association is working to cocreate a society with room for differences. Muskelsvindfonden is running a rehabilitation center, which was founded in 1985. They represent a social partner in setting up the public policies in the social-medical field.

2. The street priest in Århus is a social services related to the Church taking care of the persons nobody else takes care of. The street priest is available 24 hours a day. They have to be available when the socially vulnerable have the need to talk with someone. The street priest has an office at the parish community center, where s/he can talk to people. The contacts and talks are not necessarily in the street.
3. Ungdomscenteret is driven by the municipality of Århus. They work with young people 14 – 17 (23) with challenges in their lives. The young can have difficulties in maintaining school or jobs or difficulties in relation to parents and family. The can have experienced neglect in childhood and adolescence, abuse – sexual and other kinds. The problems they work with at Ungdomscenteret is widespread, and they use a lot of different methods in their work.

4. Egmont Højskolen is a Danish folk School with a special responsibility for disabled people. The school have 200 pupils and 80 employés. The school was founded in 1956 by The Danish Society of Disabled People. The concept of Non-formal adult education is associated with the Danish philosopher, poet, educational thinker and clergyman, N.F.S. Grundtvig, and his thoughts concerning free educational opportunities. The concept first arose in the 19th century and is one of the special features of the Danish education system. Non-formal learning activities are frequently based on private initiatives by non governmental organisations (NGOs). Non-formal adult education comprises:

- Independent non-formal educational activity: evening schools and voluntary activity in associations
- University extension courses
- Day folk high schools
- Private independent boarding schools (folk high schools, home economics schools, arts and crafts schools, and continuation schools)

The objective of non-formal adult education is, by taking a point of departure in the courses and activities, to increase the individual’s general and academic insight and skills and enhance the ability and desire to take responsibility for their own life, as well as taking an active and engaged part in society. Non-formal adult education comprises teaching, study circles, lectures, debate creating activities and flexibly organised activities, and fees are charged for participation. The teaching is usually offered at evening schools which, within the framework laid down in and pursuant to law, themselves create the frame for their choice of subjects and activity. The overall grant to a non-formal liberal education activity may not exceed 1/3 of the associations’ total payroll.

Related to the presentations, 10 themes were elaborated by the involved experts:

- VIA and international strategy - study programs, research centers, public-private partnership. Presentation of the university development strategy in the field of social innovation and internationalization
- European network
- Co-Creation – when public organizations and local communities collaborate. Two sessions concerning 1) public policy and 2) community involvement and social dialog
- Digital inclusion in society for people with special needs and disabilities. Two sessions concerning 1) initiating public policies and 2) cooperation networking.
- Handicap policies. Two sessions concerning 1) public policies and concepts of disability and 2) adaptation processes and social dialog at the local level.
Implementation and evaluation of methods of mentalization in residential homes for children and youngsters with behavior difficulties. Two sessions concerning monitoring and evaluation of public policies.

Specifically, the 5-day workshop (study visit / knowledge transfer) was structured on the following themes:

- Public policies: the process of initiation, development, and adoption in Denmark
- Community involvement and social dialogue
- Monitoring and evaluation of public policies
- Cooperation network

In the following chapters, each of these key areas is described in such a way as to provide a clear understanding of the transfer of good practice and desired outcomes.

While the information was presented during discussions and debates during the study visit sessions, the focus was on the practical approach - examples of how social affairs policies are managed, from initiation and implementation to monitoring and evaluation.

In the end of each day, a debriefing session took place for summarising and centralising the feedback from the participants on the base of some specific instruments.

3. Public policies: the initiation, development and approval process in Denmark

This part contains four sections. The first section is a general description of the public sector in Denmark. The second section describes processes of community involvement and social dialogue. The last two sections describe monitoring and evaluation of public policies and cooperation networks.

3.1 A general introduction to the public sector

3.1.1 Organisation of the public sector in Denmark

The public sector in Denmark is organized in three levels:

1) The central level – the ministeries and different agencies. Police, defense, foreign policy, infrastructure etc.
2) The regional level - the regional councils. That is primarily health services delivered from hospitals.

3) The local level – the municipalities. That includes all services that is close to the citizens involved.

Most of the public services delivered to the citizens is provided by the local level and therefor the municipalities plays a major role in the public sector in Denmark. The municipalities has a great influence on how the public policies is formulated, designed, adapted and implemented, delivered and finally evaluated.

3.1.2 Healthcare system organization

In the healthcare system, the state holds the overall regulatory and supervisory functions in health and elderly care. The five regions are primarily responsible for the hospitals, the general practitioners (GPs) and for psychiatric care. The 98 municipalities are responsible for a number of primary healthcare services as well as for elderly care.

The Ministry of Health

The Ministry of Health is responsible for establishing the overall framework for the provision of health and elderly care. This includes legislation on the organisation and provision of health and elderly care services, patients’ rights, healthcare professionals, hospitals and pharmacies, medicinal products, vaccinations, maternity care and child healthcare. The legislation covers the tasks of the regions, municipalities and other authorities within the area of health.
The Ministry

The Danish Health Authority
The Danish Health Authority is responsible for advising and supporting the Ministry of Health, the regions and the municipalities on health issues in general. Through 47 national clinical guidelines, the authority ensures uniform healthcare services of a high professional quality across Denmark, including effective health emergency management. The health authority disseminates knowledge to the population and to public authorities on population health status and on risk factors such as unhealthy lifestyle and elaborates adequate prevention programmes and interventions to support healthy choices. This also includes rehabilitation, prevention and support for elderly people focusing especially on ensuring coherent efforts across the health and social sectors. The health authority is responsible for planning the distribution of medical specialities among hospitals and for handling the administration and quality development of specialist training and educational programmes for medical doctors and other healthcare professionals. Other tasks include control and management of infectious diseases and immunisation programmes, establishing guidelines for rational and appropriate use of medicines, elaborating national plans in areas such as cancer, cardiovascular disease, diabetes and chronic diseases and setting up protective measures against the harmful effects of ionising radiation.

The Danish Medicines Agency
The Danish Medicines Agency authorises and inspects pharmaceutical companies and licenses medicines for the Danish market. The agency monitors side effects of medicinal products; authorizes clinical trials; monitors medical devices available in Denmark and supervises adverse events involving medical devices; appoints proprietary pharmacists, organises the pharmacy structure and supervises pharmacies and retailers. The agency contributes to policy development and regulation of the pharmaceutical area, both in in Denmark and at European level.

The Danish Patient Safety Authority
The Danish Patient Safety Authority performs a number of tasks designed to strengthen the safety for all patients. This includes the supervision of authorised healthcare professionals and healthcare institutions, the issue and potential withdrawal of authorisations from healthcare professionals and the handling of complaints about infringement of patients’ rights and complaints about treatment and care within the healthcare system.
The agency is also responsible for the administration of the reporting system for adverse events and for ensuring that the knowledge derived from the analysis of adverse events, patients’ complaints and compensation claims is disseminated to all healthcare institutions and healthcare professionals as a basis for future preventive efforts.

**The Danish Health Data Authority**

The task of the Danish Health Data Authority is to generate coherent health data and digital solutions that benefit patients and healthcare professionals and which may also support research and serve administrative purposes. The authority is responsible for a number of databases, registers and services that involve data on treatment, population health and medicine consumption. The Danish Health Data Authority provides access to health data on activity, economy and quality for healthcare professionals, administrators in regions and municipalities, citizens and other interested parties. Setting national standards for digitisation and enhancing data security, the Danish Health Data Authority supports the general digitisation process and promotes a coherent data and IT architecture within the healthcare system and ensures adequate, comprehensive and valid health data that can benefit patient treatment as well as research.

**Statens Serum Institut (SSI)**

SSI is responsible for the surveillance, prevention and control of infectious diseases, congenital disorders and biological threats. Other tasks include the running of reference laboratories for infectious, autoimmune, congenital and genetic diseases; ensuring the supply of vaccines, other biological products and diagnostic services through production and procurement; ensuring preparedness against biological terrorism and conducting research and development in SSI’s areas of activity, including the administration of the national biobank.

**The Danish Council on Ethics**

The Danish Council on Ethics advises parliament and public authorities on ethical issues related to genetic engineering and biotechnology that affect peoples’ lives, our nature, environment and food, as well as other questions related to healthcare. It follows new developments and initiates projects that seek to clarify the ethical questions that arise with the deployment of new techniques. The Danish Council on Ethics is an independent and autonomous council that cannot be instructed or controlled by ministers, parliament or others on the issues discussed in the council or in relation to statements, recommendations, public debates or other activities of the council.

**National Committee on Health Research Ethics**

Under the Committee Act, it is the responsibility of the committee system on health research ethics to ensure that health research projects are carried out in an ethically responsible manner, and that the rights, safety and wellbeing of trial subjects are protected, while at the same time possibilities are being created for the development of new, valuable knowledge. The special tasks of the National Committee on Health Research Ethics include coordination of activities in the regional committees, laying down guidelines, giving opinions on issues of a fundamental nature, acting as a board of appeal in connection with findings in the regional committees, monitoring the development of research within the health sector and promoting the
understanding of the ethical problems in relation to health services and biomedical research environments and considering recommendations to the Minister of Health.

The Regions

The five regions are governed by regional councils, each composed of 41 members. The members are elected in regional elections every four years. The regions are responsible for hospital care, including emergency care, psychiatry, and for health services provided by GPs and specialists in private practice. The regions organise health services for their citizens according to regional needs, and the individual region may adjust services within the financial and national regulatory framework, enabling them to ensure the appropriate capacity. Moreover, the regions may refer patients to treatment abroad. In some cases the referral is subject to the approval of the Danish Health Authority.

The Municipalities

The 98 municipalities are local administrative bodies governed by municipal councils. The council members are elected in municipal elections every four years. The municipalities are responsible for a number of health and social services. Local health and elderly care services include disease prevention and health promotion, rehabilitation outside hospital, home nursing, school health services, child dental treatment, child nursing, physiotherapy, alcohol and drug abuse, treatment, home care services, nursing homes, and other services for elderly people. In addition, municipalities co-finance regional rehabilitation services and training facilities.

3.1.3 Welfare system organization

Denmark has divided its welfare tasks between various ministries:
- Ministry of Social Affairs and Integration,
- Ministry of Health
- Ministry of Employment
- Ministry of Children and Education.

The area of social matters is widely governed through legislation, but it is up to the local authorities to assess the need for social services and, in that manner, ensure that public welfare services are organised as efficiently as possible with respect for the citizen’s specific circumstances and needs and in the interests of local conditions, via public and private suppliers alike. In Denmark the local authorities have the primary responsibility for social services and the main responsibility for promoting citizens’ health and disease prevention. Local authorities are responsible for planning and providing a broad spectrum of social services,
including care for dependent elderly, day-care facilities, rehabilitation and activation of unemployed people. Moreover, local authorities implement the social security schemes including old-age pensions as well as decisions awarding anticipatory pension, sickness benefits and child allowance. The size of these cash benefits is determined by statute. Finally, the local authorities pay cash assistance benefits under the social assistance scheme. The size of these benefits is also determined by statute. The background for the extensive local self-government system is a desire to develop the social services as close to the citizen as possible. Local self-government has traditionally been embedded in the Danish policy of mobilising and involving all players and citizens in society. A key element of Danish legislation in the social field is citizens’ possibility of having influence on how their life and situation is defined by the authorities. According to the legislation, consulting and advisory user councils must be set up to represent citizens’ interests vis-à-vis the local authorities. In addition, a range of independent complaints boards have been set up with representatives from the labour market and various interest groups. The citizen is therefore also relatively close to the responsible politicians elected in local elections. As local authorities fix and levy local taxes themselves, they have various options in adjusting their social services to local conditions. At the same time, the local authority sets the political priorities when trading off between tax rate and service level. This explains the differences in the service level from one local authority to the other and the varying tax rates – the highest local tax rate being about 28 % and the lowest about 23 % in 2011.

3.1.4 History of public administration development process in Denmark

Not unlike many other countries, up to the late 1970s, Denmark was advocating strongly on central planning. The Danish Public Administration placed major importance on formal rules, administrative structures and strict roles for the public institutions and NGOs and other forms of community initiatives. The approach was systemic and its correspondence in public policy was mostly a top-down approach and a bureaucratic public administration characterized by regularity (Greve, 2012; Andersen et al, 2017)

In the 1970s, the public sector in Denmark went through a series of structural reforms. What changed was a continuing decentralization process form the central level to counties and municipalities. The decentralization process consisted of both management of the public tasks and of the planning processeses. The responsibility for the planning processes was moved from the central level to municipal levels (in the 1970s), followed by further decentralization to the institutional level. And the responsibility for public task was moved from the central level to the local level. This responsibility included both the financial responsibility and the responsibility to make the local decisions concerning the size and quality of the public service produced.

In the 1990s and 2000s, the governemental approach was inspired by New Public Management (Hood, 1991). The public sector should run their business as private cooperation. This approach to government included privatizations, put out to tender, management by objectives, competition between private and public producers and a focus on strategic management. The results of New Public Managent has been discussed (Hood & Dixon, 2015).
The labor market policy was transformed in the same period from welfare to workfare (Jensen, 2016). A consequence of this shift in policy meant a focus on gaining employment as a first and immediate priority as opposed to relying on a long term investment through e.g. social support to enroll in further education. In 2007 Denmark went through another major structural reform, where the responsibility of the public task was moved from the central level to the municipalities. At the same time the number of municipalities was greatly reduced from approximately 275 to 98. The municipalities grew bigger and lost a bit of their local touch. So the reform in 2007 concerned both decentralization and centralization.

In the late 2000s and 2010s the governmental approach has been inspired by what is called New Public Government (Osborne, 2006). That is a governmental approach where local networks and cocreation is important governmental tools.

As such, from 1970s to 2010s there has been a shift in governmental approach, from hierarchical command and control management to result and network based steering mechanisms, which has created possibilities for the municipalities to differently shape the approach to public policy planning at the local level. However, it is fair to claim that all three forms of governance still exist today causing contradicting modes of governance at times.

The different approaches to governmental regulation can be illustrated with the welfare triangle as illustrated in figure 1 (Pestoff, 1998). The welfare triangle illustrates that the welfare production in a society originates from either the state, the marked or the civil society. Each contributor to the welfare is functioning in a special way and is connected to three different welfare regimes. The three different models are the liberal model, the conservative model and the social democratic or Nordic welfare model (Jensen, 2016).

The liberal model is dominated by the employers and a capitalistic market. Each person is responsible for his or her own happiness and wellbeing. The conservative model is dominated by the employers and the catholic church, where the family has a central position in the welfare production. The social democratic model is dominated by the employees and the state. The state guarantees the citizens social protection and the costs is financed by taxes. A consequence is that economically the public sector constitute a great part of the total economy in the country. All citizens have equal rights and obligation. The public servants can not interfere in the private life of the citizens without a legal authorization. The welfare state in Denmark is a social democratic model.

The three models illustrate three different approaches to governmental regulation. The liberal model is connected to New Public Management, the conservative model is connected to New Public Government and the social democratic model is connected to the bureaucratic way of regulation and the use of professionals as public servants. So when we are talking about cocreation and cooperation between the private and public sector, it can be illustrated by the third sector in figure 1. It is a sector where private business, actors form the public sector and actors from the local community collaborate to create more welfare for less money. The regulation in Denmark has changed character from 1970s to 2010s from rules and bureaucracy to a regulation inspired by the market and the community. As a consequence the welfare regime has changed from a classic welfare state to a what is called a workfare state, where the state increasingly rely on the local community and the marked to produce the welfare in Denmark.
Furthermore, in the 1990s Denmark joined the Cochrane Collaboration (for health policies) and the Campbell Collaboration (for social services, social work, social justice and education), which are well-known for establishing an approach of evidence-based policy making, that is, developing policy using scientific data in the above mentioned fields.

3.2 Social Policy system in Denmark

The Danish Social Policy is led by the belief that efforts should be made to achieve a welfare society for everyone, both in the present day and also in the future. Every citizen should have the same possibilities to live a good life according to what is normal standards in Denmark. The current position that Denmark holds as one of the wealthiest and safest countries, as well as most responsible towards its citizens derives from a well-developed public sector, a sustainable financial platform, high employment rates and well-functioning labour market. The principle of equal opportunities is instrumental for maintaining a socially coherent welfare society. The citizens in Denmark have a high confidence to the authorities and the public servants.

The general framework of the social policy in Denmark is characterised by several principles, among others:

- **universalism**: All citizens in need are entitled to receive social security benefits and social services – regardless of their affiliation to the labour market

- **tax financing**: Social security benefits and social services are mainly financed from general taxation
- **Public responsibility**: The public sector is responsible for the provision of social security benefits and social services.

- **Interconnecting family life and working life** for a balanced life and high degree of wellbeing.

- **Active social measures**: Social protection measures must be active – rather than merely passive support and maintenance.

- **Local community approach**: The social sector is organised with a high degree of decentralisation of social responsibilities to local government.

- **Local scope of action**: Local authorities and regions have wide autonomy when implementing the various social protection schemes.

- **User influence**: Citizens and claimants must be involved in the organisation of a social protection programme.

- **Overall comprehensive view**: The citizen’s social problems and his or her situation must be seen in a broader context.

- **Cooperation between social partners and public sector**: The public sector co-operates with private companies and voluntary social organisations to promote social welfare.

In few words, the social policy aims at bringing all possible stakeholders together and creating awareness about their roles in creating and maintaining a welfare society for all (Jensen, 2016).

As such, there are shared responsibilities when it comes to extended care and service functions (i.e. care for dependents), initiatives targeting particular groups (i.e. mental disabilities, alcohol and drug addicts, etc) and the transfer of payments (i.e. old-age pension, anticipatory pension, sickness benefits, maternity benefits, cash assistance and other special benefits).

The key actor in the social policy are:

- the central government, in particular the ministries in fields such as social affairs, health, education, employment, etc. – their roles are to provide the legislative framework and to oversee the implementation of the policies

- the local authorities / regional authorities – their roles are very important as they assess the need for social services, they mobilize and spend the funds and they promote the citizens’ health and welfare

- other stakeholders – local communities, NGOs, etc – they create awareness on local issues and sometimes even develop local solutions to these and implement them.

As mentioned above the reforms in the 1970s and in 2007 had the aim to place the responsibility for producing and financing the public service as near to the citizens as possible. As a consequence the municipalities is the greatest producers of public welfare comparede to the state and the regional authorities (Hansen, 2016).
The legislation pertaining to the policy planning process mentions that consulting and advisory councils must be created to represent the citizens’ best interest. The public expects the politicians to create solutions to the problems they articulate (Christensen & Mortensen, 2016). The promoters of policies are mainly local governments, which set up the policy development process and mobilize all needed resources, all players and citizens concerned by each policy.

In few words, the initiation, development and approval process can be summarized as:

- local governments / institutions / localities identify the needs, assess them and develop local solutions
- the solutions are passed on to the local / regional level and are analyzed by the central relevant political institutions
- the solutions are regulated and transformed into public policy proposals / legislation proposals, which are then submitted to public consultation
- public and private stakeholders, social partners, NGOs, citizen groups and networks provide consultation on the proposed new policies / legislation
- based on the integrated inputs from all stakeholders and other data collected from other sources (such as reports, impact analyses, peer evaluation, prior experience, etc), the policy is approved by the relevant political authorities and becomes the rule of law.

The proces can be descibed by „The parlamentary chain of government” in figure 2 (Hansen, 2016). The model can be used to illustrate the political processes on both central an local level.

Figure 2: The parlamentary chain of government
According to figure 2 the citizens choose politicians that will approve a policy corresponding to their needs. The parliament controls the government and make sure that the government realize a policy that coorespond to the majority of politicians in the parlament. The public administration is loyal public servants and they fullfil the politic by the letter. If the citizens is unsatisfied with the politics they have to choose a new parlament. In this proces a free press is important and it is also important that the citizens has the freedom to speak and organize according to their interessts. Figure 2 gives an idealized picture of how the polical proces works.

During the study visit, our organization prepared and delivered some case studies, which provided information on social policies for youth at risk and for disabled persons, among others. We have also provided an example of public policy on digitization, which has enabled more than 90% of the Danish citizen to maintain a constant contact with the authorities for social and administrative issues, in particular people with disabilities, refugees, elderly people and youth at risk or with special needs.

4. Community involvement and social dialogue

In Denmark there is a long tradition to work voluntarily in different associations. It is a constitutional rigth to form any association you want and that rith has been used since the constitution was decided in 1848. The purpose of the associations vary geatly. It can be an association for boy scouts, a football club, an association to protect the danish nature or it can have social and heath purposes. Many religious associations have a social purpose and they collect money by selling second hand stuff or they collect money in the street.

A special feauture in the political live in Denmark is, that the voluntarily associations have a great influence on the policy formulating processes. The influence is not only through the public press, but some times they are formerly invited to participate in the policy formulating proces. And very often the voluntary associations have influence on the policy when policy proposals are sent into public hearings. The policy formulating proces in Denmark is not a closed proces. It is usually an open proces. The open policy formulating proces secures that
the policies decided upon have legitimization and public support and can be implemented in practice with good results. Sometimes the voluntary associations also participate in the implementation of the policy. The process is illustrated in figure 3.

Figure 3: The integrated implementation model

Kilde: Winter & Nielsen, 2008

The integrated implementation model is an elaboration of the parliamentary chain of government in figure 2. The integrated implementation model highlights the fact that public policy is not always successful and does not always produce the desired results. There are several reasons for that. The overall reason is that the formulation, design, and implementation of the public policy is political not only in the political formulation phase, but also in the policy design and implementation phase. The political agenda is active in all steps of the implementation process and the civil servant can have their own interests to take care of (Winter & Nielsen, 2008).

At the study visit we visited Egmonthøjskolen and Muskelsvindfonden and Finn Amby told about the associations that are active in formulating and implementing handicap policies both at the central level and at the local level in the municipalities. They are engaged in adaptation processes and social dialog at the local level. The associations are good and representative examples of how private associations are active in the political process of formulating and implementing political decisions through social dialog political pressure.

In Denmark, community involvement begins from an early age, through volunteering, participation in projects aimed at creating awareness on health issues (such as non-communicable diseases—diabetes, cardiovascular diseases, cancer, and chronic respiratory diseases—are a large and growing public health challenge in high-resource and, increasingly, low-resource countries), social issues (such as measures for at-risk youth, active labour market measures, etc). Children get involved in needs assessment, lobby and advocacy.

A relevant example regarding children involvement is a Cochrane review called “Interventions for preventing obesity in children”, which considered the following promising leads for effective interventions in schools:
interventions targeting school curricula, physical activity sessions throughout the school week and healthy food supply in schools. In addition, environments and cultural practices should support and encourage children and young people to eat healthier foods and also support them in being active throughout each and every day. Capacity-building activities for teachers and other staff, and parental involvement were also important. A systematic review of studies on the effectiveness of school health promotion efforts, further concluded that programmes that account for contextual factors and emphasize multidimensional approaches are more likely to be effective in terms of health outcomes.

The community gets involved also in the rehabilitation of offenders, through special programmes where they are placed under probation or community service, instead of being jailed, closed off from the general public and generally stigmatized by their condition.

Other forms of community involvement include projects that bring together the community at large and people with disabilities, youth at risk, elderly people, etc.

Community involvement and social dialog in the public policy has a long tradition in Denmark and the importance of the associations and NGOs in formulating and implementing public policy is institutionalized and is an integrated in the way the public sector functions. The social dialog and the community involvement in the public sector rest upon a political accept of the civil society and the community as a an equal partner in the welfare production as described in figur 1. The fundamnet of community involvement and social dialog is mutual acceptance and collaboration between politicians, community and private business.

During the study visit, we have presented the case of the MUSKELSVINDFONDEN, a nationwide membership organization working in the field of disability, also a fundraising organization with an army of volunteers, that manages a Rehabilitation Center for Muscular Dystrophy, a leisure, sport and conference center, that offers political work, space for debate and a fight against prejudice. The target groups are persons with muscular dystrophy, who benefit from the services mentioned above.

5. Monitoring and evaluation of public policies

As a citizen and reciever of public services you always have the possibility to complain over the service you recieve. It is a legal rigth and the public administration have a responsibility to guide you and inform you how to complain if you are not satisfied with the service you get. Denmark have a law concerning the citizens legal rigths and a law concerning how to make a prober public administration.

The supervision process of public policies in the social field in Denmark could show that complaints might appear from dissatisfied citizens – they are handled by the National Social Appeals Board, which decides whether the appeal case is one on a point of law or if it is a matter of general public importance. The National Social Appeals Board is an independent agency in the ministry of children and social affairs. The
agency decide approximately 20,000 cases each year. The National Social Appeals Board was founded in 1973.

The State Administrations also supervise the Municipal Authorities in their implementation of the policies, and individual supervision can be set in the case of individual complaints. The Parliamentary Ombudsman is the institution that can assess whether the social services authorities act in accordance to or in violation of the current law, if they are guilty of errors, maladministration or negligence, but cannot punish them. The Ombudsman can only provide a report on the errors, proofs of maladministration or negligence to the Danish Parliament’s Legal Affairs Committee, the Ministry responsible and the local or regional council, for them to take the needed steps.

Law of social supervision has been in force since the first of January 2014 and has the purpose to support a quality control of both public and private offers to vulnerable and handicapped citizens according to the law of social service. There is established one social supervision agency in each region in Denmark. The social supervision has the responsibility to approve and supervise all social offers in the region. The social agency supervise and audit the five supervision centers activities to secure that their activities is in accordance to the law. The social agency is a department placed in the ministry of children and social affairs (Hansen, 2019). The presentation of Steen Juul Hansen on implementation and evaluation of methods of mentalization in residential homes for children and youngsters with behavior difficulties illustrate how the social agency works with strategies to improve social efforts. This strategy is concerning monitoring and cost- and effect evaluation of public policies to improve the quality of the social work with children with behavior difficulties.

In section 3.1 it was mentioned that New Public Management plays a major role as a management concept in Denmark. As a consequence the public administration is very concerned with effect measuring and management by objectives. That means that evaluation and working with the improvement of the quality of the service delivered is a integrated part at all levels of the public administration. In that connection you can discuss whether the control arrangements in the public sector has gone to far and has become contra productive in the sense that the professionals is using to much time on controlling activities.

The Public administration as a hole is concerned with monitoring and evaluation of public policies. It is built into the public sector by the law and by custom. In addition to this the public sector in Denmark is dominated by a management regime (NPM) that emphasis monitoring and evaluation. So both the public sector in itself and the different actors in and arround the public sector has a responsibility and a role to play in monitoring and evaluation the public sector.

It can be mentioned that every civil servant in the public sector has a duty to report any misconduct concerning the public services to children and youngster under the age of 18.

Supervision and monitoring are also achieved through evaluation processes ranging from individual evaluation of the services received from the social services providers, to studies and analyses developed by specialized institutions, either at their own initiative (much like de Cochrane and Campbell Collaborations), or on behalf of the central / regional / local governments (impact studies).
During the study visit, we provided the participants information on the application of one of the most widespread policies in the field of youth (case study on the Aarhus Kommunes Youth Center) and also in the field of disability (presentation by Finn Amby, Associate Professor at VIA University College).

We have shown that all interventions have a history, beginning with the problem description (who was affected, what were the main issues, how were they tackled), the definition of the concepts used, the reforms that were carried out and finally, the main objectives and the way the administrative reform (decentralization) influenced the application of the policies.

The data collected and presented in the case studies prepared for the Romanian participants derives from studies carried out by the social services providers themselves and also from studies and reviews carried out by our specialists. A particular focus is placed on the quantitative aspects of the analysis, as well as on the description of measures applied to engage and maintain the target groups of the policies.

6. Cooperation Networks

Policy networks consist of governmental and societal actors whose interactions with one another give rise to policies. The focal point of these networks is the informal connection, instead of the formality of administrative structures / institutions. Typically, they operate through interdependent relationships, with a view to trying to secure their individual goals by collaborating with each other.

As mentioned in section 3.2 has Denmark a long tradition for allowing associations and networks to have influence on the formulation and implementation of the public policy. The collaboration has become a custom.

As mentioned in section 3.1 New Public Management is in some degree replaced by New Public Governance as a management concept in the public sector and especially at the local level in the municipalities. As a consequence the community is playing a growing role in the welfare production as illustrated in figure 1. The public policies is formulated to engage the community and the local associations in the welfare production.

It has long been a policy in the eldercare to involve their families and local associations in the care. The new public school reform mention specifically that the public schools shall cooperate with local associations and the local business.

In our materials presented to the Romanian participants during the study visit, we placed an emphasis on the digitization policy, which is a part of the network concept, engaging the various members of the community, as well as NGOs and other partners in the public policy processes.
7. Examples of good practices from Denmark

In the following sections three examples of good practices from Denmark is described and the possibilities for transferring the activities to a Rumanian context is discussed. The three examples illustrate the following themes:

1. Initiating public policies
2. Cooperation networking.
3. Social dialog at the local level.
4. Adaptation processes of public policies.
5. Monitoring and evaluation of public policies.

7.1 Example 1: Public digitization as cooperation networks: digital inclusion of young people with physical and psychological impairments

1. Introduction
Denmark is a global and European frontrunner in terms of digitization of the public sector (DESI 2018). This is largely due to almost two decades of strategic planning as illustrated in the figure below.


The purpose of public digitization in Denmark is three-fold at least:

6. Digitalization is believed to be cost efficient via streamlining of services and processes. Denmark has seen a rise in public expenditures for many years and with an aging population, we do not except this trend to stop. Additionally, Denmark was not immune to the fiscal crisis that swept the world in 2008 and the years that followed making it pertinent to look for ways to reduce public spending.
7. Digitization is viewed as a move away from fragmented public services (caused by New Public Management) towards a reintegration creating a more holistic user experience for the citizens and as such a better quality of public services.

8. Digitization holds many technological possibilities for e.g. big data, which can lead to smarter planning and hence contribute to achieving the first to purposes.


A central element in the public digitization strategies in the figure above was the introduction of mandatory digital self-service for citizens and businesses from the strategy starting 2011. This law was possible due to the introduction of Easy ID (called “NemID in Danish) in 2007, which in many aspects resembles the Romanian Electronic Identification System (eID) that is under development.

The goal of the mandatory digital self-service for citizens and businesses was that 80 percent of all communication between citizens and public authorities should be digital by 2015. In proportion to reduce public spending, it was estimated that it would be possible to reduce spending by 1 billion DKK per year (approx. 134 mio. Euro). As a part of the strategy was an acceptance of the fact that certain groups of citizens such as the elderly, sick people or marginalized groups such as the homeless would not be able to use the digitized services. To ensure the inclusion of all citizens in Danish society it is possible to be exempt from this law. However, the government allocated public funds to assist welfare professionals and NGOs in training these groups to ensure their inclusion and mastering of digital technologies. The example in this analysis is a best practice example from the socio-medical field of cooperation networks for digital inclusion of young people with physical and psychological impairments.

In 2018, the Government Agency of Digitization published an evaluation of the mandatory digital self-service for citizens and businesses. It concludes that by 2018 91 percent of the citizens receive (and send) digital mail from (and to) public authorities. Only 9 percent are exempt due to e.g. disabilities, digital illiteracy and homelessness.

There is no national rapport on the extent to which the law reduced public spending, however, the Danish National Audit Office concludes that based on the development in the level of digital post, it is most likely that a significant reduction in public spending has been achieved (National Audit Office (2018). A curious find in the evaluation is, that the younger generation (15-20 years old) have difficulties with mandatory self-service at the same level as the elderly (60-65 year old) (Statistics Denmark 2018). The dilemma is that the elderly are having a hard time figuring out how the computer works- the younger are having a hard time figuring out how the public system works. With this in mind, it seems even more necessary to invest in cooperation networks for digital inclusion of young people with physical and psychological impairments.
2. Description of the project

The project “DigiSafe” (loosely translated to digital safety) is financed with public funds (in Danish called SATS-puljen). Purpose of the project is:

- To give young people with special needs access to “the digital world” on equal footing with other citizens through the development of communication-, learning and guidance concepts.
- To communicate with public authorities and private businesses e.g. e-banking.
- To shop online.
- To understand ethics and privacy protection on social media platforms.

(http://digisafe.dk/)

The funding of the project was for a four-year project in which the partners in the network with the assistance of a private App Creator made an app with educational games for young people with special needs such as physical and psychological impairments. The games will simulate the process that you go through when you exchange digital mail with public authorities as the screenshot from the game indicates.

![DigiSafe app screenshot](http://digisafe.dk/webview/)

A variety of different public and private organizations participate in the cooperation network:

Private organizations and NGOs:

- Foreningsfællesskabet Ligeværd (NGO who represents young people with impairments)
- Kanda (App creators)

Public organizations:

- Aarhus Municipality
Competența face diferența! Proiect selectat în cadrul Programului Operațional Capacitate Administrativă 2014-2020, cofinanțat de Uniunea Europeană din Fondul Social European

- External evaluators (Research Center for Inclusion and Exclusion, University College of Southern Jutland)
- Self-governing institutions:
  - STU (Schools specialized in educating young people with impairments)
  - VIA University College

Lessons on cooperation networks from the project in a Danish setting

As mandatory digital self-service for citizens and businesses is a new policy without preference in Denmark or the rest of the world, the project is a development project. Hence, important lessons have been learned during the project.

- Cooperation networks and inclusion of the target group in the development of the app contributed to a better product. You gain valuable insight through the different perspectives brought forward by public authorities (in this case a municipality), the target group including their teachers and researchers with specialized knowledge about the target group and digitalization.
- Changes in the composition of the development group can create frustrations among the participants because you have to start forming personal relationships every time a person or organization changes.
- It is necessary to go out into the field and present the app to the target group, as they will not automatically pick up a new technology. This also gives valuable feedback to the development process.
- It is necessary to be agile in the implementation as unexpected events may occur. In this case, the project contained a guidance service where the users of the app could ask questions to student advisors from VIA University College. It turned out, however, that no one called the service and so the guidance turned into online tutorials where the students demonstrated the app.
- There is great potential to use the app in regards to other vulnerable groups such as refugees or the elderly because of the gamification of the procedure for NemID.

The final evaluation of the project is not finished yet because the project has not ended at the point of this analysis.

3. Possibilities for transfer to a Romanian context

When analyzing the possibilities for transfer of this example to a Romanian context, there are two important factors to consider. One factor pertains to digitization and differences in the level of maturity (both within the public sector and within the population of Romania). Another factor pertains to differences in the welfare systems in general and the tradition of social dialogue and public/private cooperation networks in particular. We deal with the factors individually.

The level of digital maturity

As mentioned, the level of digitization in Denmark is very high - among the greatest in the world. In a European context, the EU makes annual reports on digitization making it possible to compare Denmark and
Romania in regards to possibilities for transfer. We can point to elements where digitization in Romania is developed and elements in need of attention if there is a wish to further digitization in Romania.

Points of attention:

- There is still a need for better access to broadband in Romania (especially in rural areas).
- Only 61 percent of Romanians use the internet regularly compared to the EU average of 81 percent. In Denmark this number is 95 percent.
- There is a lack of basic internet skills as only 29 percent of Romanians have basic internet skills. The EU average is twice as high and Denmark is at 71 percent.
- There is a low use of e.g. E-banking and E-commerce due to a lack of trust by the public
- There is a lack of political strategy for business and industry digitization

Points of a high development:

- There is a high level of e-government users in Romania.
- The level of open data and e-health services is high- also higher than in Denmark.

The points are illustrated in the figures below:
Welfare systems and cooperation networks

As theorized by Esping-Andersen (1990), Denmark is a part of a group of Northern countries with what is often labelled as a universalistic or social democratic welfare state with a large public sector, high taxation and a comprehensive redistribution based on universalistic principles ensuring all citizens an income (also known as decommodification). Romania, on the other hand, is a part of a group of former socialist countries with a developing distinct type of welfare state unlike the already existing ones in Europe termed the Eastern European Model (Sensage.eu). There is also a high level of income redistribution, a strong involvement and support from the family, however a low state budget, which reflects negatively on the social protection expenditure and a reduction in benefits (Sensage.eu).

Despite of having a large, encompassing state, Denmark has a history of having many NGOs- especially in regards to culture and sports and with time- also social affairs. A prerequisite for cooperation networks to thrive is a high level of trust in public institutions and in other people in general. In this field, Denmark ranks among the top in the world and well above the average score in the European Union (OECD 2015). A high level of trust contribute to a corresponding high level of social capital, which is a good basis for successful partnerships between public and private organizations. If Romania is to import the notion of cooperation networks and social dialogue it is important to examine the level of social capital, including trust between the partners.

7.2 Example 2: A strategy for developing social efforts

1. Introduction

My presentation at your visit in Aarhus concerned the effort of the ministry of children and social affairs to develop the quality of the social work in the municipalities in Denmark. It is a problem that we do not know what works in social work in general and especially when we work with troubled children and youngsters. The motto of the ministry is “Knowledge that works”. They want to develop the methods we use in social work to ensure that the methods have a positive effect. Especially do they want to develop the methods
used in in the work with troubled children and youngsters. To that end the ministry have made a strategy for developing methods that works. The strategy is described in the following part.

2. Description of the project: Strategy for developing methods in social work
The purpose of the strategy for developing methods in social work is to work systematically to improve the methods used in social work. The strategy contains three phases, see figure 1:

1. Maturation of promising practices
2. Testing developed promising practices
3. Desimmination of tested methods

Figure 1: The new strategy

The aim of the strategy is to mature, test and disseminate useful methods in social work. The strategy is a try to work systematically to improve the social work practice. The strategy can be used in a Rumanian context too. I will describe the three phases shortly in the following.

Phase 1: Maturation of promising practices
After screening a promising practice, the promising practice is matured and developed to a well described method. The description contains a temporarily assessment of the effectiveness of the method.

Phase 2: Testing the developed method
When you have matured and developed a hopeful practice into a method you have to test the method. The test of the method contains the following six tasks:

1. Selected professional is educated in the method.
2. The professionals gets implementation support
3. The professionals use of the implemented method is evaluated, that is the fidelity is measured.
4. The effect of the method is evaluated
5. The cost to use the method is estimated
6. Presentation of the results of the tested method, when the project has ended
As an example on phase 2 activities I can mention that VIA University College and VIVE - The National Center of research and analysis – is carrying out the project “Strengthening of children and young’s ability to metalize, their energy and social abilities” in collaboration. The aim of the project is to test two methods – a method of resilience and a method of mentalization - on 14 residential homes for children and youngsters with behavior difficulties. The duration of the project is three years from 2018 to 2020. The project is financed by The Ministry of children and social affairs, The Social Agency.

The content of the project is:
1. Implementation support
2. Implementation evaluation - fidelity
3. Effect evaluation
4. Cost estimation
5. Presentation assignments, when the project has ended

Phase 3: Dissemination of tested methods
In this phase the tested method is disseminated to relevant users.

3. Transfer to a Rumanian context
It is our assessment that the above strategy to develop methods in social work can be used in Rumania. The strategy can be adapted to the context it has to be used in. The use of the strategy can be more or less resource demanding. The important point is to work systematically to improve the methods used in social work and to share the knowledge you obtain about methods that works.

7.3 Example 3: Street priest

1. Introduction
In the big cities in Denmark the church has in recent years employed what we call street priest. The street priest does not work in the church but in the street among the people who are vulnerable in one way or another. The street priest works together with other public authorities - the police and the social authorities. The cooperation is informal and is dependent on personal relations.

2. Description of the project
The concept of Street priest or Street pastor is relatively new and is based on a model initially implemented in the United Kingdom, which quickly achieved widespread international interest. Street pastors are Christian adults, with a serious interest and concern for their community who voluntarily patrol the streets of towns and cities at night and help and care for people in need in very practical ways.

Their uniform consists of blue clothing, with the term Street Pastor visible in white. They have close connections with the local authorities, the police and local councils, but also maintain operational independence, which enables them to benefit from the trust and respect of those they assist. They are bound by confidentiality in the limits of the law and do not have any power of enforcement or arrest. They do not
preach or evangelize, they are simply there to provide a neutral and reassuring presence in local communities and sometimes act more like a social worker than priest.

Ascension Trust, a registered charity established in 1993 is the main promoter of the concept, and Denmark was amongst the first countries to adopt this practice.

The Street pastors responded initially to local issues including anti-social behaviors and drunkenness. Some of the services provided by the Street Pastors in UK were: provision of blankets and comfortable shoes and clothing to people in need, giving out water and energy food (such as chocolate), sharing bus timetables, ensuring safety for vulnerable people, removing bottles and other potential weapons to reduce violence and vandalism, providing sleeping bags stored in the church for those in need, etc. Some occasionally report saving lives, either by preventing attacks or accidents, or preventing suicide.

The Danish Lutheran Church employs more than 2,400 pastors, who work in the approximately 2,300 parish churches of the Evangelical Lutheran Church in Denmark. Aside from these, the Church also has other kinds of pastors who serve in or outside the country, e.g. night church pastors, youth pastors, street pastors, hospital chaplains, prison chaplains, army chaplains, navy chaplains, university chaplains and pastors with a specific responsibility for immigrants, the hearing-impaired or people with disabilities. These pastors provide local services such as:

- Specific activities and events
- Social work – the local involvement is aimed at various types of target groups, with a focus on elderly, disabled persons and youth at risk
- Youth and student work
- Interfaith relations
- The concept of “someone to talk to”

The financing of the various services provided is achieved through donations and subsidies, as well as contributions from local authorities and grants, if available. The majority of services is provided with the aid of specialists, some paid and most volunteer.

Denmark got the first street priest in 1993 in Copenhagen. Aarhus got their street priest in 2002. In 2015 there are five street priests in Denmark. The street priest is not an ordinary priest but a priest with special functions. The street priests are not a homogeneous group priests and they do not have a formal job description. Some of the street priest are orientated toward the youth while others are orientated toward the socially vulnerable. In Aarhus the street priest works with the socially vulnerable. The street priests develop their job individually and in cooperation with the dean or the bishop in the deanery.

Many of the persons who use the street priest services in Aarhus are lost in the ordinary social system in Denmark and then they come into contact with the street priest. So, they describe themselves as “the garbage can” for the society. The street priests take care of the persons nobody else takes care of. The street priest is available 24 hours a day. They have to be available when the socially vulnerable have the need to talk with someone. The street priest has an office at the parish community center, where s/he can talk to people. The contacts and talks are not necessarily in the street.
The street priest in Aarhus work very close with the police in the municipality. The cooperation is informal and based on trust and a long working relationship. S/he also corporate with the social authorities. S/he works with prevention of criminality, religious radicalization and sexual abuses.

The work of the street priest in Aarhus is based on trust and informal working relations.

The experiences with the street priest in Aarhus is very positive.

3. Possibilities of transfer

The concept has been successfully implemented in many European countries and has travelled to other continents as well. The most recent case is Nigeria, where an organization called Street Priests (created in 2017-2018) has been established by chance by a young man who had himself become caught up in gangs and other criminal activities, until he turned his life around. The experience of the Nigerian Street Priests, who are not ordained and some even don’t attend church at all, is that of saving one child at the time, by paying for their school tuition, making sure that they have shelter and that their basic needs are taken care of, so that they can stay in school. The Nigerian example mainly involves education and youth-at-risk target groups, with the average age of the children assisted ranging from 8 to 12 years of age.

There ought to be possibilities to establish a similar kind of street priests in Rumania. That kind of social service could eventually be developed in cooperation with the street priest in Aarhus.

7.4 Examples of social policies

7.4.1. Housing policy

The overall goal for the government’s housing policy is to ensure:

- That the housing and urban policies ensure social cohesion, welfare and growth in society
- That all groups in the Danish society have a possibility to find modern habitations that are appropriate given their needs and economic resources
- A well-functioning and varied housing market

SOCIAL HOUSING

The social housing sector is responsible for solving a range of social welfare problems concerning housing. The majority of the 585,000 social housing units (equivalent to 21 % of the total housing stock) are relatively new. Only 5 % were built before 1940.

The local council grants subsidies to social housing. The grants shall be made on the basis of an overall assessment of the situation in the local housing market and the need for new subsidised housing in the local authority area. The distribution shall be made considering the letting situation in the area where the housing is intended to be constructed.
Social housing habitations are owned by (nonprofit) housing associations. The actual construction of the houses is conducted by private enterprises through a tendering offer. Since the housing associations receive government subsidy, they are subject to inspection by the local authorities. The rent is set in a manner where expenditures and revenues in the individual units balance out.

The acquisition costs of social housing are financed as follows:

- Resident’s deposit 2%
- Local authority capital grants 14%
- Mortgage loan 84%

The resident’s deposit is paid by the tenant when taking up residence. The deposit is refunded when the resident vacates the housing. The capital grant is a loan issued by the local authorities. The loan, which covers 14% of the acquisition cost, is interest free and repayments do not have to be made for up to 50 years. Most of the acquisition cost is financed by means of a mortgage loan (84%). The State grants a repayment subsidy to cover the gross repayments on the mortgage loan not paid by the residents.

The social housing associations are subject to municipal supervision. Because of a reorganization of the sector’s management in 2010, there is an increased focus on establishing dialogue and cooperation between the respective municipalities and housing associations, as well as obtaining thorough knowledge and documentation regarding the activities of the housing associations.

All citizens can apply for a position on the waiting lists used by the housing associations when assigning tenants to apartments. Besides the waiting lists, the local authorities have a municipal allotment right for a certain percentage of the vacant apartments in the social housing. In supplement to the general system where apartments are rented out according to a waiting list, there are a number of additional flexible rules that the housing associations can apply when assigning tenants to apartments. This is especially relevant in deprived areas where the associations are trying to attract people in employment to vacant apartments. Tenants in social housing, private rented housing and elderly in co-operative habitations can also apply for individual housing benefits, which is an important element in the overall effort on housing policies.

There are three different categories of public housing: Family housing, housing for the elderly and youth housing. The majority of social housing provided is family housing. Family housing is not, however, reserved for specific groups in the population. About 485,000 of the social housing units are family housing.

Most elderly people in Denmark live in ordinary housing units. Municipal programmes provide them with access to care if the need should arise. However, approximately 67,000 of social housing units provide housing for elderly people. Social habitations intended for the elderly can be owned by a social housing organisation, an independent institution or the municipality. The habitations shall be let to elderly and disabled persons with a special need for such a habitation. The local council is in charge of allocating these habitations based on an assessment of individual needs. Social housing for the elderly is overall managed and financed in the same manner as family housing. The resident is a tenant and thus covered by the Social Habitations Rent Act.
Nevertheless, social housing for the elderly must be particularly adapted to the needs of dependent elderly and disabled people, and each habitation must have an alarm system to enable residents to call for help quickly.

Social care housing is a special type of social housing for elderly people and consists of habitations for dependent elderly with care facilities and in-house staff. It is provided by the local council to elderly and disabled persons in need. The council shall offer such a habitation for elderly people with special needs within two months after the admission has been given. However, this guarantee does not apply if the elderly person has chosen a specific social care habitation or a specific care home.

During the last 60 years, the government has subsidized the construction of special housing for young people, because they often need interim housing after leaving home and before establishing a more long-term adult home. The target group for youth housing is young people in education and young people with special needs, e.g. arising from social problems.

The total stock of youth housing consists of 65,000 habitations, of which 38,000 are in halls of residence. Generally, social housing for young people is financed and managed in the same way as family housing.

The problems in socially deprived areas are solved locally in cooperation between the local municipalities and housing associations. Therefore, the national government has established various instruments which make it possible to form locally integrated urban regeneration programs for each deprived area.

Besides the flexible rules on how to assign tenants to apartments, deprived housing areas can receive financial support to physical renovation and improvement of the building stock and surrounding areas as part of an integrated urban regeneration strategy. Furthermore, the areas can also be granted financial support for a wide number of social initiatives.

7.4.2. Disability policy

Danish disability policy is based on three principles:
The principle of equal treatment of and equal status for disabled people,
The sector responsibility principle, implying that the person responsible for the sector is also responsible for ensuring that the area is accessible to disabled people,
The compensation principle implying that people with reduced functional capacity should be compensated for the consequences hereof.

Advisory and Counselling Services
Local authorities and regions provide free advisory and counselling services with the purpose of creating favourable living and development conditions for disabled people. When local authority advisory services are insufficient, the disabled person is referred to regional special advisory services or other special advisory services.
Support for Necessary Extra Costs
The local authority provides support for the necessary extra costs connected with maintaining a person with permanently reduced functional capacity, when the impairment is of a character which severely affects daily life and requires significant supportive measures. The extra costs must be a direct result of the reduced functional capacity.

Personal Help and Care Services
The local authority offers personal help and care services to people who are unable to carry out these tasks themselves because their physical or mental functional capacity is permanently reduced.

Citizen-controlled Personal Assistance (BPA)
The aim of the BPA-scheme is to provide a flexible form of help for disabled persons with a substantia need of help. Citizen-controlled personal assistance is a subsidy which covers the cost of employing care assistants to provide the necessary help. To become eligible, a person must have severely and permanently reduced physical or mental functional capabilities.

Substitute or Respite Services
The local authority offers substitute or respite care to parents, spouses or other close relatives who care for a person with reduced functional capacity.

Attendance
A disabled person below the age of 65 is entitled to 15 hours of attendance per month in order to be accompanied to activities outside the home he or she wishes to attend. The object of the attendance scheme is to help normalise and integrate persons who cannot get about on their own due to significantly and permanently reduced functional capacity.

Aids and Consumer Durables
Local government provides support towards aids and consumer durables when such devices may considerably relieve the reduced functional capacity and/or enable the disabled person to fulfil a job.

Support Granted to the Purchase of a Car
Support may be granted to the purchase of a car to persons whose physical or mental capacity is permanently reduced or when the functional capacity considerably impairs the person’s ability to gain or maintain employment or complete education. It is also possible to obtain support to purchase a car when the permanently reduced functional capacity considerably impairs the person’s ability to walk, and it is estimated that a car may substantially facilitate his or her daily life.

Adaptations to the Home
The local authority grants assistance towards adaptations to the home for persons whose physical or mental functional capacity is permanently reduced, and when adaptations are necessary to make the home better suited for the person concerned.

General Schemes
Besides the above mentioned schemes, the local authority may also refer disabled people to more general schemes broadly aimed at people with special needs, which may also be used by people with disabilities when the need arises. Examples are special labour market and rehabilitation offers.

RESIDENTIAL ACCOMMODATION
It is a guiding principle in the disability policy that the needs of the individual, and not the type of accommodation, decide what assistance should be provided. Consequently, accommodation and services are separated, and disabled people live independently.

Under Danish housing legislation, specially designed housing may be built which is adapted to the needs of dependent elderly people and people with disabilities. Residents in such housing are tenants and subject to the Rent Act as regards notice to quit and other rights and obligations. However, this does not apply to residents in housing created under the Social Services Act.

The local authority may offer temporary stays in residential accommodation. These could take the form of respite care, physical rehabilitation or weekend stays. It could also be in preparation for living independently.

The municipality is also responsible for providing the necessary number of places for temporary stays for training related to the preparation for living more independently. The objective is to improve the individual’s skills through socio-educational activities and treatment.

7.4.3 Psychiatric Care Policy
In recent years, psychiatric care in Denmark has undergone significant development. The number of patients has grown, and treatment methods have changed considerably, both with regard to the face-to-face contact with patients and with regard to an increase in outpatient treatment and a subsequent reduction in the number of hospital beds. Between 2009 and 2014, the number of patients in contact with psychiatric hospital services increased by 28 per cent. This increase is partly due to a more open approach to people with psychiatric problems and partly due to a wider definition of psychiatric diagnoses requiring professional treatment. One example is the growing number of adults with ADHD. In the same period, the number of patients in outpatient care increased by 31 per cent, while the number of inpatients increased by only 5 per cent. The overall responsibility for the provision of psychiatric care lies with the regions and the municipalities. The regions are responsible for psychiatric hospital services as well as for local psychiatry centres. The municipalities are responsible for the provision of social services and for alcohol and drug abuse treatment. Local psychiatry centres are open for all people with psychiatric problems and provide outpatient treatment and extensive support during crisis situations. Patients are not admitted into a psychiatric ward as such, but may stay in the local psychiatry centre until they feel better or until they have been diagnosed with a psychiatric condition. Also, patients who have been discharged from a psychiatric hospital can benefit from the care and support at a local psychiatry centre.

A new direction for psychiatric care
A number of initiatives have been taken to improve the conditions for psychiatric patients.
In 2012, a committee was set up with the aim to develop proposals on how to organise psychiatric care and achieve the best possible results through cost-effective measures.

The committee developed 90 recommendations within six areas:

- Prevention and early intervention
- Stronger coherence and continuity of care
Quality of care
Involvement of citizens, relatives and civil society
Reduction in the use of coercion
Cost-effective use of resources and better management.

The report emphasised the need to ensure equal status and equal rights for people suffering from mental illness. The individual patient and his or her possibility of recovery should be the starting point of all treatment, and treatment should, to the extent possible, be provided in the local environment to enable patients to carry on everyday life. To pursue this new direction, significant resources have been allocated to the field of psychiatric care with the aim of achieving:

- more high-quality capacity
- improved skills in psychiatric care
- modern psychiatric care with better physical facilities and environments
- inter-disciplinary efforts in child and adolescent psychiatry.

The use of coercion
Besides the emphasis on community based care, it was also considered imperative to ensure that people dealing with a psychiatric illness uphold equal rights and equal status with regard to personal selfdetermination compared to patients with physical illness. In June 2014, a political agreement was made to reduce the use of coercive measures in psychiatric treatment by 50 per cent in 2020, and a task force was set up to monitor progress.

In May 2015, the Danish Mental Health Act was amended with the aim of improving treatment for people with mental illness and ensuring a reduction in the use of coercive measures. In order to ensure quality in the use of necessary coercive measures and limit the duration of physical restraints, the new rules stipulate a minimum frequency of medical supervision and continuous assessment of whether restraint should cease or continue. Furthermore, the amendment states that belt restraint must only be used for short periods of time.

In order to reduce the overall use of coercion, it is of major importance to expand the capacity in psychiatric care but also to provide better physical environments and more appropriate facilities that will reduce externalising and violent behaviour among patients.

Psychiatry and drug abuse
In 2014, an initiative was launched to improve coordination of measures aimed at citizens with both mental illness and drug and/or alcohol abuse. This initiative provides guidelines for regions and municipalities, which are required to coordinate healthcare and social efforts in order to ensure a coherent and integrated treatment plan with joint and clearly defined responsibilities.

Conclusions

At the end of each day of the study visit, an assessment was made of the quality of the knowledge and debates developed between the participants based on feedback tools. The conclusions focused on the following agreed issues at the level of two working groups:
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