

# **Integration and Public Health: Swedish Experiences of Measures for Better Integration and Public Health**

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## **Abstract**

The Swedish policies for integration and public health have the same goal: to create more equality for the entire population. This paper studies activities and methods in three Swedish projects and measures aiming to increase integration and public health, implemented in vulnerable residential areas. The material indicates that many important activities were organized by the projects but the activities did not affect the structural conditions, thus the problems remain. There were surprisingly few examples of development of methods found, and in cases where methods had been developed; they were seldom implemented in the ordinary local government activities.

Empowerment and a bottom-up perspective were important strategies in all the projects, but only one of the projects was truly successful in empowering and mobilizing local people. The successful project believed in the capacity of the local people and the immigrants, gave support to their organizations and provided a welcoming climate to start meaningful and creative activities for children and women which in the end promoted health and integration.

## **Introduction**

Sweden enjoys a standard of living, life expectancy and health status that is among the highest in the world. In the year 2007 life expectancy was 83 years for women and 79 years for men and Sweden's health system is one of the nation's most vital social institutions. Sweden is an "immigrant" country. Together with Germany, the most immigrant dense country in Europe, Sweden is at the same level as the United States when it comes to the number of immigrants in the country. The proportion is also higher compared to large European countries such as Great Britain and France, and far higher than Denmark, Norway and Finland (OECD 2005). Of Sweden's overall population, 12.2 per cent were born in another country (SCB 2005) and the number of foreign-born people in Sweden is estimated to increase in the future.

Sweden is internationally well known for a high level of health, accepting many refugees and being good at integrating them. In reality, the situation is however far less positive. Inequity in public health is a significant problem in Swedish society. Health levels among people born abroad are much lower than that of native Swedes. Immigrants are to a larger extent unemployed, and an extensive number of them are overall poorly integrated into society. Sweden is also one of few countries in the EU, which does not provide health care for paperless migrants.

Immigrants and refugees are exposed to an increased risk of suffering mental and physical ill-health in Sweden in relation to the majority population. There is a significant difference in ill-

health between those born in Sweden and foreign-born. Moreover, there is a difference between men and women, as foreign-born women have the highest ill-health count (Swedish index). The illness prevalence is often worse in “segregated” vulnerable residential areas (SOU 2000:3). As a consequence, the use of health care is expressly higher among immigrants compared to the rest of the population. Sickness is particularly prevalent during the immigrants’ first five years in Sweden.

Sweden provides an introduction programme for refugees. The programme incorporates different measures during the refugee’s first years in the new country, and takes place in the approximately 200 municipalities receiving refugees. Many refugees who participate in introduction programmes already have a low health status and health promoting efforts are rarely carried out during the introduction period. Indeed, more than 20 per cent of the refugees taking part in introduction programmes are reported sick (Integrationsverket 2006).

Ill-health can be an important obstacle for integration of immigrants and refugees in society, and is a risk factor for exclusion. Low socio-economic status and poverty can also affect the children’s health. The health of immigrants is affected by factors on the individual level as well as factors on group level such as societal factors in both Sweden and their home countries. Health is influenced by the structural discrimination present in Swedish society and by exposure of traumas and other shortcomings in the home countries before arrival in Sweden as well (Integrationsverket 2006).

Strain in families and loss of roles, economical and cultural challenges can cause burdens in immigrant identities, when the image of who you were before living in Sweden does not coincide with the image of who you are today (Darvishpour 2003). Experience of war and torture as well as linguistic problems and social isolation are risk factors for suicide among immigrant children (Wasserman and Narboni 2002). However, there are few mental health programmes focusing on children and young persons.

Immigrants live segregated in Sweden. Most of them live in economically vulnerable residential areas in metropolitan Stockholm, Malmö and Göteborg. Many immigrants live in public sector rented flats built during the so-called “Million Dwelling Program” 1965 –1975, when one million flats were built in Sweden. This kind of ethnic residential segregation conspires with socio-economic segregation (Kuusela 1993). The existing residential

segregation is one of the sources of unequal educational conditions for children and in compulsory education. There is thus a negative gap between pupils living in the economically vulnerable metropolitan residential areas and the rest of the country. The biggest losers are children of newly arrived refugees. They end up in schools where there are already many foreign-born children, which make it difficult for the schools to mobilize enough recourse to support all of them (Integrationsverket 2005).

This paper describes experiences gained through three different projects and measures, aiming to increase integration and public health, implemented in vulnerable residential areas in Göteborg, Sweden. It discusses the results of the projects, and compares different processes, methods and activities and how they influence public health and integration.

The three projects (1998–2005) were run in four different residential areas: Biskopsgården, Lärjedalen, Bergsjön and Gårdsten. These residential areas have high rates of unemployment, low levels of public health, poor results in school, and a large proportion of immigrants and refugees among the population.

I evaluated two of the projects (the projects Women's life in the neighborhood Biskopsgården and Measure on children's integration in the neighborhood Lärjedalen). The aim of the evaluations was to follow the process and, make a critical review of the activities, and describe effects of the projects. A further aim was to reflect about the methods used in the projects. The evaluation was made mainly applying qualitative methods, interviews and participating observations. I regularly interviewed the project leaders, participators and other key persons such as immigrant organization leaders. I followed the process in Women's life in the neighborhood Biskopsgården during two years and the process in Measure on children's integration in the neighborhood Lärjedalen during three years. I also analyzed all the "self evaluations" of the different activities made by the actors. The evaluation of the third project, the Swedish Metropolitan measure, was conducted by different researchers and consultants. I have studied four of the evaluations and summarized the results (Jensen 2007, Kihlström & Simonsson 2004, Törnqvist 2004, Vedung 2006).

The Metropolitan measure in Göteborg was part of a comprehensive commitment of national metropolitan policy. The policy rested upon two overall objectives: they were to break down social, ethnic and discriminatory segregation in seven cities and 24 distressed urban areas and

work for equal opportunities on both an individual and gender level and to support development in the urban areas towards long-term sustainable economic growth. The bottom-up perspective was advanced as perhaps the most important method in metropolitan policy measures. A major programme of evaluation was carried out at national as well as local level. Many projects also conducted self-evaluations.

Local development agreements between the Swedish state and the cities were the main tools for achieving sustainable development. These agreements were based on the assumption that the best results will be achieved if efforts are coordinated, and spring from the inhabitants' perspective of what will work in their own community. The agreements focused on individuals and city districts and had a holistic approach combining a variety of measures addressing unemployment, language training, crime prevention, education and participation. Over 1 000 cross-sector measures were initiated within the agreements in order to combat social exclusion (Vedung 2006).

### **Integration and Public Health**

Policies for integration and public health have many common denominators. The all-embracing goal for the Swedish public health policy is to form social prerequisites for equal good health for the entire population. This is very close to the goal of the Swedish integration policy about equal rights, obligations and rights and possibilities for everyone, irrespective of ethnic background (Regeringens proposition 2002/03:35). The Swedish integration policy furthermore aims to create a “social community based on diversity; and social development characterized by mutual respect for differences within the boundaries that follow from society's fundamental democratic values in which everyone, irrespective of background, should take an active and responsible part. Questions about integration are a matter for general policy and the various sectors of society. Integration policy shall permeate and impact on several different policy areas—such as the policies concerning education, housing, livelihood and the labor market. Efforts in these areas will open opportunities. For example, rules, laws and practice need to be adapted and altered so that people who immigrate have an opportunity to participate in the labor market and in society” ([www.regeringen.se](http://www.regeringen.se) ).

The Swedish Government homepage also states: “Integration policy must eliminate obstacles and create opportunities for all. It must unleash people's inner strength and break down the

barriers of social exclusion that have taken root in Sweden. After the initial phase in Sweden, no special policy for immigrants is needed. The most important integration measure is to create better opportunities for earning a living and empowerment by pursuing a policy that makes work and entrepreneurship easier. Sweden must be a country of opportunities for all. Everyone living in Sweden must be respected as individuals. Immigrants must not be regarded as a homogeneous group. Society must be characterized by a sense of community and belonging. No group must be left to one side or discriminated against. Integration policy includes issues relating to equal rights, obligations and opportunities for all regardless of ethnic or religious background, the introduction of immigrants into Swedish society, Swedish citizenship and grants to municipalities for the reception of refugees and measures to combat ethnic and religious discrimination, xenophobia and racism” (www.regeringen.se ).

The Swedish Government has high ambitions regarding integration and names certain areas which are particularly important. One is to increase access to the labor market for the foreign-born. Other important integration policy areas are public health policy, adult education and “validation” of actual competencies which means recognition of existing competencies, skills and experience (Integrationsverket 2005).

Local participation, empowerment, a bottom-up perspective and democracy are important components for both health promotion and in the work of integration. WHO has presented a model of health promoting strategies (WHO 2001), where health is seen from a broad perspective, stressing social justice. The strategies are formed to promote increased participation and control and so the work is influenced from the programme’s target group. Frequently highlighted health promoting factors are: social support systems, networks, friends and coping and the capacity to master the situation.

Today there is little research carried out within the area of integration and public health. Lack of research both in Sweden and internationally may arise from the circumstance that integration has traditionally been studied by sociologists and other social scientists, whereas public health has been studied by persons representing different health professions. Studies in integration and public health, however, require a multidisciplinary competence field. The first extensive investigation made of integration and health in Sweden was carried out by Karolinska Institutet (Integrationsverket 2005). The aim of their study was to make a survey in the field of integration and public health and the resources and methods used. The study

shows that Sweden is far from a situation where equal access to important resources for health and well-being is a reality for everyone. The survey shows that the largest differences between Swedes and people born abroad can be explained by differences in people's living conditions, such as occupation/employment, economy, insecurity and social support. This is also confirmed by the new Swedish health policy, around which there is a consensus that the level of health in the population is connected with living conditions. In order to specify how living conditions can relate to health, the authors of the study, Lindencrona, Ekblad & Johansson Blight, chose to focus on the following six health areas: attachment, security, identity/role, human rights and existence/meaningfulness (Silove 1999). Explaining factors were:

**Attachment:** Migration often means loss of important relations, which can result in weak social support and a small network in Sweden. All those who have come to Sweden from countries in war, where there is a large risk of losing a next of kin, make up a particularly vulnerable group. Also, changes in roles and longer separations can affect health in a negative way. Personal contact with people who have grown up in Sweden seems to have a positive impact on health.

**Security and material conditions:** People in Sweden born abroad live in a more exposed socio-economic situation than Swedish-born persons, which might be an important cause of the inequality in health.

**Identities and roles:** Migration is a process which involves loss of roles, changes in roles and other challenges to identity. At the heart of integration on an inter-human level is society's ability to provide prerequisites for everyone to participate in different activities in society without renouncing one's identity.

**Human rights:** Good health is a resource for good life for everyone. To maintain good health, a meaningful time during the asylum period is necessary and health problems must therefore be attended to at an early stage. The fact that adult asylum seekers do not have the same right or access to health care as others is hence inhuman and unethical.

**Existence/meaningfulness:** Integration should be understood from a two-dimensional perspective. One is about being able to create new relations to groups outside one's own and

the other is about having the possibility to keep patterns in one's own culture and traditions. Integration is a mutual process, where society's power to serve for everyone is key. An integrated society thus requires not only change among immigrants, but also among the majority population and the different institutions of society.

**Special groups: children:** Children's basic conditions are closely associated with those of their parents, which can imply that the parents might be so preoccupied with their own process, that they neglect their children. At the same time it is important to pay attention to the children's own strains and access to support.

The survey further shows that ability to take action such as empowerment, which has received great attention in other research contexts, is poorly investigated within the field of integration and public health. Studies about structural input and processes for health promoting work is altogether lacking. Furthermore, additional studies about influence over and participation in society and how a financially exposed position affects health are needed. In their summary Lindencrona, Ekblad & Johansson Blight advocate that large health profits for the population be made by efforts to provide development of prevention- and health promoting strategies in everyday contexts like family, residential areas, work, school and introduction activities. An important prerequisite for such a development is that flexibility, creativity and standard of attainment within the programme is on a high level. In order to support such a development, one has to give priority to methods and support for evaluation, implementation and transmission of gained knowledge into new contexts. Individual and coordinated efforts in many different fields are necessary to influence integration and public health. Many different methods, which include e.g. qualitative studies, need to be developed (Integrationsverket 2005).

## **The cases**

**Project Women's life in the neighborhood "Biskopsgården"** ("Kvinnoliv i Biskopsgården") was financed by the Swedish National Institute of Public Health (Folkhälsoinstitutet). The aim was to develop different tools and work procedures in day-to-day work in order to promote women's health (the project also had other high and unreachable aims). One community worker was employed to work half-time as a project leader, backed up by officers at the neighborhood administration and the Public Health

Secretariat of Göteborg. The target group was all the women in the neighborhood, but special attention should be paid to the immigrant women, young single mothers and unemployed women dependent on social welfare support.

The intention was that the project be built on citizen participation and operationalize public health work: empowerment, mapping of women's needs, different health promoting activities based on women's needs and desires.

The project included the following activities: support to immigrant women's learning of Swedish, women's bath/swim, women's day and cultural festival and visit from the local police. The women went to a theater playing a "women's play", they had lunches and lectures. There was a vogue show and they produced a multicultural cookbook. The project gave economical support to a group of single mothers to go to a summer camp, and everyone had the opportunity to partake in an exercise program. Fifteen local neighborhood officers were offered a university course on women's health.

**Measure on children's integration in the neighborhood "Lärjedalen"** was financed by The Swedish Government, via the Swedish Inheritance Fund. The target group was the all children in the neighborhood, primarily the immigrant children. The aim was to increase children's integration/inclusion in three areas in the neighborhood, and develop new tools for children's integration. It was important to reach and cooperate with the parents. A target was to break up children's as well as parents' isolation and to offer the children a possibility to meaningful activities, fellowship, and involvement. Furthermore, it was important to create venues for children and families, and to create networks for women.

The method used was mobilization of local societies and associations, primarily immigrant associations, and other actors like the local administration related activities, in order to create and start activities for children, women and families in the area.

Two project leaders acted as a link between the local level and the deciding level. The project leaders visited more than one hundred societies and associations and a great number of activities in the neighborhood. During the meetings the activities arranged by the societies and associations in the neighborhood were discussed, along with ideas about what could be done to increase the children's integration. Taking departure in their own ideas, a number of

sub-projects were created and the associations received funding to realize them. The associations had to document the activities and describe their development and what they meant for the children – how they affected children’s integration and promoted their health.

There were 90 different activities established, 5 000 children and 1 000 parents were involved. Different cultural and creative activities were organized for children, like music and dance where children from different ethnic groups participated. A Finnish association arranged a “music school” and theater activities, where children from 40 different ethnic groups participated.

Two adult education associations arranged 13 theater performances for children in the residential area Hammarkullen. For many immigrant children and their parents, it was their first experience of a theater performance in Swedish. The Bosnian association arranged different types of dances like discos and traditional dances, along with music activities and theater that primarily reached Bosnian children and parents. The association arranged, in cooperation with the Somali association, trips to dance arrangements and cultural festivals around Sweden. Nine sports clubs arranged sport activities for children. An elite sports club arranged discussions among school children about ethical issues.

Other activities were a computer course, reading and home work help. The children read and discussed books in small groups, and after that they wrote reviews and book tips on the computer. These tips were later put together to a book newsletter.

During the summer holiday many associations together arranged different activities like games, swimming trips, motor cross, graffiti painting and camps.

The project supported establishment and development of venues for children and youths, where they could listen to music and watch videos in the presence of adults. One association arranged, in cooperation with the school and day-care center, a venue where animals were available. Networks and self-aid group for women included women activities, i.e. for Somali women, where they could support each other and arrange activities for themselves and their children such as summer camps. There were also parent circles and self-aid groups for immigrant women, groups and circles for girls and women. The Bosnian association arranged circles for Bosnian women, where they could work on their traumas from the war. Education

and courses were arranged; open for professionals as well as association activists/volunteers and other people from the neighborhood with interest in the subject. Around 600 people attended. Moreover, the project supported Somali days and education for Roma people. During these activities local people as well as experts lectured about different immigrant groups and their lives. One day was dedicated to discuss conflict management in the area.

**The Swedish Metropolitan measure in four neighborhoods in Göteborg** was financed by the Swedish Government and the City of Göteborg. The national support was 345 million SEK (€37 million) and the target groups were unemployed immigrants, children and teachers.

During the years 2000–2005 the Metropolitan measure (Storstadsatsningen) ran projects in four neighborhoods—the northern part of Biskopsgården, Hjällbo (a part of Lärjedalen), Gårdsten and Bergsjön. The aim was to break up the ethnic segregation and create more equal living conditions. Three local sub-aims were formulated: to create more job opportunities, raise the educational level in the area and create a better lingual development in the schools. The measure also aimed to increase local participation, and to develop safety and raise the level of public health. It intended to broaden the interface between inhabitants and civic society, increase a sense of comfort and improve the aesthetic environment, for example by repairing vandalized property. The project finally also aimed to develop new and better ways of working and tools for integration.

The Metropolitan measure was primarily carried out within the established municipal organization using the ordinary staff. Responsible for the different activities and measures was a draft commission working within their normal post. This was done with an understanding that the arrangement would make it easier to couple the commissions to the ordinary day-to-day business at the office. Other actors were local actors such as the local office for social security, landlords, schools, job centers, social insurance offices, different private companies and civic society.

During the Metropolitan measure 180 different projects and activities were implemented. Development of cooperatives and cooperation between different actors in order to create new places of work was the most important measure to decrease unemployment. An individual and problem solving way of working was implemented, which included job training, job coaching and matching. Venues, like work fora and “job corners” were established. There

was also an increased number of adult educations and university training for teachers in bilingual and lingual development. There was homework support for children and activities aimed to increase local participation and to increase safety. Some important projects worked with so called “culture interpreters”.

## **Results**

### **Biskopsgården**

- The project increased knowledge among women and local administration officers about women’s health and the need to work with vulnerable women. It supported cultural activities and immigrant women.
- The project did not reach and engage enough local officers. There were no changes noted in the day-to-day work. There was distrust against projects bringing in external money at the same time as previously existing permanent resources were taken away.
- The project was not able to establish real bottom-up empowerment and it did not reach the most important target groups. It did not reach those women with the poorest health in the neighborhood.
- The project had too many and too high goals as well as too broad of a target group. There was a lot of talk about empowerment, but the project was run top-down.

### **Lärjedalen:**

- The activities initiated by the women, “bottom-up”, increased their autonomy and power and even gave them more social relations. The women were given possibilities to interact with each other during the meetings and have since then started networks. They talked about their lives, about their children and found new friends. Somali, Kurdish, and Bosnian women are often hit hard by life living in split families. They needed and also received support from other women in the same situation. This is a good example of empowerment, the feeling of consistency and communal mastery, where the women handle strains, not only as individuals, but also as a group. “Community mastery” means a strong appreciation of ability to commonly handle met strains (Hobfoll, Jackson et. al. 2002). The activities have promoted the women’s health. When women feel better and have more power, their children also feel better.

- Many activities aimed to increase the creativity, fantasy and ability to concentrate among the children as well as increasing their self confidence. The children were given the possibility to learn how to accept responsibility. In many cases they were also given a chance to influence decisions in the societies, associations and sports clubs.
- Different activities differently influenced the children's integration, inclusion and their feeling of consistency or context. Many of the activities were causes of feelings of joy, happiness, safety and fellowship among the children. The dances and the dance trips strengthened the feeling of solidarity and involvement among the children and the adults. Music activities offered a possibility to express and learn to overcome difficulties situations in a playful way. The children learned to follow rules and exercise their ability to cooperate. Sport contexts caught the attention of children and offered them meaningful activities in their spare time, and taught them to spend time with each other. The outcome was happiness, comfort and a possibility to test and develop their own ability vis-à-vis others. They created team spirit and a possibility to be a part of something, together with friends. Many activities also created a safe venue for children, where they had a chance to feel involved and a sense of belonging. They met many adults and partook in meaningful activities in their spare time.
- The sports leaders believed that sports increased the integration of the children, when they hang around with each other, regardless of their nationality. The children reached an understanding that they in many respects were equal and learned to tolerate each other's differences. The activities decreased fatigue, anxiety and tensions.

**The Metropolitan measure:**

The evaluators state that a lot of good came out of the Metropolitan measure.

- Some new jobs were established.
- Many immigrants learned Swedish and how Swedish society functions. The teachers gained more knowledge about bilingual, private enterprises and the local administration employed people.
- Civil society developed and today more and more people take part in different societies and associations.

- The physical environment was improved, cooperation between different actors and a portion of tools development is now present, and many actors learned to understand that change is possible.
- Many actors also learned to use more non-traditional methods. However, no evaluation has been made that shows if the changes are effective in the long run. It is also difficult to say which factors influenced what.
- There is a paucity of knowledge with regard to the effects of the policy; what is an effect of the Metropolitan measures? How does one measure the effects of other measures? And what is an effect of the state of the economy? Things are a little better and nicer, but the national aims were not reached. The Metropolitan measure did not reach the high expectations of breaking up segregation. The level of unemployment and the dependence of social security subsidies are still higher than in other parts of Göteborg. The national aim – to break up segregation – was not realistic. To summarize, many evaluators conclude that the Metropolitan measure did not affect the structural conditions, and the problems remain (Kihlström och Simonsson 2004).
- The project did not succeed in developing more than a few new tools or methods at the local level (Törnqvist 2004). However, the evaluation also shows that the four neighborhoods' possibility/ability to handle the situation is better today, demonstrating why it is important to support the social processes occurring there. The most difficult aim to reach in Göteborg, like in other cities, was local participation. Intensive work was in process to mobilize the residents, although the results were often poor. It was difficult to mobilize the voluntary sector and to involve people and NGOs.

## **Conclusion**

In all the referred projects many different activities were organized, activities which have truly influenced people's lives. A lot of experience has also been gained. However, it is an open question whether these experiences have led to better measures, tools or methods. There is surprisingly little development of tools and methods found, and the methods are seldom implemented in the ordinary local government activities.

The question of what the optimal methods and tools for integration and health promotion are is complicated. Many individual and coordinated measures are needed within the areas in order to influence public health and integration in vulnerable areas.

A bottom-up perspective and empowerment have been important points of departure in all the referred projects, but it is not easy to start empowerment processes top-down. With empowerment I mean a process through which individuals and groups gain control over their lives and at the same time raise their democratic participation in society, for example through non-governmental organizations. Empowerment implies a two-way process of change: in the environment and on the part of excluded individuals or groups. It implies an approach to structural change. Empowerment is a force that appears when individuals or groups become conscious about their situation and start to act in order to change it. It has to do with how to develop the capacity and opportunity for individuals and groups to play a full role in economic and social life. Empowerment focuses more on solutions than on problems. It is more directed towards the strengths of people, their rights and skills than the lack of those things or their needs.

The project Women's life in the neighborhood "Biskopsgården" mentioned empowerment as a tool, but the project was not able to start any empowerment processes in the neighborhood – especially not among vulnerable women. Even the Metropolitan measure had a clear top-down approach where the cities and the other local actors were pointed out by the government to implement the Metropolitan measure in different residential areas. The cities, landlords, and NGOs accepted the situation and welcomed the measure as a needed strengthening of their own resources.

The project Children's integration in the neighborhood "Lärjedalen" was the most successful regarding empowerment and mobilization of local people. The project shows that immigrants and immigrant organizations can be important resources in residential areas. They are capable of initiating activities and this measure allowed immigrants to use their abilities. It is important that marginalized groups are understood as resources for society at large, rather than being perceived as a problem. The different activities mobilized immigrant associations and for example many immigrant women. The mobilization was based on the parent's common care concerns of the children and knowledge about the women's vulnerable situation. The project believed in the immigrants' capacity and gave many individuals, ethnic

groups and their organizations the possibility to carry out meaningful activities in their residential areas. These types of activities also enhance social capital. The social capital in a residential area is important, as it holds a sports club or an ethnic group together and makes it possible for people to cooperate for common goals, in spite of difficulties.

The project leaders were initiators and facilitators, and they supported immigrants in the process. In order to create conditions of empowerment, there is a need of an empowering environment. This involves a framework and a climate that allows for an empowering process to take place. Empowering requires an adequate framework since it is a result of collective agency. It is the design of the framework together with the value-based approaches that create preconditions for empowerment. A welcoming climate is important for the frameworks – people. People need to feel welcome (Tengqvist, Björling and Milling 2007).

All three projects placed a lot of responsibility on civic society in the vulnerable suburbs. The inhabitants' cooperation is an important prerequisite to a well-functioning local society and the knowledge about the possibility to mobilize should be there. But it was not easy to mobilize people in all these residential areas. Törnkvist (2004) discusses why we should assume that people in vulnerable areas have particularly high levels of solidarity or more interest in creating social mobilization than people in more well-off areas? He refers to Castells and Habermas and points out that they have discussed social solidarity as something that is not obviously bound to physical borders. And what is correct engagement in a neighborhood? Is it participation in activities generated by Swedish NGOs or immigrant associations? People and different groups in local society do not always identify themselves the same way as understood in the Swedish construction of their reality.

Some overall conclusions can be drawn from the evaluations:

One conclusion is that empowerment and a bottom-up perspective can be important strategies in health promotion and in integration, but there is little understanding about what empowerment means in practice and how to support the local groups in empowering themselves.

The reasons for the low level of participation and involvement in the projects can be unclear or too large goals – the projects do not know what they want or it can be that participation is not linked to influence and power.

Education can be an important method in this area. One example is the women's health education provided to local officers in the project "Women's life in the neighborhood Biskopsgården". Such a method helps the officers to focus on women and their health situation. According to my opinion it was especially important that the teachers were bilingually educated in the Metropolitan measure, because this can increase school results for the children. A lot of research shows that children who are encouraged to use their mother tongue, have an easier time learning a new language. At the same time, this knowledge has been ignored for long a time in many schools in vulnerable areas, and that may have decreased the immigrant children's learning of Swedish. If the understanding of the significance of children's mother tongue would increase in the schools, they should also be able to support the children's identities making it easier for them to be bicultural.

One important conclusion is that area-based, individual measures are incapable of breaking segregation. If segregation is to be broken, the goal must be incorporated in considerably broader policy areas involving housing construction and other infrastructural aspects of the planning and development of the entire city. There are also restrictive or discriminating structures in the Swedish housing market that prevent or complicate the possibility for individuals with a foreign background to have a "housing career".

The question about job creation is not just a question for the most vulnerable neighborhoods, but for the entire city. Neither the educational level nor any cultural differences can explain the big differences in employment between those of foreign birth and those born in Sweden. Explanations are rather to be found in discriminating and unfair regulations that make it difficult for newcomers in the labor market. Exposing and eradicating discriminating structures is thereby an important task in the work of integration. There is a risk involved in pointing out for example unemployment as a local problem as it can stigmatize the area. Several social scientists indicate that the Metropolitan measure has increased the stigmatization of the chosen areas (Törnqvist 2004, Jensen 2007). Through the Metropolitan measure the areas are pointed out as poor and immigrant dense, which increase their stigma.

My evaluation of Lärjedalen shows that creative methods promote children's health. The different creative activities, like music, dance, play, theater, reading, and sports the associations arranged for the children are all important modes of expression. All those activities stimulate them to discover and develop their minds and senses. Projects with aesthetic and creative activities in vulnerable areas prevent cultural rifts and create therapeutically individual developing and social effects. The children are given the opportunity to feel happiness.

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