Theoretically informed case study accompanying the film

Mobile health care service - Denmark

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QR-Code to the Homepage and video:
Link to the video: http://www.inno-serv.eu/caht

This report is part of the research project „Social Platform on innovative Social Services“ (INNOSERV). INNOSERV investigates innovative approaches in three fields of social services: health, education and welfare. The INNOSERV Consortium covers nine European countries and aims to establish a social platform that fosters a europeanwide discussion about innovation in social services between practitioners, policy-makers, researchers and service users. This project is funded by the European Union under the 7th Framework Programme (grant agreement nr. 290542).

1. Short profile: Mobile health care service - Health care and social work for migrant women in prostitution

Specific innovative elements of the mobile health care service

The service is for both 'documented' (I.e. legal) and 'undocumented' (i.e. illegal) migrant women in prostitution.

The **main innovative element** is to make contact with possible victims of human trafficking by providing health care services to migrant women in prostitution. Services that reach out to these women working at at so-called massage parlours have not been provided before. Furthermore, the pracitce is innovative in the way the health care service is used as a method to build trust relations that are needed in order to help the women.

Mobile health care service

The mobile health care service is a mobile outreach service that provides health care services to migrant women working in prostitution at massage parlours. Working at the massage parlours these women are 'hidden' and difficult to find. The mobile aspect of the service makes it possible to provide the service where the women are based.
Aim: to provide access to services and support for the women whose needs are not met otherwise.

Getting access to victims of human trafficking

The health care service works as a way to build trusted relationships between the social workers and the women. This is possible because the women experience help with their immediate problem provided by the health care worker. . These trust relationships mean that r the other team members can then build their own relationships with the women. Such relationships are needed to help the women to leave prostitution. Aim: to identify and assist women who are victims of human trafficking.

Key characteristics of the service

Organisation

The Centre Against Human Trafficking is a public body under the Ministry for Gender Equality and Ecclesiastical Affairs and is responsible for coordinating the efforts of different authorities and organizations against human trafficking.

User groups

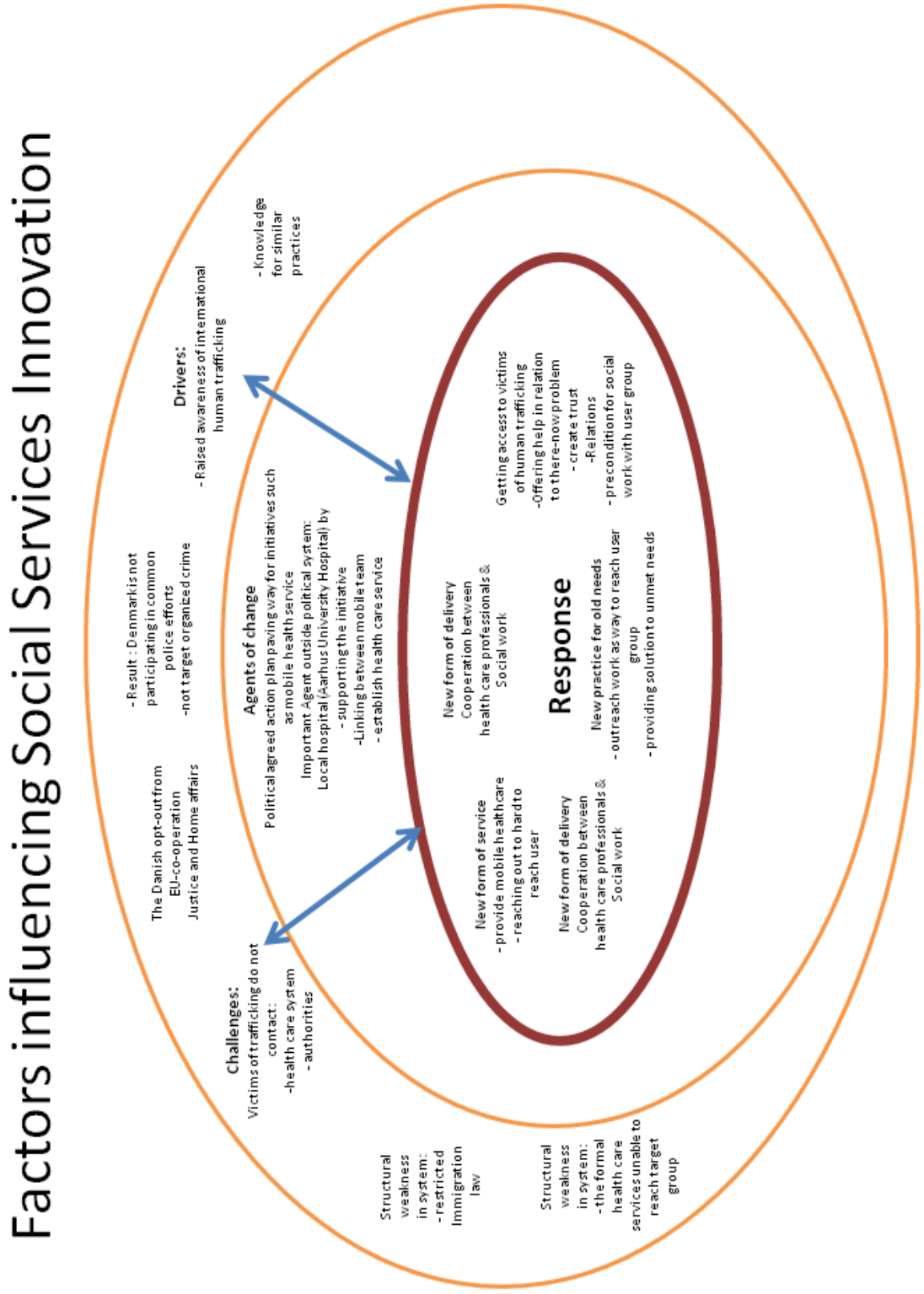
The users are both victims of human trafficking and migrant women working in prostitution in general. These women include both documented and undocumented immigrants.

Principle

The core principle is to offer outreach health care as a response to immediate problems for the women working in prostitution in order to provide a needed harm reduction and to build trust relationships between the woman and the social workers and health care worker.

Driver(s)

The practice is related to an observed increase the number of migrant women in prostitution in Denmark. Furthermore, the practice is a way to honour the International Conventions on Human Trafficking which the Danish government has committed itself to in order fight human trafficking.


Factors influencing Social Services Innovation
Response
New form of service
- provide mobile healthcare
- reaching out to hardto reach user
New form of delivery
Cooperation between health care professionals & Social work
New form of delivery
Cooperation between health care professionals & Social work
New practice for old needs
- outreach work as way to reach user group
- providing solution to unmet needs
Getting access to victims of human trafficking
-Offering help in relation to there-now problem
- create trust
-Relations
- precondition for social work with user group
Agents of change
Political agreed action plan paving way for initiatives such as mobile health service
Important Agent outside political system:
Local hospital (Aarhus University Hospital) by
- supporting the initiative
-Linking between mobile team
- establish health care service
Drivers:
- Raised awareness of international human trafficking
- Knowledge for similar practices
Challenges:
Victims of trafficking do not contact:
-health care system
- authorities
The Danish opt-out from EU-co-operation Justice and Home affairs
- Result : Denmark is not participating in common police efforts
-not target organized crime
Structural weakness in system:
- restricted Immigration law
Structural weakness in system:
-the formal health care services unable to reach target group

2. Policy framework related to human trafficking in Denmark

Principle/ Guidelines	Key organisations and actors	Services provided by government	Expenditure, resources
1. Human trafficking and procuring is a punishable offence**.** **2. Migration laws make** it impossible to grant undocumented migrants residence permits including persons who have entered Denmark as a victim of trafficking **3. Prepared repatriation for victims of trafficking.** This means that the victims are offered assistance in connection to their repatriation. The assistance aims to help the victim re-establish themselves in the home country and making them self-sufficient**.** **4. Prostitution:** Selling sex is neither defined as a criminal act nor included by the labour market regulations. Earnings made from selling sex do not constitute a criminal act as long as the taxes are paid and that the sex worker does not at the same time receive social benefits (Spanger forthcoming).	The fight against human trafficking is coordinated and regulated by the government's action plan for fighting human trafficking. - The action plan organizes the efforts of various state actors and non-state actors including - **Centre against Human Trafficking** coordinate the different efforts and runs the mobile health care service - **The Danish Immigration Service** (under the Ministry of Justice) - **The Ministry of Foreign Affairs** is responsible for international collaborations related to human trafficking. - **The Ministry of Social Affairs and Integration** is responsible for the actions related to prostitution. - **The national police** are responsible for the police work. **Local actors and operating actors:** **- Hospitals** provide services to the mobile service team **- Local police districts** cooperate with the mobile service in relation to their operations **- NGOs** both working in Denmark and abroad, for instances Red Barnet (Save the Children, Denmark).	**Legal milestones:** - UN protocol on human trafficking (UN 2000) - Council of Europe Convention on action against trafficking in human beings - The Danish penal code of 2002 that makes human trafficking punishable (Lov om ændring af straffeloven, retsplejeloven og færdselsloven [The Penal code]) - The migration laws that regulate the rights of the migrant women regarding residence permit and work permit. **Service area characteristics** An estimate from 2007 suggested that approximately 5567 women work in prostitution. Another estimate suggests that 45 % these are migrants. Due to the nature of trafficking no data exists on the number of victims of trafficking in Denmark.	**1. Costs involved in social efforts in the fight against human trafficking:** €11.5 million € in 2011 to 2014 **2. Financing services** The mobile health care service is financed by a state pool earmarked for the most vulnerable groups in society (Satspuljen).

3. The social, political and institutional context

3.1 Population/ Government

	Denmark (2010)	EU27 (2010)
Total Population:	5,534,738	501,104,164
Population projections 2010-2050	6,037,836	524,052,690
Expenditure on social protection (% of GDP) 2009	33.44%	29.51%

3.2 Information about the specific welfare state: Denmark

The state has deployed approximately: Euros 11.5 million (85.6 million Danish kroner) from 2011 to 2014 for the national social efforts in relation to human trafficking. In addition to this there have been expenditures in relation to police work and the work abroad in the countries of origin. The work abroad is done in collaboration with NGOs.

Social protection expenditure: Aggregated benefits and grouped schemes in millions of Euros

Time	Expenditure for social protection benefits in millions of Euros		Increasing benefits in kind	Part of benefits in kind of social protection benefits	
	1996	2010	1996 - 2010	1996	2010
EU 27	/	3,605,678.95	/	/	34.07%
Denmark	45,334.15	78,367.78	102.60%	34.13%	40.00%
United Kingdom	262,859.71	478,281.18	124.56%	32.87%	40.56%
Germany	565,683.07	765,717.82	52.53%	30.79%	34.69%

Source: Own calculations based on EUROSTAT 2012

4. Challenges and drivers of innovation

Structural weaknesses of the system:

- The victims of trafficking do not contact the health care system or the social authorities on their own. There are several reasons for this. Some of the primary reasons are that the women are often unaware where they are and that they fear what will happen if they contact the authorities.
- The migration laws make it impossible to offer the undocumented migrant residence permits even if they have entered the Denmark as a victim of trafficking. This makes is difficult to combat the organized crime behind human trafficking as victims might be reluctant to step forward.
- The Danish opt-out from the EU co-operation on Justice and Home Affairs. This means that Denmark is not participating in the common police efforts in EU to target the organized crime behind human trafficking.

Innovation: Ideas, criteria, levels and added values
There are two particularly innovative aspects about the service:

Mobile health care:
Mobile health care brings relevant health care services as well as and social services to migrant women in prostitution, who would otherwise not seek such offers. Thus, the practice is innovative as a way to reach a hard to reach group (Innoserv 2012).

Getting access to victims of human trafficking:
by offering help in relation to the immediate problems that the women experience, the midwife at the mobile health care team is able to establish contact with the women and make it possible to create a trusting relationship. The trusting relationship is a precondition for the social work with the women and for the work to identify and help victims of trafficking

Drivers and challenges
A primary drive behind the initiative is the raised awareness of the international human trafficking and the resulting human suffering. At local level, experience from similar practices including a drop-in centre for migrant women working in prostitution in Copenhagen, inspired the establishment of the mobile health care service. Based on these positive experiences the mobile health care service was an answer to the challenges in regard to reach the target group across a wide and largely rural geographical area
Another drive was the difficulties experienced in relation to contacting and identifying victims of trafficking.

Challenges
Human trafficking is a low-risk criminal enterprise with high returns and severe consequences for the victims.

Agents of change
The politically agreed action plan has paved the way for initiatives like the mobile health service. Since the first action plan political good will has been established both within the Danish Parliament and in the ministries involved. Another important agent outside the political system was the local hospital (Aarhus University Hospital) that supported the initiative from the start, thus making the linkage between the mobile team and the established health care services possible.

5. Key innovative elements of this example

Field of service	Health and Welfare
Establishment of organization	2010
Type of organization	Public organization (governmental)
Financing	The service is financed by a state pool earmarked for the most vulnerable groups in society
Size of organization	Total number of employees at Danish Centre Against Human Trafficking: 12. Employees involved in the practice: One midwife, two social workers and one project manager
Members and participation	Aarhus University Hospital.
Contact Name of the innovative example Homepage	Contact person: Martine Grassov, e-mail: mgr@servicestyrelsen.dk Socialstyrelsen Udsatteenheden Åbenrå 5, 1. sal DK-1124 København K Web site: http://www.centermodmenneskehandel.dk/in-english/in-english

There are an estimated number of 250,000 victims of trafficking per year in Europe (United Nation Office on Drug and Crime 2009). As in other EU countries, reported

trends point to an increase in the numbers of victims of human trafficking in Denmark (United Nation Office on Drug and Crime 2009).

From the late 1990's and onwards, the Danish state has observed that the number of female migrants working in prostitution has increased considerably (Spanger 2011). Since 2002, the Danish government has had action plans to combat human trafficking. In parallel to this Denmark introduced a penal code on human trafficking in 2002 (Spanger 2011). The Danish Centre against Human Trafficking was established at the same time and is responsible for the coordination of the efforts under the action plans. Similar policy trends can be identified in the other Nordic countries (Holmström & Skilbrei 2008). Moreover, at an international level the awareness of human trafficking has resulted in the development of a 'rescue industry' (Kempadoo 2005, Agustín 2007). In particular, a number of studies (Ditmore 2007, Skilbrei & Holmström 2011, Spanger 2011) investigate how the policy fields of human trafficking and prostitution regulate migrants selling sexual services.

The Danish Centre against Human Trafficking is responsible for several services including a drop-in centre in Copenhagen. Inspired by the experiences gained from the drop-in centre, the mobile health care service was established in 2010 in order to reach a less visible target group than women working in street prostitution which had been the target group at the drop-in centre. The mobile health care service covers Central and Northern Jutland and was established in cooperation with Aarhus University Hospital.

By establishing the health care service as a mobile service, it has been possible to reach the migrant women in prostitution that work in massage parlours that are scattered over a geographically large area. Given the fact that the massage parlours are often are situated in isolated places, the service is able to reach women do not contact the health care service or social authorities. In some cases the women have no knowledge about where they are or how to reach a hospital if needed. The massage parlours are identified by the staff members who go through the advertisements in the newspaper and on the internet. for 'sex services'

The mobile health care team consists of one midwife, two social workers and one project manager and is based in Aarhus. The midwife visits all massage parlours (as the brothels are called) "employing" migrant women in Central and Northern Jutland offering treatment and examination. If the midwife asses that a woman needs a specific treatment or an examination that she can't provide directly, she will accompany the women to the local hospital where the treatment or examination will be carried out. Besides the actual examinations and treatments, the project has a prophylactic and health promoting aim: to secure an improved life for the woman. This involves counselling, guidance and a focus on the general health of the woman.

By offering such services the midwife can build a relationship with the women. By meeting the women's needs, the midwife is able to establish a trusting relationship with the women. This makes it possible for her to establish contact between the women and the social workers working for the mobile health care service. The social workers' tasks involve informing the women about their options, rights, risks and alternatives. Further, they try to motivate the women to decide to try change their situation. This is a long process.

The social workers also act as case managers for women who are identified as victims by the social workers. This involves work in relation to supported repatriation that the identified victims are offered. The aim of supported repatriation is to help the women to re-establish themselves in the country of origin. This includes assisting them to make themselves self-sufficient e.g. by helping them to establish a small business. As an element of the preparation the women are offered skills-training courses, psychological, legal and social support as well as health care services.

Further, the social workers provide assistance to women who are brought in by the police in connection with police operations. The social workers of the mobile health care service offer assistance to the women and are involved in unravelling the women's cases in order to assess whether they are victims of trafficking. In relation to this the women may be offered health care service which besides providing immediate relief could facilitate the more trusting relationship.

The effects of the practice

There are at least two valuable effects of the practice; first, the identification of women as victims of trafficking. Second, the mobile health care service is able to deliver harm reduction to the women working at the parlours in the area. So far, the midwife has established contact with almost 190 women and two men.

However, there are a number of challenges for this practice. Firstly, the geographical area that the mobile health care service covers is sizeable and the parlours are dispersed. Secondly, it is difficult to establish and maintain the relations to the women as the women get moved regularly and even sometimes moved abroad. In relation to this the landscape of the parlours are constantly changing as new are opening and old ones closing all the time. This highlights the challenges in regards to establishing and maintain the relations to the women.

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