A blurred background image showing the lower legs and feet of children running on a wooden deck. One child on the right is wearing a white dress with large colorful polka dots and purple shorts. Another child on the left is wearing light blue shorts.

MAY 2016

10 GOALS FOR SOCIAL MOBILITY

BECAUSE EVERYBODY CAN

REGERINGEN

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10 goals for social mobility

These social goals are designed to give direction and greater impetus to social policy: More people in the labour force and fewer marginalised people, these are the aims. Everyone must have the possibility of living an independent life.

Equal opportunity does not mean that everyone has to be the same. Equal opportunity is dependent on interventions based on the particular value, the particular needs and the particular skills of the individual. Only by regarding one another as individuals can we ensure equal opportunity for all.

These goals will enable us to provide support that works for each person. It is vital that those initiatives that work and have a documented effect are more widely used, so that more people receive support that makes a difference.

More people in the labour force

The Danish government's social policy is founded on the principle that people should be given help to join the labour force, if at all possible. Everyone should have the chance to support themselves, to lead an independent life with education and a job. We start from the premise that everyone wishes to stand on their own two feet and that, with the right support and help, more people can become part of the labour force.

As raw material, people are Denmark's greatest resource. These goals are designed to facilitate the optimal development of this resource. The government will, therefore, work to ensure that disadvantaged children and young people receive a good education and, hence, the best possible foundation for a good adult life.

More people in the labour force and fewer marginalised people, these are the aims. Everyone must have the possibility of living an independent life.

Social service interventions must also be designed such that more people with disabilities and more marginalised adults have the opportunity to utilise their resources in a workplace.

This will make a great difference to the individual and to society.

Such interventions should support those people who, despite a disability, mental illness or social problems, take responsibility for getting an education or entering the labour market.

The government intends to expand such initiatives, to give more people the possibility to take an active part in the community. No one should be written off in advance and consigned to a passive life on benefits.

Fewer marginalised people

For some people, their social problems become so great that they cannot resolve them themselves. In such cases help must be available.

Social policies aim to prevent and remedy social problems, while bearing in mind the personal responsibility of the individual and taking due account of the needs of those requiring support.

We start from the premise that all marginalised people have the potential to progress and to take control of their own lives. Better prevention of social problems is necessary to ensure that fewer people become marginalised. And those who find themselves embroiled in serious social difficulties such as homelessness or drug abuse need support and help that works.

For some people this help will pave the way to education and employment. For others, even with the best of help and support, a self-sufficient life will still be impossible. But an effective social policy can help everyone to take an active part in society and enjoy a better quality of life.

Social interventions that work

The social goals set the trend for the development of social interventions. Social interventions must make a genuine difference to children, young people and adults. This is best achieved if the intervention is based on actual knowledge of what works. Knowledge of effective methods can be gathered from municipalities, regions and other organisations with experience of particularly promising practices, from other countries or from the world of research. Work with social goals can, among other things, reveal which municipalities have come up with particularly good solutions that can be developed and shared with other municipalities. And in the light of the social goals, good results achieved by social welfare organisations will be easier to identify.

The Danish government wishes to be judged on how successful it is in removing those obstacles that might stand in the way of municipalities, regions or other organisations when it comes to sharing effective methods. The government will also be judged on the extent to which knowledge and interventions are made generally available, so that all of those involved are equipped for the job in hand.

Summary

10 goals for social mobility



Goals 1-5

More people in the labour force



1. Improved proficiency levels for disadvantaged children and young people in primary and lower-secondary school



3. More people with disabilities to enter education and employment

4. More people with mental disorders or social problems to enter education and employment

5. More victims of domestic violence to enter education and employment



2. More disadvantaged young people to complete upper-secondary education



Goals 6-10

Fewer marginalised people



6. Fewer disadvantaged young people to commit crime



7. Fewer homeless



8. More effective treatment of drug abuse



9. More effective treatment of alcohol abuse



10. More people outside the labour force to be involved in voluntary activities



Goals that make a difference

The Danish government considers it vital that social interventions make sense to those people who have to put them into practice. They must be relevant, broad in scope and measurable.

These goals form the overall framework for fostering development, but they can never present the whole picture.

Relevant

Social goals must be relevant to those whom social policy is meant to support and help. They should be relevant and ambitious in terms of what the individual person can achieve. Therefore, the government has consulted different professional and voluntary organisations on what they consider relevant goals.

Goals and implementation go hand in hand. Social interventions must be able to influence development and developments must be used to assess whether social interventions are on the right track or whether there is a need, in some areas, for more effective support.

In other words, goals must be control-relevant.

In practice, responsibility for social interventions rests primarily with the municipalities. The goals must, therefore, be relevant to all municipalities and make sense as far as the actual situation in each municipality is concerned. Consequently, the government has not set specific targets for the standards to be met by municipalities. Each municipality will, however, have to ensure progress through ongoing development of their social interventions. Each municipality must evaluate locally the standard it has to meet in order to contribute to this development.

Broad in scope

Social interventions are broad in their scope and social goals must reflect this breadth. To this end, the government has also set new goals for the employment and education of people with mental disorders or social problems and people with disabilities. New, concrete goals have also been set for the treatment of alcohol abuse and involvement in

voluntary activities. These new social goals are thus geared towards a very large segment: 143,000 people, not counting those covered by the goal relating to voluntary activities. By comparison, the last government's social goals for 2020 covered approximately 55,000 people, cf. fig. 1. So the new social goals will be focusing on measures that have proven effective in most branches of the social services.

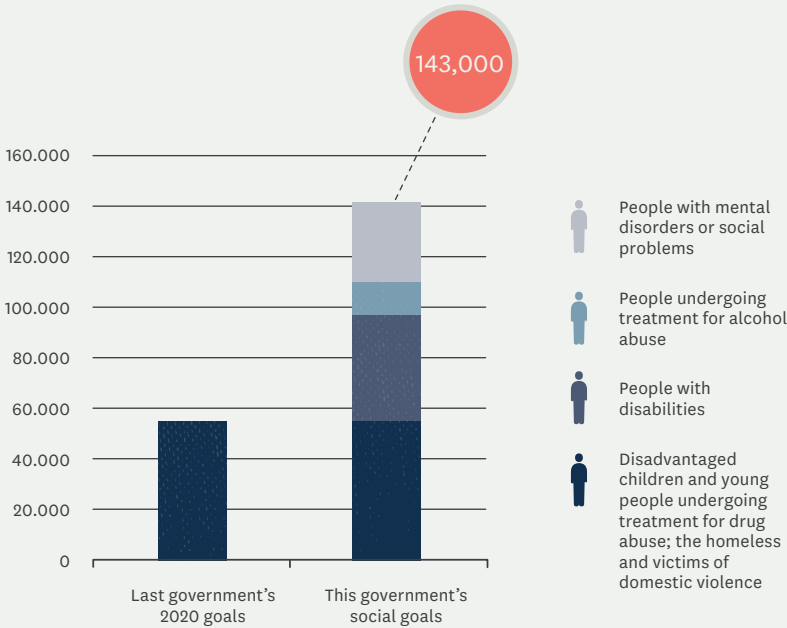
Measurable

The social goals can only be used to monitor the progress of social

interventions if measurable data is available. Goals have therefore been defined for areas in which reliable data already exists or is readily obtainable.

This means that otherwise relevant goals relating, for example, to greater quality of life and well-being are not included in the social goals, just as no specific goals have been set for preventative measures, even though preventative intervention is, of course, absolutely central to social policy. It is difficult to set distinct, measurable goals

➔ **FIGURE 1.** Number of people covered by the social goals



Note: The target groups for the social goals are defined by the form of intervention the person has received. See "The definition of social goals – Background note" at [sim.dk](#) for a description of the data used.

for preventative intervention, although an effective preventative intervention can contribute towards the attainment of a number of social goals. This is true of the goal for the number of homeless, for instance, and of that for the number of disadvantaged young people convicted of crime.

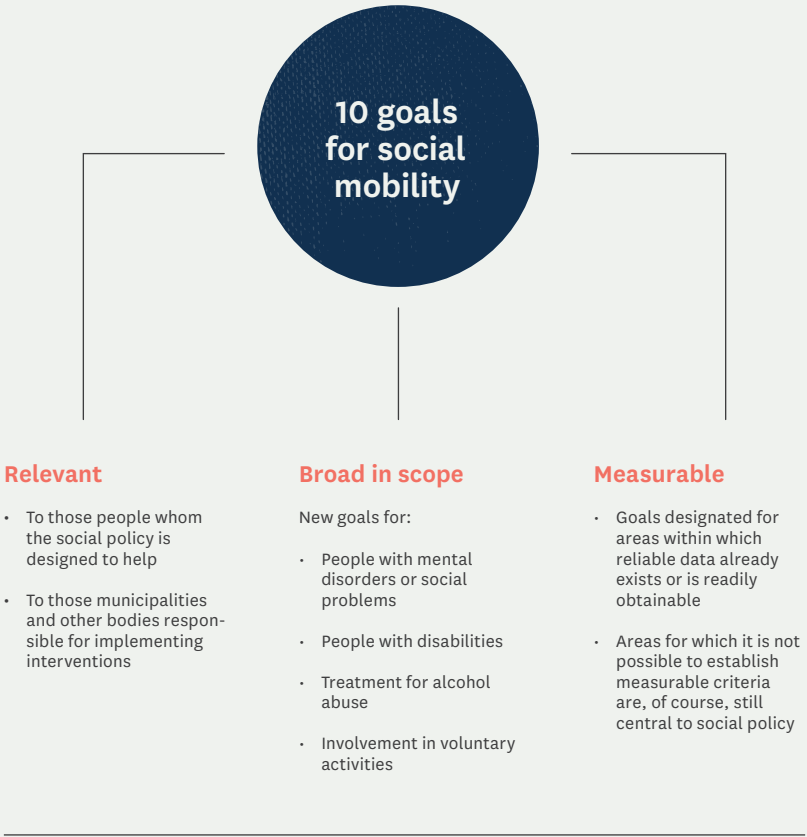
This condition, that a goal must actually be measurable, also means that there are some people covered by social policy for whom it has not

been possible to set goals. The fact that no goals have been set for them does not mean, though, that those working as prostitutes, those suffering from the after-effects of sexual abuse or other such groups are less important. It simply has not been possible to establish reliable data.

Therefore, the government is constantly working to collect better data, so that the progress of those groups not covered by these goals can, in due course, be monitored.

Making and monitoring progress

➔ **FIGURE 2.** Criteria for the new goals for social mobility



Pursuit of the social goals depends upon different sectors and authorities working together and arriving at joint solutions. Viborg is one example of a municipality that has had success with the early identification of children and young people at risk, thanks to cross-sector collaboration and a coordinated approach to child welfare. And in Herning, inspired by a Swedish initiative, the municipality's work with disadvantaged children and young people was adjusted in order to ensure early and more coordinated interdisciplinary intervention.

A better life for marginalised people and those with disabilities is one of the aims not only of social policy but also of policies on education, employment and health.

Interventions

Social progress is dependent on strong collaboration between na-

tional, regional and local authorities. The municipalities have the primary responsibility for social interventions, but it is the responsibility of the state to provide the best possible framework for such interventions.

Voluntary organisations on the social welfare front possess important knowledge on target groups and work being done in this field. The government has therefore involved these organisations in the revising of the social goals.

A concerted effort by all parties can bring about the greatest change for the good. The donation of DKK 750 million from the A.P. Møller Foundation is just one of several fine examples of how private foundations, working with voluntary organisations and public authorities, can facilitate the development of the social services.

Social goals determine the direction of social policy, and by regularly monitoring the progress of these goals the government aims to ensure that social policy stays on course.

Therefore, the government also intends to involve voluntary organisations and other parties in the process of monitoring the progress of the social goals and developing and improving social service interventions.

The social goals will also form the main basis for our prioritisation of, for example, the National Social Fund (satspuljemidler) to extend the use of effective methods.

Together with the National Social Fund steering committee the government has already earmarked funds for effective interventions aimed at disadvantaged children, young drug abusers and the homeless. With the aid of, among other things, a team of outreach advisors, the government will help municipalities to revise their work with disadvantaged children and young people, thus enabling them to mount an earlier and more effective preventative intervention.

A team of educational consultants will assist the municipalities with the task of closing the gap in life chances, using educational tools and methods with a documented effect. And treatment models for young abusers, which the Municipality of Copenhagen, for one, has found effective, are now being adopted by other municipalities and residential care centres. For marginalised adults the existing homeless outreach team is being expanded to reinforce the implementation of effective methods in district councils and care homes.

Monitoring progress

Social progress requires a constant focus on the setting of goals. Social goals determine the direction of social policy, and by regularly monitoring the progress of these goals the government aims to ensure that social policy stays on course. The status regarding the social goals will be presented in the annual Social Policy Report, the first of which was published in June of this year.

Social policy should be based on what works for people and on knowledge of what people need. The Ministry of Social Affairs and the Interior will, therefore, be carrying out ongoing analyses of the target groups for these social goals in order to identify those areas in which particular work may be required. These analyses will look in depth at the development of sub-target groups for the social goals, including homeless persons in reception centres and hostels, young people with mental disorders or people with different forms of disability.

The government wishes to enter into a dialogue with Local Government Denmark on how best to review the status of and progress with the social goals in the individual municipalities.

10 GOALS FOR SOCIAL MOBILITY

Goals 1–5: More people in the labour force

Goals 6–10: Fewer marginalised people



1

Improved proficiency levels for disadvantaged children in primary and lower-secondary school

A sound level of proficiency provides children and young people with the best basis for obtaining an education and finding employment, thus establishing a solid foundation for a well-functioning adult life. Disadvantaged children and young people perform significantly worse than their contemporaries in national tests in primary school and lower-secondary. The scholastic performance of this group needs, therefore, to be improved.

In setting this goal, the government wishes to highlight the need for early and more effective intervention to improve the proficiency levels of children and young people in primary and lower-secondary school. This requires a concentrated effort by day-care centres, schools and the municipal social services as well as cross-sectoral initiatives within social and educational policy-making. This goal is geared towards all chil-

dren and young people who have received preventative intervention or been in care.

Measures might, for example, be taken where a child's or young person's behaviour, development or well-being has been affected by abuse, domestic violence or other social problems.

Early action is essential for the promotion of the well-being and learning potential of disadvantaged children.



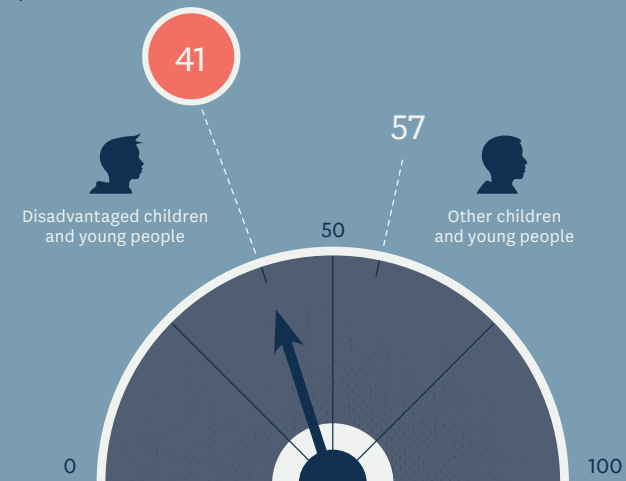
Goal:

Improved proficiency in reading and maths for disadvantaged children in primary and lower-secondary school



Challenge:

Proficiency levels of disadvantaged children and young people in Danish and maths are too low



In 2014 children and young people subject to social service interventions scored an average of 41 in Danish and maths tests as opposed to 57 for other children and young people.

Note: Data for 2014. Average scores in national tests (norm referenced results 0-100). Disadvantaged children and young people defined as those who have been subject to individual preventative intervention or been in care.

Source: National Agency for IT and Learning and own figures based on register data from Statistics Denmark.



Support that works:

We know that in the case of disadvantaged children and young people early intervention works.

The social skills of children and their capacity for learning and self-regulation can be reinforced by a comprehensive effort to build parenting skills and upgrade the qualifications of staff in nursery schools, reception classes and schools.

Holstebro is one municipality that has had success in boosting staff skills in dealing with negative behaviour in children and improving the behaviour of outwardly reacting children, with the aid of the programme *The Incredible Years Kindergarten and School*.

2

More disadvantaged young people to complete upper-secondary education

Education is the best foundation for adult life. However, disadvantaged young people often do not have the same opportunities as other young people to build this foundation.

One of the government's goals is, therefore, for more disadvantaged young people to complete upper-secondary education.

We must help disadvantaged young people to do better in the education system and in the labour market than their parents, who tend to have relatively low education levels and are, in many cases, dependent on social benefits.

Educational institutions also provide a good setting for disadvantaged young people to establish networks and relationships.

Many disadvantaged young people do go on to upper-secondary education, but they are far more likely to drop out than other young people.

More disadvantaged young people need to take advantage of the opportunity to complete upper-secondary education. Social, education and welfare policies should support them in this. The help given to each young person must be comprehensive and cross-sectoral.

Today, a number of initiatives are already in place to ensure that more disadvantaged young people will complete upper-secondary education. But even disadvantaged young people who have done well in primary and lower-secondary school are significantly less likely to do this than other young people. Many disadvantaged young people leave school at 16 so poorly equipped that they find it hard to complete upper-secondary education. In other cases disadvantaged young people carry social problems such as drug abuse and criminal activities with them into adult life, thus setting more obstacles in the way of possible education.



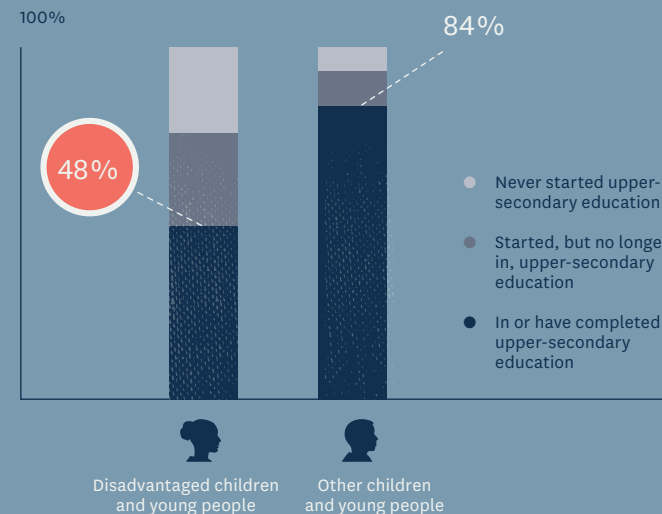
Goal:

More 18-21 year-olds who have been subject to social service intervention in the past five years to be in or have completed upper-secondary education



Challenge:

Too many disadvantaged young people drop out of or never start upper-secondary education



In 2014, 48% of all 18-21 year-olds who had been subject to social service intervention in the past five years were in, or had completed, upper-secondary education. The corresponding figure for other 18-21 year-olds was 84%.

Note: 18-21 year-olds. Data for 2014. Disadvantaged young people defined as young people who have been subject to individual intervention or been in care in the past five years.

Source: Own figures based on register data from Statistics Denmark.



Support that works:

Many disadvantaged young people need support during the transition to adult life if they are to complete upper-secondary education. Such support will often be provided by a number of public bodies, including schools, residential care centres, educational institutions and social service caseworkers. Support can also be provided by voluntary organisations and mentors. This requires coordination between all those involved.

We know that systematic approaches to disadvantaged young people can ensure municipalities of success with coordination and comprehensive strategies. *The Path to Education and Employment* method reinforces the systematic coordination of work with young people in care.

3

More people with disabilities to enter education and employment

Educational qualifications and a job are the key to a better quality of life for everyone, and this includes people with disabilities. They too must have the chance to gain an education and become part of the labour market, if this seems a realistic option.

Many people with disabilities are already a part of the labour force and still more should have the opportunity to join them. However, progress in this respect has come to a halt, particularly for those with severe disabilities.

A person's chances of becoming part of the labour market depend, of course, on the degree of their disability, but the support which people receive should serve to help everyone with disabilities realise their potential. This could be done through involving people more closely in the planning of interventions and by improving coordination

between social care professionals and government authorities. The same applies to education since, as with the rest of the population, so for people with disabilities there is a clear link between educational qualifications and employment.

This goal is geared towards the approximately 43,000 people receiving a social service intervention due to reduced physical or mental capacity. Close monitoring of interventions is dependent on better data, and the Ministry of Social Affairs and the Interior is making a concentrated effort to improve data, so that the progress of those receiving compensatory interventions for a disability can be regularly monitored.



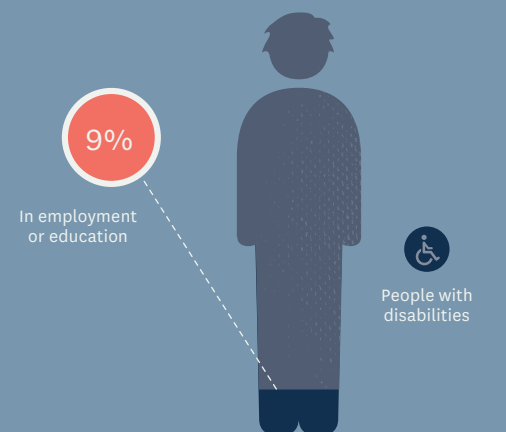
Goal:

More people receiving social service interventions due to reduced physical or mental capacity to enter education and employment



Challenge:

Too few people with disabilities in employment or education



In 2014, 9% of those receiving social service interventions due to reduced physical or mental capacity were in employment (6%) or in education (3%). 73% were receiving disability pension.

Note: 18-59 year-olds. Data for 2014. Based on figures from the 32 municipalities from which data was drawn. Employment refers to normal employment and flex jobs. People with disabilities defined as those receiving social intervention due to reduced physical or mental capacity, under the Danish Social Services Act.

Source: Own figures based on register data from Statistics Denmark.



Support that works:

We know that with a so called 'jobs first' initiative we can help people with reduced physical and/or mental capabilities to find and keep paid employment in the normal labour market.

Through close and continuing support of a person with a disability, their co-workers and employers before and during employment (SE – Supported Employment) it has been documented that those with a disability (communicative, cognitive or physical impairment) can find and remain in normal employment.

4

More people with mental disorders or social problems to enter education and employment

Mental disorders and social problems can make it very difficult for a person to start and remain in employment or education. This can lead to a reduced quality of life and greater risk of marginalisation.

This goal is geared towards the approximately 32,000 people who are subject to social service interventions due to social problems or mental disorders, under the terms of the Danish Social Services Act. Only 7% of these are in employment or education.

We know that education and employment can help to bring about a positive change in the lives of people with mental disorders or social problems, in the form of greater well-being. They can also help to prevent an individual's personal circumstances from deteriorating.

There is, therefore, a need for a more concentrated effort to ensure

that more people with disabilities have the chance to join the labour force at large.

In many municipalities today a shift has already been made from regarding social service interventions as purely a matter of care to focusing more on helping a person towards recovery.

There is also an increasing focus on the possibility of complete or partial recovery for people with mental disorders. And here the opportunity to re-establish and maintain links to education and employment can be crucial.

With the right help and support it is possible for people with mental disorders or other problems to be re-introduced to the labour force and thereby have the chance to take charge of their own lives.



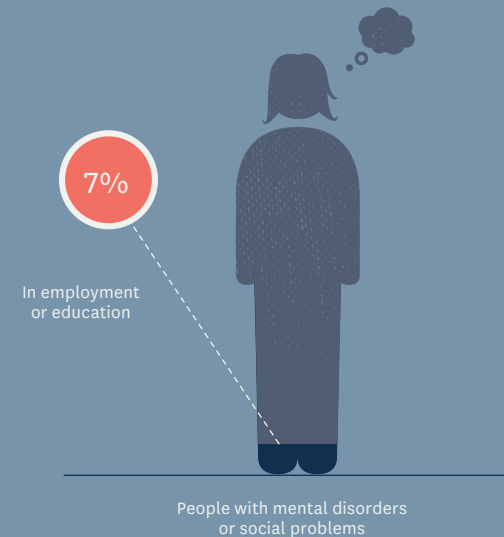
Goal:

More people receiving support for social problems or mental disorders, under the Danish Social Services Act, to enter education and employment



Challenge:

Too few people with mental disorders or social problems are in employment or education



In 2014, 7% of people with mental disorders or social problems were in employment or education while 57% were receiving disability pension.

Note: 18-59 year-olds. Data for 2014. Based on figures from the 32 municipalities from which data was drawn. Employment refers to ordinary employment and flex jobs. People with mental disorders and social problems defined as those receiving help from the social services for social problems or mental disorders under the Danish Social Services Act.

Source: Own figures based on register data compiled from Statistics Denmark.



Support that works:

We know that strong social networks improve the chances of recovering from mental disorders. A person's professional and personal networks can be used as a resource in a course of treatment, as with the 'Open Dialogue' method.

The one-to-one support and coaching model Individual Placement Support is a key element used to ensure that a person is in employment right from the start. Through IPS, people with mental disorders can be integrated into the normal labour market, rather than being in sheltered employment. The initial premise here is that people with severe mental disorders can find work in the normal labour market. International experience has shown that people with mental disorders are more likely to enter employment or education through this approach.

5

More victims of domestic violence to enter education and employment

It is quite unacceptable for people to be subjected to violence or threats of violence by those closest to them. Unfortunately it is estimated that each year approximately 33,000 women and approximately 13,000 men are subjected to physical violence by their partners.

Violence within a relationship can not only have serious consequences for a person's health. Living with violence can lead to mental illness and social isolation. And often, in its wake, it also brings financial problems and more fragile links with the labour market.

For those who have been subjected to domestic violence, being part of the workforce at large and having the possibility to support themselves are important factors when it comes to making a life for themselves, free of violence. People who have been subjected to violence need support

that will both address the violence itself and help them to maintain links with the labour market.

And when municipalities and other parties give advice to women and men who have been subjected to violence, such advice needs to be tailored to the individual's needs – also as regards education and employment.

The country's crisis centres for women have to offer a safe refuge, care and support, but there is also a need, in the collaboration between municipalities and other relevant parties, to focus on employment related interventions as part of the overall support provided for the women.



Goal:

More victims of domestic violence to enter education and employment



Challenge:

A need for better data on victims of domestic violence



Today very little register-based information exists on people who are or have been victims of domestic violence.

The Ministry of Social Affairs and the Interior is working to ensure better monitoring of the long-term results of support for victims of domestic violence. The gathering and processing of information must be done in a way that does not limit the possibilities of such people to seek help.



Support that works:

This area is notable for a relative lack of research into and knowledge of which methods work for victims of domestic violence.

The National Board of Social Services is running trials in four municipalities with CTI (Critical Time Intervention), a method for helping women from crisis centres to lives free of domestic violence. Through structured, holistic support women are helped to establish violence-free lives, safe homes and links to work or education. The project runs until 2018.

The Mothers' Aid treatment and counselling programme for women with children, *Out of the Shadow of Violence*, has also had success in reducing the effects of violence and improving women's chances of taking control of their lives.

6

Fewer disadvantaged young people to commit crime

Youth crime is detrimental to society as a whole and damaged individuals in particular. Youth crime also has a detrimental effect on a young person's chances of leading an independent life, complete with education and employment. For some years the crime rate for 15-17 year-olds has been falling. But disadvantaged young people are still far more likely to commit a crime than non-disadvantaged young people. There is, therefore, a need for special focus on youth crime. And to achieve the goal of fewer disadvantaged young people receiving a criminal conviction, focus on the early prevention of crime among disadvantaged young people must also be maintained.

A reduction in crime rates is dependent on a concerted effort by all local and government authorities. A number of measures are already being taken to prevent and reduce

crime among disadvantaged young people. Common to all of these is that they intervene at an early stage and are based on collaboration between care professionals. So, for example, early intervention to reduce school absenteeism and drug abuse can also reduce the risk of a young person becoming involved in criminal activities. In this way, other interventions aimed at disadvantaged children and young people can be instrumental in preventing crime among disadvantaged young people.

The young person's family and wider network are central to many of these interventions. Poor parenting skills, physical and mental abuse and a high degree of conflict in the home increase the risk of young people becoming involved in crime.



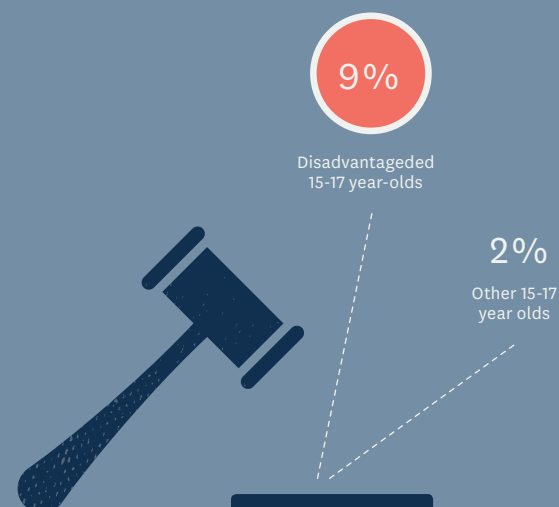
Goal:

Fewer disadvantaged 15-17 year-olds to receive a criminal conviction



Challenge:

Too many disadvantaged young people commit crime



In 2014, 9% of disadvantaged 15-17 year-olds received a criminal conviction, as opposed to 2% of other 15-17 year-olds.

Note: Data for 2014. Disadvantaged young people refers to young people who have received an individually targeted preventative intervention or been in care.
Source: Own figures based on register data from Statistics Denmark.



Support that works:

Disadvantaged young people are more likely than other young people to repeatedly offend. Using a structured screening tool (YLS-CMI), the young person's risk of future criminal acts can be assessed in light of factors related to drug abuse, family situation, education, behaviour etc., to determine the most suitable intervention.

We know that methods involving the family and the young person's network can keep them from committing crime. Young people with serious behavioural and emotional problems may, however, be placed in foster care temporarily, while work continues with them and their families (TFCO). This boosts the individual's social skills and positive familial interaction.



7

Fewer homeless

The number of homeless people in Denmark has risen since 2009. The increase is greatest among young people in the age group 18-24, where there were 85% more homeless in 2015 than in 2009.

Homelessness is often a major obstacle to a person's chances of having a job and a social life.

Homelessness is not just about having nowhere to live. The large majority of homeless people also have other social problems. Problems due to which the person has lost their home, and which also make it difficult for them to find and keep a new home. Homelessness can also make it difficult for people to receive help, for example in dealing with a mental disorder or drug abuse.

Approximately 80% of all homeless people suffer from some form of mental illness or addiction or both,

and homelessness often coincides with a whole range of other social problems, such as financial difficulties, lack of a social network and poor links with the labour market. Interventions designed to reduce homelessness must, therefore, be comprehensive in nature.

There are many types of homeless people, but for all of them a home is the first step to a better life: a secure base is essential in order to cope with the many other problems so often associated with a homeless person's life. The Homes for All Alliance – a recently established collaboration between private foundations, care professionals, charitable organisations and the state, dedicated to reducing homelessness among young people – is a good example of a broad-based undertaking in which a range of public authorities and private bodies work together to solve a social problem.



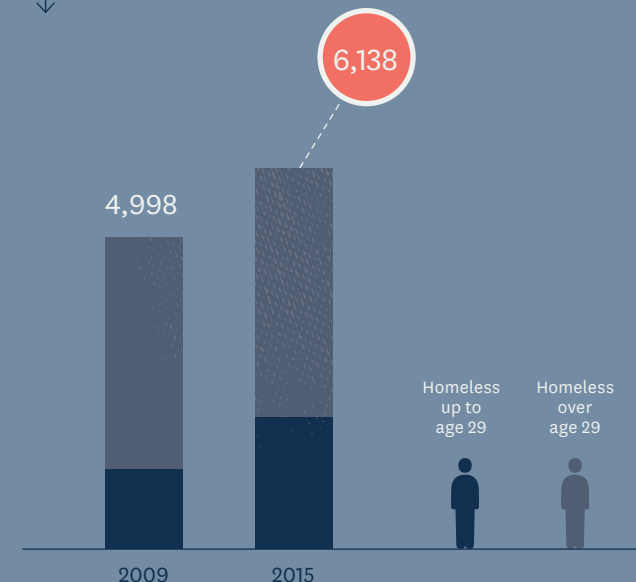
Goal:

Fewer homeless



Challenge:

Rise in the number of homeless since 2009



In 2015 there were 6,138 homeless. Since 2009 the number has risen to 4,998. The increase is greatest in the 18-24 age group, with 85% more homeless in 2015 than in 2009.

Note: Census conducted every second year

Source: Homelessness in Denmark 2015. SFI.



Support that works:

One of the best ways of helping a person out of homelessness is to give them a permanent home in normal housing (Housing-first). Home support programmes (ACT, CTI, ICM) can then help people in other ways: to overcome addiction, for example, deal with mental illness, build a social network, enter education or employment. Randers is one municipality to have success in helping people to live independently by means of this holistic approach.

Those young people who, as well as being homeless, have serious problems such as drug abuse and mental disorders, need clarification of their situation and support in achieving a stable home and life. To maintain contact with them, temporary transition housing is also being tried out.

8

More effective treatment of drug abuse

Drug abuse has social and health consequences and can prevent a person from standing on their own two feet. And ultimately it can cost lives. Drug abuse is a widespread and complex issue. In 2013 alone almost 17,500 people in Denmark were being treated for a drug addiction, and the total number of people with a drug addiction is considerably higher.

The frequency and form of drug use vary widely. For some, addiction poses a lifelong challenge and a drug-free life is not a realistic goal. For others, being drug-free is a realistic prospect and can mean the difference between a secure life with work and education or one marked by serious social problems.

For anyone with a drug addiction it is, however, crucial that the addiction is brought under control and the level of abuse limited as far as

possible. For this to happen, access to high-quality treatment is essential. Such intervention must take into account the needs and wishes of the individual, and social service action plans have to ensure that the intervention is designed in such a way that people can take ownership of their treatment.

The standard of treatment needs, therefore, to be improved, to ensure that more people are drug-free or have their addiction under control by the end of their treatment. And the number of drug-related deaths must be reduced.



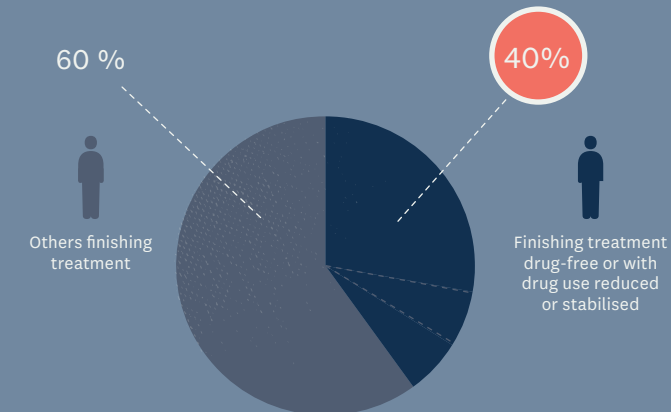
Goal:

More people finishing treatment for drug abuse to be drug-free or have their addiction reduced or stabilised. Fewer drug-related deaths



Challenge:

Too many people finish treatment without their addiction reduced or stabilised



In 28% of courses of treatment completed in 2013 the person treated was drug-free at the end of treatment, while 6% ended with drug use stabilised. In 2014 263 drug-related deaths were recorded, cf. the Danish Health and Medicines Authority: The Drug Situation in Denmark 2015.

Note: Data for 2013. Giving number of courses of treatment completed in that year. Where one person has completed several courses of treatment within the year each course is counted separately.

Source: Own figures based on register data



Support that works:

We know that for young drug abusers a concentrated, comprehensive course of treatment can reduce their drug usage, lower crime rates, boost well-being and reinforce links with educational institutions. An evaluation of three models (U-turn, the U18 model and MST-SA) shows that the total percentage of those who have used drugs is reduced from 80% to approx. 50%.

Municipalities and therapists can learn more about legislation and effective treatment of drug abuse in the new guidelines for social service drug abuse programmes drawn up by the Danish Health and Medicines Authority in conjunction with various organisations and experts in this field.

9

More effective treatment of alcohol abuse

Alcohol dependency has social and health consequences for a person and for those close to them. People seeking treatment for alcohol abuse need to be given the necessary help and support to reduce their consumption or to be referred for further treatment, should this prove the best solution.

Municipalities are responsible both for the medical treatment of alcohol abuse and for social service programmes designed to help those suffering from alcohol abuse. But treatment for alcohol abuse is also available outwith the public sector - through private health insurance, for example.

Many people may start but not complete treatment for alcohol abuse. Raising the standard of treatment could encourage more people to stay the course. The Danish Ministry for Health and the Elderly and

the Danish Health Authority have, therefore, launched several initiatives aimed at improving the standard of publicly financed treatment for alcohol abuse. With changes to the Danish Health Act in 2016 Parliament has also determined that the social services supervisory board will approve and supervise alcoholism treatment centres, with a view to improving the standard of treatment. The Danish Health Authority has also drawn up national guidelines for the treatment of alcohol abuse.

For some people undergoing treatment, alcohol is not the only problem. Here it is vital that they receive the sort of coordinated, comprehensive intervention which also addresses social problems, mental disorders and so on.



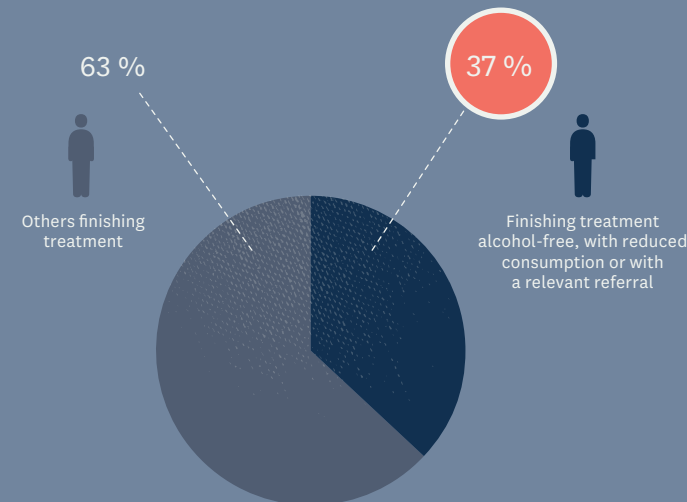
Goal:

More people receiving public treatment for alcohol abuse to finish treatment alcohol-free, with reduced alcohol consumption or a relevant referral



Challenge:

Too few people finish treatment with their consumption reduced or with a relevant referral



37% of those completing a publicly financed course of treatment for alcohol abuse in 2013 finished with a reduced consumption or with a relevant referral.

Note: Data for 2013. Giving number of non-anonymous publicly financed courses of treatment completed within that year. Where one person has completed several courses of treatment within the year each course is counted separately.
Source: Own figures based on register data.



Support that works:

We know that cognitive conversational therapy is the best documented method for the treatment of alcohol abuse. Evidence also shows that family-centred treatment increases a person's motivation to seek, persist with and gain results from treatment.

Municipalities and therapists can learn more about effective methods in the publication *Standards in Treatment of Alcoholism* and in the Danish Health Authority's new guidelines: *National clinical guidelines for the treatment of alcohol dependency and National clinical guidelines for the analysis and treatment of concurrent alcohol dependency and mental illness*.

10 More people outside the labour force to be involved in voluntary activities

Everyone should have the possibility to become involved in their local community, take part in social interaction and exercise their right to self-determination and influence. In Denmark this has traditionally been achieved through democratic participation, involvement in clubs and societies and the like, or through voluntary activities.

In civil society and as volunteers all citizens are on an equal footing. It is not just about doing something for others, it is also about doing something with others.

There is, therefore, potential here for people who do not have the immediate possibility of becoming part of the labour force to join the volunteer sector. Here, people who are not part of the labour force build up a network by becoming part of a group and having the chance to contribute to society as active citizens.

Citizens who are seen and recognised as a social resource.

One possible option would be to join a church volunteer group: the Church of Denmark oversees a whole string of voluntary associations which anyone can join; associations that make a social contribution to the local community and foster involvement.

The public and voluntary sectors need to work together to ensure conditions which will enable all groups in society to become involved in civil society and voluntary activities. This is particularly true in the case of people with disabilities, who may encounter more obstacles to involvement than others.



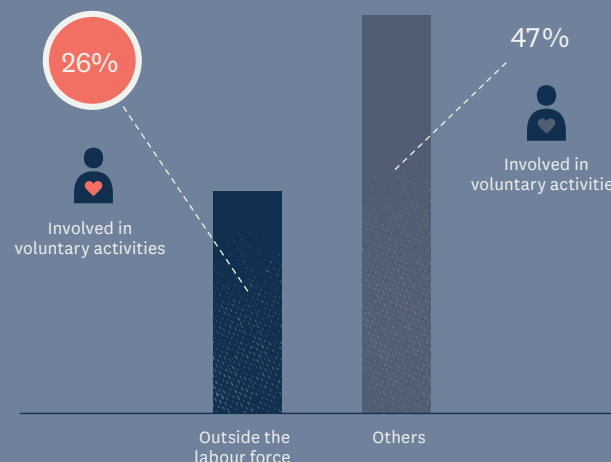
Goal:

More people outside the labour market and not in education to be involved in voluntary activities



Challenge:

People outside of the labour force are under-represented in voluntary activities



In 2012, 26% of those who were neither in employment or education were involved in voluntary activities. Among the rest of the population 47% were involved in voluntary activities.

Note: Data for 2012. 'Outside the labour force' is defined as people with disability pension or social benefits as their primary source of income. Those on state pension or early retirement pension are not included in either the 'Outside the labour force' or 'Other people' categories.

Source: Figures based on register data and Survey of Voluntary activities.



Support that works:

People outside the labour force can have valuable knowledge and resources to contribute to the community.

We know from research that people who have suffered from mental disorders and recovered can be a unique and effective resource in helping others with mental disorders.

This approach is being tested for people with mental disorders who are receiving social service interventions and those receiving treatment from regional hospital and district psychiatric centres (peer-to-peer support).

10 GOALS FOR SOCIAL MOBILITY

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