copore
competences for
poverty reduction

COMPETENCES for POVERTY REDUCTION

2010
European Year
for Combating
Poverty and
Social Exclusion

COMPETENCES for **POVERTY REDUCTION**

Yair Aa - Without title

Editors

Hanneke van Bruggen, Hon.Dscie, Executive Director ENOTHE, Hogeschool van Amsterdam, The Netherlands

Sarah Kantartzis, Msc OT, Hellenic Association of Occupational Therapists, Athens, Greece

Sandra Rowan, Programme Manager (Policy Implementation), Workforce Development Directorate, Skills for Health

Content

Foreword

"Overcoming poverty is not a gesture of charity. It is an act of justice. It is the protection of human rights. Everyone everywhere has the right to live in dignity, free from fear and oppression, free from hunger and thurst, and free to express themselves and associate at will."

Nelson Mandela

"For all of us in the European Union it should be clear: poverty and social exclusion do not belong in our 21st century Europe. This is also a question of ethics; this is also a question of the European Union based on values that we want to build. This is also the spirit of the social market economy that is rightly considered by the Lisbon treaty a priority for our joint European action."

José Manuel Durão Barroso

U.A Hart Woman | Artist: Reisig Stephan B | © Beeldend Gesproken

1. COPORE (Competences for Poverty Reduction)

"The biggest enemy of health in the developing world is poverty."
Kofi Annan

COPORE is a consortium of health, social and educational networks that successfully presented to the European Commission an ERASMUS Accompanying Measures Project within the framework of the European Year 2010, combating poverty and social exclusion. It is managed by ENOTHE, the European Thematic Network of Occupational Therapy in Higher Education.

COPORE addresses several of the most burning issues in Europe. Since the enlargement of Europe, poverty and cohesion problems have increased, and 16% of the EU population currently live at risk of poverty. It is expected that their number will rise, not least as a consequence of the financial crisis and the effects this will have on the labour markets and society.

In relation to the poverty and cohesion problems within the EU, this project refers to the WHO report on Social Determinants for Health, that makes a clear connection to those problems and health. At the WHO European Ministerial Conference on Health Systems: "Health Systems, Health and Wealth", Tallinn, Estonia, June 2008, it was stated clearly: "common ground of Primary Health Care and social determinants of health is equity – they need each other".

The COPORE project aims to define competences and recommendations for health, education and social work students and practitioners on how to contribute to poverty reduction strategies. The project aims to bring together all major stakeholders in the field, identify good practices, and develop a common language on social determinants of health and indicators of poverty.

Although looking for ways to combat poverty is not innovative in itself, the introduction of an interdisciplinary approach to the education of health, education and social work students, is. This approach will link the education to research and to society in the specific field of health and social care and will define the competences in the field.

The project has selected existing good practices in the field of interdisciplinary community care, and invited students to develop interdisciplinary projects on poverty reduction, in collaboration with disadvantaged groups from local communities. Working groups have prepared strategic papers on themes including community development and client participation, competences for monitoring social determinants of health, interdisciplinary approaches, preventive and outreach approaches, and multidisciplinary education with regard to poverty reduction.

The various activities culminated in an international conference in the Hogeschool van Amsterdam and a publication reporting the results of the project.

Because the COPORE consortium consists of networks, the inter- and transdisciplinary aspects of competences for poverty reduction are further developed. The consortium COPORE wishes to contribute to higher education in health, social and educational sciences by giving structure and publicity to its findings.

2. Partners

The composition of this consortium underlines the responsibility of academic networks, professional associations, NGO's and those who experience exclusion to collaborate in tackling poverty.

The consortium is based on networks of the former "Human Archipelago" which have worked together since 2003, combined with new networks, such as Diets and European Forum for Primary Care (EFPC), universities where excellent projects of social inclusion are already taking place and NGO's who are either working in the everyday practice and /or are involved in policy making. Most of the networks have worked following the Tuning methodology and have placed competences and general tools for curriculum design at the centre of a specific subject area. The present project is a platform in which many related subject and thematic areas come together to elaborate common guidelines for learning to reduce poverty.

In addition the project has included stakeholder organisations with considerable experience in working on poverty reduction. The selected partners in this project have an obvious interest in multidisciplinary work at a pan-European level.

The COPORE Partners

Hogeschool van Amsterdam	*www.hva.nl*
ENOTHE- European Network of Occupational Therapy in Higher Education	*www.enothe.hva.nl*

The Hogeschool van Amsterdam, University of Applied Sciences (HvA),offers health as well as social educational programmes at bachelor and masters level.

Since 1997 the HvA has been the coordinator of the European Thematic Network of Occupational Therapy in Higher Education, ENOTHE, which now consists of 200 occupational therapy education provider institutions, professional associations, employers and client organisations. ENOTHE is aiming:

- To develop, harmonise and improve standards of professional practice and education as well as advance the body of knowledge of occupational therapy and occupational science throughout Europe.
- To facilitate participation of persons with disabilities in an enlarged Europe through the development of high quality occupational therapy education and practice.

ENOTHE is working in accordance with the Bologna process and is implementing the outcomes of the TUNING project. The network has been an active partner in organising several Humanistic Archipelago conferences.

EFPC- European Forum for Primary Care	*www.euprimarycare.org*

The European Forum for Primary Care is aiming to improve the health of the population by promoting strong primary care (PC). This is achieved by advocating for PC, by generating data and evidence on PC and by exchanging information between its members.

Come, come bird it is not so serious | Artist: Steensel H.F.van | © Beeldend Gesproken

Strong PC produces better health outcomes against lower costs. By promoting strong PC the population's health can be improved. Strong PC does not emerge spontaneously. It requires appropriate conditions at the health care system level and in actual practice to make PC providers able and willing to take responsibility for the health of the population under their care. Everywhere in Europe the process of strengthening PC is ongoing. There is a strong need to collect and share information about what structures and strategies matter.

CICE- Children's Identity and Citizenship in Europe ERASMUS Network	*www.cice.londonmet.ac.uk*

CICE links some 100 university departments in 30 EU and associated states, all of whom educate and train the professionals who teach citizenship and identity to young people and children in schools, pre-schools and colleges in Europe. The network has particular expertise and competence in social and civic learning, particularly in the European context.

Deutsches Rotes Kreuz Kreisverband Mettmann	*www.drk-mettmann.de*

Red Crescent Societies - the world's largest humanitarian organisation, providing assistance without discrimination as to nationality, race, religious beliefs, class or political opinions. Key activities in DRK KV Mettmann are life long education and education with regard to family affairs and professional education. Education is considered the strongest weapon against poverty.

Katholieke Hogeschool Kempen	*www.khk.be*
EASSW-European Association of Schools of Social Work	*www.eassw.org*

Katholieke Hogeschool Kempen is a University College with eleven departments and more than 6,400 students. KH Kempen University College has always been an impulse for regional development in the Kempen.

"KHK stimulates the dynamics of internationalisation. KHK offers students and personnel the opportunity to develop professional competencies enabling an active participation in a multicultural society. KHK has a cosmopolitan orientation and wants to participate in development cooperation. In this project the KHK will represent the European Network for Social Action (ENSACT).

University of Ruse	*http://www.uni-ruse.bg*

The University of Ruse (UR) is an active partner and disseminator in the COPORE programme. Since 2003 the university has been a member of ENOTHE. In the period 2003-2006 UR was a partner in the Joint Action Project Youth no. 113161-JA-1-2003 for the development of competence- and ECTS-based curriculum in occupational therapy.

The university is representing the Eastern European region, and is part of a broad network of occupational and physiotherapy schools in the Eastern European area.

Universidad de la Iglesia de Deusto/ Humanitariannet	*www.deusto.es*

The University of Deusto (UD) is remarkable for its capacity to combine a number of contrasting elements: local roots and global challenges, historic awareness and concerns for the future, leadership engagement and social commitment, intellectual rigor and experienced based learning, competition and cooperation, tradition and innovation. UD has contributed to society by educating politicians and bankers, entrepreneurial people for medium enterprises and for large firms, prestigious lawyers and significant media people, writers and EU commissioners and international civil servants in international organisations, inter-governmental organisations and NGOs, in the service of under-privileged populations all over the world. The University of Deusto is well known for its leadership in the TUNING project.

The University of Deusto collaborates through HumanitarianNet. This ERASMUS network has been envisaged to advance the work of universities in the field of humanitarian development.

Fachhochschule Gelsenkirchen / Institut Arbeit und Technik	*www.iat.eu*

The Institute for Work and Technology is a research organisation of the University of Applied Sciences Gelsenkirchen and a co-operation partner of the Ruhr-Universität Bochum. Its activities are aiming towards the objective of prosperity and quality of life. The subjects of the institute's research, development, testing and diffusion are knowledge and innovation. Furthermore, the institute is involved in the promotion of the Bologna Process in various European networks. They are partners in the 2010 activities: European Association of Erasmus Coordinators, European Cultural Capital Program of Schloß Baldeney-Akademie Mondiale, Essen, Germany and Health Bridges Across The Bosphorus.

University of Plymouth/ DIETS	*www.thematicnetworkdietetics.eu*

The University hosts 4 Centres of Excellence (more than other UK HEI) two examples are Professional Placement Learning and Work-based Learning. The Faculty of health will contribute to the identification of multi-professional competences for the health and social care workers in Europe by using the information it is already gaining through its Skills for Health Project. Competences in the field of nutrition and dietetics will particularly be highlighted and defined. In addition the School will support the development of the conference by contributing to workshops and other proactive ways to bring the field of nutrition and dietetics to participants. The role of multi-professional teams in the recognition of poor nutrition in poverty and the mechanisms for remedying health improvement will be a key contribution.

The University of Plymouth represents the European Dieticians' Network called DIETS-2 "ensuring education, teaching and professional quality".

Hellenic Association of Occupational Therapy — www.ergotherapists.gr

The Association aims to promote the health and wellbeing of the Greek population and in particular those people with mental, physical, and social difficulties through the ongoing professional development of the members.

The newly formed special interest group working towards social inclusion provides support and educational opportunities for those members working in emerging areas of practice, supporting the social inclusion of vulnerable individuals and groups through community projects promoting occupations, together with activities to develop public and professional awareness of the issues involved. This group is involved in developing a network throughout Europe of occupational therapists working in community projects empowering inclusion, and have undertaken a Grundtvig Learning Partnership to support these activities with five other partners from Europe.

Fundacio Universitaria Balmes ; Universitat de Vic — www.uvic.cat

The mission of the University of Vic is to generate, to preserve, to spread and to apply knowledge in order to achieve a more fair society. Develop projects accessible to all social sectors, creating an inclusive university and stimulating creativity, cultural, social, ecological and economical development.

Promoting with respect to human rights, preservation of the environment, education for peace and international cooperation, especially with countries in development.

Uvic is developing research and intervention projects related to poverty.

Caritas Arxiprestal - Vic — www.caritasbv.cat

The main aim of the organisation is the fight for a more fair society, combating poverty.

The important activities are:

• Provide places to eat for homeless people

• Offer sheltered flats for homeless people and mental health survivors

• Develop vocational training for excluded persons

• Improve inclusion in the job market

• Offer educational support for children at risk

• Support elderly at risk

• Organise horticultural workshops for mental health survivors

• Create a welcoming space for homeless people

International Council on Social Welfare European Region — www.icsw.org

ICSW is a global non-governmental organisation that represents a wide range of national and international member organisations that seek to advance social welfare, social development and social justice. Its mission is to promote forms of social and economic development that aim to reduce poverty, hardship and vulnerability throughout the world, especially amongst disadvantaged people. ICSW Europe has an independent legal status since 2007, but remains an integral part of the global ICSW organisation.

ICSW Europe provides a forum for the discussion of social welfare, promotes cooperation, aims at the exchange of information, fosters deepening of knowledge and takes actions in social welfare policies and practices, nationally and internationally.

ICSW is dependent on the drive of its members and the willingness to invest in international social debates, actions and policies to improve social welfare for all.

Skills for Health — www.skillsforhealth.org.uk

A sector skills council for the UK, working to develop skills and competences of the whole health workforce by working with employers and stakeholders to encourage and facilitate investment in lifelong learning, the development of careers and qualifications frameworks for the sector, influence education providers to ensure that employers get the right staff with the right qualifications.

To support this agenda, a range of tools have been developed.

Skills for Health have identified and manage unique workforce competences that are recognised across the UK, transferable, quality assured and are used to develop recognised qualifications based on employer needs.

Without Title | Artist: Metaal, Marina | © Beeldend Gesproken

3. Introduction to the Project

In the frame of the European Year 2010, the European Network of Occupational Therapy in Higher Education (ENOTHE) has coordinated an ERASMUS project of a consortium of health, social science and educational networks with the main aim:

"To develop a shared set of competences/ specific learning outcomes and teaching/ learning and assessment approaches focused on poverty reduction through quality health and social care".

Due to the participation of the networks in a former EU project called "Tuning and the discussions and reports on quality and curriculum design", the consortium has been able to create the appropriate tools for defining outcomes in terms of competences. They wished to use their ability to elaborate such tools and reference points to give clear recommendations, useful for educators, students, practitioners and service users on the targeted issues.

This project complied with the aims for the European year 2010 in promoting one Higher Education Area as well as in combating poverty. The objectives of the project were to:
• Develop a common language on social determinants of health, and indicators of poverty
• Increase knowledge and experience of possible approaches to action
• Develop a shared set of competences, specific learning outcomes and teaching and learning approaches
• Relate education to research
• Relate education to society
Strong emphasis was placed on involving those that experience poverty first hand in the different phases of the project.

The multi-disciplinary structure of the project tackled the multi-dimensional aspects of poverty through integrated approaches.
The following actions were undertaken:
• Identification of projects of good practice in social inclusion
• Definition of a grid of good practice
• Organisation of a conference (23 and 24 April 2010) to disseminate and discuss the value of those projects
• Recommendations for the competences of health, social and education workers

Silence | Artist: Ayubi Abubakr | © Beeldend Gesproken

4. Poverty, Social Exclusion and Social Determinants of Health

Almost 84 million Europeans live at risk of poverty, which means they face insecurity and go without what most people often take for granted.

Living in poverty may result in a variety of problems, from not having enough money to spend on food and clothes to suffering poor housing conditions and even homelessness. Poverty also means having to cope with limited lifestyle choices that may lead to social exclusion.

Everybody may experience poverty at some time in his or her life. However, some groups of people are more at risk of poverty, such as families with children – especially large families and single-parent families – elderly people, disabled people and immigrants. In all categories, women are affected more than men.

The way poverty affects people is multi-faceted and sits hand-in-glove with social exclusion. In addition to well-known problems such as poor housing, or homelessness, people who are poor are also likely to endure:

- Poor health and reduced access to healthcare
- Reduced access to education, training and leisure activities
- Financial exclusion and high levels of debt
- Limited access to modern technology, such as the Internet

To tackle these and other related issues, the EU provides a framework for national strategy development, as well as for coordinating policies between EU countries on issues relating to poverty and social exclusion, health care and long-term care as well as pensions. This framework takes into account the multi-dimensional nature of poverty while focusing particular attention on the following:

- Eliminating child poverty and poverty within families
- Facilitating access to labour markets, education and training
- Overcoming discrimination and promoting the social inclusion of people with disabilities, ethnic minorities and immigrants and other vulnerable groups
- Combating financial exclusion and high levels of debt
- Ensuring decent housing for all

The fight against poverty and social exclusion relies heavily on the integration of people furthest from the labour market.

The persistence of large numbers of people at risk of poverty and excluded from the labour market represents an inescapable challenge to the objective of social cohesion enshrined in the European Union treaty. The goals of the Lisbon strategy cannot be realised if we do not make the best use of the human resources present in our societies.

To promote the integration of the most disadvantaged people a comprehensive active inclusion strategy, entailing the provision of an adequate level of income support with a link to the labour market and better access to services, is needed . This is to ensure that social protection policies effectively contribute to mobilising people

who are capable of working while achieving the wider objective of providing a decent living standard to those who are and will remain outside the labour market (2008/867/EC).

Inclusion of vulnerable groups is one of the priorities of the European Social Protection Social Inclusion Process.

Some population groups are more at risk of falling into poverty and social exclusion, such as single parent families, elderly people, disabled people and immigrants. In their turn, poverty, relative deprivation and social exclusion have a major impact on the health of these populations. (Wilkinson & Marmot, 2003)

These vulnerable groups often suffer from lower employment rates, higher school drop-out rates and are more likely to be financially excluded, than other sections of society.

The EU wants to better understand why these groups are often affected by poverty and how best to include them in society. Common objectives and indicators are necessary to have a clear understanding of the problem. The measures adopted by the EU are as varied as the problems these groups face (http://www.2010againstpoverty.eu).
 The goal is to improve the situation of these groups by:

• Supporting the integration of immigrants and ethnic minorities in the labour market
• Promoting the employment of people with disabilities
• Adopting measures on equal treatment to combat discrimination

Social exclusion: A relational perspective

"Social exclusion consists of dynamic, multi-dimensional processes driven by unequal power relationships. " (SEKN, 2008)

These processes operate along and interact across four dimensions – cultural, economic, political and social – and at different levels including individuals, groups, households, communities, countries and global regions. Exclusionary processes contribute to health inequalities by creating a continuum of inclusion/exclusion. This continuum is characterised by an unjust distribution of resources and unequal capabilities and rights required to:

• Create the conditions necessary for entire populations to meet and exceed basic needs
• Enable participatory and cohesive social systems
• Value diversity
• Guarantee peace and human rights
• Sustain environmental systems (SEKN, 2008)

Health inequalities and a social determinants of health approach

Although on average people in the EU live longer and healthier than previous generations, at the same time there exist large and perhaps increasing inequalities in health both between and within member states (Eurostat, 2009). Health inequity is defined by WHO's Commission of Social Determinants of Health: "Where systematic differences in health are judged to be avoidable by reasonable action, they are, quite simply unfair. It is this that we label health inequity."(CSDH, 2008).

There are differences of up to 20 years in the number of years lived in good health between the EU average and people living in the Central and Eastern part of Europe. Aside from differences in member states, a social gradient in health status has been identified. People with lower education, a lower occupational class or lower income, as well as some ethnic minorities tend to have not only shorter life expectancy but also shorter expected lifespan in good health (EC, 2010). In particular groups in deprived areas and in poverty, the unemployed, the homeless, the disabled, the elderly on low pensions and single parents tend to experience higher level of disease.

The Dahlgren and Whitehead model, used by the World Health Organization illustrates the "rainbow-layered" view of the causes of inequalities. It describes the health determinants and emphasises interactions between the layers: individual lifestyles are embedded in social norms and networks, and in living and working conditions, which in turn are related to the wider socioeconomic and cultural environment.

WHO; Commission of Social Determinants of Health
Source: Dhalgren and Whitehead, 1991
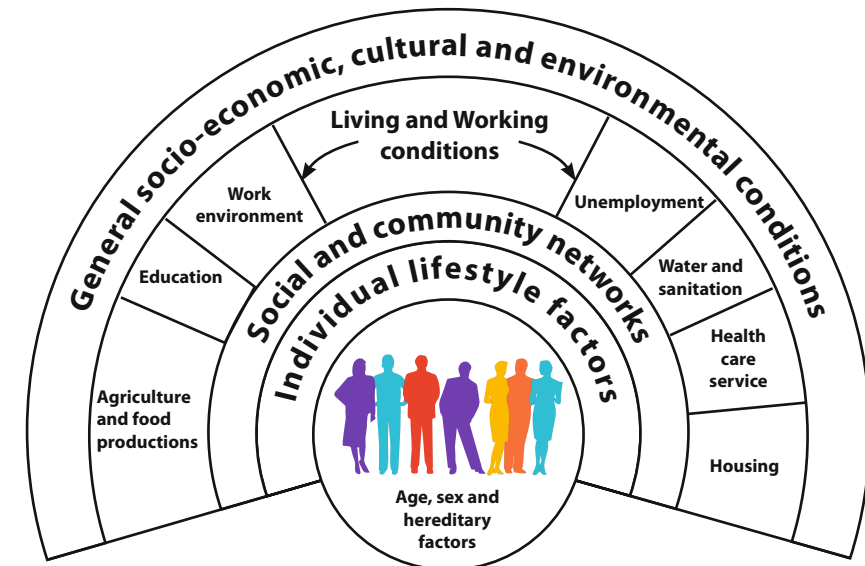
Health levels do not vary at random but are the result of systematic differences in the distribution of factors affecting them. Living and working conditions, health related behaviours (lifestyle), psycho-social factors and socio-economic status may influence an individuals' health status. The WHO Commission on Social Determinants of Health concluded in 2008 that the social conditions in which people are born, live, and work are the single most important determinants of one's health status (WHO, 2008). Therefore to reduce health inequalities a social determinants of health approach should be incorporated, including addressing the social and structural conditions needed for good health for all.

Reducing health inequalities

It is of critical importance to distinguish between social determinants of health for the overall population and the social determinants of inequities in health.

Poverty severely limits the chance of living a healthy life and is still in some European countries a major cause of poor health (in general) and of social inequities in health (in particular). Poor health can also be a major cause of impoverishment and improved health can be a prerequisite for being able to capture opportunities for education and increased learning power. Training and starting up small businesses, for example, increase the possibilities to work oneself out of poverty, but poor health is a barrier to this escape route. These three different linkages between poverty and health – poverty as a cause of poor health, poor health as a cause of poverty and improved health as a way out of poverty – need comprehensive active inclusion strategies together with integrating health equity strategies to reduce poverty, which are described in the European Report on Social Protection and Social Inclusion 2009 in short as follows:

- Comprehensive active inclusion strategies combine and balance measures aimed at inclusive labour markets, access to quality services and adequate minimum income. Sustained work is required to tackle homelessness as an extremely serious form of exclusion, and to promote the social inclusion of migrants.
- Strategies to reduce health inequalities should focus on increased attention to primary care, prevention, health promotion, better coordination and rational use of resources. These strategies need to be more vigorously pursued, in particular where healthcare systems are under-resourced. This also implies addressing potential staff shortages in health care by measures to recruit, train, retain and develop health care professionals at all levels.
- Strategies to establish and strengthen systems for quality long-term care should include a solid financing basis, improvement of care coordination and ensure sufficient human resources as well as support for informal carers (COM(2009)58 final).

In the following chapters some of these strategies will be presented in more detail in the conference lectures and others in the reports of the working groups of COPORE including ideas for competences and examples of good practice.

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Storage | Artist: Broeke, Steven van den | © Beeldend Gesproken

5. COPORE Conference

The various activities of the project culminated in an international conference in the Hogeschool van Amsterdam, where selected good practices were presented, the best student projects were selected and awarded a prize, and the strategic papers were discussed.

The conference was opened by *Ellen Vogelaar*, former Minister of Living Conditions, Neighbourhoods and Integration. A short summary of her address is presented below:

"As minister responsible for realizing a change in the lives of people living in 40 deprived neighbourhoods in 19 big cities I was convinced of the necessity of a new approach.

As in many Western-European countries, in the Netherlands there has been a policy for more than 20 years to pay special attention to urban areas in the 30 big cities. In these cities there was for a long period a growing gap between deprived and rich neighbourhoods. In the deprived areas we see bad housing conditions, desolate public space, high unemployment rates, youngsters who drop out of the school system, a lot of migrants, the first generation of which does not speak the Dutch language very well, high criminality rates and inhabitants who feel unsafe. So, big problems to solve.

But we also see that the way we have organised our public services and social institutions is not adequate for solving these problems. We have a lot of different public services and social institutions, which all offer services on one specific theme, for example job services or debt reduction.

But most of the people who live in these areas have not one specific problem to deal with, but two or three, or even four. So it is very important that we offer them integrated services and that the professionals from the different organisations work together to support these families. That sounds easy, but I can tell you that it is very difficult to realise this and to overcome all kind of institutional and professional conflicts of interests.

So organising integrated services is one issue, another issue is how we choose to approach these deprived people. Mostly professionals and politicians are of the opinion that they know what the problems are that these citizens have to deal with and how these problems have to be solved. I am convinced that this is not a good approach, we need to empower people, so that they get the tools to solve their own problems. My experience is that people have more power and creativity than we often think to change their own lives. Of course they need support in finding out what their talents and dreams are and how they can realise these dreams. Therefore, a change of the mindset of politicians and professionals is necessary. As minister I introduced a specific budget to be spent by citizens for improvements in their chosen neighbourhoods.

These budgets create a lot of energy and commitment by people to their neighbourhoods. For example in the Dapperbuurt, a neighbourhood here in Amsterdam, a selection committee judged the proposals from residents and selected which projects will be realised during the coming period. To give you an idea of the kind of projects they

choose, some examples: a proposal from an 8 year old girl to organize an event where people present their animals to each other. Or projects where artists and residents work together in creating art objects in the neighbourhood. A new trend is also creating community vegetable gardens, where people work together in the garden, which provides them with cheap vegetables. Very important for people who have not much money to spend, but it also offers an opportunity to eat healthy food and so get a better condition, as we all know, a growing problem in society.

I hope that this COPORE conference brings new ideas on the table as to which competences are necessary for professionals to work together with professionals of other disciplines and how to empower low skilled people to participate in society."

Full speech on CD

After the opening address, the key speakers set the scene for the conference and the discussions in the workshops.

Primary Health Care and the Social Determinants of Health: Synergies for Equity in Health
Anand Sivansankara Kurup, M.Phil., M.A.,WHO (Department of Ethics, Equity Trade and Human Rights)

The role of underlying social determinants in reducing health of individuals and populations, and the importance to address those social determinants to reduce inequities in health is very well documented in the report of the WHO Commission on Social Determinants of Health in 2008. Similarly, the World Health Report on primary health care in 2008 described the key challenges of a changing world, and elaborated four key reforms that are necessary to address those challenges. Those reforms include universal coverage reforms, service delivery reforms, public policy reforms, and the leadership reforms. Translating these reports into effective actions at the country, regional and global level to address inequities require understanding the synergies between them and making the health systems responsive to population needs.

The presentation explores the synergies between the social determinants of health agenda and the renewal of primary health care agenda, illustrates the need for working with other sectors, and explains the strategies of making the health system responsive to population needs.

Presentation and Publication on CD

European Anti Poverty Network (EAPN) Motto: *'You can't speak about the fight against poverty and remain silent about wealth'*
Quinta Ansem, the Dutch representative in the European Anti Poverty Network

Doing all kinds of projects, whether it is in social welfare work or in social health work and trying to help people to change their lives, to give them back hope and improve their opportunities, isn't enough. We won't achieve any improvement in trying to eradicate poverty and see the decrease of the numbers of people who live in poverty or who are at risk of poverty. It will be like mopping the floor with the water tap still running.

To try to change this EAPN have worked for 20 years now to lobby the EU commissions and other politicians, on EU as well on national level to make the difference.

EAPN some achievements

1. Building a participative and sustainable network
- Sustained and growing network
- Increasing participation of people in poverty
- Increasing funding of national and EU networks

2. Impact on EU Policy?
- New Articles in the EU Treaties
- EU Social Inclusion Strategy (OMC on Social Protection and Social Inclusion
- EU Programme to support the strategy (PROGRESS)
- EU Recommendation on Active Inclusion (Adequacy of Income, Access to Services, Support for access to employment)
- Partnership Principle in Structural Funds
- EU Meetings of People Experiencing Poverty
- 2010 EU Year Against Poverty and Social Exclusion

But this isn't the only problem. Also the way people experiencing poverty are addressed and treated in all kinds of projects, is directly linked to the poor outcomes of many welfare projects. EAPN believes in giving the poor the opportunities to speak for themselves and to come up with their own solutions and support them to make these a reality.

The overall conclusions
- More Equal Societies work better for Everyone
- The rich developed societies have reached a turning point in human history
- Politics should now be about the quality of social relations and how we can develop harmonious and sustainable societies

And doing that in respect and support with those who need the respect and support the most.

Presentation and full speech on CD

Community Oriented Primary Care (COPC): Integration of Personal and Public Health Care
Prof. Jan De Maeseneer, M.D., Ph. D., University of Gent, BE

The World Health Report 2008: "Primary Health Care: now more than ever!" invites us to "put people first". This is a clear invitation to health professionals, people involved in education and social work practitioners to re-think their position, especially when it comes to poverty reduction strategies. The report of the Commission on Social Determinants of Health "Closing the gap in a generation" asks clearly to tackle the "upstream"-causes of ill health

and poverty: unemployment, bad housing conditions, psychosocial stress, lack of participation and diminishing social capital.

Practitioners, especially in the field of primary health care, are confronted with those "upstream causes" of social inequities in health.

The "Community Oriented Primary Care"-strategy has, since the 1940s, been put into practice, in order to help health care providers and local communities, to address the social determinants of health.

The COPC starts from a defined community where problems with health and well-being are identified, both in the daily practice and through systematic surveys. This data collection is analysed, leading to a "community diagnosis", with involvement of all the local stakeholders, especially the civil society organisations. A strategy is put in place, with involvement of all,,in order to find solutions for the most important problems. Finally, there is continuous monitoring, so that the COPC-cycle becomes a key-strategy. A special feature of the approach is the inter-sectoral action for health, so that social determinants of health in the economic field, educational field, urbanisation context, social participation,… can be addressed. This will be illustrated with examples from community health centres in the city of Ghent (Belgium), from the European Forum for Primary Care and from the Network: Towards Unity for Health.

See Presentation and Article on CD

Poverty Reduction by Working on Healthy and Sustainable Social Structures.
Mark Räkers, Publicist/Activist, De Karthuizer, Hogeschool van Amsterdam, NL

When we are thinking about and discussing poverty there are two aspects: material poverty and immaterial poverty. In a lot of, or even most, cases these aspects are connected. This means that in fighting poverty we have to focus on both aspects. Reduction of material poverty doesn't mean that the person(s) involved will find social life as well. Together with material poverty, social poverty like loneliness is a main problem we have to deal with. Exclusion from social society is also a very serious matter of poverty.

We can find a common language in fighting poverty based on human rights. Formal and basic human rights are universal and based on both material and immaterial rights. In the European Social Charter there are articles about this. For example Art. 13: Anyone without adequate resources has the right to social and medical assistance. And also Art. 14: Everyone has the right to benefit from social welfare services. In my interpretation these articles are also about prevention of social exclusion, and as a result of that of course about working on social inclusion.

Of course we can also regard these rights as passive rights; this is the traditional way of thinking. On the other hand, we could state that based on these rights society has the obligation to create possibilities for social participation in an active way. This means that the focus of social workers should be on community development instead of individual help and support. Supporting the (further) development of social structures and connections provides a more sustainable situation for the people involved.

The principle of Family Group Conferences is helpful in achieving clients' participation. The social network or family is responsible for the decisions and the solutions. Social work and other disciplines are supportive in realising the plans made by the people themselves. In Holland we try to learn to work in this way, but we are also supporting social work institutions in Bosnia and Herzegovina. One of the important goals and results of Family Group Conferences is revitalisation of social networks. Being part of a caring social network means a healthier situation, both in a material and immaterial way.

In fighting material and social poverty health care workers and social workers could (and should) work together more than they do at the moment. People are not healthy when their social situation is not well organised.
Booklet on CD

History, Poverty and Exclusion
Prof. Kathy Isaacs, PhD, Coordinator of CliOHnet, University of Pisa

Poverty is a seemingly clear concept, but in reality it is a continually changing cultural construct – as well as a hard fact. Historically 'poverty' has meant different things and has had very different connotations. In the work of the History Networks, poverty, and the fight against it, is associated with 'citizenship' and 'participation'. We know that 'the poor' have been the object of the attentions of the better off in many societies, through for example 'charitable' activities, and that they represent a special kind of 'other', constituting a warning for the elites. The challenges facing the welfare state and the European model of inclusion today are evident: in a time of economic crisis such as ours, governments and voters are tempted to make cuts, emphasising in all fields the needs of those that 'have' full citizenship with respect to those who do not. This inevitably creates new and more difficult problems for the excluded.

The centre of the ethical motivation of the History Networks is to fight xenophobia and exclusion in all its forms. In our view, history – or ideas about it – far from being a thing of the past, is one of the most powerful forces in determining individual and collective identities, hence in forming our understanding of who we are and who our neighbours are.

We strive to create and disseminate materials and strategies that can be used in research and higher education, in order to prepare the tools we think necessary in order to assume a critical stance with respect to exclusion: of immigrants, ethnic minorities, the elderly, women … all those who can be and increasingly are presented as outside of mainstream society, its needs and practices.

Our Networks have researched and published innovative books on many relevant themes, including: "Immigration/Emigration in Historical Perspective; "Discrimination and Tolerance and Historical Perspective"; and "Citizenships and Identities: Inclusion, Exclusion, Participation". The most relevant results with respect to poverty and minorities will be presented and discussed.
Full speech and presentation on CD

In the following chapters you find the results of the discussions and workshops where groups of different networks have been working on before, during and after the conference.

Procession | Artist: Michel, Celine | © Beeldend Gesproken

6.   COPORE Themes and Competences

In the COPORE project five themes have been selected in line with the expertise of the partners and the priority areas mentioned in :

- Joint Report on Social Protection and Social Inclusion (EC 2009),
- Strategic Framework Document - Priorities and Guidelines for 2010 European Year activities (EC 2008),
- Health21 (WHO 1998)
- Closing the Gap in a generation (WHO 2008).

Working groups consisting of representatives of different networks each took an important stance related to the following themes:

1. Transdisciplinary approach in Social and Health care to prevent and/or combat poverty
2. Community development and client participation approaches to addressing health inequalities
3. Preventive and outreach approaches
4. Eradicating disadvantages in Education – (Decrease School Non-Attendance)
5. Work and work-lessness

The overall objective of the project was to furnish guidelines and to provide reference points which would be useful in European higher education for developing poverty reduction competences.

6.1 Methodology

A brief explanation of what a thematic work group could entail (see below) was sent to each participant beforehand:

1. **Transdisciplinary Approach in Social and Health Care to Prevent and/or Combat Poverty**

   This group will look at what interdisciplinary teams could do to break the cycle of deprivation. What would be their approach? How would they tackle the social determinants of health? How could they bring this into practice without reducing efficacy? What is the added value of interdisciplinary work?

   Tackling the wider determinants of health requires a joint approach to local social and economic realities - poverty, employment, housing, and other factors that contribute to social exclusion - as well as to the wider context of individual health-related decision-making, such as access to food, recreation or transport etc.

   What competences do our students need and what learning strategies can be used? And how do we implement this in their education?

2. **Community Development and Participatory Approaches to Addressing Health Inequalities**

   This group will explore how to engage with communities and build partnerships.

Community engagement, development and capacity-building strategies aim to address underlying causes of social exclusion and inequalities, and help to contribute towards neighbourhood regeneration programmes.

The group will look at: What strategies (such as community participation, empowerment) are the different disciplines using and how do they collaborate with members of the community?

What competences are needed?

What learning strategies are used?

3. **Preventive and Outreach Approaches; Focus on Health Inequalities**

WHO's *Health 21* strategy now sets a target of a 25% decrease in the life expectancy gap between different socio-economic groups within European countries by 2020.

This emphasis on targeting is justified by the observation that interventions to improve health in the general population may have little effect on addressing inequalities; they may even exacerbate them if services are differentially accessed. For this reason, interventions need to be targeted and prioritised in order to evaluate progress in narrowing the health gap. The focus may be on deprived areas, neighbourhoods, pockets of deprivation within more affluent wards, on hard to reach groups, or on the provision and style of services where gaps have been identified between access to services and need for those services. Initiatives may address individual risk factors or focus on the context in which decisions are made.

Groups who are disadvantaged may be reached by promoting specific services in new ways.

4. **Eradicating Disadvantages in Education – (Poverty reduction)**

Here the focus is on the accessibility of primary, secondary and higher education for minority groups, or equal opportunities in education, as well as enhancing school-based prevention and youth development through coordinated social, emotional, and academic learning.

The health promoting schools framework is constituted by five components, namely promoting personal skills through life skills education; developing school policies that promote well-being, creating a safe and supportive teaching and learning environment; strengthening community integrative and health promoting approach (World Health Organisation, 2006).

5. **Work and Worklessness**

Europeans believe that those most at risk of poverty are the unemployed, followed by the elderly and those with low levels of education or training. Statistics show that unemployed people are indeed a group particularly susceptible to poverty: 42% of people out of work have an income below the national poverty line in all EU countries.

And what about poverty among those in work?

Having a job does not always protect people from the risk of poverty. In 2006, 8% of employed EU-25 citizens (aged 18 and over) lived below the poverty threshold,

thereby restricting their full social participation.

There is a need to actively design and implement inclusion strategies to quality employment, as a sustainable way out of poverty and social exclusion. Social protection systems should be able to mobilise people capable of working, while providing quality services, resources and support for the participation of others who cannot work, making it possible for them to live in dignity.

Although most Member States refer to "active inclusion" in their National Anti Poverty Plan, they tend to treat the issue mainly as a means to integrate people into the labour market. A few Member States construct "active inclusion" as a holistic strategy that combines adequate income support, inclusive labour markets, and access to quality services.

The members of each working group were asked to write a short statement (2 pages max.), addressing the specific working group theme from the point of view of the Network he/she was representing as well as his/her personal view point.

The working groups consisted of representatives of higher education institutions, from social, health and educational networks and representatives of associations concerned with poverty reduction/ or directly representing those who experience poverty or social exclusion themselves.

The leaders of the different groups summarised the submitted statements. These statements were varied and reflected different academic and professional disciplines; different geographical contexts; and different personal approaches. Such variety enriched the discussions and project outputs.

The summary consisted of the following parts:
1) Statement related to the theme
2) A short description of good practice from group members
3) Key aspects related to the theme
4) Core competences/specific competences related to the theme
5) Approaches to teaching learning and assessing competences

The summary was used to help structure the discussion at two workshop sessions in the COPORE conference. A paper that summarised competences drawn from all statements also helped to inform the discussion (Appendix 1).

Each working group was asked to discuss and report on their specific topic, as well as to discuss and develop statements about the competences needed for poverty reduction and approaches to teaching/learning and assessment that are/would be useful for forming and assessing those competences, using the interdisciplinary expertise of the networks.

Because most of the networks have participated in a former EU project about competences it was decided to formulate the competences as defined in the TUNING project:

'*Competences represent a dynamic combination of cognitive and meta-cognitive skills, knowledge and understanding, interpersonal, intellectual and practical skills, and ethical values. Fostering these competences is the object of all educational programmes. Competences are developed in all course units and assessed at different stages of a programme. Some competences are subject-area related (specific to a field of study), others are generic (common to any degree course). It is normally the case that competence development proceeds in an integrated and cyclical manner throughout a programme*' (Gonzalez & Wagenaar 2007, p. 139)

The following 'Competences for Poverty Reduction' have been formulated after reviewing literature and policy documents, reflection, debate and consultation in the form of working groups, which has proven to be a successful methodology in Tuning projects (2000 - 2008). Close cooperation with and consultation of experts (including those who experience poverty) in the field of poverty reduction and (in)formal learning at national and international level has been essential for achieving the description below.

6.2 Generic Competences

TUNING distinguishes generic and subject specific competences. The generic competences are transferable and prepare all students for their future role in society in terms of employability and citizenship (Gonzalez & Wagenaar 2007).

The TUNING competences are described as reference points for the development of curricula. They allow flexibility and autonomy in curriculum design. They are also relevant to ongoing professional development, as they are overarching statements and competence will continue to be developed throughout one's career.

The generic competences developed in the TUNING project are:

Generic Competences

1. Ability for abstract thinking, analysis and synthesis

2. Ability to apply knowledge in practical situations

3. Ability to plan and manage time

4. Knowledge and understanding of the subject area and understanding of the profession

5. Ability to communicate both orally and through the written word in native language

6. Ability to communicate in a second language

7. Skills in the use of information and communications technologies

8. Ability to undertake research at an appropriate level

9. Capacity to learn and stay up-to-date with learning

10. Ability to search for, process and analyse information from a variety of sources

11. Ability to be critical and self-critical

12. Ability to adapt to and act in new situations

13. Capacity to generate new ideas (creativity)

14. Ability to identify, pose and resolve problems

15. Ability to make reasoned decisions

16. Ability to work in a team

17. Interpersonal and interaction skills

18. Ability to motivate people and move toward common goals

19. Ability to communicate with non-experts of one's field

20. Appreciation of and respect for diversity and multiculturality

21. Ability to work in an international context

22. Ability to work autonomously

23. Ability to design and manage projects

24. Commitment to safety

25. Spirit of enterprise, ability to take initiative

26. Ability to act on the basis of ethical reasoning

27. Ability to evaluate and maintain the quality of work produced

28. Determination and perseverance in the tasks given and responsibilities taken

29. Commitment to the conservation of the environment

30. Ability to act with social responsibility and civic awareness

31. Ability to show awareness of equal opportunities and gender issues

6.3 Core Competences for Poverty Reduction

The core competences developed in the COPORE project are based on the work of the working groups and the recommendations of the social agenda of Europe (COM 2008), the joint report on social protection and social inclusion (COM 2008), the report of the WHO Social Exclusion Knowledge Network on understanding and tackling social exclusion (Popay J, Escorel S, 2008) and three basic health-related values:

These three values form the ethical foundation and underpinning of all the other competences:

- Health as a fundamental human right;
- Equity in health and well-being and solidarity in action between and within all countries and their inhabitants
- Participation and accountability of individuals, groups, institutions and communities for continued health and development.

Hereafter follow the core competences for poverty reduction, which are important for the five
Themes identified in the project.

CORE COMPETENCES for POVERTY REDUCTION

Domains	The professional is able to:
Knowledge	Analyse the multifaceted phenomena of poverty, and its interrelationship with social exclusion, social determinants of health and health inequalities.
	Critically analyse conceptual frameworks for understanding social exclusion in the context of health inequalities, in order to critically review existing policies and actions.
	Recognise that exclusionary processes create a continuum of inclusion/exclusion characterised by an unjust distribution of resources and unequal access to capabilities and rights.
	Recognise the underlying relationship between social inclusion (including social determinants of health) and human rights (action to promote and protect human rights will reverse exclusionary processes and promote social cohesion and health.)
	Develop conceptual and methodological frameworks to work on improving social determinants of health according to the needs of the actors involved, taking into account the cultural diversity of the population
	Understand that the complex and multidimensional nature of exclusionary processes require structured and formal mechanisms to manage political processes and action responses which cut across sectors (health, education, social, financial)
	Recognise the limitations of professional education and knowledge and give greater status to 'lay' and indigenous knowledge.
	Critically analyse the ethical dilemmas inherent in poverty, including issues of power, sustainable environments, and legality.

| Strategies | Work to provide universal access to living standards which are socially acceptable to all members of society

Attend to all the dimensions of exclusionary processes - social, political, cultural and economic – and the interactions between them when developing, implementing and evaluating policy and action.

Promote and support community empowerment, for example through community development and capacity building, such as technical skills and competences for problem solving

Use a community oriented approach which has a local, universal, and comprehensive focus and respects cultural diversity

Promote and advocate for societal change through mass media and the general public

Develop strategies to extend the current limits of practice, for example towards an integrated intersectoral approach

Employ a dynamic ethical framework to critically reflect on and respond to ethical dilemmas |
|---|---|

| Collaboration, partnerships | Demonstrate respect for individual, group and community rights to freedom of choice, equality, confidentiality and cultural diversity

Identify and collaborate with partners in different sectors to address poverty and social determinants of health

Establish and maintain networks with key stakeholders

Proactively seek and build sustained and meaningful engagement with clients and communities to shape services and improve health and well-being

Engage with clients, their families, carers and communities as partners in the management of change

Collaborate with community partners to promote the health of the population

Recognise the complexity of communication and work to identify and overcome communication barriers (for example communication in different languages or making use of translators), resolve conflict, and promote successful communication within networks and between sectors |
|---|---|

Research and quality improvement	Use both quantitative and qualitative data, indicators and stories, recognising that the nature and impact of exclusionary processes can only be adequately 'represented' from both angles
	Undertake research and utilise research findings on all dimensions of exclusionary processes – social, economic, cultural and health
	Obtain 'evidence' on the impact of all aspects of exclusionary processes on health status and health inequalities.
	Describe and evaluate the action of social movements and community groups in addressing exclusionary processes.
	Appraise policy and action-research to tackle social exclusion
	Explore and develop creative research methods, such as photo voice, digital storytelling, that are led by and include the community
Leadership and management	Manage and undertake robust and regular needs assessments that establish a full understanding of current and future local health needs and requirements
	Lead ongoing and meaningful engagement with partners to inform strategy, and drive quality, service design and resource utilisation
	Contribute to the design and implementation of policies that transfer real power to the targeted people
	Adopt a participatory approach to leadership, including shared responsibility
	Manage resources, and design and implementation of strategies, in support of social change

6.4 Specific Themes and Competences

6.4.1 Trans-disciplinary Approach in Social and Health Care to Prevent and/or Combat Poverty

a.   Statement related to the theme

The fight against poverty demands an holistic view, self awareness and a trans-disciplinary approach together with an integration of knowledge of people that are living in poverty, but who are exercising their rights.

b.   Short descriptions of characteristics of good practice

The following is a short summary from the submitted statements:

Preconditions: Political will; financial means; active citizens' participation; interdisciplinary approach; research based, well planned, organised and executed actions; commitment to the task; poverty sensitivity; well developed educational programmes, are some of the preconditions which have to exist for certain actions to be successfully executed.

Actors: A variety of actors need to be involved in order to achieve success in the undertakings. There is a clear need for cooperation and teaming up of people and professionals coming from various backgrounds and different institutions/organisations. How can a shift from "patient to professional" to a "patient to team" relationship be achieved?

Activities: Various activities need to be combined towards reaching a higher outcome. The following examples are highly recommended: a combination of research, policy and legislative changes, community activities, or organised activities with a wider scope. Active citizens' participation is necessary in all regards. An important question to be answered is: which organisational and operative conditions allow the development of trustworthy relationships among different professions? This directly relates to the competences that professionals should have in order to tackle poverty problems within their catchments' population

Disciplines: Different disciplines need to be involved in resolving the complex issues that constitute and emerge as a consequence of poverty. Economics, Health, Social Work, Education, Law, Political Sciences, and Ecology are some of the disciplines that need to be involved in order to be able to cover the issue of poverty from as many angles as possible.

Methods All planning and execution of actions should have a transdisciplinary approach with a diversity perspective in order to maximise the possibility for mutual benefit, rather than the simple sum of various disciplines. This would also help to raise societal awareness about the value of transdisciplinary collaboration and the complementary value of different disciplines in poverty reduction.

c.   Key aspects related to the theme

The key aspects that were discussed in the working group are presented below in the form of keywords or short statements:

• A trans-disciplinary approach will facilitate inter and intra sharing of knowledge between different specialists and professionals.

• Empowerment of individuals living in poverty. It is important that the knowledge of people living in poverty is acknowledged and utilised. This is not an easy process because professionals are reluctant to leave their specialisations.

- Accountability and responsibility
- Need for collaboration with other sectors, beyond health and social care; for example, with education, housing, labour etc.
- In discussing work practices it is necessary to recognise what is transferable and what is context specific (what works in one place does not necessarily work in another).
- It is important to maintain sensible time frames and address tensions between client and professional focus
- The number of professionals needs to be limited and overspecialisation avoided when possible
- Effectiveness and efficiency in use of resources
- Ongoing communication and reporting to the public stakeholders, participants and professionals

d. Competences

Trans-disciplinary Approach in Social and Health Care to Prevent and/or Combat Poverty	The professional is able to: • Recognise that a trans-disciplinary approach that goes between, across, and beyond different disciplines is required to prevent and/or combat the multi-faceted and complex nature of poverty. • Recognise that effective interventions based on the identification and solving of complex and ill-defined real-world problems requires the combined creativity and knowledge of networks of people and resources. • Work in a reflective, knowledge-building trans-disciplinary community with the necessary mindset, data collecting abilities and meta-cognitive skills • Communicate successfully with diverse groups, ideas, opinions and conflicting theories in order to facilitate the analysis and critique which will lead to the emergence of new understandings and knowledge • Engage in ongoing, creative, lifelong learning, exploiting opportunities for collaboration and new technologies in the design of change

6.4.2 Community Development and Client Participation Approaches to Addressing Health Inequalities

a. Statement related to the theme

Community development must be underpinned by values of social justice, self-determination, solidarity, collaborative working, participation and equality. Addressing complex social and health inequality issues requires a multidimensional and inter-professional approach through participation and empowerment of individuals, groups and communities. Community development must ensure collaborative partnerships that include all stakeholders and focus on the multiple causes of health inequality, including improving access to health care systems and service delivery, relieving poverty and increasing community participation and access to social networks. Community development must enable people to mobilise and develop their potential, leading to an ongoing ability to recognise and respond to their own problems.

b. Short description of good practices

Members shared many experiences and perspectives on the best way to approach application of community development/participation approaches to address poverty. These ideas and suggestions are summarised in the Appendix.

c. Key aspects related to the theme

A number of key concepts emerged from the discussion of the working group's theme including (i) the role of the university in society (ii) the multidimensional and complex nature of poverty empowerment (iii) the inextricable link between poverty and health (iv) the participatory/partnership approach required when using community development techniques (v) the necessity for cross-sectoral/inter-professional collaboration when attempting to address poverty and the social determinants of health (vi) the importance of including all stakeholders (vii) the need for long term planning when developing sustainable community projects.

(i)The role of the university in society

The group agreed that higher education institutions have a responsibility towards addressing societal problems in terms of teaching, learning and research. A number of group members identified examples of university – community partnerships which sought to address community issues.

(ii)The complex nature of poverty

The complex nature of poverty was acknowledged by all group members and it was agreed that the concept of poverty should not be confined to economic status but should include other aspects of participation. The global nature of poverty was also acknowledged and the problem of raising awareness about poverty as a challenge for all societies, and not just those in the majority world was highlighted.

(iii)The link between poverty and health

The group discussed the impact of poverty on health status and agreed that healthcare professionals need to focus more on the social determinants of health both in their education and practice. Issues of health inequality were seen as important however, the group acknowledged that there is an overall lack of awareness of health inequality in society and amongst health and social care workers.

(iv & v)The need for Mult –Sectoral/Inter-professional or Trans-disciplinary approaches to address poverty

There was a general consensus that no one professional group/community organisation can adequately address either poverty or the social determinants of health. Despite this knowledge, the group identified a number of examples of single discipline projects and acknowledged that notwithstanding best efforts inter-professional/cross-sectoral work is fraught with challenges. The group highlighted that the lack of inter-professional training opportunities provided for healthcare students results in limited exposure/experience of successful inter-professional working collaboration. The group did not specifically suggest methods of addressing this gap in educational practice but did suggest that it is important to emphasise to students the limitations of single disciplines working alone.

(vi)The importance of including all stakeholders

The group clearly identified that all stakeholders should be included in any community development plan. Particular challenges in relation to inclusion of minority stakeholders/ people whose voices are typically excluded from project planning were discussed and group members suggested that participatory methods are necessary to ensure appropriate representation.

There were many examples from the group of successful projects where communities had been supported to develop their own initiatives that addressed the social determinants of health. Key messages which emerged from the descriptions of these projects included the need for a long term commitment when engaging in community development and the challenge of ensuring that projects were sustainable and could become part of the fabric of community life when/if external funding was withdrawn.

(vii) the need for long term planning when developing sustainable community projects.

Suggestions for community development approaches

The statements that members provided prior to the meeting combined with discussion led to the development of the following suggestions of the important aspects of community development approaches:

Related to identifying the community, and constructing access to the community.

It is understood that access to the community is an ongoing and dynamic process that needs to be maintained throughout the development process, and includes:

- Developing understanding of what is the 'community'
- Identifying key persons
- Identifying the 'invisible' citizens who are not represented by leaders, figure-heads, or key persons
- Developing on-going partnerships with all, based on an equal participation in decision making processes

Related to programme development

Some of the important features of community development are the following:

- Participatory approaches are essential, based in trust and open communication
- Multiple strategies are required, process based and result based
- Recognition of the complexity and multi-dimensionality of poverty and community development
- Inter-sectoral collaboration
- The evaluation of outcomes should be incorporated from the planning stages and should be: accessible, creative, informative, and use multiple methods
- Strategies should facilitate the agency of individuals and groups
- Strategies should be future orientated and work towards sustainability
- Possibilities for change and development in existing services should be identified
- The relevance and meaningfulness of any planned action should carry the approval, support and cooperation of key public officials, community leaders and the people concerned.

Related to communication, roles, relationships

- Important to the process is the ongoing negotiation and establishment of (own) professional roles and the roles of other key person/s
- Recognise and works with issues of power, relationships, conflict and cooperation
- Community development is underpinned by essential values related to equality, social justice, self determination, solidarity and citizenship

d. Competences

Community Development and Participatory Approaches to Addressing Health Inequalities	The professional is able to: • Understand the multi-dimensionality of communities and their development, processes of change and the need for multiple strategies • Identify and gain knowledge of the community and key stakeholders in that community • Create and sustain access to the community and key stakeholders, establishing collaborative relationships • Negotiate and establish own professional role, facilitate the development of roles of stakeholders and facilitate people to work with and learn from each other • Work with the community and other stakeholders to identify community needs and to design, implement, manage and evaluate sustainable programmes at community or population level that address health inequalities and/or health promotion/prevention/ rehabilitation • Engage in an educational process to deliver professional knowledge to clients/client systems and stakeholders to facilitate the process of desired change • Recognise opportunities for, and work towards development of existing services, including opportunities for services to become part of local social networks • Demonstrate agency, self-efficacy, confidence, reflective self-belief as a professional, influencing policy and developments

e. Learning methods and teaching strategies

Suggestions for approaches:

a. Develop holistic approaches
b. Teach students to be able to respond to different scenarios with imaginative and practical solutions.
c. The clients/community should be part of the assessment process
d. Teach the students to meet the client and/or communities, listen to them and involve them in all phases of the process of change towards inclusiveness

Participants submitted examples of learning methods and teaching strategies, which are summarised below:

Service learning

Community centred occupational therapy practice is focused on collaborative working with communities to address issues of occupational participation. It is therefore not surprising to find that learning strategies that seek to foster competence in community centred practice have also focused on partnerships between learning organisations and students/ professional bodies.

Service learning has emerged within occupational therapy curricula across the United States, Europe and South Africa as one approach to facilitating students to develop skills in community centred practice. Service learning is a teaching and learning pedagogy that combines service to the community with academic learning. It is underpinned by theories of experiential learning and uses a process of structured reflection to enable students to critically examine their real world experiences in relation to their academic studies. At the core of service learning is a commitment to developing capacity for civic engagement and participation amongst all partners. Service learning enables occupational therapists to contribute to community development through partnerships between occupational therapy programmes and communities that are established to address specific community needs. Such partnerships are guided by principles of mutual reciprocity with the needs of the community, the student and the educational institution given equal status throughout the process of developing, sustaining and evaluating partnerships. Examples of service learning projects within occupational therapy in an Irish context are provided in Appendix 6.1

Example of undergraduate module:

Delivery of Public Health Nutrition theory to 3rd year dietetic students

This module considers the role of nutrition in Public Health and introduces the principles and practice of food related health promotion/improvement and the assessment of intervention strategies. Students learn not only about the main focus of Public Health Nutrition on a strategic level, but also how this is translated into practice 'on the ground'. Embedded throughout the teaching is the importance of community engagement and the consideration of health inequalities. One workshop in particular has involved engaging external partners in the Plymouth area, in particular food workers and practitioners involved in local food projects, coming in to speak to students about the reality of running a food project and some of the many challenges involved. The students tend to evaluate this very positively and learn that the evidence based theoretical principles often do not work at 'grass roots' level. They need to learn innovative and creative skills that allow them to translate their theoretical knowledge into practical 'action-based' solutions. This is an ongoing challenge!

6.4.3 Preventive and Outreach Approaches; Focus on Health Inequalities

a. Statement related to the theme

The goal for any healthcare and welfare system and of healthcare and welfare workers needs to be to help all citizens to live long, healthy and participatory lives by providing the right care at the right cost and as efficiently as possible regardless of income, race, ethnicity, class, caste, health status, geographic location, gender, sexual identity, religious affiliation and age.

In order to reach this goal preventive and outreach strategies are needed to develop services that are accessible and sustainable, use innovative methods based on partnership with target groups and an inter/trans/multi disciplinary approach.

b. Short descriptions of good practices from group members

See Appendix 2

c. Key Aspects related to the theme

- partnerships with target groups
- sharing with target groups
- inter/multi/trans disciplinary work
- innovative, flexible and non bureaucratic
- holistic approach
- critical analysis of the problems (political, social, health, educational)
- reflective and critical approach to ethical issues
- preventive, health promotion
- sustainable
- project management
- participatory action research

d. Outreach work themes concerning poverty

Limited access

The participants shared several aspects related to poverty. The first issue is the limited access people living in poverty have to healthy food, or the lack of knowledge they have regarding which food is or is not healthy. This is a particular problem for children, who do not get to choose their own food and take over their parents' eating habits. This results in many obese and diabetic children, which can be damaging to their health. Additionally, people with low incomes often do not have the same access to good quality health and social care as people with higher incomes do. A worst case scenario in some European countries is parents being unable to financially take care of their children and feeling forced to bring them to a children's home.

Generation-poverty and social class differences

A second issue regarding poverty is the danger that it may become chronic, i.e. be transmitted from generation to generation, creating a 'vicious cycle' that is hard to break (Yeo, 2001; Yeo & Moore, 2003). Throughout Europe, we signal a gap between different social layers in society. Certain facilities are not available to people with low incomes or to certain groups, such as the elderly, physically or mentally disabled people, people without a job or an education. Access to nutritious food and basic health care is as much a human right as access to clean water, acceptable housing and basic education. Unequal access to health services and other disparities are often a result of deficiencies in the health care and social system, the legal and regulatory system, and stigmatization and discrimination of certain

groups. However, to eliminate these disparities, their incidence and prevalence must first be identified.

e. Ways to combat poverty and its consequences, from the outreach work-perspective

Holistic approach

Most participants agree on the idea that a holistic approach to poverty problems is a way to deal with poverty and its consequences. The causes of poverty are multi-layered and occur in different areas in peoples' lives. To find solutions, all these areas need to be addressed. To do this in an efficient and effective way, professionals that address these different areas, should work together or at least be informed about the tasks other social workers or health care workers take upon them. This means working across disciplines, and within and between organisations with different fields of expertise. Cross-disciplinary dialogues between health, social work, law, labour, economics, education, and politics are important.

Involving service users and members of the community

A second aspect the participants identified as important in combating poverty is setting up and carrying out projects together with the people that they are meant for, i.e. citizens and/or service users. This can improve the connection between existing needs and services provided. It can also help bring all stakeholders together. This implies focusing more on communities, involving local formal and informal organisations and including the people in that community. Setting up facilities with local organisations and locating them in the target groups' neighbourhood can make services more accessible. Not all groups or individuals ask for help themselves, not everybody is easy to reach by social or health care professionals. These people should be approached actively, and making and keeping contact is often already an important success. Goals should be realistic and adjusted to the needs of the people themselves. Trust between service providers and the intended recipients may take time to develop; patience and perseverance may be necessary.

Empowerment

Supporting people's belief in their own competence and promoting a positive self-image are seen as core issues or goals. The aim of supporting people's strengths and talents applies to all groups in society: men and women, different ethnic groups, youngsters and elderly etc.

Prevention

Another important theme is prevention. By this we mean that intervening early on in the process and focusing on children and schools can help break through the earlier mentioned vicious cycle of generation-poverty and preventing health problems as a result of poverty. Examples of early intervention are educating children about healthy food, providing healthy school-lunches and integrating sports and physical activity into the school curricula.

Educating professionals

A key notion is the implementation of the above mentioned professional skills and attitudes into practical social work and health care education. Students need to learn to communicate with service users on the basis of equality, by being flexible, working in an interdisciplinary way etc. Social work and health care education should help students to learn to know themselves, the scope and limitations of their role and functions, and how to work cooperatively with clients, patients and colleagues. They should be able to acknowledge their own culturally and socio-economically pre-set assumptions, biases and prejudices and truly attempt to understand the client's world.

Research

All interventions aimed at preventing and dealing with poverty should be evaluated for their effectiveness and impact. Good qualitative and quantitative research should be read and applied whenever possible to ensure best practice. Project records of plans, implementation and outcomes should be kept and shared with colleagues, and through publication, to promote lessons learnt in attempting poverty alleviation.

Accessibility

Health care, including facilities and opportunities should be equally accessible to everybody and knowledge and information should be provided in different languages.

f. Competences

Preventive and Outreach Approaches	The professional is able to: - Build a trusting relationship, that demonstrates empathy, flexibility, respect, is non-judgmental, and capable of offering and providing appropriate assistance - Be proactive (early detection); signal and analyse problems and needs, chances and opportunities, actively approach vulnerable groups, engage oneself in preventive activities, act upon signals and be accountable, together with others - Use demographic, socio-economic and political data and knowledge of contextual issues to identify citizens or groups of citizens with, or at risk of, health disparities, and act upon this information - Make connections and communicate with different organisations (formal and informal), analyse the formal and informal infrastructures, involve volunteers and informal carers, empower clients' social networks - Carry out interventions that include increasing knowledge and identification of stress factors at individual, group or community level (such as work and school environment, unemployment, poverty, alienation, fear of forthcoming deportation or physical violence) and support people to address these adequately. - Ensure services are culturally safe and are adapted to the health needs and disparities of all persons in the area

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> • Recognise opportunities and be innovative and flexible towards change and the development of existing services, across organisational and administrative structures, in collaboration with service users, using local resources
> • Identify and analyse policies for the target group, opportunities and services in the community, and actively advocate changes and developments in policy and services

### g.	Teaching learning and assessment methods

Methods
• Inter/multi disciplinary education from the start
• Lots of practice, fieldwork, service, community learning
• Voice of the clients incorporated in the curriculum
• Start with the student as an individual/person
• Role model system: "do as you teach", and "teach by example "

Content
• Communication on all levels and ways (listening, social and linguistic barriers, intercultural dialogue)
• More languages
• Learn to take care of yourself
• Political and social knowledge
• Project management and entrepreneurship
• Self reflection

Learning strategies
• Reduce the distance between practice and theory and make sure the literature is relevant to the students' experiences
• Develop interdisciplinary tools that may integrate practice and research (based on PAR)
• Organise time for reflection
• Organise guest lecturers: both clients and professionals who have experience with outreach practices can tell a vivid story about their experiences
• Practice based learning (PBL) and project learning/service learning: students in different phases of their training can develop a service learning project that addresses health disparities. The assessment is a reflective report on the project in which the judgement of all the stakeholders in the project is mentioned and reflected on
• Gaining a lot of information about the community the professional-to-be serves, with a special focus on the geographic context of the community for instance urban or rural areas

Assessment strategies
• Research based on a long experience in the field sharing with the clients
• Research based on a critique paradigm, ecological-systemic paradigm and radical social work paradigm
• Role playing, to practice the role of the professional and to feel the position the client is (put) in
• Real-life cases and how they are handled would be an adequate measure of assessment

### 6.4.4	Eradicating Disadvantages in Education (Poverty Reduction)

#### a.	Statement related to the theme:

Education is the starting point for poverty reduction through preparation for life by the empowerment of the individual/population to engage in communities and with all stakeholders.

Poverty reduction means recognising and using the talents, experiences and perspectives of the individual and community in education which involves an interdisciplinary approach (including the community) focusing on primary health care promotion, active citizenship, human rights, equality and the needs of the population.

#### b.	Examples of good practice

See Appendix 2

#### c.	Key aspects related to the theme

Education can have different roles in the reduction of poverty
• What you teach?
> → What do you have to teach to reduce poverty?
• How you teach?
> → Interdisciplinary groups, at primary school, or higher education …the *competences required?*
• Who you teach?
> → People in poverty, children, parents, teachers, immigrants, … ?
• What is the context?
> → Does the environment affect what is taught and where…..?

Who are most important?
• Children (especially those in poverty)
• Adults
• Teachers
• Parents
• High school students
• Politicians

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- Police
- Community

What should we teach?
Cultural diversity/non-discriminatory behaviour
- knowledge, skills and behaviour
Communication
- both language and social communication
- conflict/assertiveness training
Body language and health promotion
- health promotion

How we teach
Not everyone needs the same competences, there will be differences for children, parents, professionals etc. However, many will be common. Competence in poverty reduction is needed across Europe.

There has to be cultural awareness à all stakeholders should be influenced!
We need to find competences for the whole community and prevent prejudice!

Target groups
The working group identified three major target groups: the educators, the workers, and the people experiencing poverty. First we focused on the workers (health, social, care, youth, community, etc.) and the mindset that they would need for their work. From this, we derived the competences they would need.

Loyalty to poverty reduction
It is not possible to expect educators to have all the competences that are needed to train multidisciplinary workers. What they do need is an understanding of the history and the impact of poverty on people, and a basic loyalty to the goal of poverty reduction. This drive, passion or engagement needs to be included as part of the curriculum.

Interdisciplinary education
The interdisciplinary approach is an essential tool for workers and for educators, as it is beneficial for people experiencing poverty. Therefore the curriculum for all students' and workers' training needs to include a mix of academic and experiential learning focused on collaboration between disciplines and on a central position for people experiencing poverty.

Experiencing reality
The student projects presented during the COPORE conference demonstrated the importance and the impact of

students working with people experiencing poverty. This constructive meeting and interaction between students and communities of people in poverty is crucial for enhancing students' understanding of poverty – but it needs
1) close cooperation with civil society organisations, service providers and stakeholders to avoid risks of overburdening and social tourism
2) good coaching of students to prevent negative impacts and guide their work
3) adequate evaluation methods for students' learning.

The key aspects related to the theme include the following:
- Human rights base and equal opportunities focus
- Integration of social, economic and educational outcomes
- Cooperation between variety of stakeholders and professionals
- Empowerment, confidence building and self-esteem
- Community inclusion, active citizenship and volunteering
- Youth development through promotion of personal skills and competences
- Health promotion in schools and in the community
- Prevention
- Interdisciplinary work and integrated services
- Access to education
- Interaction and cross-cultural relationships

d. Competences

Eradicating Disadvantages in Education – (Poverty reduction)	The professional is able to: • Understand diversity as 'the norm', and the need for policies and programmes to be • exceptional in order to maximise lifelong learning opportunities for all learners • Understand the interrelationship between poverty and education • Recognise the important role of education for citizenship; of developing the capacity of people for responsible participation in political, economic, social and cultural life. • Analyse the multiple factors influencing the development and delivery of educational opportunities for all, including discrimination based on physical, intellectual, social, emotional, linguistic, religious, sexual, gender or ethnic characteristics • Design and deliver inclusive education in both formal and informal settings that is sensitive and responsive to the diverse contexts of students' lives, • Develop learning situations that use creative, flexible, experiential and participatory approaches enabling all learners to reach their potential, and evaluate outcomes

e. Teaching, learning and assessment

Examples:

Spain - an educational system has to guarantee equal opportunities and access to education. Education should concern itself with preparing students ethically and intellectually. It should empower students to educate for change. But current models for economic growth do not consider poverty or environmental problems. Social entrepreneurs are core agents building 'hybrid' business models, which blur boundaries between private, public and social sectors 'fourth sector' businesses for social purposes. This can raise student awareness, skills and knowledge on inequality and poverty issues to promote generation of innovative ideas and social action.

UK – specific design of a curriculum in higher education (HE) enabling intellectually capable mature students to access higher education if they did not have usual educational qualifications. The philosophy was that adults are intellectually capable of pursuing a university education but the system itself erects barriers to access. The curriculum sought to increase self-awareness, self-esteem and to motivate individuals who had poor expectations of education. The first year programme built on an education skill building programme in the community. Students who entered HE did so on personal recommendation and aptitude, (childcare was provided by a grant) and students used a specially formulated curriculum of social, political and personal interest. As confidence built, more traditional subjects were introduced so that at the end of the first year students were able to progress onto the second year of a more traditional degree programme. A key attribute was to build confidence and break down feelings of antipathy to education and their own educational failure. The programme was modeled on the School of New Resources in New York, NY

Austria – at 'Erziehungshilfe' practical work of 3000 hours in the child and youth sector is required. The expectation is that the students remain in contact with the schools and other helpers. Students should as far as possible have the same background as the people they are going to support. Clinical supervisors manage yearly reports, progress and pedagogy management. Success is also evaluated by the parents of the children.

Belgium – internship is an important way for the curriculum to be organised, to allow students to be actively involved in health promotion in the community. Students can contact health care institutions or schools and represent the HE and the programme during this practical experience. One particular aspect is to study how the health care institution or the school can provide a safe and supportive environment.

6.4.5 Work and Worklessness

a. Statement related to the theme

Social exclusion is a crucial characteristic of poverty exacerbated by worklessness in youth, adulthood and for seniors.

Approaching this individual trauma in a holistic manner is a key objective for everybody, not only for those in caring professions but also for those with a mandate in policy matters.

Access to quality employment is a sustainable way to combat poverty combined with a comprehensive social policy towards those who are far from the labour market.

b. Short description of good practices from group members

The group have highlighted a number of good practices. These do not represent a comprehensive list and examples presented in this paper serve to illustrate a range of different approaches at different scales and with different target groups and participants (see Appendix).

c. Key aspects related to the theme

There are multidimensional concepts and measures of poverty. Broadly speaking these relate to income-consumption levels; access to social services and infrastructures; and, vulnerability to social exclusion. The theme of work and worklessness relates to each of these broad concepts.

Poverty in Europe is correlated with low gross domestic product (GDP), low employment rates, levels of social expenditure and factors of demography.

Those most at risk of poverty are the unemployed; followed by the elderly; children and young people; and, those with low levels of education or training. A common feature of the people in these groups is their 'life in poverty'.

While much progress has been made in measuring and analysing income poverty, efforts are needed to measure and study the many other dimensions of poverty. Work on non-income dimensions of poverty - defining indicators where needed, gathering data, assessing trends -- is presented in the World Development Report (WDR) 2000/01: Attacking Poverty. This work includes assembling comparable and high-quality social indicators for education, health, access to services and infrastructure. It also includes developing new indicators to track other dimensions -- for example risk, vulnerability, social exclusion, access to social capital -- as well as ways to compare a multi-dimensional conception of poverty, when it may not make sense to aggregate the various dimensions into one index.

Unemployment or lack of good employment negatively impacts on health and well-being; it also leads to social exclusion, presenting barriers to participating fully in society with associated social, civic, environmental and economic costs.

The provision of quality employment is a key, but not exclusive consideration for poverty reduction. These are the working poor; long-term unemployed (LTU) and groups at risk on the labour markets; and people far from the labour market (discouraged and in the 'silent' labour reserves).

Statistics show that the unemployed, especially the long-term unemployed, are a group particularly susceptible to poverty: 42% of people out of work have an income below the national poverty line. The recent financial and economic crisis is likely to have exacerbated the situation with the highest social price paid by the most vulnerable groups, which include, for example, those living away from labour markets; women; large or single

parent families; those with black and minority ethnic heritage; refugees and asylum seekers; and people with disabilities.

Children and young people from these families or communities are at risk through intergenerational transmission of poverty and social exclusion. In addition, those who have been within the care system are particularly vulnerable. Moreover, the risk of unemployment, work instability and low salary is often focussed on younger groups.

Three factors – low income, no means of earning extra income, and extra special or long-term health costs - often combine to put the elderly at risk of poverty. Indeed many are forced by law into retirement and the poverty that this brings.

Low levels of education or training are barriers to employment and social participation. Conversely, educational achievement is seen as a way out of poverty. However, economic, social, institutional and pedagogical factors may militate against educational success.

Having a job does not always protect people from the risk of poverty. In 2006, 8% of EU-25 citizens in employment (aged 18 and over) lived under the poverty threshold. Perhaps not identified within this are young adults living with their parents whose economic well-being is dependent on their parents.

Access to quality employment is a sustainable way out of poverty and social exclusion. There is a need to design and implement integrated and comprehensive active inclusion strategies, and ensure social protection systems are able to mobilise people capable of working, while providing resources that can make it possible to live in dignity, together with support for social participation, for those who cannot. Although most Member States refer to "active inclusion" in their National Anti Poverty Plan, they tend to treat the issue mainly as a means to integrate people into the labour market. A few member states construct "active inclusion" as a holistic strategy that combines adequate income support, inclusive labour markets, and access to quality services.

Within this, we need to consider underlying paradigms of social policy. In recent years there has been a shift affecting perceptions of dependencies and independencies with assumptions that everyone has the capacity to take self-responsibility and to develop abilities to work and actively participate in society. This has profound implications for professional identity and practice and the competences that are needed to fulfil professional roles.

Statements from group members raise a number of key aspects for discussion, relating to:
- Definitions of poverty
- The effects of poverty on the individual and society
- Identifying 'at risk' groups

- Economic and social structures that affect employment opportunity
- The need to share practice and concerns
- The need for holistic strategies and multi-agency approaches and barriers to this
- The need to provide access to quality employment (education and training; inclusive employment practices) and barriers to this
- The role of the professional

d. Competences

Work and Worklessness	The professional is able to: - Demonstrate an understanding of the impact of labour market, gender, and worklessness on the individual and community for those in low paid employment and those who are without employment - Understand and analyse the range of factors that contribute to unemployment - Actively engage with the problems related to worklessness of persons and actively engage them in identifying and solving problems - Work to identify and utilise learning of all types: formal and informal, recognising the unique strengths of each individual - Develop networks with local partners to establish progression routes for the local population into employment, enabling multiple and interrelated pathways - Work to access and adapt the work environment, and develop strategies with employers, supervisors and co-workers to facilitate integration - Mentor/coach individuals entering the workplace from long term unemployment, paying attention to the potential need for support with basic skills such as language, literacy and numeracy - Work towards and advocate for the right to work and decent work conditions, promoting the health of the workforce

e. Teaching, learning and assessment

Beyond traditional lectures and seminars a number of other approaches were emphasised, these included:
- Structured discussions through workshop and 'brain-storming' activities.
- The use of role play
- The integration of placements/volunteering into course structures
- Visits to different settings
- Student research projects with focus on specific issues
- Student participation in established research projects

- Student led training activities
- Investigation through case-studies
- The use of problem-based learning
- Cross curricular integration in course design

In addition to traditional examinations and essays suggested assessment strategies (both formative and summative) included presenting reports, project work displays, reflective diaries, journals, and portfolios (perhaps recording achievement against competences).

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Pole Bird | Artist: Sterk, Remco | © Beeldend Gesproken

7   Examples of good practice

A survey on the latest research and best practice in poverty reduction through health and social care was conducted in order to publish, present and disseminate, as well as to analyse, the required competences for health and social care workers and policy recommendations for practice.

The COPORE project called for examples of services/projects/programmes in Europe, that address poverty reduction at different levels (e.g. system level, practice level), either directly or indirectly. Poverty, social exclusion and health inequalities are linked. Projects addressing health and poverty issues in education, social and health service provision or, preferably, in combination, were invited to send a description of their work.

Nine such projects demonstrating good practice were invited to present their experiences at the conference (23/24 April 2010). The selection committee based its' selection on the criteria mentioned in the annex ... In addition to these criteria, the selection committee also tried to assure, as far as was possible, a regional balance, that is; the inclusion of good practices from regions in Europe where poverty reduction practices are not as common as in other parts of Europe.

Hereafter follow the nine selected projects:
• The Bromley Bow Centre
• Creating a centre of excellence in the delivery of integrated services: Ruse Complex for the Social Support of Children and Families
• Empowering Learning for Social Inclusion through Occupation (ELSITO)
• Empowerment and linking against poverty
• General qualification strategies for integrated health and social-coordinators exemplified via the poverty reduction project "Herzwerk"
• Miquel Marti I Pol project
• Prevention and Poverty
• Reducing youth worklessness through building bridges between university and labour market: the case of social work student practices.
• Safety house

7.1 The Bromley Bow Centre

Name of Project/Service:

The Bromley by Bow Centre. Tower Hamlets, East London, United Kingdom

Name of Authors/Presenters:

Ms Vanessa Barker – Social and Therapeutic Horticulture Project Manager

Miss Soraya El-Khazen – Fresh Start Project Coordinator

Affiliation:

Bromley by Bow Centre

Website/Contact Info:

www.bbbc.org.uk

Bromley by Bow Centre

St Leonards Street

London

E3 3BT

Description of the Service:

The Bromley by Bow Centre is an innovative community organisation in East London. Working in one of the most deprived wards in the UK, the Centre supports families, young people and adults of all ages and backgrounds to learn new skills, improve their health and wellbeing, find employment and develop the confidence to achieve their goals and transform their lives.

Mission & Values

The Centre's mission is to help create a cohesive, healthy, successful and vibrant community, and to remove the negative label of 'deprived' from the area of Bromley by Bow, which is situated within the East London district of Tower Hamlets.

Integration

The Centre runs a very diverse range of projects and activities, integrated in a complementary and cohesive way. Programmes are designed to interlock and fit together to form a logically connected holistic service, with both programmes and programme staff overlapping. This contributes to the overall mission of tackling deep-seated problems, thereby enabling a huge number of people to grasp opportunities and build a better future for themselves and their families.

Excellence

Staff are committed to ensuring a high level of quality both in the delivery of services and in the venues in which they are delivered. This is fundamental to the ethos of the Bromley by Bow Centre as a mark of respect to its community. For example, by delivering high quality services, the community grows to expect this level of quality, in turn raising local aspirations.

Partnership

By working in partnership, we can achieve so much more. By recognising that different people have different skills, and celebrating the richness of these differences, we can learn from each other and bring equity to our relationships.

Background of the Project:

Pollen (People, Life, Landscape & Nature) is a social and therapeutic horticultural project for adults experiencing mental distress. The project grew out of Bromley by Bow's experience of working with the local community to develop the surrounding park. From this experience we learned that the most vulnerable people in the community would hang around the edges of the landscape and not enter the buildings. This led us to set up informal horticultural projects, over the years, to engage with this hard-to-reach group. Pollen is a funded project that has now been set up formally since January 2010 with a target group of 50 members per year.

Fresh Start is a National Health Service (NHS) funded yearlong weight management and healthy lifestyles programme for overweight and obese adults from the Tower Hamlets district in East London. Participants have a Body Mass Index (BMI) of 25 (kg/m^2) and above. The programme provides tailored dietary, exercise and motivational coaching support enabling adults to develop and sustain good health behaviours. The programme combines advice, learning and activity, enabling participants to develop, maintain and advance upon weight loss and improved health behaviours.

Description of Good Practice:

Pollen – The overall aim of the project is to improve the mental and physical wellbeing of individuals by working in an integrated setting, thereby reducing the stigma attached to mental health. The project is run within the gardens of the Bromley by Bow Centre. Members have access to activities such as vegetable and flower growing, flower arranging, garden maintenance and art related activities such as ceramics. Pollen is also a registered Green Gym.

There is a grey area between mental distress and mental illness. There are many different high quality services in the surrounding districts, specifically designed to help people suffering with mental illness symptoms. Unfortunately, there are far fewer services in place for the far greater number of people suffering with mental distress.

The mental distress referral criteria for Pollen are as follows:

- o   Stress
- o   Low mood
- o   Agitation
- o   Inability to cope with day-to-day life

- o   Anxiety
- o   Panic attacks
- o   Low-self esteem and confidence
- o   Poor motivation

Referrals to the project come from general practitioners (GPs), community mental health teams (e.g. social workers, community nurses, and psychologists), voluntary and independent services such as mental health charities, or self-referral. Pollen promotes the restorative benefits of increased activity through horticulture. Engagement with the project is also aimed at increasing confidence and self-esteem through the use of motivational coaching sessions. To further support members suffering from depression and anxiety, we have recently partnered with NHS Tower Hamlets Psychological Services through the Improving Access to Psychological Therapies (IAPT) scheme to provide counselling.

Pollen is funded from January 2010 to January 2012 by Ecominds (which is part of the Big Lottery Fund) and the J Paul Getty Charitable Trust. From 2012, we hope to secure further funding, but also to attract members wishing to use their personalised budgets to access the service. We also aim to develop a social enterprise strand to the project with sales of our horticultural grown products.

Two Pollen members working in the Bromley by Bow Centre gardens.

Case Study:

Steve* (white British man aged 52 years) worked for London Underground as a cleaner until approximately 12 years ago when he was made redundant. Around this time, his father suddenly became very unwell and had a leg amputation, resulting in him becoming wheelchair-bound. Steve was living with his parents at this time, and found himself helping his mother as carer for his father. His father died two years later, and Steve remained unemployed for a further eight years. Two years ago, Steve's mother became increasingly unwell with Alzheimer's disease, and when she became too unwell to be cared for safely at home, she was moved into permanent nursing care. Steve found that he had little structure to his day and realised that as it was several years since he had worked, it would be difficult to find employment.

Steve was referred to Bromley by Bow Centre's 'Life Begins at 50' project, where he chose to focus on the employment component of the variety of courses offered. Participants of this course were able to apply for voluntary placements and Steve chose Pollen, as he wished to gain practical experience in garden maintenance, as he felt this would help him to find a job as a caretaker. Over time, Steve steadily increased the sessions he attended at Pollen and gained in confidence as a result of being a volunteer.

In summer 2009, Steve started studying the NVQ Level 1 in conservation at Tower Hamlets Cemetery Park and achieved his qualification in March 2010 this year.

Recently, Steve has been supported through Pollen to gain paid work experience in a local horticultural organisation, which he is hoping will lead to full time employment.

*Real name not used

Fresh Start – Fresh Start's key objective is to improve the long-term health and wellbeing of the participants. Fresh Start takes a 'whole body' holistic approach to weight loss, addressing activity levels, nutrition, and social and personal drivers to weight loss.

To date 344 participants have registered with the Fresh Start programme. On average, a participant will lose 4.3% body mass during the first 12 weeks of the programme and an average of 5.6cm in waist circumference. Heart rate is measured during the programme as an indication of fitness, which on average will decrease by 5.9bpm (beats per minute), indicating improved heart function and fitness level. A large component of the programme is 'lay-led': run by members of the community who have training in mentoring, but do not have a medical qualification. Participants follow both a syllabus and direct their own learning, covering health topics of interest, such as diabetes control through diet. Data indicates that while weight loss appears to tail off over the yearlong programme, most participants manage to maintain an average body mass loss of 6.7%. It is thought that by following a lay-led, yearlong methodology the programme becomes more sustainable, rather than a short-term intervention.

Participants may be referred to the Fresh Start programme via a health professional (e.g. general practitioner, nurse or physiotherapist), by members of the community acting on behalf of the programme (e.g. health trainer or health champion), or self-refer. Data shows that participants who self-refer achieve better weigh loss results

and stay on the programme for a longer period, as motivation is already higher before embarking with Fresh Start.

Motivational coaching supports Fresh Start's holistic approach, encouraging behavioural change via life evaluation and goal setting. This approach aims to provoke a proactive response, encouraging participants to take ownership of their actions, promoting sustainability and long-term success.

Case Study:

Nargis*, a Bengali 28 year old mother of four, had spent the last ten years focusing on her family and husband rather than looking after herself. When Nargis heard about Fresh Start through her midwife and after the birth of her fourth child, she decided to take part. When she came to meet the team she was shy and withdrawn, but communicated her sadness with allowing herself to put on 40 kilograms over 8 years. She felt embarrassed in front of her husband and felt she was setting a bad example for her children. Nargis had tried to lose weight on her own, but was never motivated enough to keep exercising. She was also confused about which foods she should be eating to help with her Type II diabetes. Nargis had just a small amount of self-belief, but was prepared to give Fresh Start a try.

Nargis was an avid attendee at all the nutrition classes. She enjoyed the cooking sessions most, often bringing her older children along to watch and learn. She learnt which foods would help balance her blood sugar and help her lose weight at the same time. By keeping a diet diary, Nargis became more structured with her eating and stopped skipping meals. The quality of her diet improved, abstaining from her favourite crisps and chocolate, something her children also took part in when at home. Nargis made friends with another Bengali mother on the programme, and they created a baby-sitting system so that they could both attend their exercise sessions. Nargis found an answer to her lack of childcare support in the area and helped herself in doing so. Through active exercise and an improved diet Nargis managed to lose 6 kg during the programme, and is starting the maintenance programme with confidence that she will continue these positive steps. Nargis believes "she can now pass on what she has learnt to her family, who can now look after their own health". She feels healthier and much more confident to be able to "keep up with her children". Nargis is determined that she will not allow herself to fall back into old habits.

Real name not used

Identification of Needs and Evidence:

The Bromley by Bow Centre works with 2,000 people each week, and delivers services that are tailored to the needs of the whole community - families, young people, vulnerable adults and elders. The Centre supports people across a range of projects and services in four main ways:

1. Supporting people to overcome chronic illness and unhealthy lifestyles
2. Enabling people to learn new skills
3. Supporting people to become less dependent on benefits and to find work
4. Providing the tools to create an enterprising community

The Centre provides an integrated range of locally provided services in locations where they are needed and where people can access them. The Centre prides itself on the quality of the services provided, and is committed to delivering the highest possible standards.

Research and Statistics for Tower Hamlets, East London: (*from 2001 census*)[1]

- 61% of households are from ethnic minorities
- 43% of people aged 16-74 have no qualifications
- Unemployment is at almost three times the national level, with 16% of unemployed people having never worked, and 35% are long term unemployed
- Almost 70% of tenure is council/housing association compared with less than 20% for England
- Overcrowding is at almost five times the national level

More than three quarters of children living near to the Bromley by Bow Centre live in low-income families, which is a strong indication of child poverty.

Health in this area is poor. A study carried out by Queen Mary University showed that the local population has a higher than average incidence of coronary heart disease, stomach and bowel cancer, asthma and other respiratory problems. Infant mortality is 50% higher than the national average. The standard mortality ratio is above the nation average for all malignant cancers, particularly lung and cervical cancer, tuberculosis (TB), suicide and poisoning.[2] There is a high psychiatric morbidity in the area and a major problem with drug abuse.

The Bromley by Bow Centre became the first UK designated Healthy Living Centre in 1999, through funding an initiative to promote and improve the health and general well-being of the most deprived sections of the population. This initiative aimed at delivering services that responded to public health priorities. "It is impossible to build a prosperous community unless it is a healthy community."[3]

General Practitioners (GPs) at the Bromley by Bow Centre prescribe not just drugs, but also exercise classes, gardening classes, or anything they think will be of benefit to the patient. The Health Trainer/Health Champion teams are a vital component of the Centre's work. These teams are composed of local people acting as advocates for healthier lifestyles, empowering the community to make choices that will improve their own lives and that of their families.

1   2001 Census for England. Office for National Statistics; 29th April 2001.
2   Reducing Health Inequalities in Tower Hamlets. Queen Mary University (Dr J Robson) 10th April 2007.
3   Healthy Living Centres three year summary. Big Lottery Fund Research issue 19. (2005)

Many non-indigenous communities suffer from poorer health outcomes. The Centre employs local staff from the Bengali community, as well as other who acts as advocates for clients, and a recent collaboration between GPs and the education programme at the Bromley by Bow Centre has created new teaching resources for English classes that focus on prevalent health issues.

All projects within the Bromley by Bow Centre have their own individually tailored outcome measures to capture the progress of individuals.

For example, Pollen uses the following range of assessments to monitor both the physical and mental well-being of members:

• Individual Assessment
• Personal Development Plan
• Health and Wellbeing Questionnaire (which includes SF-12®)
• Physical Assessment Questionnaire
• Motivational coaching (using Wheel of Life scores)

Ten Tips for similar projects:

1) *Integration/interdisciplinary approach* – programmes are designed to interlock and fit together to form a logically connected service. When designed in this way, to overlap, the services provided are more likely to address the needs of the community in a holistic way.

2) *Accessibility* – informality and creativity have been key to the engagement of the community. For example, the GP reception area of the Centre creates a welcoming and exciting atmosphere through the use of art. Informality is encouraged in order to create more approachable relationships, i.e. the GPs at the Bromley by Bow Centre are known to their patients by their first names.

3) *Flexibility* – by encouraging shared workspaces, knowledge and information are also shared more easily. This encourages a more cohesive approach to service delivery.

4) *Sustainability* – imbedding knowledge within the community increases social capital, thereby strengthening and empowering local neighbourhoods.

5) *Quality* – the Bromley by Bow Centre ensures a high level of quality both in the delivery of services and in the buildings and open spaces in which they are delivered. This raises aspiration levels within the community.

6) *Holistic* – using a 'whole person' approach to address individual needs. For example, whilst visiting the GP practice a patient suffering from anxiety may be referred directly to Pollen to benefit from its therapeutic horticulture programme.

7) *Action* – "seeing is believing." When communities witness positive change, they are more likely to engage in future processes.

8) *Collaboration* – appreciating the value of forming beneficial partnerships in order to share information.

9) *Participation* – engaging the community in both delivering and accessing services in order to foster empowerment and ownership.

10) *Empowerment* – provide the tools not handouts. The Bromley by Bow Centre is committed to delivering services that increase social and economic strength, thereby developing confidence and capacity within the community.

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Healthy Living Centres three-year summary. Big Lottery Fund Research issue 19. (2005) http://www.biglotteryfund.org.uk/er_eval_hlc_summary_yr3_uk.pdf accessed 29-12-2010

Reducing Health Inequalities in Tower Hamlets. Queen Mary University (Dr J Robson) 10th April 2007

Landscape artist: Steensel, H.F. van | © beeldendgesproken

7.2 Creating a Centre of Excellence in the Delivery of Integrated Services: Ruse Complex for the Social Support of Children and Families

Name of Undertaking:

Creating a Centre of Excellence in the Delivery of Integrated Services: Ruse Complex for the Social Support of Children and Families. Situated in Ruse, Bulgaria

Name of the author / presenters:

*Author***:** David M. Bisset (Chairman and Head of Operations for Equilibrium)

*Additional contributors from the Ruse Complex for the Social Support***:** Dessislava (Desi) Encheva (Operations Director) / Eleonora (Eli) Karachorova (Communications Coordinator)

Affiliation: The technical operations at the Ruse complex are managed by Equilibrium (EQ), a Bulgarian childrens' charity founded in 2004.

Website / Contact Details: www.eq-bg.com

David – d.bisset@eq-bg.com / Desi – d.encheva@eq-bg.com / Eli – e.karachorova@eq-bg.com

Description of the Service:

Equilibrium manages the provision of integrated services at the complex for social support of children and families in the Bulgarian city of Ruse. The services are available for children in the Ruse region officially classified as being at risk (and their families). We deal with the prevention of family break-up / institutionalization and, to a lesser extent, the rehabilitation of children who have left institutional care.

Recent changes in the national regulations improve our capacity to work in the area of early intervention / prevention (e.g. working in schools and among vulnerable children who are susceptible to the domestic and / or social influences that could place them at risk).

Our role extends to the supervision of a small group home for handicapped children transferred out of a larger institution during 2008.

Our work can be summarised as follows -

• Supporting vulnerable families and keeping children out of the institutional care system.

• Maximizing the potential of seven children in our care who, through perinatal accident, do not have the range of capabilities that most of us have. They are 'disabled'.

We achieve this by providing the following range of services –

• Comprehensive support to families of children legally defined as being at risk (including children with disabilities / learning difficulties)

• Awareness campaigns, recruitment and training of foster parents, support of adoption process

• Prevention of abandonment of newborn babies by a variety of means, including the presence of a specially trained social worker in the maternity hospital

- Centre for 'street children'
- Emergency placement unit
- Small group home for disabled children
- Outreach to educate the community and to work in schools with a variety of target groups, on issues such as social deprivation, problem behaviour, truancy
- Support of probation service and support of children and families attending court
- Close working relationship with the Child Protection Department (governmental department responsible for the referral of cases to us on the basis of indicators of risk to a child)
- Development of community-based programmes
- Membership of the Bulgarian National Network for Children
- Participation in the national deinstitutionalisation programme
- Input to policy development – childcare and social services

Background of the service

Here are the milestones in the development of the social services complex –

- Officially opened on 3rd October, 2005 – main complex containing family support unit, centre for street children, emergency placement unit, mother and baby unit in a separate location
- Culmination of World Bank project – which provided funding for the first year
- Now funded directly by government with the municipal authority acting as financial monitor, to whom we report
- Main building shared by Child Protection Department (linked to Agency of Social Assistance within the Ministry of Labour and Social Policy)
- EQ have been managers since 1st July, 2009 although heavily involved since the outset (training and technical support, children's activities)
- EQ partnered by Ruse's Open Society Club, and the management of the complex is a joint venture
- Mother and baby unit converted for use as a small group home for disabled youngsters, and accommodates 7 youngsters transferred from the Mogilino institution (soon to be 8)
- New play and therapy room – August 27, 2009 (at centre for social support) – funded by local philanthropist and created by our own team
- Sensory garden – September 2, 2009 (at the small group home for disabled children) – part-funded by local philanthropist and created by our own team

Our partners in the venture are -

Open Society Club (OSC): OSC adds considerable depth to the management team. Importantly, OSC has a history of public relations success – locally and nationally. We want to imbed our activities in the collective consciousness of the community, provide our staff with a sense of ownership of the operations they perform and provide the city / community with a sense of ownership.

Arena Media: EQ and Arena have collaborated for a number of years. This partnership provides public visibility.

Arena contributes considerable flair and sensitivity to the public discussion of sensitive social issues.

Ruse Municipal Authority: The city authority is the service provider under government contract. The local authority decided to tender out the management of the social services and it was based on such a tender that the 'consortium' of Equilibrium and Ruse's Open Society Club submitted the technical proposal that won them the right to manage the complex from 1st July, 2009 onwards (by means of 'social contracting').

Child Protection Department (CPD): The CPD is responsible for referring cases to us and we collaborate closely. EQ is currently coordinating one of the most ambitious regional foster care public awareness / recruitment campaigns ever undertaken in Bulgaria. The regional authority has publicly applauded our leading role and CPD personnel have participated in public presentations.

Description of the good practice

Objectives:

1. Supporting vulnerable families and keeping children out of the institutional care system.
2. Maximizing the potential of eight disabled children in our care
3. Playing a central role in the development of an integrated childcare system within the Ruse region characterized by inter-agency and meaningful cooperation

Funding

As stated above, funding for the first year came from the World Bank. The Bulgarian Ministry of Labour and Social Policy now provides it, via the local authority.

Sustainability

The Bulgarian government is committed to a national deinstitutionalisation programme and to establishing a range of alternative services for children, with an emphasis on prevention of risk and family support. Social service complexes, like the facility in Ruse, form an integral part of the national strategy, although responsibility for their management has been devolved to municipal authorities. Risks to sustainability would be a lack of adequate funding (and, in particular, investment in service evolution) and inflexibility in the operating regime leading to stagnation or, indeed, degeneration in the quality or suitability of the services.

It is for this reason that the management team in Ruse uses a system of facilitative questioning and regularly processes feedback from the clientele, to maximize the return on the investment, defined in terms of value of services for the client specified from the perspective of the client. The pathway for the delivery of every service must be simple and direct. As far as possible, the activities in and around the facility are highly specific as to content, sequence, timing and outcome. We are now in a situation in which the clients draw services towards themselves as opposed to having them pushed at them.

The pursuit of excellence is a perpetual process of service evolution – constant streamlining and adaptation to community circumstances - that focuses on improvement of outcomes for the client and minimization of redundant activity and non-productive processes that drain resources.

Defining a Centre of Excellence

- A Centre of Excellence is a facility or organisation that creates value in the provision of social support that far exceeds the norm in the locale in which it operates.

- It has a loose-tight framework of management. It is loose enough to allow people the freedom either to be proactive or to respond quickly to ideas, but tight enough to offer a framework of values and standards which contribute to a sense of direction.

- Certain key staff members are charged with being socially entrepreneurial. They are employed not so much to manage particular functions but to create environments that will encourage and sustain a sense of vision and motivation.

- Vision is combined with opportunism and flexibility – a Centre of Excellence reacts quickly and incisively to changing patterns of need in the surrounding community.

- The credo of any Centre of Excellence is that it should find creative and innovative responses to the needs of its constituency. It embraces the complexity of the community it serves. A centre that responds to the community in an ideological, bureaucratic or compartmentalized way fails the creativity test.

- A Centre of Excellence is a community hub, making connections between people, institutions and groups that have been kept apart as a result of conventional practice, bureaucracy, prejudice or indifference.

- A Centre of Excellence collaborates and forms strong coalitions of support in the community, because its value as a social resource is recognized.

- A Centre of Excellence forms relationships with institutional / corporate donors and private philanthropists to provide added financial security and flexibility. It demonstrates ways to add value to its central role and is able to provide a return on investment measured in terms of social impact.

A Centre of Excellence is always constructively imbedded in the community in which it operates. The 'community' is comprised of all stakeholders in the system. The following are significant components of the imbedding process -

Community Outreach

The city of Ruse has a substantial Roma community largely concentrated in two to three neighbourhoods. The team from the complex operates in all the neighbourhoods, but has developed an especially fruitful working relationship with Roma community leaders in one locale (Sredna Kula), resulting in the provision of day-care services and informal educational programmes for preschool children and teenagers.

Interface with Educational Community

On a monthly basis, the staff at the complex hosts the meeting of a 'resource group' comprised of teachers, pedagogical advisors, school psychologists and representatives of the CPD. This provides a forum for -

- Discussing shared concerns about child welfare issues
- Exchanging know how
- The provision of detail about 'key neighbourhoods'
- Peer support and the formation of multidisciplinary focus groups

Our involvement in schools has expanded considerably in recent months with the provision of support programmes to help deal with issues such as delinquency, truancy, relations between schools and parents, etc. In addition, the educational community is increasingly seeking access to our training regime. Currently, EQ trainers are making a series of presentations to the staff of a vocational school in which a significant portion of the teenage intake come from deprived backgrounds and / or suffer learning difficulties.

Assisted by The Movement of the Bulgarian Mother, the complex is piloting an initiative in the city's kindergartens disseminating knowledge about -

- Early indicators of learning disability
- The relationship between material deprivation and pre-school development

Interface with the Medical Community

An alarming number of infants who enter residential institutions as very young children, remain in the institutional system for a significant part, or all, of their childhood years**.** As a result, their academic and social potential can be severely impaired.

The problems can start prior to birth. The complex has a specialist team that works in the city's maternity hospital. Team members provide -

- Counselling to mothers who are seen to be at risk of abandoning their babies
- Access to social services and a comprehensive advisory service
- Some practical alternatives for when they leave hospital

The team also tries to engender a culture in which fewer children are separated from their mothers / families and institutionalised 'for health reasons' (e.g. premature babies and those with a low birth weight). The team counsels and advises the parents of babies that are born with impairment.

Tips for running integrated services for children and families

*Overarching principle: If it doesn't add value for the client, avoid doing it***.**

Do's

1) *'Constructive Mischief'***:** This is a fundamental part of EQ's approach to childcare and family support and we want it to define our relationship with all other stakeholders. We employ humour constructively (it is the glue that binds working groups together) and assertively as part of our pursuit of excellence. We sustain a lightness of touch as a matter of organizational policy. *People will always follow those who appear to get a kick out of what they are doing*. Also, when trying to engineer change, humour beats confrontation any day.

2) *Child orientation***:** A great deal of lip service is paid to the concept of Child Participation as the practical application of the right of children to self-representation and a level of autonomous action within society as specified in the UN CRC. Within the context of service provision, a great deal of the activity is heavily regulated, but we are constantly looking at ways in which we can meaningfully involve children in organizational decision-making. Summer camps, club activity and event organization can provide a means for meaningful collaboration with youngsters in planning and implementation. Beyond this, there is, we believe, a moral imperative to have in place an appropriate system that permits you to consult children when your activity impacts on their lives.

Don'ts

1) *Blazing the campaign trail*: Do not mix social support with campaigning. Create an organizational divide (e.g. different branches and personnel) between lobbying and advocacy work on the one hand and service provision on the other. If you do not create this divide, there is a risk of objectifying your clientele – using them to support a campaign agenda. This promotes a tendency towards categorisation of the people you serve and a failure to treat them as individuals.

2) *Experts, Specialists, Consultants***:** Try to avoid becoming fixated with interdisciplinary consultation and inter-departmental cooperation for their own sake, as this can jeopardise the provision of practical solutions within a reasonable time-frame. It can also jeopardise the essential client orientation and make it difficult for the client's voice to be heard against a cacophony of 'specialist' opinion.

The waiting room | Artist: Lierop, Roos van | © Beeldend Gesproken

Name of the project

ELSITO – Empowering Learning for Social Inclusion through Occupation

Name of the authors

Sarah Kantartzis (1) , Marion Ammeraal (2) , Luc Vercruysse (3)

Title and Affiliation

1.   MSc Occupational Therapy, Special Secretary to the Board, Hellenic Association of Occupational Therapists, Greece
2.   MSc Occupational Therapy, Occupational therapist and member of management team, Dagbesteding en Arbeid GGZ inGeest, Amsterdam the Netherlands
3.   Senior Lecturer Hogeschool-Universiteit Brussel, Belgium
     Head of OT dept. UPC KULeuven campus Kortenberg, Belgium

Contact information

Sarah Kantartzis

Email: skanta@ath.forthnet.gr,

Website: www.elsito.net

Short description of the project

ELSITO is a 'learning partnership' funded under the Grundtvig (LLL) programme of the European Union. The overall aim of the project is to contribute to the social inclusion of persons with mental health problems, immigrants and refugees. More specifically the partnership aims to identify and exchange good practice in existing projects and to develop new projects that support participation in the community through economic, social, cultural and civic occupations (activities). These projects are community based and developed in partnership with persons from vulnerable groups.

Partners in this project are from three different types of organisations and three different European countries. All are either working to further develop existing projects or aim to start new projects. Learners in the partnership are all those involved in the projects, including service users, staff, occupational therapists and occupational therapy students.

The partners are learning about the process and the experience of social inclusion through sharing lived experiences, both during the international visits to each other's organisations and through local projects.

The partners are learning about good practice in social inclusion through descriptions of good practice and through the narrated experience, the stories of learners, both from the partners and from projects throughout Europe.

Background of the project

This project emerged from the identified need for occupational therapists to develop those competences that enable them to address the needs of the large number of persons within the European Union facing exclusion due to social and health factors. Although the central importance of participation in community-based occupations for all persons is recognised, it was perceived that for many occupational therapists, working within the established services and institutions, there was a gap between this knowledge and practice.

Initially six individuals representing a variety of organisations (a professional association, a mental health service, and four higher educational institutions) prepared an application for funding for a learning partnership under the Grundtvig programme of the Life Long Learning Programme of the EU. This funding would offer the opportunity for occupational therapists, other staff and service users to work together, both during international visits and locally within their own programmes, to explore what are the important elements of learning that take place during the process of enabling participation in occupations in the community. The applications of the following partners were approved:

- GGZ in Geest partner VUmc, Amsterdam (department dagbesteding & arbeid), The Netherlands (Coordinator – Marion Ammeraal). Developing local projects such as «The Healthy Bite», «The Network Table», «The Sport's Project». Collaborating locally with a broad array of projects such as «brewery De Prael»
- Hellenic Association of Occupational Therapists, Athens, Greece (Coordinator – Sarah Kantartzis). Collaborating locally with the Municipality of Heraklio Attikis, Center for Ergotherapy Services and the Pan-Hellenic Association for Psychosocial Rehabilitation and Re-employment (PEPSAEE)
- Hogeschool-Universiteit Brussel, Belgium (Coordinator – Luc Vercruysse). Collaborating locally with «Pol parol» meeting place, in Leuven, Belgium

Due to administrative reasons during the application stages, three applications did not proceed for funding approval. However, these institutions have remained as active, collaborative partners in the project. These collaborative partners are:

- Fundacio Universitaria Balmes, Vic, Spain (Salvador Simo), developing the project Miquel Marti i Pol (www.jardimiquelmartipol.blogspot.com) in collaboration with Caritas and Osona Mental Health Foundation.
- University of Ruse, Bulgaria (Liliya Todorova)
- University of Teesside, UK (Claire Smith)

A fourth collaborative partner is ENOTHE, European Network of Occupational Therapy in Higher Education, providing expertise in project development, community based projects and an arena for dissemination, feedback and discussion.

Description of the project

Objectives of the project are:

1. To explore, describe and exchange good practice in projects aiming for social inclusion, through a learning partnership between all persons involved in projects: staff, occupational therapists and students and service users (e.g. persons experiencing mental health problems, immigrants and refugees)
2. To build up networks both locally, nationally and across Europe of similar projects in order to exchange experiences and to disseminate good practice to all stakeholders

Methods of working/methodology

1) Visits between partners

Over a period of two years, a total of five learning visits will take place between the partners. Each partner in turn hosts a visit in their organisation. Members from all partner institutions travel to take part in the learning visit and approximately 16 to 20 members take part each time. ELSITO members include persons with personal experience of mental illness who have participated in mental health services and programmes, and some have experience of working in such programmes. Other members are persons with experience of working in community projects, including occupational therapists, students and other staff. In addition, during each visit people from local projects are involved in visits and workshops.

Activities during the mobility visits include: 1) visits to community based projects, 2) cultural and recreational activities, 3) workshops and small group discussions.

1. Visits to community based projects.
2. Visits are undertaken in order to explore the various projects and programmes that have been developed in the particular city or country of the visit. These projects may be social enterprises, clubhouses, community centres etc. The aim is to identify the factors critical for the success of community-based projects, such as their legal status, their financial base, their decision-making processes, their programmes, the relationships between participants and staff etc. Cultural and recreational activities

   These activities aim to bring members closer together and to enable the lived experience of common participation in community activities. Activities include sightseeing, cooking and meals together, trips to the beach, games such as table tennis, shopping, cycling etc.
3. Workshops and small group discussions

   Part of each visit is spent in workshops where specific topics are discussed. Topics have included 'what is social inclusion and exclusion?', 'narratives of our experiences', 'leisure occupations and what helps and hinders our participation'. During the discussions, members focus on their experiences during the learning visit together with experiences from their lives to discuss together these themes. Experiences, stories, and recommendations are recorded and will form part of the final report/booklet of the partnership.

It is important to note that all participants are 'ELSITO members'. Equality and respect for our diversity of experiences is fundamental to the work of the partnership. Participation in the various activities of the visits

is open to all, while differences in needs, work pace and experiences are respected and accommodated. It is understood that all members have experience of social exclusion and inclusion and of participation in occupations in the community, which they can bring to the group, regardless of whether they are 'professional' or 'service user'. Being an ELSITO member supports a variety of old and new roles and all are involved in organising, preparing, presenting and describing activities.

Attached in Appendix 4 is the programme of the 1st visit to Amsterdam in March 2010, which shows these three parts of the visit and the active involvement of the members in the organisation of the visit.

2) Local projects

Locally all partners are involved in developing or promoting community based occupations either in projects or on an individual basis. Regarding projects and programmes, a template has been developed that can be used to describe the important elements of sustainable, effective community based projects. The template was developed following a literature review and was revised following feedback from a workshop held during the annual meeting of ENOTHE (European Network for Occupational Therapy in Higher Education) and from the three expert advisors to ELSITO. The template has been written as clearly as possible, to facilitate translation and so that it can be completed by the participants in the programmes and not just by the managers/professionals. Completed templates and descriptions of good practice are placed on the website. (See Appendix 5 for the template)

As well as these descriptions of good practice, which provide a good deal of information regarding the structural aspects of the programmes or projects, it is also considered important to record the individual experiences of those people involved in the programmes (staff and service users). These experiences, which may be discussing both difficulties and positive learning moments, may be recorded in any number of forms – stories, poems, words, pictures, cartoons. These stories provide rich depth and qualitative detail of the individual experiences of all involved. These may be also placed on the website.

Finally it is understood that the process of participation through occupation in the community may also be facilitated on an individual basis, from within existing services and programmes which may not be community based. This is an important step, both for the individuals involved, but also where financial or administrative constraints may restrict opportunities for community programmes. Stories for such experiences will also be included on the website.

3) Building networks

Locally partners are involved in promoting their experiences and building networks between relevant partners. Presentations at European conferences and meetings are disseminating the work of ELSITO and inviting similar projects from all over Europe to post examples of good practice on the website, as well as broadening the discussion on working for social inclusion.

The website also contains links, bibliography, newsletters and aims to act as an information point for all those interested in establishing projects, or working to achieve greater social inclusion.

4) Dissemination

The dissemination of results is an ongoing process, following the learning process of the partnership. Dissemination is carried out through the website and presentations at conferences and meetings, and through newsletters and short articles both in English and in the mother language of the partners.

A booklet will be prepared with the outcomes of the partnership (2011), including recommendations and descriptions of good practice and the narratives of learners.

Funding/ resources

For two years ELSITO is funded as a Grundtvig Learning Partnership under the LLL EU programme.

Sustainability

The website and associated materials will be maintained by the partners. Alternative funding opportunities will be explored in order to continue to offer service users and young professionals the opportunity to live the experience of social inclusion during exchange visits, and to work to develop opportunities for engagement in community occupations.

Identification of needs and evidence

Immigrants, refugees, and persons experiencing mental health problems or learning disabilities (the mentally handicapped), are at particular risk of experiencing poverty and social exclusion. The partnership is working to explore, describe, exchange and develop good practice in projects aiming at social inclusion. The project explores social inclusion as achieved through active participation in daily life; including work (paid and voluntary), leisure, social, creative and civic activities (occupations).

This project is working to reduce the stigma of mental illness, to provide guidelines and practical examples of how persons experiencing mental health problems and various forms of social inclusion may be empowered to participate as active citizens in community activities. Participation in community occupations facilitates education, skill development, knowledge of opportunities and possible employment opportunities.

Through the learning visits, members have the opportunity to experience social inclusion and participation. Service users have the opportunity to raise awareness of their experiences and to develop services at a national and European level.

Outcomes of the partnership are evaluated through regular individual and group written evaluations by each partner and the narrated experience of individuals involved. Outcomes of local projects are evaluated through evidence (written and verbal reports) provided by the local projects.

Outcomes of the visits (including preparatory activities)

Two of the five visits have been completed and 22 ELSITO members have actively participated in these. Written evaluations were completed for the two visits by all participants together with group discussions in each

partner organisation. Overall the two visits were considered to have been very successful, facilitated by the mutual sharing of experiences in practice during the visits and through open communication in discussions, facilitating a feeling of togetherness. For some participants travelling to another country was an experience that had not been tried before or not for many years. More members are now becoming involved in the activities of the partnership apart from those directly related to the visits, for example recording minutes of small group meetings and collating reports, preparing personal narratives or descriptions of projects for publication on the website.

From the completed evaluations the following learning has been identified to have taken place:

Learning of competences:
- Feelings of empowerment
- Building confidence
- Learning about community projects (organisation and structure) and how to work with clients to enable their participation
- Greater understanding of the complexity of the relationship between service users and professionals, including the importance of the mutual sharing of life experiences, and awareness of and working with both the strengths and vulnerabilities of service users and professionals
- Understanding theoretical concepts and their implementation in practice, such as recovery, narrative
- Greater awareness of the importance of inclusion and narrative in the recovery process

Learning of specific skills:
- Opportunities to improve English skills, for conversation and for presentation
- Communication skills, to be more open
- Improving computer skills including using PowerPoint, using the internet to communicate with other group members
- Preparing a presentation
- Learning to organize one's time, to keep an electronic agenda
- Taking photographs
- Taking and writing up minutes

Difficulties identified:
- Ensuring the programme is sufficiently flexible to fit all needs (time for rest and personal time)
- Ensuring all members are involved in the planning and preparation of visits. This is partly due to time restraints, which limits the time for learning available

Outcomes in local projects:
In one local project a new group is starting which is focusing on facilitating the leisure occupations of service users, to promote the community participation of service users attending a day hospital.
Occupational therapists and staff are expressing increased awareness of issues of power and control in the way groups and activities are organised in their services.

Top tips for similar projects
1. The experience of mutual learning, of all taking the role of learners (staff, occupational therapists and students and service users), while travelling, working and relaxing together, is quite unique, exciting and challenging.
2. All learners work in partnership. Everyone involved names themselves and recognises themselves, as an 'ELSITO member' and not distinguished as a professional or a service user. Equality and respect are key concepts.
3. Included in ELSITO are a broad range of experiences from well-established projects to those just beginning, and from all areas of Europe. This provides a rich variety in descriptions of success stories and difficulties in establishing and running projects, individuals with a good deal and with very little experience, cultural variations and commonalities.
4. Partners represent a wide variety of institutions and organizations, including professional associations, mental health associations and higher education institutions, as well as community based projects.
5. The variety and diversity of both the partners and the individual member's experiences means the resources of the group are very rich. However, this also requires care that the needs of all partners are addressed, for example members with many years experience in well established programmes have different needs and expectations than those people working to establish programmes for the first time.
6. Focus is on the outcomes of projects (social inclusion through occupation) rather than on a particular agency or profession developing the service.

It is important to ensure that the local organisations are involved as much as possible in all stages, both to ensure the widest possible dissemination of results and experiences, but also to ensure that staff and service users participation is not just a voluntary 'extra' to their usual jobs.

Suggested Reading
The list of related texts is available and updated on the website.
Social Inclusion/Exclusion
- Commission of the European Communities (2010). *Joint Report on Social Protection and Social Inclusion.* Accompanying document to the Proposal for the Joint Report on Social Protection and Social Inclusion 2010. Available at: http://ec.europa.eu/social/main.jsp?catId=757&langId=en

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Kristel Driessens, PhD

BIND-KRACHT

Bind-Kracht – Karel de Grote University College – department of social work
Brusselsestraat 23 – B-2018 Antwerp – Belgium
T +32 3 613.19.60
E kristel.driessens@kdg.be
www.kdg.be – www.bindkracht.be

Summary
Effective social work with people in poverty demands insights into their living conditions, into the effects of social exclusion and into their strengths. It also demands a caring relationship based on trust, a personalised approach with goals that are formulated in dialogue with the service user and a positive, emancipatory attitude. So effective social work asks for a combination of personal involvement and professional expertise. Using publications and training programs Bind-Kracht expands the social workers' view on the complex phenomenon of living in poverty, gives them 'a language' to talk about and to reflect on their work, and strengthens their competences to improve their social interventions and strength based work in dialogue with people in poverty. In this article we would like to focus on the participatory methods used in training programmes and action-research.

Background of the project/service
Five years ago, 'Empowerment and linking against poverty' or 'Bind-Kracht' started as a Flemish project, a group of researchers, tutors and people living in poverty. Starting points were the doctoral theses (PhD's) on *Empowerment and tailored care for people in poverty* by psychologist Tine Van Regenmortel (2002) and *Poverty and social work* by sociologist Kristel Driessens (2003). Because of the enthusiasm of social workers who attended their lectures and because of the demand for more working methods and instruments, the two female academic researchers decided to work together with tutors of two University Colleges of social work, and with an Antwerp organisation called 'Recht-Op' (*figurative translation*: straight ahead and right on), a grass root organisation bringing together people In poverty. Together this group wanted to disseminate the research findings to the social work practice.
During the first years of the project the promoters worked with finances of Cera, a cooperative financial group, who supports many projects of welfare and cultural organisations in the fight against poverty, supplemented with other project funding (from the local government, Flemish government, and research funding).
In the first stage of the project, the sociological and psychological knowledge of the doctoral theses were integrated in the book *Living in poverty and social work* (Driessens & Van Regenmortel, 2006). The academics discussed their research findings and the themes of the book with a group of people in poverty of Recht-Op

and with focus groups of professionals and volunteers. In these dialogues theoretical frameworks and research results were fine-tuned and the participants delivered cases out of their practice, which demonstrated the applicability of the theoretical frameworks. This resulted in a book for social workers containing a description of the living conditions and life experiences of people in poverty and empowering social service relations.

In the second stage, training programmes for professionals and volunteers were developed in consultation with the focus groups. People in poverty participated as 'coaches' in the programmes. They worked alongside the trainer/tutor to bring the perspective of 'service users, living in poverty' to the dialogue with the professional social workers. Working tools and reflection tools derived from the training programmes were gathered in a second publication: *Strength based social work in dialogue* (Vansevenant, Driessens & Van Regenmortel, 2008), a reflection-book intended for social workers and welfare organisations, who wanted to implement 'linking and empowerment' in their own work. Requested by social workers who had followed the training programmes, an action-research on the organisational conditions for the implementation of this vision and methods, was conducted in the third stage. A team, consisting of a researcher, a trainer and people in poverty, analysed four 'best practice organisations' to look at the conditions for organisational empowerment, so that organisations can learn from the experiences of others to support their professionals in the implementation of the *Strength based social work with people in poverty*. Today the project 'linking and empowerment against poverty' is shaped by 15 tutors, 20 people in poverty and 3 researchers. This group gives 30 training programmes a year all over Flanders in different colleges and institutes. Members of the group are involved as partners in research projects of universities and in methodology development on the demand of welfare organisations. The group works on instruments and material to use in the bachelor education for social work and social educational care work, and on the interculturalisation of the frameworks. The group works now with a structural core funding of the Flemish government, supplemented by project funding. This project works on the meso-level, on the empowerment of professionals working with people in poverty.

Description of the good practice/project

Objectives

The objective of 'Linking and empowerment against poverty' is the improvement of the quality of social work with people living in poverty. Together we build bridges to empower. We offer support to professionals and volunteers who counsel people living in poverty. The focus is on bonding, bridging and empowerment through social work and social education. We link scientific knowledge and research results about poverty and strength based social work to the social work practice and the perception of people in poverty, in publications, dialogue, through action research, in the development of methods, education, coaching and vocational training.

Methodology in the core-activities of the project: training and research in cooperation with people in poverty

In our publications and training programmes we link scientific knowledge (from sociology and psychology) and research results about 'poverty and strength-based social work' to social work practice and to the perception of people living in poverty.

In the training programmes for professional social workers and volunteers, people living in poverty participate as 'coaches'. The tutors/trainers bring theoretical concepts about views on poverty and the fight against poverty, about the injuries caused by exclusion and resilience, about strength-based working and empowerment through helping relationships. The participants discuss difficulties in the social work practice and talk about their concrete cases. The coaches (people in poverty) bring their experiences and their feelings to the discussion. This brings more mutual respect and a different perspective to the programmes. The specific character of the training programmes is the focus on the relationship development between the service user(s) and the social worker, with a view to supporting enduring growth, network reinforcement and autonomy acquisition. There is recognition of the feelings of powerlessness of social workers in guiding families in a long-term poverty conditions, and the trainers and coaches help them to look for turning points. There is a focus on the client perspective so that people in poverty will be considered fit actors with valuable motives, with hurt feelings and also a lot of experiences and a tremendous resilience. Through plenary discussions on familiar client situations, adopting and moulding new theoretical frameworks, we enable a positive outlook in problematic situations through broadened perceptions. Through the practise of a participatory and empowering approach, we work on competences: the broadening of knowledge, skills and attitudes.

The themes of the basic programme are:

M A T E R I A L S	View on poverty and exclusion and on the fight against poverty
	The social world and environment of people in poverty • poverty as a multi-aspectual issue and the effect of social exclusion • the injuries and strengths/resilience of people in poverty (psychological mechanisms)
	The clash of different worlds • the areas of tension within the social service
	Role patterns in the social services • the roles of service users and social workers • reflection on authority, position and bias in the social work
	A positive, empowering basic attitude • respect, equivalence, a strength based view - (personal) core qualities in relation with the service user's qualities
	Empowerment • conversion of a paradigm into empowering and integrating work

PROCESS	A warm welcome
	Explore and restore fundamental rights • working on confidence and recovery
	Dialogue and acting according to shared views • working with broad hypotheses: a dialogical approach
	Action-oriented dialogue and coping with clashes/crises as learning moments
	Ending carefully, concluding and room for aftercare • working on networking, identity and role development – consultation/collaboration with client - empowering teamwork
	Summary and evaluation

We also developed more specialized/specific programmes on psychological mechanisms and poverty (focus on mental health, dealing with stress, resilience, and attachment), and a programme on 'strength based group work with people in poverty'. We worked together with a nursing school to develop a training programme for professionals in medical care. A multi-disciplinary approach is necessary for the reduction of the multi-dimensional problem of poverty.

The strength of involving coaches (people in poverty) applies to all parties involved in the training course: the coaches, the trainer and the social workers. It is exactly this teamwork of the three parties that brings the benefit. In general, the participation in the training empowered the coaches. They became more sure of themselves, found out that had an impact on their environment and they received strong recognition from students, trainers and their environment. The coaches consequently grew and evolved in their personal empowerment process. The autonomy-enhancing and integration-supporting steps taken forward cannot be neglected. The various Bind-Kracht training session assessment forms point out a real satisfaction. The training offers the students an opportunity to reinforce their knowledge. The presence and contribution of the coaches is often named as an additional asset. The direct dialogue with the target group is considered a confronting, refreshing and broadening experience. By involving coaches in training courses we try to bring our personal vision into practice. Working on empowerment from a relational equality, in connection with the social world of people in poverty, with an eye for injuries, strengths and structural mechanisms, are all made visible and applicable in the training programmes. Working with coaches is a challenging yet enriching experience for all parties involved.

The research that feeds our publications, consists of qualitative and action-research in settings of social work. Inspiring models are the Mode 2 Knowledge Production of Nowotny and Gibbons (1994) and the Model of Cooperative Knowledge Production of Gredig and Sommerfeld (2008). Together with social workers in the field, we develop methods of strength based helping relationships and group work, dealing with tensions and roles (of social workers and clients), client centred cooperation or case-management and tailored care.

An example- On the demand of social workers who followed our training programmes, we set up an action-research on the organizational conditions for the implementation of our vision and methods. We carried out our research in four 'good practices', four different social work organizations (a public center for social welfare,

a grassroots organization working with volunteers, a family center in a poor, multicultural neighbourhood and an organisation of child protection). All four organisations succeeded in implementing the methods and views of Bind-Kracht in their practice. In each organisation a team of an academic researcher, a trainer, four people in poverty (coaches) and a group worker, worked together with the staff and social workers of the organisation to carry out the action-research. The coaches were engaged in the whole process of the research: they did participatory observation, interviews with former clients/parents, dialogue with social workers involved, and presented the research results together with the researcher for the management team of the organisation.

Resources and sustainability

The project is now subsidised by the Flemish government. With this recurrent core funding, we are able to attract new projects, provide support, training and supervision for the members of team (trainers and people in poverty), ensure the participation of people in poverty in our core-activities, work on quality assurance, attract new projects and develop new training materials. The team is still growing, with demand for participation in research projects, for coaching in the development of new methods for strength-based social work, for training programmes and for supervision. The project outgrew the phase of the project operation and developed a stable partnership with an organisational structure. This ensures the sustainability of the organisation.

Identification of needs and tips for similar projects

Cooperation with people in poverty in research projects and in training programmes is not so evident. To work in this way, a number of conditions and requirements are needed by the trainer, the coaches and at an organisational level.

• *The trainer/researcher is a role model with a positive basic attitude, who invests in relationship development*

We are convinced that a social service relationship requires a positive basic attitude (presence, respect, power perspective and partnership). A positive attitude is also required for the trainer and researcher with regard to the coaches. Equality, genuineness, confidence and solidarity are key aspects. The trainer/researcher needs to form a solid alliance with the coaches and to encourage their strengths, without neglecting the social workers as participants in the research or as students in the training program. This triangular relationship makes it a complex approach with the ongoing challenge of maintaining the appropriate balance.

• *The trainer/researcher is structurally providing time for dialogue*

A real, honest dialogue with coaches requires a lot of time, which needs to be provided and planned structurally, including meetings for joint preparation, discussion and adjustment of activities, and final evaluation. It is crucial that these moments are completed in an informal way. Apart from these structured moments it is also important that following each training or research moment, the trainer/researcher provides some time to talk things over.

• *The trainer/researcher needs a clear definition of roles and expectations*

This collaboration does not imply that the trainer/researcher enters into a social service relationship with the coaches, and this is made explicit at the start. This definition of role does not keep the trainer from

observing what is going on in the coaches' minds. He or she sympathises with the coaches, and an open dialogue on this role pattern is vital. The trainer/researcher always has final responsibility for the research or training content and is the process supervisor. He or she aims for a balance between the instrumental dimension (offering sufficient content, methods, and theoretical frameworks) and the expressive dimension (the group process, the relational development in the group between coaches and social workers).

- *The coach should fully stand behind the objectives of the training or research and should believe in dialogue*
  The coach has specific responsibilities. Together with the trainer or researcher his or her task is to examine how they can, together with the social workers, improve social interventions. The coach should be willing to cooperate on this. It is vital that the coach believes in the exchange with social workers and in mutual learning. We have identified that the coaches prefer to participate in a group of at least two or three persons, and prefer not to be the only coach in sub-groups.

- *The coach should want to and be able to contribute personal experiences concerning poverty and to put poverty in a wider perspective*
  Poverty is more than a financial matter. The coach understands the exclusion mechanisms occurring in the culture and structures of our society. He is not (and nor should he be) an educated expert-by-experience. He is not supposed to take on the role and perform the tasks of the social worker. In consultation with the researcher or trainer the gap between the different social worlds is made debatable. The coach explains his point of view, based on his life-experiences. The dialogue and the linking of a diversity of knowledge and experiences offers learning opportunities for all partners involved.

- *Peer and common meeting moments for trainers and coaches*
  Collaborating with coaches is a constant process of inquiring together. It is a process with ups and downs that requires the emotional involvement of the trainers, researchers and coaches. It is important that trainers and researchers have the possibility to fall back on their colleagues. Annually the trainers are offered three days of substantive training and exchange. An up-to-date database of training tools and topics is available and experiences are exchanged regularly by email. Coaches also indicate the need for exchange with other coaches. Each year, we organise three peer meetings for the coaches.

- *Reimbursements and removing practical barriers*
  A volunteer fee is provided for each day that coaches participate in a training programme of the research project. The transport costs are reimbursed on the same day. This necessitates an additional cost for the training courses, as well as the timely payment of fees by training institutes or welfare organisations that work quite bureaucratically, and this is sometimes an obstacle. Trainers often advance the money in order to avoid the financial barriers that would obstruct participation. In addition mobility may be a barrier as well. The training location should be within easy reach by public transport. Practical arrangements should be tailored to the coach's needs. We work with coaches from all over the Flemish region, which ensures a local nature as well as reasonable transport costs. Travelling with the trainer offers additional chances of preparation and completion, which is often appreciated by coaches.

- *Collaboration with Associations where the poor take the floor*
  Associations "where the poor take the floor" bring together people living in poverty. These associations encourage people in poverty to engage as coaches. The associations involved take on three different roles. First, there is the role of *creating conditions*. People in poverty sometimes live an isolated life and feel as if they have lost their grip. They often blame themselves for this. By meeting in an association and debating on poverty, they find out they are not alone, and that people are excluded because of certain social structures. This has a guilt-dispelling impact and gives them the authority to 'take the floor'. By means of a group process and starting from the personal experiences, they make exclusion mechanisms visible and debatable. Our organisation is unable to achieve this process on its own; hence collaboration with an association offers an important surplus value while the association at the same time remains a vital backup medium. Secondly there is the *supportive* role. Cooperating as a coach demands a lot of effort from the person. Training moments or research events may be extremely confronting to coaches and induce fierce emotions, hence it is crucial to have the necessary support, preparation and care. The trainer could, on the one hand, give a certain kind of support, but in case of personal, private problems it is important that the supportive role is taken on by the association. Finally, the association also has a *mediating* role. The association's initial support is expected when the coach is guided towards the training. In addition engagement is required to take on a mediating role in case of conflicts and misunderstandings among the trainers.

- *Need of openness, dialogue, mutual respect and a safe atmosphere*
  The coaches' presence throughout the training course or research process is advisable since it increases the opportunities for confidence and process-oriented working. This enables coaches to feel recognised ('feel they are part of it') and provides a better understanding of the training, which also improves the quality of their interventions. However sometimes this appears to be not working. It may be achieved with well aware social workers who are motivated to register for this open training, but organisations that offer the appropriate training to their employees, for whom it will be an obligatory course, often, need some preparation. Dialogue with coaches will take place only after an initial one or two days of working around the vision and having created a safe atmosphere.
  This kind of social work research demands openness, dialogue, reciprocity and respect. Therefore we need research based practitioners, practice based researchers, a learning organization and a facilitating management. Then it can lead to benefits for the all actors involved. The search for effective social work, giving words to practice, the cooperative development of reflection-instruments together with practitioners and service users can be very valuable for the organisation. This organisation reported 'the whole set of tacit knowledge, grown out of everyday practice and experience for more than twenty years was enriched by scientific knowledge. The capture of this knowledge in texts and trainings will allow a new generation of social workers to be better equipped to face the difficulties working with vulnerable families'. The service users and people in poverty involved in the project gained more knowledge of, and understanding for the position of the social workers. In addition, for science, we experienced the use of mixed methods; new perspectives were brought to the study by taking practice and the view of service users as input for the research.

Therefore, with this approach we work on cooperative knowledge formation with a mix of research methods, in a more egalitarian relationship, with an orientation to change, in order to strengthen social work practice and work together for sustainable poverty reduction.

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By: Janis Urtans

7.5 General Qualification Strategies for Integrated Health and Social-coordinators, Exemplified by the Poverty Reduction Project "Herzwerk"

Name of the project/service

General qualification strategies for integrated health and social-coordinators, exemplified by the poverty reduction project "Herzwerk"

Name of the authors/ presenters

Annegret Verbeek, Thomas Jeschkowski and Winrich Breipohl

Affiliation

German Red Cross

Shire of Mettmann and Shire of Düsseldorf

Website/ contact info

www.drk-mettmann.de www.drk-duesseldorf.de

info@drk-mettmann.de info@drk-duesseldorf.de

Short summary / description of the service/project

Red Cross and Red Crescent Societies are international, politically and religiously neutral, non-profit organisations. Together with other players they constitute the welfare associations involved in elderly care.

The elderly care sector is undergoing major restructuring, primarily caused by demographic change, technological developments, economic and cultural trends. Professional players in this sector and others, have to cope with both synergistic and controversial aspects. These include for example:

• Increasing numbers of elderly citizens both amongst Germans and citizens with migratory backgrounds

• Non homogeneous developments amongst the economic settings of elderly citizens (silver economy versus increased numbers of citizens experiencing poverty with age)

• An incremental demand for health and social care caused by demographic changes (multi-morbidity, chronic diseases, personalised medical and care settings, versus growing numbers of healthy aged citizens with substantial individual and societal potentials)

• Overall economic growth potential in housing and home services

• Cultural non homogeneities

• New demands for professional qualification and employment opportunities

• Growing demand for national and international socio-economic sustainable policies

This short list makes it clear that new forms of vocational training are required for integrated health sector and cross-sector collaboration.

Flexible implementation of qualification modules and new curricula is needed. Content and values will focus on: social, medical and other parameters (e.g. human dignity, poverty, ethnic/migratory biography, social integration, cultural variations, access to life resources, health status, multimorbidity, dementia, medication rationales, legal and administration requirements, technical know how, information technology, educational impact, and ethics).

Background of the Red Cross project
Setting the scene
Integrated approaches require substantial multidisciplinary input. Consequently, further development in elderly care requires welfare associations and political decision makers to cooperate closely. Their respective planning of new educational and vocational strategies has to consider a variety of aspects, three of which are named here as initial examples:

i)   Research indicates that 90% of seniors want to stay at home for the rest of their life. Thus, home care and new strategies in emergency care will become a major issue.

ii)   In this context another aspect is the future demand for emergency services and for nursing assistants. Respective cooperation rules and pathways are therefore to be tackled in the training programs for new employees.

iii)   As new employees contribute to social security, increasing numbers of such employees will positively affect the national economy and thus will improve the quality of life for all citizens.

How this project evolved and continues
The German Red Cross Mettmann already produced various modular instruction materials and documentation with the support of the Ministry of Work, Health and Social Affairs in North-Rhine Westfalia. Demand oriented future strategies will build on this basis together with other welfare associations.

The welfare associations, the largest single employment group in Germany¸ will systematically continue on the previously described basis to develop, together with new national and international partnerships,   innovative, demand-oriented qualification and employment care strategies, applicable trans-culturally for societies with rapidly changing demographics.

Discussion of the good practice/project
Aims and objectives
The project primarily aims to
- Enable health and social care professionals to stay for longer periods in their jobs
- Educate and train more citizens of different age groups in integrated elderly care, with updated modules and curricula
- Involve more people with experience of migration in elderly care
- Develop measures to attract professionals of both genders to elderly care. For example, through technical

and flexible working measures, including daily working hours, seasonal, annual, regional, and life accounting concepts
- Promote services that are near to homes, as well as a better consultation for the person in need of care, enabling seniors to stay in their own homes

The involvement of not only young persons, but also older citizens whose own children have reached the end of their education and vocational training, is considered a special societal resource. Thus, in light of the rapidly advancing demographic change, growing employment of both young people, as first time employees, and older citizens re-entering the working force, should be targeted to meet the increasing demand for professional training and job certification. At the same time, in all these target groups the percentage of trainees with a migrant background should be increased, as the demand for such experience is rapidly growing.

In addition to skills and knowledge in relation to elderly care, education and vocational qualifications should develop in-depth human understanding, intercultural competences, basic health care competences, adequate attitude towards the elderly, together guaranteeing long-term proficiency, for the benefit of both the client and the employee.

Methodology
The project uses a variety of methodologies such as:
- Multiprofessional scientific demand analyses
- Multidisciplinary approach and methodology strategy developments
- Team work concepts
- Client catered change and diversity management
- Student-centered teaching
- Empowerment and gender equity
- Traineeship placement
- Communication and conflict solving training
- First aid training
- Foundation: sponsoring

A mix of modular and new curricula qualification strategies seems to be the way forward for various reasons - variable settings, health status, multimorbidity, dementia, medication rationales, legal and administration requirements, ethnicity, cultural variations, technical know-how, information technology and requirements, educational impacts and ethics to name just a few.

Home care and new strategies in emergency care will become a major issue. Consequently further development of elderly care requires welfare associations and political decision makers to cooperate closely.

copore

The German Red Cross Mettmann already produces various modular instruction materials and documentation with the support of the state Ministry of Work, Health and Social Affairs in North-Rhine Westfalia. Future strategies must be added to these foundations and be implemented by increasing numbers of care workers for the elderly. Modules already offered by German Red Cross and partners focus on the following themes:

1. Community health and social service rationales
2. Elderly care-structures (introduction)
3. "Assisted living strategies", including, for example, alternative housing types for the elderly
4. Migrant specific advice and care strategies
5. Education and vocational training advice
6. Basic communication skills for different target groups
7. Moderating multiethnic groups
8. Addressing and specific handling of complaints and conflicts
9. Structure and networking of self help groups and voluntary work
10. Basic reporting skills

New educational/qualification modules/curricula will focus on, for example:

1. Nursing and social care qualification focusing on the elderly (high grade training)
2. Nursing and social care qualification focusing on specific health impairments and multimorbidity clients
3. Health and social care qualification in private and institutional settings
4. Basic life support requirements
5. Language competencies
6. Cultural sensitivity and understanding
7. Community health and social affairs rationales
8. Social competence and internship training in various societal settings
9. Gender equity and European rights
10. Education, self responsibility and career management
11. Basic word processing courses
12. Basic internet/E-mail courses
13. Access to poverty reduction strategies and their appropriate utilisation
14. A future special demand includes alarm services and functions for nursing assistants.

General aspects of methodological approaches
Seven general aspects of the overall strategy should be taking into account where appropriate:

1. Cooperation topics, rules and pathways are to be tackled in the training programs for new employees with both the already available education and training tools and those which still need development.
2. Modules for the above topics are to be implemented in cooperation with various integrated health and social care providers (for example: relief organisations, educational institutions, adult education

and advice centres). Detailed diploma in writing and in agreement with European Qualification Frame standards are foreseen for successful completion of the education, on the qualification of participants.
3. As new employees are liable to social security, increasing numbers of such employees will positively affect the national economy and thus will improve the quality of life for all citizens.
4. The important economic power of seniors referred to as the "silver economy", should be particularly mobilised in relation to the growing demand for culturally sensitive care for the elderly.
5. Selectively targeted projects focusing on specific, detailed objectives, such as poverty reduction strategies through the Red Cross project HERZWERK (see below), will always be run in close affiliation with the general project philosophy on integrated health and social care strategies and opportunities.
6. Involvement of private enterprise is highly welcome on the basis of transparent business plans and shared cultural values.
7. Required service infrastructure for this overall project is realised in Germany at state level by district administration. Respective cooperation rules and pathways are therefore to be tackled as well in the training programs.

What are your top ten tips for similar projects

1. Think from the view of the people in need, not from the position of the managers who are organising the project
2. Apply - wherever possible - multiprofessional research and interdisciplinary practice experience into your strategies, also with the help of experienced psychologists
3. Involve systematic networking with other and even only peripherally related social initiatives and projects at national and international level
4. Follow a personal resource (skill, knowledge, experience and advice capacities) focused strategy rather than a deficit dominated approach to elderly citizens
5. Encourage – wherever possible – self esteem, responsibility and dignity, for active participation of the elderly in your strategies
6. Try to match elderly health and social care demands with skills and professional perspectives for other age groups
7. Discuss on a regular basis results and short comings with the elderly and policy decision makers and include them in the process of problem resolution
8. Inform the elderly and policy decision makers on successful problem solving of formerly experienced problems
9. Inform systematically and continuously society at large on the project philosophy, the beneficiaries, the institutional and individual supporters, perspectives and upcoming events
10. The systems for elderly care in Europe should become more compatible with one another by systematic support measures through shared value and common ethical concepts, sustainable socio-economic and joint multi-cultural cultural celebrations and event strategies

By: Janis Urtans

Name of the project/service

Miquel marti i pol project

Name of the authors/ presenters

Salvador Simó

Affiliation

Universitat de Vic

Website/ contact info

www.uvic.cat

http://www.jardimiquelmartipol.blogspot.com/

Salvador Simó i Algado

Departament de Desenvolupament Humà i Acció Comunitària

Universitat de Vic

Sagrada Familia 7

08500 Vic (Barcelona) Spain

Tel. (34)-(93)-8861222 Ext.341

Fax: (34)-(93)-8891063

Short summary

The Project Miquel Martí i Pol integrates health, education, research and the fight against poverty. The project is based on gardening and restoration/reforestation of natural spaces, done by clients, who face mental health problems, poverty and immigration, and occupational therapy students at the University of Vic. Our vision is to confront at the same time the social and ecological challenges of contemporary Europe. The clients learn a profession and simultaneously they realise and develop a meaningful occupation with a powerful therapeutic value. A key element of the project is to educate society in the value and potential of excluded people: they are citizens who are contributing to society. For this reason we are developing different strategies to educate society, such as photo exhibitions, video art, a blog and the participation at scientific congresses with the gardeners (clients) and the students.

Universities must be a school for democracy and citizenship. The research is a key element of the project, studying the contribution of meaningful occupation to wellbeing and the construction of inclusive communities and citizenship, fighting against poverty. A master research and a PhD research have been developed based on the project.

The art of politics and partnerships is central to the process, linking the social-health sectors, with the economic and educational sectors. The goal is to create a society based on the values of justice, equality, freedom, active respect and solidarity.

Background of the project/service

The project is located at the campus of the Universitat de Vic, a city with a population of 45000 inhabitants near Barcelona, Spain. The poet and master Miquel Marti i Pol (Marti i Pol, 1999) told us: "*Beauty is your heritage/ but you prefer/ the sad and routine laziness/ of a cardboard box... Let me say that it´s time to love,/ it´s time to believe in miracles,/ some day/ there will be flowers in the garden and wind in the trees/... Those, who for many years lived far away from town/, will be called to return*". These words inspired in 2005 the decision to develop the project: to transform an abandoned and sad space into a space of beauty, the garden. It was created jointly by occupational therapy students and those who for many years have lived far away from town in situations of social exclusion. The project started with the creation of the garden (18 months). Now students and participants are taking care (maintenance) of the garden and developing the restoration/reforestation of natural spaces.

The project started at a micro level and is moving to a meso level. It is coordinated by the Universitat de Vic, in partnership with the Third sector (Caritas Arxiprestal, F.C.M.P.P.O. MH Foundation); the economic sector (Girbau, Rotary and la Caixa Foundation); and the public sector: (Vic City Council, Osona local government).

The project is part of national and international research and intervention networks (Collaboration in education and social inclusion-CIES, Empowering learning and social inclusion through occupation-ELSITO).

Description of the good practice/ project

The **objectives** of the project are:

*Fight with poverty through active citizenship***:** We know that poverty is evitable, and that it denotes the lack of morality of our societies. Poverty is related to the deprivation of capabilities, it could be characterized as the lack of freedom for the pushing forward life plans that one has reasons to value: a situation where it is not possible to develop vital projects desired reasonably. It is essential to empower individuals to be active citizens, who are able to build their own future. The project tries to develop competences with the clients and with the university students that later will be responsible to fight poverty.

Addressing health: Health is a key resource to develop the life we consider worth living, and we know that it is determined by social factors. As the research we have developed has indicated, the development of gardening and occupations related to the natural environment, promotes physical, mental and social health.

Building alliances: We also believe that the alliance between health and social professions, reflected by the multiple contributions of each party, dialogue and cooperation, should be a key factor in ensuring the access to health and social services, that will enable persons and communities to be active citizens in building their own future within a more cohesive Europe.

Education: At the same time we are educating communities about the potential of these persons, diminishing the powerful stigmas and prejudices that prevent people from fully participating as citizens in their communities. At the university we are educating the health professionals that will fight against poverty in an education based on real practice and within the research/education synergy.

The **methodology** developed during the gardening sessions is based on occupational therapy and occupational science knowledge. The theoretical basis for the project is trans-disciplinary, as a complex problem must be confronted through a complex vision. The **funding** comes from the Universitat de Vic, the private sector and the public sector. The **sustainability** is ensured as we are taking care of the garden (included in the annual budget of the university), through grants (mostly from the private sector) and the contracts to develop restoration/reforestation of natural spaces.

Identification of needs and evidence

Good practices needs to be evaluated. This is a transformative project within a hermeneutical-critical paradigm inspired by Participatory Action Research (PAR). PAR is a process by which questions are systematically examined from the re-lived perspectives and experiences of those community members who are especially affected by the issues under review. The themes that appeared as the research developed are:

Building meaningful occupation

The project influenced the transition from the sick person's role to that of caregiver, gardener and citizen: "…the role of caregiver … to know that the plant is alive thanks to you, you feel better about yourself…" (Plácido). The project has increased the possibility of finding work: "All the people that have left the project have found a job, they are in a normalized life, they fly alone now" (Caritas).

Gardening as a source of health and well-being

Meaningful occupation promotes health and physical well-being: "Yes, yes, it makes you to do exercise, if not you would be at home doing nothing" (Plácido).

And psychological well-being: "…because you have an occupation your mind is clear, and you have no paranoid thoughts" (Plácido).

This well-being is translated into a feeling of happiness: "Yes, when you come here you find happiness" (Mustapha). Participants show an improvement in their self esteem: "You can achieve a higher degree of self-esteem" Placido). And a feeling of being useful: "… because before I was a non-useful person. But now, working here, I feel useful" (Paco).

And social well-being: "I was not going out from the home before. Here I find company that is very important when you live alone, because solitude is very bad" (Paco).

Its impact has a spiritual dimension: "Yes, yes, I recognise the garden as a part of myself. It will last with me, apart from the medical visits it is the most important part of my life" (Paco). And the sense of contributing to humanity: "I have contributed to the kindness between Mankind" (Benaissa).

The garden becomes a spiritual sanctuary, offering a religious experience:

"... my soul likes all that I do here… it helps me to open my heart" (Benaissa).

Contact with nature has had a therapeutic impact: "When I see the plants I feel alive, because 'through them I see life" (Mustapha); "When I am in a closed space for a long time I feel bad, anxious, but in the garden I feel as if I'm at home" (Paco).

Nowadays we are developing a new research based on life narratives with the participants (based on a hermeneutical-critical paradigm).

The dignity of citizenship

Participants see that their work changes social perceptions: "…they are used to news such as that a schizophrenic has killed someone, and now they see that mentally ill persons can contribute to society with a garden…" (Plácido).

The gardeners demanded to be heard and to have more opportunities: "They do not listen to us... they should understand what it means to have a mental illness, a bipolar disorder…." (Paco); "…persons with mental health problems can contribute more to their communities (Plácido).

They gained experiences of empowerment. The gardeners saw that they were able to influence their own lives: "What *Martí i Pol wrote was very nice* (your hands will be made of wind and light)… that if you want, you can. Although you are ill, you can do important things in your life" (Paco).

The construction of inclusive societies

Social inclusion has been promoted by facilitating the creation of inclusive communities: "*I am known by more people in Vic in two years then in 15 years in Centellas… the garden helped me to enter the community" (Paco).*

There was social recognition for the gardeners: "*If you have shaken the hand of the Rector of university and he's given you a diploma, this has as much meaning for me...as if I´ve got married again..." (Paco).*

It is shown to be vital that their voice was heard: "*Look, we went to Granada to give a conference. I felt myself as important as Mr. Zapatero" (Paco).*

What are your top ten tips for similar projects

DO

- Develop an empowerment model with participants and students.
- Be open to learn from the clients.
- Integrate education, research and intervention within the project.
- Work in partnership with the public, private and the third sector.
- Develop a human rights approach based on health as wellbeing and citizenship.
- Complex realities demand complex approaches, including social, health, economic and ecological dimensions.
- Integrate art and science in the project.
- Work in international research and intervention networks that will enrich your practice.
- Develop an understanding of all the political and economical structures of injustice, and how we can contribute to remove them.
- Remember that the goal is to create an inclusive community based on active citizenship.

By: Jordi Mota, Spain
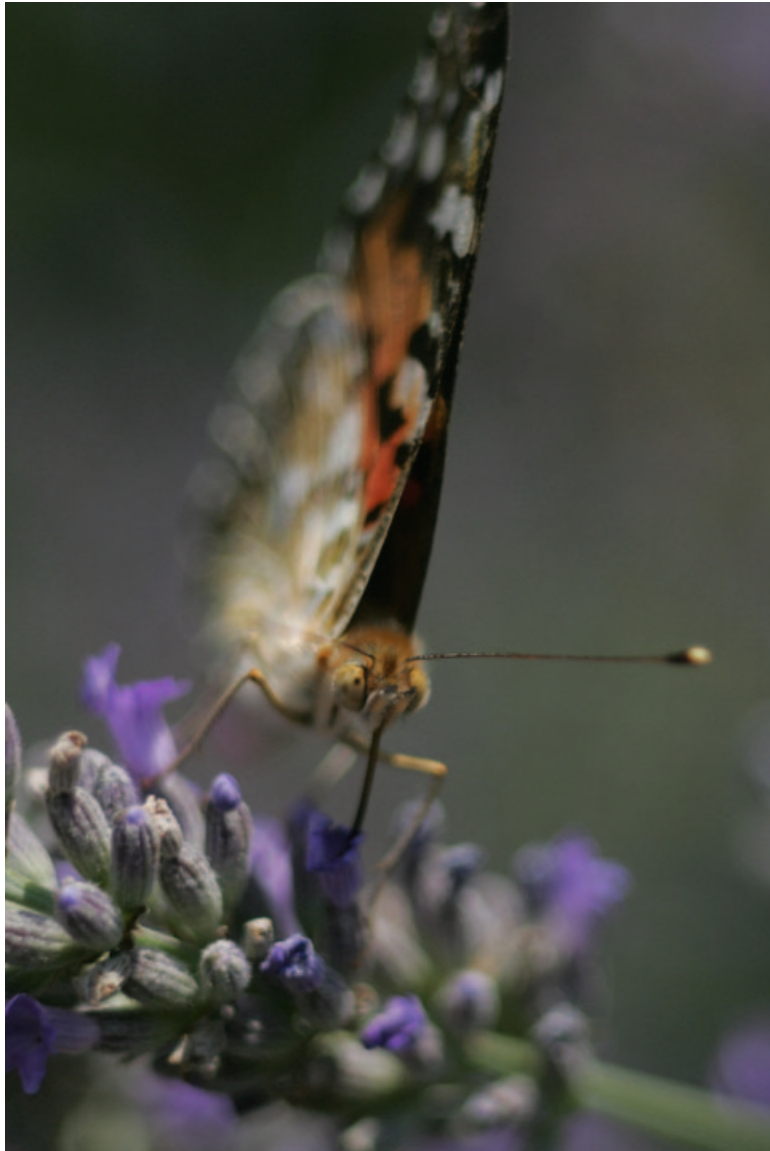
By: Janis Urtans, Latvia

7.7 Prevention and Poverty, MADIZO

Name of the project/service
Prevention and Poverty

Name of the authors
Dr. Jurenne D. Hooi (CEO)
MaDi Zuidoost / Diemen
Karspeldreef 1009
1104 SE Amsterdam
The Netherlands
E-mail: j.hooi@madizo.nl

Website/ contact info
www.madizo.nl
info@madizo.nl

Short summary / description of the service/project
People are becoming increasingly more responsible for arranging their own financial matters. Financial self-sufficiency is becoming a basic precondition for independent functioning within an ever more complex society. This paper describes the prevention service that MaDi provides in order to obviate the emergence of problematic debts and by extension poverty.

MaDi is a social service provision that offers general social work, debt counseling, legal counseling and social work for the elderly. Recently, MaDi has started a fifth section: the Prevention department.

The main objective of the Prevention department is to bring awareness to clients with problematic debts and to teach them financial management skills. Another objective of this department is to give extensive education to the public and local client-run organisations on these subjects. Avoiding evictions and cut-offs of public utilities are also goals of this department.

The information and educational materials used, are made specifically for particular target groups and based on materials that have proven their effectiveness. The working method is outreaching, mostly on the site.

The Prevention department collaborates with different partners and is funded mostly by the government.

The projects are easily transferable if the right materials are available.

Background of the project/service
MaDi is a social service provision that offers general social work, debt counselling, legal counselling, social work for elderly and prevention, with the following mission: MaDi supports the residents of Amsterdam South East and Diemen with solving problems they experience in their social, communal, personal and financial situation. The clients are central to the services of MaDi, and MaDi stimulates the problem-solving ability of its clients. The

corporate vision of MaDi is to increase the empowerment of the residents of Amsterdam South East and Diemen by education, prevention and innovation. MaDi is situated in Amsterdam South East and Diemen municipal and provides its services free to all the residents of this area (population: 100000).

Over 6000 clients visit MaDi yearly. Approximately 1700 have problematic debts and 2500 have questions about (how to improve) their income. The majority of the clients of MaDi are single parents, with ages varying between 18 – 80+ years and an average of 3 children. Their income is mostly around the social minimum wage.

A study, conducted by the Ministry of Social Affairs & Employment, showed that one out of ten households struggles with problematic debts[1]. Another quarter of a million households, are at risk of problems with debts[1]. Households with debt problems often have a low education and income and consist mostly of a single parent family structure[1]. Problematic debts have, frequently/usually, a devastating effect on the family/person and the youth involved. For example, drop out of school is strongly related to problematic debts[2].

Because of the devastating consequences of problematic debts, MaDi decided in 2007 to install a Prevention department with the adagium "*Prevention is better than Cure*" that has proven to be successful in the medical and social setting[3-7]. The Ministry of Social Affairs & Employment also recognises the importance of prevention of problematic debts and poverty[1].

Description of the good practice/ project

The Prevention department was installed because of the steady stream of clients requesting help for major problematic debts[8,9]. Most of these clients had the following in common: no overview of their financial income and outcome, no administratiive system or an out of date one and poor understanding of their rights, and the rules and regulations of the government. Often these clients lacked certain competences, lived in poor conditions and were socially excluded.

Objectives

The main objective of the Prevention department was to bring awareness to clients with problematic debts and to teach them financial management skills. Clients were also trained to develop competences against (financial) social demands, thereby preventing these clients

from running into social and financial difficulties. Also people who were not yet in problematic debts could make use of the services. The second objective was to give extensive education to the public and local client-run organisations on financial subjects and measures that can be taken to prevent financial problems. The third objective was to develop innovative preventive projects, depending on the demand or newly emerging problems concerning poverty.

The Prevention department provided, among others, the following services:
- Teaching children to understand the value of money for now and later;
- Teaching the youth, to understand the value of money and giving them information about problems that arise when one has problematic debts;

- Training in financial management for single young parents, adults and the elderly;
- Learning to organise ones own administration;
- Provide information to the public and organisations;
- Training in assertiveness;
- House calls to prevent eviction or being cut off from public utilities.

Methods of working/methodology

The Prevention department developed teaching and information material to suit specific target groups, such as children of 11-12 years old, teenagers, single young parents, food bank clients and elderly persons[10]. Material was also developed for newly occurring problems.

The Prevention team had an outreaching approach, working mostly on site (called 'vindplaatsen') and the services were free of charge. The prevention department offered services on request to local client-run organisations like the Foodbank. The Prevention department also offered its services unrequested to institutions such as churches. The prevention consultants also made, in collaboration with housing cooperatives and bill collectors, house calls to prevent eviction, health insurance debts or being cut off from public utilities.

Description of different aspects

MaDi guaranteed continuity of the services by offering integrated services internally and externally. Collaboration was present with other sectors, such as housing agencies, but also with businesses such as Delta Lloyd. MaDi had regular meetings with local authorities, civil society, volunteers, client-run organisations and social networks.

The services were applicable at all levels and available without any barriers for the entire population of Amsterdam South East and Diemen. Individuals had access to the services mostly during the week and sometimes in the evening or weekend. The services were always located in the community, free of charge and easily accessible.

Funding/ resources

MaDi receives its funding from the government and also from businesses such as Delta Lloyd. Businesses are approached for funding especially when MaDi has developed an innovative project and the project is in its pilot phase.

Sustainability

The Prevention department is an ongoing part of the services of MaDi. Effective prevention projects are incorporated in the regular services of MaDi.

Identification of needs and evidence

The prevention services that MaDi provides have short and long-term goals for reduction of poverty. The short term goal is to develop competences for clients with major debt problems to avoid recurrence. The long term goal is to start with preventive measures as early as possible, avoiding problems that contribute to poverty and social exclusion.

copore

Measuring the effects of preventive measures is not easy, especially at a short-term level. The long-term effects are easier to measure. Indicators that MaDi uses are the following:

• Is there a rise or a fall of clients that come to MaDi for assistance with their problematic debts?

• Are there more or less evictions or cut-offs from public utilities?

• Does the public know about and come to MaDi before the problem becomes a crisis?

This year MaDi has noticed for the first time, despite the worldwide financial and economical crisis, a small fall in the number of clients with problematic debts requesting help. There is also a fall in the rates of evictions and cut-offs from public utilities. On the other hand there is a rise in the number of clients that visit MaDi for assistance before the problem becomes a crisis. Requests from clients, the public and other organisations in the area for the services of the Prevention department has risen in the last 12 months. Nevertheless, despite these promising signals, it is too early yet to draw significant conclusions about the overall effectiveness of these programs. However, MaDi is encouraged by the effect the prevention program has had in the medical and social field[4-7].

What are your top ten tips for similar projects

Do's:

• Start small at first, with commitment, flexibility, trust, easily accessible, outreaching approach.

Do not:

• Use the same material for different target groups, keep it inside but use an outreaching approach.

Transferability:

• The projects described are easily transferable, it is important to have the right material, and prevention counsellors with the right skills.

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Title

Reducing youth worklessness through building bridges between the university and the labour market: the case of social work student practice.

Name of the participants and affiliation

Elona Dhëmbo (MSc) edhembo@yahoo.co.uk

Prof. Assoc. Dr. Edira Haxhiymeri edlira1960@yahoo.com

Department of Social Work

Faculty of Social Sciences

University of Tirana, Albania

Website and contact information

Website:

University of Tirana

http://www.unitir.edu.al/

Address:

Fakulteti i Shkencave Sociale

Rr. Milto Tutulani

Tirane

Albania

Context of the practice

The project presented in this paper is now a tradition of the Department of Social Work, University of Tirana. Started in 1998, the project has been replicated and improved each year, moving closer and closer to meeting its goal to promote the social work profession in Albania and to contribute to relieving youth worklessness though building bridges between the department (it's students) and the labour market.

Youth is often among the categories mostly affected by worklessness and unemployment. Albania, is no exception in this respect. The official data provided by the Albanian Institute of Statistics show plainly that youth categories are the ones most affected by unemployment. Almost 38% of the total unemployed labour force is made up by young people of 20-29 years old. Out of that, 17% are unemployed young people that have completed their university studies.

By : Janis Urtans

Të papunë sipas grupmoshave dhe nivelit arsimor, 2007
Unemployment by agegroups and education, 2007

Grupmosha Age-group	Niveli Arsimor - Education					
	8/9 vjeçar 8/9 years school	I mesëm profesional 2-3 vjeçar Upper secondary-vocational 2-3 years	I mesëm profesional 4-5 vjeçar Upper secondary-vocational 4-5 years	I mesëm i përgjithshëm Upper secondary general	I lartë / Universitet Tertiary/University	Gjithsej Total
Gjithsej-Total	83,216	6,021	20,727	55,401	19,410	184,775
15-19	11,541	331	329	2,922	0	15,123
20-24	13,755	551	1,229	14,377	4,102	34,014
25-29	13,990	474	2,081	9,790	7,725	34,060
30-34	9,881	806	1,878	7,538	1,846	21,949
35-39	7,315	330	4,013	6,230	1,374	19,262
40-44	6,047	553	3,872	5,142	854	16,468
45-49	9,423	213	2,952	4,114	977	17,679
50-54	6,325	2,185	2,724	3,266	1,387	15,887
55-59	3,801	442	1,500	2,069	777	8,589
60-64	1,138	136	149	44	277	1,744

Burimi i Informacionit: Anketa e Forcave të Punës (AFP) 2007
Source of information: Labor Force Survey (LFS) 2007

However, young social workers are even more vulnerable when it comes to worklessness and unemployment. Besides the typical difficulties faced by young people in finding a job, young social workers in Albania face an additional burden due to the lack of history and tradition of the profession they represent. They are challenged to introduce a new profession into the Albanian labour market.

The social work degree in Albania was first introduced in 1992 and its history is quite brief as compared to other degrees and professions, such as medicine, economics, engineering etc, which date back to the 1960s. Being a new profession and lacking a history – which in many cases facilitates young graduates of other professions to find a work place in the labour market – makes it even harder for young social workers to integrate into the labour market.

In this context, the department, preparing such young professionals, felt the necessity for additional actions besides those that national policies provide for facilitating young people's employment in general. Through the project of professional practical work (that social work students need to undergo as part of their university curricula), the department put together two main goals: to promote the social work profession and to alleviate the potential worklessness or unemployment among young social workers.

By means of the students practice work, the department aims to reduce youth worklessness through building bridges between university and labour market actors. These bridges were set and formalised both between the department and state social services institutions, and between the department and non-governmental social

services providers (most typically, NGOs). Written and formal memorandums of understanding and collaboration were signed between the department and partner institutions/organisations with the purpose of ensuring appropriate placement for students' practice/internships. These partner institutions/organisations hosted social work students with the intent of not only boosting their practical skills but also of identifying among them those best and most appropriate for further employment in their respective institutions/organisations.

In addition, students that already worked or volunteered in any institution/organisation whose mission and activity fitted with the social work profile, were further encouraged and their relation to the institution/organisation strengthened, by being formalised in an agreement with the department.

This project did not look for financial donations.Instead the best donation that partner institutions and organisations (including donor organisations) could offer to the project was hosting students to develop their practical work and enhance their practical skills in these institutions/organisations. The initiative has proven successful year after year. Each year, from 1998 to 2008 at least 20% of the graduating students obtained a permanent working place at the institutions/organisations that they were placed at for their practical work.

Description of the good practice
The project aims to:
a.   Promote the social work profession in Albania, as a new profession.
b.   Facilitate students' practical work
c.   Enhance students' working skills
d.   Alleviate potential worklessness or unemployment among young social workers

To meet its aims, an approach of partnership with other institutions was followed. Memorandums of understanding and agreements of collaboration were signed between the department and partner institutions to ensure solid grounds to meet the above listed goals. The process was supervised and monitored by both academic staff of the faculty and professional staff of the partner institutions.

The following presents some of the main characteristics of this practice.

1)   Access to services:
The service is accessible to every young social worker in the last semester of the undergraduate and graduate studies. To raise the level of accessibility and affordability of the service to the students, the department has arranged and made possible collaborations not only at central level but also at local level. This is an added value for those students who wish to go back to their home places after graduation. The identification of potential partners is made by both the institution (through the supervisors) and the students themselves. In this way many students identify placements of interest regarding both professional profile and opportunity for future employment.

2)   Comprehensiveness:

The process entails assessment, evaluation and monitoring.

- Assessment: each year the department, through its working group, assesses the current needs and the opportunities available to fulfil them. This consists mainly in assessing the number of students who need a placement, those who have already identified one, along with the places available offered by the partner institutions and organisations.

- Evaluation: at the end of each initiative an evaluation process is carried out with the main goal of assessing students' performance on the one hand and evaluating the contribution and performance of partner institutions and organisations on the other.

- Monitoring: the process is monitored during all stages. This is a task carried out by the appointed supervisors. The information gathered through monitoring is an important part needed and utilised for the evaluation process.

3)   Continuity of services:

This service, available to social work students, has been available for several years now. A

consistent and coherent approach has been followed throughout this time. This has helped in solidifying the partnership with the partner institutions and organisations. In addition, this stability has also helped greatly in building students' interest and trust in this service as an important entry point to the professional and labour market world.

4)   Coordination of services:

Every year a team is set up and organised to coordinate, supervise, monitor and evaluate the project. Their responsibilities are well defined and shared, trying to exclude any potential overlapping. Work is done based on the skills and assets that each team member can contribute to the team. For example, a team member will choose to coordinate the work related to those institutions and organizations that cover issues and problems related to their area of expertise, or geographical areas that they know best.

However, a very proactive role is given to the beneficiaries themselves i.e. the students. They sometimes, independently organise and coordinate themselves, facilitating the whole project.

5)   Effectiveness and safety:

This service has proven to be effective in meeting its aims. This statement is supported by quantitative information on the large number of students employed though this project every year (at least 20% of the graduating students), but also through qualitative information through success stories and very positive feedback the beneficiaries provide us with every year. However, effectiveness is reached only through ethical and safe methods. Ethical and moral issues are weighed and treated carefully. Contracts are signed among all parties that ensure safe and fair rules of the 'game'. All this makes this project quite special. Although other university programs do organize practical work projects, none are so long and intensive (one semester, every academic year). Being effective, safe and quite unique, this experience has also proven very enjoyable for the students who benefit from it.

6)   Multi-professional and intersectoral service delivery:

This project has a multi-professional and intersectoral approach. The dominant profession is that of social workers, as they are both beneficiaries and those involved in managing and delivering the service. However, besides the staff of the department involved in managing and supervising, other professionals have been part of the project. Successful implementation of the project is only achieved through collaboration with other professionals from partner institutions and organisations where students are placed. They offer their expertise and involvement in supervision during students' internships. These other professionals usually have a social sciences background such as psychology, sociology, or political science, however, depending on the nature of the institution and their availability staff supervision may also be provided by health carers, statisticians, economists or other professionals.

7)   Person/people-centred service delivery:

The service offered through this project is designed and implemented based on a beneficiary -centered approach. Students' placement for their internships and their supervision is undertaken keeping in mind their needs as future young professionals and future job searchers.

How does your practice address poverty reduction?

As mentioned before, the project aims to promote the social work profession through building bridges between the institutions that prepare professionals (such as our department) and the labour market, to facilitate social workers' employment. Creating opportunities for employment contributes by default to reducing poverty. The magnitude of this contribution may vary. However, by targeting youth, when evidence demonstrates that they account for most of the unemployed people in a country (as described above), we believe that the magnitude of the contribution of this project in reducing poverty is to be appreciated.

Identification of needs and evidence

This project addresses several identified needs among the beneficiaries – students of social work in Albania. It addresses the need for promotion of the profession in general and young professionals of this new profession in particular. It also addresses the need of the students to enhance their practical skills before entering into the labour market. Last, but not least, it addresses their need for employment, thus contributing to the reduction of poverty and unemployment, which characterises the age-group these beneficiaries belong to.

The project has proved to be working very well. Indicators of its success include:

a.   Integration of social work into the labour market and official state employment structures. Even though social work is a relatively new profession in Albania, this project has contributed to its recognition in many governmental and non-governmental institutions and organisations nationwide. More than 30 new agreements have been signed each year between the department and the above mentioned institutions.

b.   Enhanced students' social work skills – though practical classes the department staff in general and

especially the responsible supervisors report on the progress of students' practical skills after being placed in these institutions/organisations.

c.   Finally, the number of students employed, hence avoiding unemployment and poverty after graduation, has varied from year to year, but has never been below 20%. At least 20% of the students have been hired by the institution/organisation they were placed in for internship. In addition, those who did not get hired immediately have benefited from these partnerships between school and employers for part-time or flexi-time involvement, or even volunteer work, improving their CVs for better chances for future employment.

Key - **words recommended for success**

• Coordination

The success of this good practice was primarily a result of good coordination. Coordination has been a key element to ensure harmonisation between the students, the department and the partner institutions/organisations.

• Supervision

Supervision was another key element. Supervisors from both the department and the hosting institution/organisation were engaged in the process with the aim of enhancing professionalism and possibilities for success.

• Skills

For specific tasks appropriately skilled staff were appointed. Likewise, students' skills were assessed and matched with the required skills for the placement. For instance, students performing better in research were placed in research oriented institutions/organisations, those with better skills in counselling in shelters, mental health centers etc, and so on.

• Networking and Partnership

The project would have been impossible without partnerships and networking between all involved actors. Good partnerships and networking diminished possibilities for overlapping and increased opportunities for the students' involvement, hence for their future employment.

By: Ingrid Moltabán

7.4 The Safety House

Name of the project/service

Zorghuis and Veiligheidshuis Tilburg, The Netherlands

Name of the authors/ presenters

John Wauben, Ketenmanager Zorg -en Veiligheidshuis Tilburg

Sandra Timmermans, Procesmanager Zorg -en Veiligheidshuis Tilburg

Affiliation

Gemeente Tilburg/ Zorg en Veiligheidshuis

Postbus 16, 5000 AA Tilburg

Bezoekadres: Spoorlaan 448, 5038 CH Tilburg

Website/ contact info

www.veiligheidshuistilburg.nl

+31 135498430

Poverty and social exclusion is rarely the sole problem in the lives of people. Far more often, poverty is just one part of the complex problems affecting vulnerable people . Complex problems, including poverty and social exclusion, still, too often are addressed in a unilateral manner. Solutions and services are supply oriented and arising from specific laws, organizations and goals. A very comprehensive approach is needed to address these complex issues effectively. Tilburg's Care House (Zorghuis) and Safety House (Veiligheidshuis) are based on such a comprehensive approach. The Care and Safety House cannot resolve all problems that people face, but they are an important step in actually tackling complex problems.

Description of the service

What is the Care and Safety House?

The Care House and Safety House Tilburg is a collaboration of 20 partner organizations working on a joint approach to ensure wellbeing and security, for a liveable society. The Safety House Tilburg was founded in 2002 by the City of Tilburg, Police 'Mid and West Brabant' and the Public Prosecution office of the Breda court district. Since then, many other cities in the Netherlands have developed a Safety House in their city.

In 2008, the Care House was established. The Care House focuses on adults and families with multiple and complex problems. Directed by the municipality, service suppliers form an integral and binding plan of action for these people.

There is a large overlap between the partners and target groups for the Care House and Safety House. With the Care and Safety House under one roof health and welfare are brought in balance within the safety theme.

What do the Care House and Safety House do?

The main objective of both the Care House and Safety House is to ensue that adults, adolescents and families with multiple problems do not fall through the gaps and therefore miss out on the care, support and the services they need.

Safety House and the recently associated Care House aim and are designed to direct and shape the chain of service suppliers in individual cases.

The Care and Safety House Tilburg seek a common approach to punishment and care, with the motto: 'one family - one plan'. The Care and Safety House focuses on the following target groups: youth, persistent offenders, victims and perpetrators of domestic violence, disturbing care evaders and persons / families with multiple and complex problems.

The objectives are:

- Preventing and reducing recidivism, nuisance and crime through a personalised approach for these target groups
- Gaining an insight into the multiple complex problems of clients and by that enhancing the multi-disciplinary care to those clients.
- Coordination of care by timely information exchange between organisations about the personal circumstances of the client and making binding agreements on a coherent and comprehensive approach.
- Ongoing monitoring of agreements and the justification of the activities and achievements via the annual plan, to the city board, affiliated organisations and the citizens.
- Providing assistance for victims
- Providing appropriate (after) care for ex-prisoners

All this in order to achieve a safe and viable community in the city of Tilburg and regional municipalities.

Background of the project

The Safety House Tilburg was founded in 2002 by the City of Tilburg, Police 'Mid and West Brabant' and Public Prosecution office of the Breda court district. It started as a collaboration of judicial chain partners with the aim of reducing recidivism among youth and shoplifters. Later, more and more organisations providing care services were connected, because repression alone was not sufficient. Only with complete (after) care planning and a network that provides early warning signals from within the target groups, can the goals of the Safety House be met. In the following years, more care and welfare organisations were connected.

Mid 2006, the city of Tilburg decided that care and welfare provision had to be balanced with the security theme. Consequently, the council decided on the development of a Care House in Tilburg to better organize and direct the help and care provided by service providers to specific target groups. The concept of the Safety House served as an example for the development.

Role as a director

When it comes to care provision, the City Council chose to put coordination and direction in the hands of the municipality, both at policy level and at executive level. This choice was endorsed by all relevant institutions and organisations in the city.

Regarding directing, there are three distinct forms:

- Policy Management: management of the organization and cooperation within the chain. Establishment and enforcement of cooperative agreements, so that a balanced chain approach is reached;
- Process Management: coordination of care and services at case level, when the service providing processes are jammed.
- Content management: the management of the case (coordination of care itself). Service providers (partners) first agree on a coherent plan. In complex cases, different partners will provide services but only one will take on the coordination.

The city's choice means that the first two forms of care management (direction) are drawn towards the municipality. The municipality is responsible for coordination at the process level.

The third form of direction is nuanced. One chain partner is designated by the collaborating partners to direct the service provision in a particular case. In most cases, this is one of the participating institutions. In some cases however, the content management is undertaken by the municipality or the Security Staff, namely when there is an administrative process. In an administrative process such as an eviction proceeded by the Victoria Law, the powers of the municipality are so dominant that it has far-reaching consequences for the care.

The chain partners focus on the composition of the provided services, a comprehensive and individualised approach around a particular client or family. It is crucial, that the leading chain partner effectively directs an integrated approach.

In conclusion policy and process management are the responsibilities of the municipality. It has the task of creating dialogue and monitoring the progress of the agreements. The partners / professionals are responsible for the creation and content of a comprehensive approach. A good cooperation between the supply chain partners themselves and between the partners and the municipality, are essential.

Introduction of the Social Support Act (WMO)

The advent of the Social Development Act (WMO) obliged the city to aid the participation of vulnerable citizens in society and strengthen self-reliance. In Tilburg the implementation started in early 2007. During 2008, advances were made, for example, with the memorandum on addiction care and introduction of the Urban Compass (Stedelijk Compas, 2008). These developments fit perfectly with the effort to establish a Care House specifically designed for vulnerable citizens in Tilburg with multiple problems.

copore

Care House and Home Safety: an odd couple?

The Care House and the Safety House have their own specific characteristics. The ways the houses come in contact with individuals differ, as well as the focus within the supplied services.

On the other hand, the two houses often serve the same people, because they both deal with (young) vulnerable people. That fact has led to intensive cooperation under one roof.

Therefore, there is a large overlap between the partners and target groups for the Care House and Safety House. With the two houses under one roof, the health and welfare theme is in balance with the safety theme.

Partners in the Care House and Safety House

Besides the directing organizations, the municipality Tilburg (chain of care providers) and the Public Prosecution office of the Breda court district (criminal chain), the partners are:

- Halt Midden- en West-Brabant - deals with juvenile offenders in the region
- Bureau Jeugdzorg - helps and protects children and their families, gives indications for appropriate care
- Novadic-Kentron - addiction care
- Politie Midden en West Brabant - the police organisation
- Raad voor de Kinderbescherming Midden en West Brabant - council for child protection
- Slachtofferhulp Nederland - victim support
- Stichting Reclassering Nederland - probation organisation
- Dienst Justitiële (Jeugd) Inrichtingen - (juvenile) detention facilities
- Instituut Maatschappelijk werk - social work organisation
- Steunpunt Huiselijk Geweld - domestic violence support centre
- Stichting MEE - support for people with (medical) limitations
- Juvans - social work organisation
- De Bocht / Kompaan - support organisation for women, children and families
- Traverse -social work organisation
- GGZ Breburg - psychiatric aid organisation
- GGD Hart voor Brabant - general health organisation
- RIBW MB - psychiatric aid organisation
- Amarant - support for people with mental limitations

Description of the good practice

At the present time there are 20 cooperative chain partners. The basis for cooperation is the translation of a personalised approach to an integrated approach, also involving the environment of the person involved.

The cooperation is based on the Integral Intervention Type. This is a network that, in addition to individual and group-oriented approach, pursues an area-based approach to punishment, care, supervision and administrative enforcement.

The available information is used to make a comprehensive plan. Forces of the various partners are combined for an effective collaboration, shared commitment and responsibility. Punitive and care approaches are aligned. Direction is conducted in an effective collaboration between organisations, which prevents families from being bombarded by a multitude of providers, each fulfilling only their own task.

Part of the strength of the Care and Safety House is in the daily collaboration from one location. About 150 employees of the various participating organizations, work one or more days per week in the Care and Safety House. This leads to short communication lines.

The chain partner's front offices and the care providers in the field, form the 'entrance' for customers. This is done deliberately. The networks and connections the partners have within the society reach further then a single front office can ever do. If, in a case, problems are complex and (might) involve multiple organisations, the partners will put the case forward in the Care or Safety House.

In addition, the city established accessible services in different neighbourhoods, namely the Centre for Youth and Family (Centrum voor jeugd en gezin) and Loket Z. Both services are easily accessible for all citizens with questions regarding healthcare, poverty, parental and other requests for help.

The approach

The cases discussed in the Zorghuis and Veiligheidshuis (Safety and Care House) are put forward by the chain partners or front offices within the city. They are enriched with information available from the partners. After case deliberation by the partners in the Zorghuis and Veiligheidshuis a plan of action is formed. The partners implement the actions according to the plan. This implementation is monitored until the objectives are reached.

Steps:

- ✓ Input
- ✓ Information enrichment
- ✓ Case deliberation
- ✓ Plan of action
- ✓ Implementation
- ✓ Monitoring
- ✓ Closure

The objectives of the care house are:

- The alignment of care through timely information exchange tuned to the personal circumstances of the client and to make binding commitments on a consistent, comprehensive and chain approach of the supplied care.
- To each an integrated binding scenario in terms of housing, finance and social functioning for clients, to reduce poverty, unemployment, homelessness, abandonment or neglect of persons who are entrusted to care and to

stop deviant behaviour, disruption and insecurity to improve the general welfare and quality of life in Tilburg.

- The detection and contact with alarming care evaders, to lead them to appropriate care.
- Insight into the multiple and complex problems of clients and to gain insight into the role parties have in shaping the care of these clients.

The objectives of the safety house are:
- To reduce recidivism by regular offenders, juvenile offenders and perpetrators of domestic violence and to prevent first offences by young people
- To provide adequate care for victims
- To be a reliable information hub for participating chain partners
- To provide appropriate (after)care

Prevention, repression, and (after) care

The personalized approach to the target groups within the Care and Safety House is an important factor for the successful reduction of problems. In the Care and Safety House personal circumstances are considered. Depending on the person, an approach may include guidance at home, at work or schooling, debt restructuring, assistance in the rehabilitation of an addiction, help in acquiring social skills, or anti-aggression. In a number of approaches the justice department can provide a credible regulatory 'encouragement'. In short, prevention, repression, and (after) care are part of the work in the Care and Safety House Tilburg.

Identification of needs and evidence

What is the value of Care and Safety House for the participating partners and the target audience?
- The themes of Safety, Youth, Health, Poverty and Welfare are interconnected.
- The quality of assistance to persons with multiple and complex problems improves.
- The Care House is a place where "cross-fertilisation of knowledge" between staff from different institutions takes place.
- Intensive Care House cooperation makes more than a "business center"!
- The employee of the Care House can rely on the expertise of many organisations in the back office. (It is important that the worker in the Care House retains sufficient links with the back office.)
- By mandating and broad representation, high quality decisions are achieved in the addressed cases. This breaks the deadlocks that may occur in some cases.

Results
- Recidivism among youth of 18 years old (treated in the safety house) decreased by 51%
- From 2006 onwards the number of youth accused declined in Tilburg (984 to 778), as well as the number of youngsters who committed their first offence (590 to 432).
- On average (in 2008), a repeat offender was detected and apprehended each day (367 times).
- The total number of persistent offenders fell from 390 in 2006 to 314 in 2009.

- The Safety House in 2008 coordinated the care of all Tilburg ex-offenders (546). All the adults who came out of detention where made an offer for after care such as: housing, filling a day (work - education - otherwise), finances and health.
- The processing time was greatly reduced by the cooperation with Safety House.
- About 1,100 reports of domestic violence were made to the police in 2008
- Agreements were made around approaching perpetrators , assisting victims and protection of children.

Funding

The expenses for the Care House and Safety House are around €400,000 a year for the municipality. This includes the rent of the building, personnel and operation costs.

Participating partners fund almost 20%. The partners pay €5000 for each workplace. The Justice department funds about 25%. The rest of the amount is funded from various budgets made available by the national government to the municipality. These budgets are intended for the city's safety, care, educational and youth policy. Funding is mainly based on long term budgets, which improves sustainability.

The incorporated organisations in the Veiligheidhuis and Zorghuis have their own funding for the services they provide.

What are your top ten tips for similar projects
1. Create support with desired chain organisations
2. Realize joint housing and workplaces
3. Develop a solid direction concept
4. Create a balanced budget with the participation of the organisations
5. Appoint enthusiastic "pacemakers" who can inspire staff and organisation
6. Start small with existing forms of cooperation under one roof
7. Identify achievable goals
8. Encourage creativity in the workplace, and make sure the underlying organisations give this space to their employees

By: Ingrid Moltabán

8.   Student COPORE Award

Student groups in all European countries from the different networks have been invited (starting) in the year of creativity and innovation (Oct. 2009) to develop multidisciplinary projects on poverty reduction in collaboration with local communities.

Projects could be:
• awareness activities on: What is poverty and how to combat it
• exhibitions on; the voices and narratives of the vulnerable groups
• projects with the community; action research in order to address the needs of those who experience poverty
• improving access to health and social care
• engaging local communities in all their diversity in plans and strategies to fight poverty
• presenting good practice in empowerment projects
• development of key messages ('you tube') and logos with involvement of disadvantaged groups on:
   - the multidimensional dimension of poverty
   - the hidden character of poverty
• any other good ideas or activities

The outline and announcement (annex 2) for the student projects were published on different (Thematic) network websites. Students worked on their projects for 6 months and delivered a project report and an abstract to the selection committee of COPORE on the 1st of February 2010.

A selection committee selected the four best projects to publish on the COPORE website and to be presented at the conference in Amsterdam on the 23rd and 24th of April 2010. The four projects chosen were:
• Information and Communication Technology: making/breaking a gap
• Ending child poverty: take up the challenge
• Future Doctors about to Eliminate Differences; when you are healthy;
   you are equal!
• Cheque? Check!

The projects
• Information and Communication Technology: making/breaking a gap
• Ending child poverty: take up the challenge
were finally chosen by the selection committee as the best two and received the COPORE Prize, an amount of 500€ contribution to their participation and presentation of their projects at the 16th conference of ENOTHE in Stockholm which also had the theme Poverty Reduction.

A summary of the four projects follows.

8.1 Information and Communication Technology: Making/breaking a gap

Name of Participants and affiliation:

- Natalia Yanaína Rivas Quarneti. Occupational Therapist, Student of Master in Health Sciences. University of A Coruña. Spain

- Tania Fátima Gómez Sánchez. Social Educator, Pedagogue, Student of PhD, Pedagogy and Didactics Department. University of A Coruña. Spain.

- Thais Río Díaz, Occupational Therapist, Student of Master in Gerontology, University of A Coruña. Spain.

- Nereida Canosa Domínguez. Occupational Therapist, Master in Health Sciences, Student of PhD, Department of Medicine. University of A Coruña. Spain.

- Adriana Ávila Álvarez. Occupational Therapist, Master in Gerontology, Student of PhD, Department of Psychology. Professor of University of A Coruña. Spain.

- David Luaces Gudín. Occupational Therapist, Student of Master in Health Sciences. University of A Coruña. Spain.

- María Jesús Movilla Fernández. Nurse, Anthropologist, PhD in Social Sciences. Professor of University of A Coruña. Spain.

- Inés Viana Moldes. Occupational Therapist, Psychologist, Master in substance related disorders, Master in Negotiations and Research on Disability. Occupational Therapy Coordinator. Professor of University of A Coruña. Spain.

Contact information: natalia.rivas.quarneti@udc.es, taniafgs@hotmail.com, thaisriodiaz@hotmail.com, nereida.canosa@yahoo.es, adriaa@udc.es, davlua@yahoo.es, movilla@udc.es, iviana@udc.es

Brief Description of Project:

This project is located in northwest Spain, in A Coruña (Galicia) where programmes aimed at socially or economically disadvantaged groups exist. The partnership between Asociación Ciudadana de Lucha Contra la Droga de A Coruña (ACLAD) (Citizens Association at Combating Drugs of A Coruña), Ciberalia- Obra Social Caixa Galicia (A Caixa Galicia -savings bank- Center which provide open and free access to Internet) and the University of A Coruña have offered an innovative community approach to promote social participation since 2009.

Social exclusion is a constant among ACLAD's population. Additionally these clients demand knowledge of the management of information and communication technologies (ICT). This issue is relevant in the knowledge society context and in relation with the digital divide phenomenon. On the other hand, ICT has transformative potential influencing any part of the participation-exclusion continuum. Consequently, the main goal of this project is: to promote social participation through ICT for people at risk and/or attending social exclusion in ACLAD.

The project structure consists of five phases: Network development, implementation management, project implementation; time for reflection and results collection. Qualitative and quantitative approaches were taken in order to evaluate the process.

The evaluation demonstrated how the project increased social participation by increasing and improving relations with their social environment. Moreover, client's roles changed: they have new tools for being proactive within their environment and are empowered.

Eventually the partnership between ACLAD-Ciberalia and the University of A Coruña shows how society is responsible for promoting the participation of all citizens, bringing new opportunities and filling gaps.

A Coruña, the local community:

This project is located in northwest Spain, in the autonomous community of Galicia. Three million people live there and over one third (1,123,602) reside in the province of A Coruña. According to the Instituto Nacional de Estadística (National Statistical Institute) (INE, 2009) the gross domestic product (GDP) per capita is €20,619 in Galicia. Compared to the GDP of Spain's other autonomous communities, the region ranks 15th on a scale of 1 to 19 with the highest GDP on 1 and the lowest on 19. (INE, 2009). Also, it is noteworthy that "15.8% of the population (...) would be below the rate of economic inequality" in the city of A Coruña (Escudero, 2005; pp 522). Programmes and projects specifically aimed at socially or economically disadvantaged groups and individuals (including people suffering from drug addiction) are developed by the City Council of A Coruña, and executed through 14 municipal centres. Beside these government initiatives, there is also a strong 'association' culture that advocates socioeconomic change. No less than 32 of these non governmental organisations are established in the city (Escudero, 2005). Not only do they try to advance the interests of minority groups, they also seek to discuss and look for alternatives to what the authors of this project consider an inadequate public performance on poverty issues.

Collective and identified needs

The Asociación Ciudadana de Lucha Contra la Droga de A Coruña (ACLAD) (Civic Association at Combating

Drugs of A Coruña) is one of the organisations working with those who have substance related disorders of the city of A Coruña and 11 surrounding municipalities, covering potentially 368,116 inhabitants (INE, 2009) since 1979 (ACLAD, 2010).

Social exclusion and/or its risk are a constant among the clients of this association. This is reflected in relevant documents of various major organisations like World Drug Report (UNODC, 2009), European Monitoring Centre for Drugs and Drug Addiction 2009 (OEDT, 2009), National Strategy for Drugs 2009-2016 (Ministerio de Educación, Política Social y Deporte, 2008) and in the National Action Plan for Social Inclusion of the Kingdom of Spain 2008-2010 (Ministerio de Educación, Política Social y Deporte, 2008).

In Galicia the *Custom Integration Programme* (CIP) (Consellería de Sanidade, 2003) which is part of the larger *Galician Plan on Drugs,* is aimed at promoting social inclusion for this group. (Consellería de Sanidade, 2009). A total of 1286 actions were carried out under this programme in 2008. This figure evidences the efforts for reducing social exclusion made by institutions which provide services to substance abuse clients. However, in ACLAD, where this programme (CIP) also takes place, the professionals are still demanding initiatives for promoting social inclusion, consequently current programmes might be not sufficient.

Theoretical context
Social exclusion is conceived as a lack of participatory parity (Fraser, 2006) /social participation (AOTA, 2002) both understood as very close concepts by the authors. In this project *Social Participation* is conceived as those "Activities associated with organised patterns of behaviour that are characteristic and expected of an individual or an individual interacting with others within a given social system" (AOTA, 2002, pp. 609-639) and assumes the theoretical background to participatory parity, which implies the pursuit of recognition and redistribution (Fraser, 2006).

At ACLAD on a daily basis, clients demand knowledge of the management of new technologies, especially the internet and its application to daily living. This request is remarkable in the knowledge society context, where a new social exclusion appears if there are restrictions to information access, new technologies, and/or space and infrastructure to enable the use of them: this situation has been identified as the so-called 'digital divide' (UNESCO, 2005) UNESCO (2005) warned of the seriousness of this situation, exacerbated by the cognitive gap. Furthermore this phenomenon can not be identified only with the poor countries; nevertheless the groups most likely to be affected negatively are those groups already at risk of social exclusion, e.g. those with relatively little socioeconomic power (Tezanos, Tortosa, and Alaminos, 2003).
Thus, in view of the mentioned ACLAD's clients demand, they are again excluded: they live the digital divide in reality.

However, although it is clear that the Information Communication Technology (ICT) has a transformative potential on society, the direction of societal change is not that easy to predict – it can influence the participation-

exclusion continuum in either way. In this sense, what at first might be a new element of exclusion can become a protective factor, as it has been exemplified in some others initiatives (Viadero, P, 2005). For this reason, the authors of this project thought that using ICT could be an innovative way, not only for breaking the digital divide, but also addressing another problem: the social exclusion cycle in the target group. Therefore the main objective for the project was determined as promoting social participation for people at risk of/experiencing social exclusion in ACLAD through ICT. In order to reach this goal an approach in which the clients of ACLAD were seen not as 'addicts', but citizens –*recognition*- (Fraser, 2006) was chosen and priority was given to the provision of an enabling *environment* (Vigotsky, 1996) created by the *redistribution* of resources (Fraser, 2006), thus creating a *community* more *inclusive* (Grady, 1995). In addition user demand confirms that ICT is a *significant occupation* and therefore has great *potential* for change (Reilly, 1962). All this reasoning converges with the principles of *occupational justice*, advocating for individual's right to engage in fulfilling occupations (Pollard, Kronenberg, 2007).

Design of the project
Main objective:
Promoting social participation for people at risk of/experiencing social exclusion in ACLAD through ICT.

Specific objectives
> I. Creating a community space for using ICT
> II. Training for basic management of ICT
> III. Training in ICT for daily living
> IV. Promote access to healthy leisure through ICT
> V. Training for job search through ICT
> VI. Promoting participation in community, with friends and family

Implementation

	Timeline 2009/2010											
Month	April	May	June	July	August	September	October	November	December	January	February	March
Phase I	■	■										
PhaseII		■	■									
Phase III			■	■	■	■	■					
Phase IV								■	■	■		
Phase V											■	■

Phase I - Network Development: Negotiations period for creating the community space. It was necessary to look for opportunities to engage with ICT in a non-stigmiatising environment (recognition). At the same

time redistribution was looked for by coordinating various community resources: ACLAD, Ciberalia (A Caixa Galicia -savings bank- Centre which provides open and free access to Internet in one of the most central neighbourhoods of the city) and University of A Coruña (UDC). Then, mutual benefit network was configured through this partnership (Table 1).

Table 1. – Network's contributions and returns.

ACLAD	Implementation staff	New approach for a need Social Prestige

Phase II. - Time for **managing and introducing** the programme to both clients and ACLAD professionals, so those interested could participate. Then clients and professional project leaders established consensually the merits of being involved in this programme. A pre-action assessment took place at this time**.**

Phase III. - Implementation.

Theories and establishing criteria for participation were developed in an interdisciplinary way, although the activities took place from the occupational therapy department. A group of nine clients participated in this project. Also, individual sessions were necessary to work with specific requirements.

This phase was organised into five blocks, which were agreed at any time with clients:

- Block I: Introduction to computer use.
- Block II: ICT and everyday activities
- Block III: ICT and leisure
- Block IV: ICT and employment
- Block V: ICT and participation with others.

Phase IV. - Time out in order to evaluate what is actually used by clients.

Phase V - **Evaluation** post-action.

4. - Description of Outcome of Project:

Evaluation was carried out as reflected in table 2, mixing qualitative and quantitative approaches.

	Discussion Group (A) Phase II	Field notebook(D) Phase II, III and V	Focal Group (B) Phase V	Semi-structured interview(C) Phase V	Professional reports(E) Phase II and V	Questionnaire(D) Phase V
Clients/ Participants (P1,P2, P3, P4, P5, P6, P7)						
Key Informer (SW) Social Worker						
Occupational Therapist(OT) involved in the implementation						

Table 2. - Evaluation methodology and timetable

A survey was completed by Clients and ACLAD Professionals. In this questionnaire affirmations about ICT importance, future use of ICT in their lives and satisfaction about the project and the professionals involved were evaluated (Table 3) In addition the improvement during the project in activities of daily living, employment (or job search), healthy leisure, activities with people and ICT skills (Table 4), were evaluated with the following criteria:

1.-no agreement	2.- little agreement	3.- agree	4.- quite agree	5.- strongly agree

Table 3.- Programme satisfaction and ICT opinion.
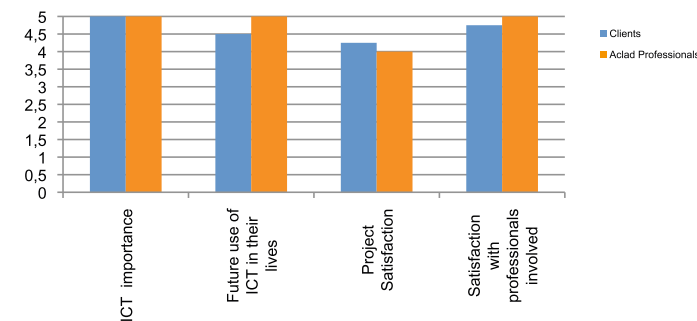
Table 4. - ICT use questionnaire results.

EVALUATION RESULTS (Qualitative information)			
Objectives	Results	Pre-action	Action. Post-action
Community space	Kept partnership	- No community space	- Continued partnership (ACLAD-Ciberalia).
ICT skills	Good ICT management	- Common sentiment: "We have no idea" (Comment of participant P4 during phase A (P4-A) that the group agreed on by nodding)	- "What once seemed difficult to us, now seems so easy" (P3-B)
Social Parti cipa tion	Work — Increased efficiency in job search. Before the action, participants knew that it was possible to use ICT for job searching but they did not know how to put theory into practice. At the end of the programme participants were able to make a proactive search for a job through the use of ICT, and also some of them helped close people to do it.	- -"I want to learn computer now for a future job search. Find a solution to put your data online" (P5-A) - "Work dysfunction: no satisfactory job or non-existent" (about group's general situation)(OT-D) -"They did not use the Internet for looking for a job or for other productive occupations like volunteering. Before the action, they applied by directly asking people or enterprises about vacancies, or by calling in the help of ACLAD professionals" (OT-D).	-"Eh…I use "infojobs" (online job seeker) and websites existing for jobs." (P7-B) - "Did anyone get an interview through these websites you use?" (OT-B) - "I did!" P3-B - "Yeah, about work, I helped my wife and one friend also getting into these pages, and in those of job seekers" (P6-B) - "P6 came in very happy today. P6 showed a job offer to a friend and she (the friend) got the job" (OT-D) - "They explain it clearly now: "Yeah I have the CV included here, there; (...)..."You feel they handle it perfectly". (SW-C)

EVALUATION RESULTS (Qualitative information)			
	Leisure	Increased Healthy Leisure (occupation & environment) Before the action only a small portion of the free time of participants was spent on healthy activities or they did not participate in healthy activities at all. During and after the action, the number of healthy activities and the time spent on them increased.	-"To watch movies there is internet" (P4-A) (One of he few ICT use for leisure given by participants before the action) - "No satisfactory leisure neither healthy social environment in it, or very little" (about group's general situation)(OT-D) - "During many years their leisure was related to substance abuse and unhealthy environments" (SW-C)	-"I am a trout fisher and everything I found out about this season was on the internet". P6-B -"P6 goes to concerted walks by town council with his wife" (OT-D) - "I want to know what the leisure offer is this weekend in Galicia…I simply get connected and I then I know all I need to know" P6 (group nods) - "They continue today using the resources, the use of Internet to search not only for leisure and recreation, but also in other areas like employment ..." (SW-C)
	Activi-ties of Daily Living	Increased efficiency in activities of daily living Before the action they used money (taking bus, taxi) or spent too much time on the completion of procedures. Now they can choose to use ITC instead, which not only saves time and money, but also provides them with more information.	- "Those who "control" (possess knowledge), can do anything!" P6-A (in an admiring tone) - "They talk about how other people use ICT for doing daily living procedures, but they do not know how to do that". (OT-D) - They do not know how to get access to many online public services; neither do they use the internet for gathering information. (E) - They are lost when they try to complete official procedures such as the application for institutional benefits; they do not know where to go for help... and so on. (E)	-"…for example my wife, with her (health) problems, the payments, the documents she needs, medical reports …all these things we do it through the internet now… yeah… because SERGAS (Galician Public Health System) and this staff go online now…and this… "(P3-B) - "I use the Internet for making medical appointments; for bank affairs…no". (P7-B) (gesturing he had no money) - "Before I had to go to the medical centre, now it is easier to make an appointment by computer" (P3-B)

| | Family Friends Com-munity | Increased quality an quantity of activities in this area: Enabling clients in ICT allows them to have access to information, to share it with their close friends and family, and to participate in activities. Also their roles changed: they became proactive in empowering their environment. | -"Participants do not have many friends or their friends are still using, so participants would like to avoid them at this moment" (E) " Participants have little knowledge about what their community has to offer" (E) "Family relationships of participants are damaged" (E) | - "She (talking about his wife) also could learn things" (P6-B) (P6 taught her). - "You know my wife has problems with her hands, she is a little awkward because of her arthritis so I installed a programme with a visual pointer. She manages it well with her eyes now".(P3-B) -" …when I need something in concrete I go to the library (where there is free access to the internet) and look for what I need" (P6-B) -"I think that this will be good for him for increasing his network of friends" (SW-C) |

Table 5.- Evaluations results-Qualitative information

Evaluation results

Analysis of the findings concluded that social participation increased during the course of the project. First of all, the relationship of clients with their social environment was enhanced: improvements were noticeable in their relationships with family members, friends, and/or the community at large. Secondly, barriers to the redistribution of economic, technological and cultural resources were lessened, and in some cases actual redistribution of resources took place: participants found new options for finding employment, gained access to new technologies, knowledge, and (healthy) leisure options –– lessening the barriers to the redistribution of resources and increasing their and other's recognition as citizens– which comprises the promotion of social and occupational justice.

Moreover, clients' roles changed: they have new tools for being proactive in their engagement with people in their environment: they are now able to encourage people close to them to do new activities or to improve the old ones (e.g. teaching ICT skills, going to different kind of healthy options known during the project or discovered with their new tools, etc.).

Eventually the partnership between ACLAD-Ciberalia and the University of A Coruña shows how society can (and -in authors opinion- must) promote the participation of all citizens, bringing new opportunities and filling gaps.

Reflection on Project:

In the table below an overview is given of the strengths and improvement points of all participants involved in the project.

	Strengths	Improvement Points	Observations
ACLAD	- Collaboration and support for this project	- Increasing spread of the programme	
	- ACLAD covers a necessity	- Involving more professionals in the implementation (only an OT was with clients during the activities)	
	- Project is been disclosed among clients		
	- Project continuity wanted		
CLIENTS	- Highly motivated while participating in the project.	- Three people left the project	- During the month off (closing Ciberalia for holidays) clients requested to continue the activity in ACLAD. - They are aware about internet risks for next participants ("It is like real life" P7-B)
	- At the request of other clients, a new group was created, It started in February 2010 and 15 different clients participate in it currently.	They ask for more time (not only go to Ciberalia once a week)	
PROFESSIONALS	- They get more aware of the importance of community work. - Good management of internet risks	- Necessity of continued training in interdisciplinary work	Dropouts are related to external causes to the project operation. Reflection on the need to set criteria for inclusion in the groups.
CIBERALIA	- Consolidated agreement		They offer more dates and spaces for this programme if needed

Learning experience:

• It is noteworthy that **negotiation skills** have proven to be indispensable in creating a network, in teamwork and with clients.
• Interdisciplinary work has allowed the group to grow. Each one of us, **clients and professionals**, offered a concrete and "incomplete" view of the situation. Due to the exchange of these views the "painting" of the situation was enriched and broadened. We strongly believe that this approach is essential to the provision of new efficient ways for improving an unfair world.
• The needs of clients observed in ACLAD and their demand about ICT were the motivation for this project. This fact helped us to understand the increasingly **subtle barriers** existing in the world we live in.

- The growing importance of ICT can pose a further restriction on participation, and exacerbate the exclusion cycle in which many people are kept. Therefore the use of ICT as facilitator could help to break the cycle of inequality (filling a gap).
- Nevertheless, it is needed to keep on working in many other ways.

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By: Ingrid Moltabán

8.2 Ending child poverty: Take up the challenge

Name of Participants and Affiliation:

1. Boryana Stancheva, 3rd grade European Studies, Faculty of Business and Management, University of Ruse, Bulgaria
2. Svilena Georgieva, 1st grade European Studies, Faculty of Business and Management, University of Ruse, Bulgaria
3. Manuel Manev, 1st grade European Studies, Faculty of Business and Management, University of Ruse, Bulgaria
4. Elitsa Velikova, 3rd grade Occupational Therapy, Faculty of Public Health, University of Ruse, Bulgaria
5. Militsa Ivanova, 1st grade Occupational Therapy, Faculty of Public Health, University of Ruse, Bulgaria
6. Irina Mineva, 1st grade Occupational Therapy, Faculty of Public Health, University of Ruse, Bulgaria
7. Sonia Petrova, 1st grade Social Pedagogy, Faculty of Natural Science and Education, University of Ruse, Bulgaria
8. Ivelina Borislavova, 1st grade Social Pedagogy, Faculty of Natural Science and Education, University of Ruse, Bulgaria

Contact details:

Institute: University of Ruse

Country: Bulgaria

Students

Name: Boryana Stancheva

e-mail: bkstancheva@mail.bg

Address: Ruse, Ismail Str. 11

Phone: +359886032771

Name: Elitsa Velikova

e-mail: zel_bel@abv.bg

Address: Ruse, Reni Str. 2

Phone: +359883334857

Brief Description of Project:

Poverty has many aspects and is caused by various often interrelated and mutually reinforcing factors. Therefore it is a multidimensional phenomenon and not just a financial one (MLSP, 2008).

Bulgaria faces many challenges in the field of social inclusion and poverty. The National programme for the European year for combating poverty and social exclusion 2010 (MLSP, 2009) states that "levels of poverty among the groups outside the labour market are higher than the average level of poverty in the country (14.4 % for 2008)". That trend is most visible amongst the groups, represented in table 1:

Finding solutions for the problems of poverty and social exclusion is more pressing in the context of the global financial and economic crisis. The socioeconomic effects of the crisis are clearly visible in Bulgaria – shortening of job positions and increasing of unemployment, limiting of the state expenditure for social policy, worsening of the quality of labour etc. (MLSP, 2009).

Although all groups affected by poverty suffer, in situations like this the most vulnerable groups pay the highest social price. Special attention needs to be paid to children, as poverty has a long lasting effect on their development. Unfortunately, this important issue has not received the attention it deserves. Until recently, the term „child poverty" was not widely used in Bulgaria. During the totalitarian regime the authorities hardly recognised the existence of poverty in general and even less the existence of child poverty. Even now this concept is not popular among professionals in the social domain or among the politicians who are responsible for social policy. Consequently, symptoms of child poverty and its impact on mental development and emotional health of children are discussed rarely and superficially in professional circles.

The Innocenti Social Monitor 2004 recognises childhood as a time of increased poverty risk, whose key determinant is the economic environment, which influences parents' employment and public expenditure. Child poverty is defined as "a standard of living that fails to provide for the child's physical, mental, spiritual, moral and social development."

Aim of project

The project and the planned activities focus on two key topics which should be considered together: child poverty and reasons for social exclusion at an early age. A low standard of living is often the reason for being ignored in society. When basic needs like food and shelter are not satisfied people are at greater risk of lack of education, unemployment and social exclusion. Investigations of Innocenti Research Centre (2005) on child poverty in rich countries have shown that "there is a close correlation between growing up in poverty and the likelihood of educational under-achievement, poor health, teenage pregnancy, substance abuse, criminal and anti-social behaviour, low pay, unemployment, and long-term welfare dependence". Poverty and social exclusion thus reinforce each other, which leads to a vicious cycle, the so-called "poverty trap".

The authorities, the non-governmental sector and society share mutual responsibility for children's upbringing and are an important factor in the poverty trap. Therefore the project is targeted not only on the disadvantaged groups (children under 18 years), but also on the local community. The aim of the project is to bring together all groups involved – local authorities, disadvantaged children and their families, schools, non-governmental organisations and the project staff, in order to identify measures to reduce poverty among children in the region. The project focuses on identifying disadvantaged children's needs and the reasons for their social exclusion. In regard of the local community, the project aims to raise awareness of the problem and to change societal attitudes.

Analysis of the situation in Ruse

Ruse region is located in the North-Eastern part of Bulgaria. The administrative-territorial scope of the region comprises 8 municipalities, consisting of 9 cities and 74 villages. According to the National Statistical Institute (2010) the population of Ruse region as of 31.12.2009 is 249 144 citizens, 75.9% of them living in cities and 24.1 % in villages.

UNICEF's analysis of the situation in the region of Ruse (UNICEF, 2009) draws attention to the demographic processes in the Ruse:

- negative natural growth is higher than that of the country as a whole;
- aging population;
- depopulation of the small municipalities;
- multi-ethnic population, consisting of Bulgarians (83,9%), Turks (9,4%) and Roma (4,7%).

UNICEF's conclusion is that the demographic processes in Ruse region are unfavourable due to an aging population and emigration of young people abroad and to larger cities. This situation creates preconditions for increased risk of social exclusion.

In the area of health the analysis reveals limited access to health services for residents of remote and difficult to reach settlements.

In relation to education an increase in the number of children who leave school without completing the compulsory secondary education is observed, as well as not enough programmes for continuing professional development.

Risk factors and risk groups

UNICEF (2009) points out the level of income as the main factor for poverty, usually in combination with other factors, such as structure and size of the family, disability or health problems of a family member, lack of housing, difficult access to health and education services, low levels of education and belonging to ethnic minorities.

The National Strategy for the Child 2008-2018 (MLSP, 2008) highlights that children in incomplete and large families are at the highest risk of poverty – 31.1% of the children with single parents and 28.6% of the households with three or more children live in poverty. This trend is more pronounced in ethnic minorities, especially Roma and Turkish. Usually these children are placed in social institutions, which additionally increase the likelihood of poor physical and mental development, educational under-achievements and hence low employment opportunities and high poverty risks.

Stages and activities of project

1st stage: Research and planning & workshops, survey, analysis of results
- Research on poverty issues in Bulgaria and Ruse;
- Workshops - brainstorming; drawings/photos reflecting different views on poverty; reflection, role games;
- Survey;
- Data analysis.

2nd stage: Round table
- Round table;
- Reports;
- Discussion;
- Children exhibition.

3rd stage: Dissemination
- Bulletin, summary after the round table;
- Student and teacher reports;
- Brochure with children's art;
- Newspaper articles.

Workplan

Activity	Aim	Starting date/ End Date	Who is involved	Inputs (time, budget)
1st stage:				
Research and planning	Identifying the problems and developing the project idea	01.01.2010 – 28.02.2010	The project team	9 students x 5 hours
Workshops with children	Identifying their needs; Reflecting on the faces of poverty; Sharing future visions; Comparing different view-points	30.03.2010 – 31.03.2010	Home for abandoned children "Raina Gateva" – Ruse; Secondary School "Vasil Levski" - Ruse	6 students x 3 hours about 30 children x 1,5 hours
Survey and data analysis	Identifying the attitude of the local community to child poverty and social exclusion; Analysing the reasons for child poverty and social exclusion	15.03.2010 – 31.03.2010	Members of the local community; ca. 200 participants in the survey	6 students x 2 hours 3 students x 5 hours 200 community members x 5 minutes
2nd stage:				
Round table	Provoking public debate; Sharing experiences and best practices; Discussing ideas for child poverty reduction and measures for combating social exclusion	September 2010	Representatives of the local authorities and social institutions in the region, experts, non-governmental organisations, students and other stakeholders	9 students and about 5 guests x 5 hours
Exhibition of children drawings & photos	Presenting the children's views; Facilitating and provoking the round table discussions	September 2010	All project participants	All project participants x 2 hours
3rd stage:				
Dissemination – bulletin, brochure, student reports	Ensuring public awareness of the results and intensifying of the public debate	September 2010	The local community, media, schools, university, other stakeholders	Project team

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Project Implementation and Outcomes

1st stage: *Research and planning & workshops, survey, analysis of results*

In the first stage of the project workshops with two different groups of children were organised. Each of them included presentations, preparatory and projective games, brainstorming and reflection. One of the workshops was conducted with disadvantaged children living in a social institution with the aim to find out their dreams, their vision of the future and how they imagine a better world. In order to give the children a chance to express their opinions and emotions in a creative way, they were encouraged to draw a picture or take a photo. Subsequently, the children took part in different role games. The other workshop was carried out in a mainstream school with children not belonging to disadvantaged families. Children were asked to think about poverty and social exclusion and express their ideas by drawings or photos.

The aim of the project team was to compare both points of view and to draw conclusions. It was important to identify the needs of the disadvantaged groups and the attitude of the "advantaged" towards the disadvantaged group. As a result of these practical activities quality data for analysis was collected.

At a local level the project aimed to provoke a public debate, to raise awareness and strengthen civic engagement. In order to prepare a constructive regional debate the project team had to find out to what extent the members of the local community knew about the dimensions and the consequences of child poverty. To supplement the qualitative data obtained in the workshops and public debate, quantitative information was collected through a survey in the local community aiming to evaluate the level of knowledge and understanding of child poverty.

Survey results

The survey was conducted between 1st and 20th of March 2010 and included 240 participants randomly selected from all age groups over 18 living in Ruse.

The survey questionnaire is based on the Eurobarometer survey on poverty and social exclusion (EC, 2009). It consists of ten questions, eight of them multiple-choice and two open questions. The survey aimed to investigate public opinion on the most significant aspects of child poverty and social exclusion. It focused on the following topics:

- the perceived extent of child poverty in the region;
- perceived reasons for poverty;
- groups of children most at risk of poverty;
- implications and consequences of poverty for children;
- who is responsible for combating child poverty and social exclusion;
- measures for reducing and preventing child poverty.

The findings of the survey reveal that 44% of the respondents strongly agree with the statement that poverty is a widespread problem in the region. 35% state agreement, but not in such a strong way. Only 10% disagree, and 8% neither agree nor disagree. In conclusion, nearly 80% of the respondents identify poverty as a widespread problem in the region. Moreover, in the open questions respondents associate child poverty with begging, unemployment, low family incomes, low standard of living, no prospects, misery, crime, starvation, low education, social institutions and health problems.

Two thirds of the participants in the survey point out low family incomes (34%) and unemployment (32%) are the main reasons for poverty among children. Respondents believe that at the highest risk of poverty are abandoned children (38%), children belonging to ethnic minorities (16%), and children with disabilities, long-term illnesses or mental health problems (15%).

In your opinion, which children groups are exposed most at risk of poverty?

- abandoned children
- children belonging to ethnical minorities
- children raised by one parent
- children with low education/ without educaition
- children suffering from addictions (drugs, alcohol etc.)
- children with disabilities, long-term illnesses or mental health problems
- other

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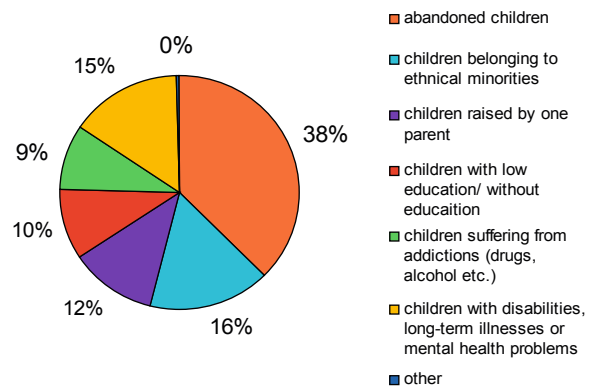
The majority of those interviewed (64%) relate implications and consequences of child poverty to poor living conditions. Interestingly not much importance is placed on social exclusion (11%), no prospects (10%), and health problems (9%), and even less on low level of education (4%).

In your opinion, which are the effects and consequences of poverty for the children?

- worse conditions for living
- health problems
- social exclusion
- no prospects
- lack of education
- other

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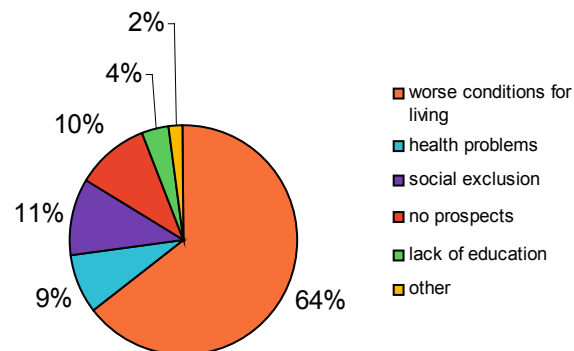
The majority of the respondents (41%) think that the national government is responsible for tackling poverty. A considerable part (35%) places primary importance on the local institutions. Only 1% of all the respondents see a role for the local businesses in poverty reduction. The expectations of the respondents concentrate on measures for decreasing unemployment, increasing incomes, ensuring better health services and education.

2nd stage: Round table

A round table on child poverty and social exclusion is planned in September 2010. Representatives of the local authorities, social institutions, experts, non-government organisations, students and other stakeholders will be invited to the event. The main aims of the discussion are to set child poverty and the reasons for social exclusion at early age as important themes on the local agenda, to intensify the dialogue between the stakeholders, and to list the possible solutions and measures leading to child poverty reduction. The participants in the round table are expected to share valuable experiences and good practices. The purpose of the meeting is not only to provide a public platform for debate, but also to collect ideas for activities and projects for improving life conditions and enhancing inclusion opportunities for disadvantaged children. In addition to the round table an exhibition of the childrens' drawings and photos will be organised.

3rd stage: Dissemination & Multiplying of the results

The outcomes of the workshops, the survey, and the round table will be widely disseminated through the local media and in a brochure, where children's drawings and photos will be also published.

The student team has to determine how to ensure sustainability, outreach and amplification of the results of the project. Suggestions could be an interdisciplinary course for poverty reduction for students and a training centre for children from social institutions to teach them practical and social skills that will facilitate integration in society.

Reflection on Project:

The project is the student team's contribution to the European Year for Combating Poverty and Social Exclusion 2010. As participants we see it as a starting point for our future efforts to reduce poverty and social exclusion at a national and regional level. The most significant outcome is that we managed to create an informal interdisciplinary local partnership network determined to face the problems and take action to reduce poverty and increase social inclusion.

One of the most important achievements of the project is its outreach and multifaceted approach. An extremely valuable experience for the project team was the direct contact with disadvantaged children and the insight into their dreams and future vision. We appreciate highly the engagement of other students and members of the local community, because social exclusion can only be counteracted by changing the attitude in society as a whole.

The additional value of the project is the interdisciplinary character of the team. The opportunity to work together with students from different specialities is at the same time enriching and challenging. We had to create an atmosphere of mutual tolerance and appreciation of the knowledge and skills of each individual member.

Recommendations

The experience gained from the project highlights the urgent need of measures for child poverty reduction

on all levels. Poverty is a multidimensional phenomenon; therefore it asserts the demand for interdisciplinary approaches. Multidisciplinary composition of the team results in a sharing of different points of view and the provision of various suggestions for problem solving. Appreciation of each partner's contribution and mutual tolerance are important prerequisites for the fluency of the project.

Setting achievable and measurable goals facilitates the accountability of the outcomes. We strongly recommend a focus on specific problems and not to search for global solutions for poverty reduction. Attention should be paid to the particular problems of the disadvantaged groups and their step by step resolution.

A series of activities with experts from various fields and representatives of different authorities and institutions should be organised. Primary significance should be placed on the active engagement of the target groups and the local community.

The media play an important role in the dissemination of results and creating positive attitudes. Only by collaboration at all levels can notable results be achieved.

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By: Janis Urtans

8.3 Future Doctors about to Eliminate Differences; when you are healthy; you are equal

Name of Participants and affiliation:
Ahmet Murt, Central Coordination
Shahin Khaniyev, Central Coordination
Seda Onal, Central Coordination
Semih Kucukcankurtaran, Links to Human Rights Issues, Trainings Coordination
Elshad Hasanov, Publications Coordination, Trainings Coordination
Talha Kutlu, Liaison towards Professional Organisations
Davut Cekmecelioglu, External Relations, Trainings Coordination
Yusuf Camirci, External Relations, Links to European Initiatives
Idil Akay, Liaison towards Students
Oguz Kizilkaya, Links to Public Health Issues, Central Officer
Erencan Gundogdu, Links to Medical Education Issues

Website and contact information:
Ahmet Murt: murtahmet@yahoo.com
Oguz Kizilkaya: oguzkizilkaya679@yahoo.com
Semih Kucukcankurtaran: semihkck@gmail.com

Brief Description of Project:
Social needs of a human being include physiological, safety, belonging, esteem, and self-actualisation needs according to Maslow's hierarchy of needs.
Being both a part of physiological and safety needs, health occupies the biggest part of that pyramid; therefore the health problems are most likely to occur in the poor regions.

The project started with one idea, to eliminate the differences caused by poverty in the area of health issues. Our project combines the neglected community and the volunteers of medicine to use the dynamism of medical students & young doctors to supply the deficiency of people who can not access the needed medical care.

Focusing on the general problematic sides of healthcare, our core team consisting of medical students had weekly meetings to find possible realistic solutions. Some of these have been conducted under the supervision of academics which includes a past dean of a medical school, the president of national public health association and a professor from the faculty of economical and political sciences.

As the project was being processed in our mind, we considered all parts of this carefully and equally. We discussed, we shaped up and we decided. We, the project team all had the experience to contribute in this project, as the results of past projects about medical education and public health.

The objectives of the project

• Improving access to primary healthcare services for vulnerable and disadvantaged groups who have been socially and economically neglected.

• Providing alternative social services for people, who had never been included in public health system as this -equitable access to comprehensive, effective primary health services- is a human right according to the 2009 declaration of World Federation of Public Health Associations.

• Increasing awareness among future medical doctors for inequalities and to create an environment for them to practice what has been taught in theory regarding combating poverty and inequalities.

• Training & educating healthcare and sociology students in the principles of cooperation with the community and with non-government organisations

Description of Outcome of Project:

A group of students have been trained according to the principles of preventive medicine. It was found out that; about 18% of the population were not included in the national healthcare system. So the priority of the trained team was delivering primary healthcare to that 18%. They had 2 roles: Spreading information in order make people aware of possible local & national opportunities and being responsible for their primary and preventive healthcare until they are registered to be covered in the national care system.

The project had already trained about 90 students. They had delivered primary services to more than 500 people who can not benefit from the national system. Students worked to gain an awareness of the problems of the region which include communicable diseases, preventable chronic diseases, water supplies and family planning.

Working in rural areas and in the city simultaneously we discovered that migration to big cities was a result of problems people faced in that under-served region. If those people can not still be included in the national health system they form a suburban area in the city with more or less similar problems.

If you think about starting a similar initiative; we strongly advise you to be aware of national legislation in your region. Being in touch with national medical associations will improve your public influence.

We are now in the process of constructing a foundation in order to continuously evaluate primary and preventive healthcare in our region.

Reflection on Project:

While you feel that you are understood by people there is always a mood of optimism; but when you see that you are lacking resources it is difficult to prevent yourself from throwing in the towel. What keeps you running

is the relief you see in the under-served's face. There are a lot of parties involved in order to create legislation for the under-served community. But sometimes it is difficult to trust them to make decisions for under served. The main problems are clearly defining who are under-served, who will make the decisions for them and how the costs to help them will be covered.

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Group pictures:

From one of our meetings, Ankara

By: Ingrid Moltabán

8.4   Cheque? Check!

Name of Participants and affiliation

We are third year students at the K.H. Kempen University College in Geel following the Social Work course. Our group consists of six students who are all Belgian. Kristof Berrens and Lore Vandeperre are studying Welfare Work, whereas Karen Drooghmans, Lies Ruelens, Lotte Sneijers and Wout Vangeel opted for Social Cultural Work.

Contact information:

K.H. Kempen University College, Belgium

Kristof Berrens

E-mail address: kristof.berrens@edu.khk.be

Lotte Sneijers

E-mail address: lotte.sneijers@edu.khk.be

Brief Description of Project:

Our project is undertaken in cooperation with Club Active, Educators Kempen and the Centre for Public Welfare in Balen. The motto of the Centre for Public Welfare is that everyone needs to have the possibility to live a life that meets the standards of human dignity. This vision is translated into a wide range of services, such as the provision of financial aid, information, counseling sessions, support in the practice of human rights, and psychosocial aid. Educators Kempen is an organisation which endeavours to support emancipating projects in the Kempen area by offering sociological training. In 2007 the two organisations decided to join forces. Subsequently they founded Club Active in the Belgian city of Balen with the specific goal of making leisure and culture accessible to all inhabitants of Balen. Club Active is a powerful group of people who live in poverty. Its members experience various problems trying to participate in a regulated leisure and culture offer. Most of the problems they encounter are related to a (negative) social surrounding, and/or to a lack of financial means, transportation options, and information about leisure activities. Until recently no steps were made to change this situation.

As third year students of Social Work, we share the belief that everyone should be able to participate in culture and leisure activities. Therefore Educators Kempen has commissioned us to set up a project with Club Active to help the latter with achieving its goals. A team was formed of students and Club Active members. Subsequently the team designed several creative methodologies to give people in poverty a chance to participate in the culture and leisure activities that are offered by the village of Balen and its surrounding cities. The project started in October 2009 and is expected to be finished by the end of 2010.

Team

Kristel Vanhulle of Educators Kempen and Ine Noukens of the Centre for Public Welfare in Balen assist Club Active in its organisational tasks. Together they are responsible for organising monthly assemblies and activities with the members of Club Active. This cooperation has a great surplus value. As mentioned earlier, Club Active is an organisation of people who live in poverty. In this project we cooperate intensively with its members because people who live in poverty have a better view of their own problems and needs concerning cultural participation. Accordingly, our partnership with Club Active is based on mutual respect and equality, and we highly value its input. Each decision is made in accordance with Club Active, Educators Kempen and the Centre for Public Welfare. Daniël Janssens is our coach at the KHK. He has been supervising and grading our project progress.

In the city of Balen Igor Geubbelmans, who is the accompanying coordinator in culture and head of the centre for leisure 'De Kruierie', is involved in the project (Balen, 2009). Apart from him the coordinating committee consists of Gust Vandongen, employee and chairman of 'Ons Huis' situated in Mol. 'Ons' Huis addresses mainly the poverty spiral (De Sociale Kaart, 2009). His critical insights from the field have contributed to the coordination and operation of this project. Els Van Elsen is an employee of 'Lichtpunt' and a member of the steering committee of our project. She has been able to review the project critically from within the working field. The last member of the steering committee is Inge Van De Walle. She is an employee of Demos, which is a knowledge institute for participation and democracy (Demos, 2009). Because of its knowledge of and experience with participation of minority groups in culture, youth work and sports, the institute is an important link in our steering committee.

Plan

The main goal of the project was to stimulate people living in poverty to participate in sports, culture and leisure activities within their community. In order to achieve this, the project relied on three intermediate goals:

- First intermediate goal:
    - To develop a discount system that enables people in Balen to participate more in sports, culture and leisure within their community;
- Second intermediate goal:
    - To give a presentation in Balen that introduces the discount system to a network of people and organisations;
- Third intermediate goal:
    - To take full advantage of the opportunities and strengths of Club Active to reach strategic goals 1 and 2.

To realise these goals, we used two techniques: Bindkracht (Empowerment and linking against poverty) and Grassroots ABCD. We'll illustrate these elements in the next section.

Bindkracht, a framework for socioeconomic projects developed by Kristel Driessens and Tine Van Regenmortel

(2009-2010), is based on the idea that a couple of conditions have to be met for qualitative improvements to be accomplished in the lives of people struggling with poverty. The approach of Bindkracht on poverty and its management focuses on aspects such as social vulnerability and poverty stratification; and envisions improvements in these areas through workforce directed empowerment; working structurally and integrally. These elements are incorporated in our project. For example, by taking the *strength* of Club Active as a starting point and by changing to the perspective of its members, we came to realise that poverty has several dimensions, and is not just a financial phenomenon. Structural change therefore requires far more than increasing the level of income – a change of mindset and social environment is also needed. We are convinced that cultural, sport and leisure activities can break negative patterns in thinking about oneself and in social conduct. Therefore, in order to realise structural change in Balen, our project was aimed at increasing participation *of all inhabitants* in these activities.

The ABCD method (Asset Based Community Development), also known as the Grassroots method, has its origins in North American construction projects of the 1990s aimed at increasing the liveability of disadvantaged neighbourhoods. The core of the concept is that projects should look for the possibilities and potential sources of change in a neighbourhood, and that a higher success rate is achieved by motivating the residents to get involved in the project. The principal is that everyone participates. Therefore, the first step of ABCD is to address every individual involved. Next is to map the talents and skills that are available and to mobilise them for action. The approach is to work from the 'inside' to the 'outside' (Dierckx, 2009). Strictly speaking this method is not fully applicable to our project, since community development is not a goal. But the strengths of this method can be *translated* to this project. Our project's vision of the future is clear: people in poverty should be participating in the regular cultural and recreational offer of Balen. In order to achieve this, the talents of the members were exploited and strengthened by training; and important partnerships were built with the Centre for Public Welfare and with Educators Kempen. Subsequently, these strengths and qualities were streamlined and directed to the activities in which they would be most effective.

Description of Project Outcome:

First intermediate goal

Our first goal was to develop a discount system that would enable people living in Balen to participate more in sports, culture and leisure within their community. To this end we developed a discount system, which was introduced in Balen on 1st of July, 2010. Before moving on to the results, we shall briefly explain how the discount scheme works. We designed a so-called 'Leisure Cheque' which can be used for leisure, culture and sports. The cheque can be used by all the inhabitants of Balen, it is valid for one year, and its value is either €2.50 or €5.00. The cheque is a gift coupon and a discount system. Residents of Balen with a normal income can buy the cheque for €5.00, but people in poverty can buy the *same cheque* for a lower price (for example for €2.00). There is no difference between the cheques, so one cannot see how much somebody has paid for it. We chose for this approach because Club Active requested us to develop something that was not stigmatising – its members did not want a special pass for people with a lower income. Moreover, because they indicated that many people in

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poverty are afraid to go to the Centre for Public Welfare, we made it possible to buy the Leisure Cheque at the centre for leisure 'De Kruierie' and 'Den Travoo'. Although Den Travoo is an organisation that is a part of the Centre for Public Welfare, this organisation is more approachable as most people are unaware of this affiliation.

To implement this scheme, we needed associations, services and organisations for culture, sport and leisure that were willing to support and take part in the project. To make their cooperation more likely – and thus our goals more feasible – we reduced the scope of the project. After all, Balen has more than 140 associations. For a six month project this was beyond our capacity. Accordingly, the members of Club Active selected for us 37 associations which they found the most important. Furthermore, as we wanted to reach a large group of people with these associations, we contacted youth associations, swimming pools, a zoo, cultural organisations, senior organisations, and many others. To convince the associations to participate in the discount scheme, we invited them over and subsequently gave a presentation on the Leisure Cheque, in which Club Active took an active role. Club Active members introduced themselves and spoke of the barriers they experienced in participating in leisure activities. In the end thirty associations, services and organisations decided to take part in our Leisure Cheque scheme. Not only organisations in Balen participated, for example a couple of organisations based in Mol (a town near Balen) also took part. A list of all the associations, services and organisations can be found in annex 1.

To create publicity for the Leisure Cheque, we launched a design contest at the end of March 2010. Flyers were circulated in the academy, schools, the centre for leisure 'De Kruierie', the library, and other places that reach a large group of people. The idea behind the contest was that if the inhabitants of Balen created the design for the cheque themselves, they would become more involved in the project. The winning design would be printed on the cheque. In April 2010 we chose the winning design out of seventy entries. The flyer for the design contest, the winning design, and the final Leisure Cheque can be found respectively in annex 2, 3 and 4.

We could only achieve all this by working closely with the various partners mentioned above. Close collaboration thus proved to be crucial to meeting the goals we set.

Second intermediate goal
Our second goal was to give a public presentation in Balen, in which we would introduce the discount system and explain its usage and merits to a broad audience of citizens and organisations. On the 5th of May, 2010 we organised a press conference for the residents of Balen, associations, services, organisations, and the press. Since the event marked the 'birth' of the project, we chose a design for the invitation card that would resemble one for a baby shower (see annex 5). We started the press conference by explaining the functions of the cheque, and the process that had preceded it. Subsequently, representatives of the Centre of Public Welfare, Club Active, and the alderman of Culture in Balen spoke about the advantages of the project. The press and the public reacted very positively to the plan. They were enthusiastic about the opportunities the cheque had to offer and were inquiring about its use in the future.

Third intermediate goal
As stated before, the last intermediate goal was to take full advantage of the opportunities and strengths of Club Active to reach strategic goals 1 and 2. Close cooperation with Club Active was an obvious necessity, but not a given – establishing functional partnerships takes time and effort; they do not simply come about by signing a contract. To help future projects establish successful partnerships, we will give an overview of the development of ours with Club Active.

In the beginning of the project, we were very nervous to work with the members of Club Active because we were unsure of what to expect. At the same time we were excited to work with them. The first impression was very positive. We immediately felt a connection with the members, who told us that an approach that had respect for the differences, and attention for similarities, was very important to them. In all the steps of our project they took an active role. For example: in the beginning we explored what kind of change they envisaged in Balen. They were open to all our ideas, but advised us to go for small activities on a short term basis. When we told them about our plans for the Leisure Cheque, they reacted positively and gave permission to initiate the project. Their input proved vital to the success of the scheme. It was Club Active who pointed out to us that we needed to avoid the risk of stigmatisation. We have incorporated this condition in our design of the cheque. For the information evening, Club Active members gave a presentation about themselves, their activities, and the obstacles that they experience in participating with associations. They did a very good job. During the press conference representatives of Club Active spoke about themselves, their experience with poverty issues, and explained why this cheque could make a difference to them. Club Active also helped us organise the press conference. For example by making the flowers and by helping us with the interior design of the conference room. The most important basis for our successful partnership was that it was based on equality and mutual respect. We did not take any decisions without Club Active's consent. Empowerment was a key factor in our project.

Our direct involvement in the project ended in June 2010. In order to ensure its continuation, we established a steering committee, comprised of representatives of our main partners (Club Active, Centre for Public Welfare, Educators Kempen, and De Kruierie). These representatives have closely followed the entire project. They are therefore very well informed about the latest developments in the implementation of the cheque system. The steering committee is responsible for the following tasks:
Their first and foremost task is to continue the project. Although the first steps have been made, there is still work left to achieve all the stated goals and to ensure the project's success. For example, they have to start advertising and printing the Leisure Cheques. Its second task is to ensure that the stated goals are maintained after the introduction of the system. Critical reviews of the system on a regular basis are a necessity to make sure that modifications can be implemented in case there is a need for them. The third and final task is to expand the range of the project, e.g. to broaden the offer of activities; increase the number of participating associations, services and organisations; reach a larger portion of the target group; and create more overall awareness of the project. In order to do that, the steering committee must make a continuous effort to persuade new associations

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to participate in the Leisure Cheque system; revise its marketing techniques to attract new consumers; and investigate whether there are (invisible) obstacles that effectively prevent equal access to this service.

Recommendations

The successful completion of our project is due to the close cooperation with our partners. Without them we would not have made it this far. In order to achieve a successful cooperation, it was necessary to formulate goals that all parties involved believed in. In this we noticed that constructive discussions lead to positive outcomes. Therefore our advice is to pursue at all times an open communication and close cooperation with project partners. We also stress the importance of building partnerships based on equality and mutual respect. We are all people with expectations, values, norms, visions and beliefs. It is important to get to know the person in front of you and get to know their expectations and values, before you decide to work together. This approach also helps to identify people's talents and strengths. For example, we noticed that a member of Club Active spoke very well in front of a large group of people, so we decided to let her speak at the press conference. Not only did this boost her confidence, her enthusiasm proved contagious during the presentation, which contributed to its success.

In summary, the key factors to a successful partnership are: open communication, mutual respect, equality, and reciprocity.

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I miss my sister | Artist: Kare | © Beeldend Gesproken

9. Exhibitions

Exhibition of Gallery: Beeldend Gesproken

During the COPORE meeting the participants could make the most out of their breaks by enjoying the art collection of "Beeldend Gesproken" (Spoken Images)

The art lending gallery "Beeldend Gesproken" is specialised in art of professional artists with a psychiatric background. The gallery is existing since 1992 and is an initiative of "Arkin, GGZ Amsterdam, NL". The gallery is lending and selling art works and in this way it is supporting the artists to earn their living and to participate in society.

The collection consists of work of over hundred artists from all over the Netherlands. You can also visit the gallery at www.beeldendgesproken.nl or at Borgerstraat 102, Amsterdam, NL.
In this book a selection of the exhibition inserted.

Furthermore there were photo exhibitions of the project from the UVIC, Spain**, Miquel Marti i Pol** (MMP) project (http://www.jardimiquelmartipol.blogspot.com/): where students, participants and volunteers have mode photos reflecting the evolution of the project (see also chapter 7.6) as well as from the follow up of the project: **Sustainability: Human, Ecological and Social** (www.sos-ecosocial.org)

By:Janis Urtans

Appendix 1

First draft framework of competences for poverty reduction

Core Competences	
Communication	• To communicate effectively with individuals and groups, specialists and non specialists using a range of media • To advocate for/with clients rights
Equality and Diversity	• To demonstrate an understanding of the cultures and customs of other countries • To demonstrate appreciate and respect diversity and multiculturality • To respect an individuals rights to freedom of choice, confidentiality, and cultural diversity • To demonstrate the ability to work in an international context
Learning and development	• To perceive own achievements and those of other people critically and improve them • To review and develop own performance using reflective practice techniques • To recognise and use available learning opportunities • To apply the principles of evidence based practice • To demonstrate application of knowledge of the context of practice and the relevant knowledge base including the complexities of the poverty agenda
Ethical practice	• To act in an ethical way when working with individuals and groups
Professional Relationships and partnerships	• To establish and maintain collaborative partnerships • To demonstrate a client centred approach • To motivate and work effectively with individuals and groups, moving towards common goals • To enable others to use informed choices and decisions • To demonstrate an empathic approach to the work • To work in an interdisciplinary way, respecting and understanding the contributions of all members of the team
Leadership and management	• To demonstrate personal initiative and entrepreneurship in a socially responsible manner. • Develop formal and informal networks • To evaluate the impact of the interventions.

Interdisciplinary approach in social and health care to prevent and/or combat poverty

Specific competences	
	• To use principles of health promotion in interventions • To use interventions with efficiency and an appropriate level of autonomy, in ways that are congruent with perspectives of these individuals, groups and communities • To promote and enable social integration of the individual • To effectively use problem solving techniques • To use assessment techniques to identify problems and resolutions • To work with others taking account of the complexities of the environment • To evaluate the impact of interventions • Ability to explore the effects of poverty on participation in daily life

Community development and client participation approaches to addressing health inequalities

Specific competences	
Interventions	• To negotiate and establish professional roles • To use principles of health promotion in interventions • To identify the community and key stakeholders in the community • To identify opportunities for services to become part of local social networks • Recognise opportunities for and work towards change and development of existing services • Knowledge of community development and participation processes and the ability to clearly advocate for these • Demonstrates empowerment as a professional, influencing policy • Plan and deliver a facilitated programme with clear aims and objectives to promote a reduction in poverty • Demonstrates appreciation of the community development and partnership approach in planning a health promotion project • Facilitate people to work with and learn from each other • Collaborate with communities to identify community needs, plan for and implement change in response to these needs • Work with communities to evaluate the impact of community actions • Abilities to implement educational process • Implement a critical, logical, ethical and creative thinking. • Work with others to design, implement, manage and evaluate programmes at community or population level.

Preventive and outreaching approaches

Specific competences	
Interventions	• To use principles of health promotion in interventions • To use interventions with efficiency and an appropriate level of autonomy, in ways that are congruent with perspectives of these individuals, groups and communities • To promote and enable social integration of the individual • To effectively use problem solving techniques • To advocate for individuals • To use assessment techniques to identify problems and resolutions • To work with others taking account of the complexities of the environment • To evaluate the impact of interventions • Ability to explore the effects of poverty on participation in daily life • • To act on the demographic data about inclusion and exclusion of citizens or groups of citizens with occupational needs and health disparities in the area • • To demonstrate an awareness of the contextual issues restricting people's access to full healthcare, or to achieving occupational health • To analyze the socio-economic and political factors influencing the development of diverse groups • • To analyze and act on the influence of institutional and individual racism on the use of the healthcare system by diverse groups • • To share knowledge with other professionals on these issues • • To create the tools needed to help them to analyze the causes of the poverty in which they are living. • To be able to make a holistic assessment of the conditions of the area.

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Eradicating disadvantages in Education – (Poverty reduction)

Specific competences	
	• To use interventions with efficiency and an appropriate level of autonomy, in ways that are congruent with perspectives of these individuals, groups and communities • To promote and enable social integration of the individual • To effectively use problem solving techniques • To use assessment techniques to identify problems and resolutions • To work with others taking account of the complexities of the environment • Ability to explore the effects of poverty on participation in daily life • Develop a curriculum which is non-judgemental about prior knowledge • Develop a curriculum which builds motivation and self-esteem • Able to facilitate learning using a problem based pedagogy • Demonstrate flexibility in approach to classroom teaching skills

Work and worklessness.

Specific competences	
Interventions	• To promote and enable social integration of the individual • To effectively use problem solving techniques • To use assessment techniques to identify problems and resolutions • To work with others taking account of the complexities of the environment • To explore the effects of poverty on participation in daily life • To actively engage with the problems of the clients and actively engage clients in their identifying and problem solving. • To evaluate, plan and monitor change (identifying the problems, analysis of information, planning intervention approaches). • To provide competent information and professional consultancy. • To demonstrate an understanding of the impact of labour market, gender, and worklessness on the individual for those in low paid employment and those who are without employment • Effectively use negotiation skills • To mentor/coach individuals entering the workplace from long term unemployment including paying attention to the potential need for support with literacy, numeracy etc. • To be able to work with local partners to develop progression routes for the local population onto the career framework and into health care as employment. • Demonstrate an understanding of a range of factors that may affect educational success • Demonstrate an understanding of their professional responsibilities towards inclusion • Demonstrate the ability to work with other agencies •

Appendix 2

Brief Summaries of Practice from Participants in the Conference

Theme 1: Interdisciplinary Approach in Social and Health Care to Prevent and/or Combat Poverty

Projects related to overweight children, parents and reference persons, and also topics such as health in school and health of parents. These are projects for overweight children between 7 and 14 years, teaching them to integrate movement into everyday life. The parents are also involved. The children and families belong mainly to low income families.

Cookery course for people with low income run by a team that includes a psychologist, a dietician and a social worker. Autonomy, motivation, self-control and an individual approach are put in the spotlight.

Composition of a minimal healthy food basket for nutrition for different family types. In Flanders this minimum budget standard has been put together by a team that includes a dietician, a sociologist and a marketer.

Bindkracht – Empowerment and linking against poverty: a trans-disciplinary cooperation between researchers, practitioners in the field of social work and people in poverty. They (Bindkracht – Empowerment and linking against poverty) want to improve the quality of social work with people living in poverty. They offer support to professionals and volunteers who counsel people living in poverty, by means of (action) research and development of methodology, vocational training, coaching and publications.

Interdis: student dietetics participate in a multi-professional teaching & learning trajectory to develop the skills needed in an interdisciplinary context. This trajectory is called Interdis. Interdis consists of workshops in which the students work together with students from other paramedical disciplines.

A team is working on an experimental technological model for social adaptation for children under school age who are brought up in institutions. They aim to establish a system for facilitating the children to reach the standards of social life and adequate interpersonal communication in society. They also want to improve professional skills in the pedagogical communication area of the pedagogues from the specialised institution in order to make corrective and preventive activity.

Centre of Early Medical-Social Rehabilitation (CEMSR) of the Odessa Children Region Hospital. CEMSR provides early childhood intervention (ECI) services with multidisciplinary approaches for infants and children up to three or six years, who have high-risk status, disabilities and/or live in a rural district.

«Vilitis»: In Lithuania one of the best examples of an interdisciplinary approach in social and health are the projects

implemented by Lithuanian Welfare Society for People with Intellectual Disability "Viltis" in co-operation with major structures of health and social spheres. Their work covers all spheres from medical care to employment.

In May 2009, the government of Macedonia introduced changes in the legislation and policies to incorporate persons whose access to health care has always been burdened by their economic weakness, legal status, or any other reason, into the citizenship-based nation-wide health insurance scheme. By this, anyone residing in Macedonia, under the single condition of citizenship of the country, becomes part of the state-funded health insurance, which covers a comprehensive basic package of health services on a solidarity basis.

Parohia Ortodoxa Romana Livezeni is a non-profit, orthodox organisation which is recognised for it's philanthropic and charitable activities. This institution initiated a good practice model in medical –social work for other orthodox churches in Romania.

Caritas has a qualified and welcoming reception worker. This reception worker will look at the situation of the person and will then decide if they can help them. If this is the case they try to offer prolonged working with the person to respond to their needs at the internal level as well as at the level of the external entities of the actual organisation. Caritas values the follow up and accompaniment of the person; by this they create a link of trust and respect.
Caritas has a few flats offering temporary accommodation for people Their objective is to attain a process of change in the situation of the person.

The Human, Ecological and Social Sustainability project. This project is confronting poverty through the inclusion in the job market of excluded persons. They are developing an ecological project recovering five very important natural spaces in the vicinity of Osana, close to the river Ter.

The Miquel Marti i Pol project. This project integrates health, education, research and the fight against poverty. The project is based on gardening and restoration/reforestation of natural spaces, undertaken by clients who experience problems with mental health, poverty and immigration and occupational therapy students at the University of Vic.

Theme 2: Community Development and Client Participation Approaches to Addressing Health Inequalities
Bromley by Bow Centre, London United Kingdom. Key issues which emerged from the description provided, included the importance of ensuring that services are situated within the community and that professionals work in collaborative multidisciplinary methods. In the case of Bromley by Bow 40% of staff working in the service, live in the local area ensuring that services are provided by local people and have relevance to service users. In addition, the geographical organisation of the centre ensures that service users can access a myriad of services in one location and encourages staff to become aware of each other and to refer to one another.

Over the past 25 years, the Centre has developed a successful model of community regeneration. It is a model that has been tried and tested and is continually honed and improved as the needs of the community change. Three key elements have led to its success:

1) The Bromley by Bow Centre is highly accessible with buildings and services designed to make it easy for people to get involved in services and activities, both formally and informally. A large percentage of the staff team is recruited locally, meaning that they understand the issues that the community face and act as positive role models.

2) The Bromley by Bow Centre provides a range of integrated services. These services are spread across a broad spectrum, delivering health, learning, employment, welfare and benefits, and creative arts. Our programmes dovetail and benefit from having a unified approach where staff from across all services work together, ensuring that clients access the range of support that they need for themselves and their families.

3) The Bromley by Bow Centre creates progression pathways. At the heart of our model is the phrase "assume it's possible", encapsulating a determination that everyone engaged with the centre is enabled to fulfil their full potential

The ethos of the Bromley by Bow Centre flows down into the programmes delivered and its holistic approach is therefore core to the structure of each project. Programmes include the 'Fresh Start Weight Management Programme' and PoLLeN

Fresh Start Weight Management
Fresh Start is a 12-week weight management programme for adults in LAPs 5 and 6 with a body mass index (BMI) of 25kg/m2 and above. Fresh Start's key objective is to improve the long-term health and wellbeing of service beneficiaries. Fresh Start takes a 'whole body' approach to weight loss addressing activity levels, diet and nutrition, environmental, social and personal drivers to weight loss. The programme combines weekly group and one-to-one advice, learning and exercise enabling beneficiaries to develop, maintain and advance upon weight loss and improved health behaviours. The programme focuses on three key components (i) nutrition and dietary advice (ii) exercise and physical activity and (iii) motivational coaching from a life coach focusing on supporting the behaviour changes necessary to achieve long term sustained lifestyle change.

PoLLeN (People, Life, Landscape and Nature) Social & Therapeutic Horticulture
Pollen is funded by Ecominds and J P Getty Jnr Charitable Trust with the overall aim of improving the mental and physical wellbeing of individuals through engagement with the natural environment. The project offers a range of therapeutic horticultural and art related activities for people experiencing stress, anxiety, panic attacks, agitation, low mood, lack of confidence, or difficulty in coping with day-to-day life, often brought on by social isolation, debt or poor living conditions. Motivational coaching sessions are also offered to clients in which they

are helped to overcome challenges and move forward positively to reach their goals. In addition, the project is a registered Green Gym® and works with BTCV (British Trust for Conservation Volunteers) to deliver a scheme of practical projects, inspiring people to improve both health and environment at the same time by increasing strength and stamina and improving local spaces. Pollen also benefits from signposting and referring clients to the range of delivery services and support offered at Bromley by Bow, such as employment support and welfare & benefits advice.

Primary health care with people from Roma groups

A project is seeking to address primary healthcare in poorer neighbourhoods working with people from Roma groups. Due to the cultural challenges combined with a singular discipline approach, many projects provided by health and local services are not successful. It is suggested that the challenge for educators is to support students in knowing when to come up with holistic solutions when they realise that complex social and health problems cannot be resolved by a singular discipline working alone.

Advisory Service of the Municipality of Keratsini, Attiki, Greece

It is suggested that in order to be successful projects should adopt a holistic and sustainable approach to community development. This holistic approach tackles problems from multiple levels including micro, meso and macro and uses both top down and bottom up strategies. Such projects work with key community stakeholders who can act as champions to support the community to come together to discuss social issues. Emphasised is the need to value the process of community development as much as the product or outcome of projects.

In the Advisory Station services are provided free of charge to persons that belong to vulnerable - socially excluded groups- immigrants, individuals living at a low socio-economic level, those without income, unemployed, that are residents of the particular municipality. The social service is responsible for providing advice and promoting social inclusion through a range of services.

Micro finance project with women in Sierra Leona

A micro finance project has been developed with women in Sierra Leona. Key learning that emerged from this project included the idea that you cannot tackle the issue of healthcare without addressing poverty. In addition is should be remembered that community development projects take a long time and therefore long term projects with a long term commitment are necessary.

University wide service learning programme

The National University of Ireland, Galway has developed a university wide service learning programme. Service learning projects are driven by the community and involve students working in collaboration with community organisations to address particular community issues. Challenges that emerge from this work include the inevitable power imbalance between the university and the community and the issue of ensuring work completed is sustainable.

Healthy Food Made Easy (HFME)

Healthy Food Made Easy (HFME) is a health-service initiated community-based and community delivered (peer led) food and nutrition project in the Republic of Ireland. As such it falls within the category known as 'community food projects'. These are initiatives that seek to place food and nutrition issues within a societal and social context. They seek to address issues of food poverty, food inequality and the social aspects of health. They also represent an alternative approach to nutrition education and health promotion.

HFME Project Aim: To improve nutrition knowledge and eating behaviour and ultimately to reduce diet related morbidity and mortality from cardiovascular disease and other preventable diseases.

Healthy Food Made Easy began in 1992 as a peer-led nutrition education programme among low-income groups. Over subsequent years, the programme has evolved to become a six session fun and practical course which focuses on fostering basic knowledge about healthy eating. Members of the community are trained as peer-leaders to deliver the course to groups in their local community. This is carried out with the support of a local coordinator and community dietician's.   Healthy Food Made Easy uses a community development approach and embraces many of the principles of health promotion including developing personal skills and strengthening community action (Ottawa Charter, 1986). The project is being continually evaluated locally and externally.

Best Top Healthy Links - Nottingham Community Nutrition scheme

This project (which was part of a larger healthy living network project) was set up in Nottingham using a model in which local people are trained to work alongside existing community dieticians. This model has been found to be extremely powerful.

Community food worker roles were developed and recruited from members of the local community in Bestwood, which is one of the highest deprivation wards in Nottingham. The 3 appointees then undertook an accredited training package in nutrition skills led by community dieticians. These workers understood the day-to-day experiences of the people they work with, were able to communicate health messages in appropriate and accessible ways and help people to develop practical skills in shopping, budgeting and cooking.

The objectives of the project were: i) To assess the food and health needs of local residents, particularly those on low income; ii) To identify concerns of local residents relating to food and nutrition; iii) To organise and facilitate practical initiatives to address those issues and encourage people to eat a healthier diet; iv) To increase awareness of a well-balanced diet and the government's 5-a-day campaign; v) To act as a resource for the local community and a link to other services and agencies, particularly other elements of the whole project.

Local people were consulted at all stages of the project, this included a thorough needs assessment where teachers, youth workers, community workers, older people, tenants and residential groups and local health workers were consulted. This communication was ongoing and was a key part to its success.

Citizens' juries

The "citizens' jury" as a tool to help administration in the decision-making process, is not an absolute novelty, however in Italy it had not been tested up to now. Three citizens' juries were held in Turin (March 2006), in

Alessandria (February 2007) and in Vercelli March 2007). Juries promote the development of a responsible lifestyle. Having a responsible lifestyle means to have a critical approach to the information and data that the media provides us everyday. There are two levels of responsibility: an individual level, which concerns responsible choices about consumption, recycling, and reducing the use of energy in everyday life. The second level is the social level, which brings about the responsibility of asking politicians and institutions to justify their choices and, on occasion, to change and improve their policies in a more sustainable way.

STP regional administrative development –ESF

An ESF project: *"The Technical Permanent Secretariat (STP) of the Regional Pact for Employment and Social Inclusion in the North-East Region of Romania"*. The goal of STP is to offer technical assistance to the Regional Pact for Employment and Social Inclusion and to the local partnerships members in the NE region of Romania for the consolidation of their regional development capacity. STP aims to activate the existing local partnerships and to engage the communities in accessing finance from structural funds in order to reduce social inequities.

STP contributes to the development of the administrative capacity of the social partners, provides consultancy and training facilities to the Pact and local partnerships members in the NE region in order to assure a high absorption rate of the European funds in the region, with focus on social inclusion and poverty reduction issues. It also provides a permanent contact among the Territorial Pact and local Partnerships members at regional and national level, it connects them with international networks and establishes partnerships with relevant EU organisations.

ELSITO

The European Learning Partnership ELSITO: Empowering Learning for Social Inclusion through Occupation (funded by the EU LLL programme Grundtvig), is working to develop greater understanding of the processes of learning that are required by both service users and professionals to develop projects and programmes that enable the participation of service users in the daily occupations/activities of their community.

Service users, staff and professionals from Belgium, The Netherlands and Greece are working together to develop further knowledge about the process of recovery for persons experiencing mental health problems, and the experiences of immigrants, refugees and persons with learning difficulties, exploring through narrative critical points in the process (both for staff and service users). The project is also collecting descriptions of good practice from throughout Europe, which will assist in the identification of essential competences. Both narratives and descriptions of good practice are available on the projects website (www.elsito.net) which aims to act as a resource for the exchange of resources, experiences and information on projects that are emerging from and within communities.

Community sports coaches

It is important to recognise the expanded range of professionals and professionalisms deemed to be addressing child poverty issues. LondonMet have sought to construct community sport coaches, who frequently work in socially deprived situations, as agents of social renewal. Their medium will be sport, but by promoting healthy associational activity and offering a context within which imagination, challenge and achievement can flourish,

it is believed that these professionals can be community-building agents of change. These agents have the means not only directly to address the circumstances of those in poverty, but also to shift thinking about what it is to be poor towards an understanding of quality of life and away from taxonomic definitions that both alienate those they identify and reinforce the authority of external expertise over personal agency, subjective meaning and community empowerment.

School community health care specialist (nurse), Lithuania

School health care specialists are treated as teachers''helpers' implementing the health education and prevention of alcohol, smoking, drugs, HIV. Regarding the reduction of poverty, they are seen to help in the following ways:

• Practice of community health care specialist (nurse) at schools improves not only health care services but also the accessibility of health education and prevention and attainability for children who are in social risk groups or experience parental neglect;

• Implementation of educational activities (health consulting, informing, health education) of community health care specialists at school strengthens relations between pupils, teachers and parents and the interaction of help to each other.

• Community health care specialists manage information about pupils' health records and relations with other personal and community health care specialists who also take part in solving particular health strengthening problems related to pupils or school community members.

Theme 3: Preventive and Outreaching Approaches; Focus on Health Inequalities

Iceland: The 6H cube

This is a collaborative project of the Centre for Child Health Services and the Public Health Institute. The objective of the project was to prepare teaching materials for healthcare staff to use in health education for pupils aged 6-16.

· Children should be able to grasp a certain overall picture of a healthy lifestyle.

· Each educational segment should have clear objectives.

· Emphasis on positive and empowering instructions, as well as building children's skills in decision-making, building of self-image and successful interaction.

· Learning by doing: projects for students to accompany each educational segment.

· Before each education session, parents will receive a letter.

Teaching material for the 6H cube: (The Health Education Project)

Six concepts, each beginning with the letter H, comprise the framework, for the 6H cube: hollusta (healthy nourishment), hreyfing (exercise), hamingia (happiness), hugrekki (courage), hvild (rest) and hreinloeti (hygiene). The seventh concept is puberty, which leads to discussion of sex.

The Netherlands Eropaf! (Go for it!)

This is a project to prevent home evictions as a result of neglecting to pay rent. Housing associations signal

tenants who owesome month's rent to a social work organisation. Then, two social workers visit the tenant at home, try to find out what the problem is and offer their assistance. Due to this method, in Amsterdam alone many home evictions are prevented, saving society thousands of euros and a lot of emotional damage.

Family Group Conferencing (FGC): An FGC is a meeting with a person/client and his or her social network, during which they make a plan regarding how to deal with the person's issues.

Activating poverty research: In two different neighbourhoods in Amsterdam, a small team is carrying out "activating poverty research". They actively approach people who are thought to live on a low income and do not make use of (financial) facilities they are entitled to.

Miquel Marti I Pol, Spain

(see www.jardimiquelmatripol.blogspot.com).

This project integrates health, education, research and the fight against poverty. The project is based on gardening and restoration/reforestation of natural spaces, done by clients, who experience mental health problems, poverty and immigration, and occupational therapy students at the University of Vic.

Their vision is to confront at the same time the social and ecological challenges of contemporary Europe. The clients learn a profession and simultaneously they realise and develop a meaningful occupation with a powerful therapeutic value.

Development programme in Tonko Limba, **Northern Province, Sierra Leone**

This project is aimed at creating local leaders and integrates education, health, agriculture and empowerment of young people and women. Sports, especially football are used as a transversal element. An overview of the same can be found at www.ongdyes.gr.

Outreach and preventive projects, Belgium.

Elderly team: Outreach in mental health

The elderly team CGG aims at people over 60 years. It may include an adjustment to disturbances, mood disorders, anxiety disorders, psychotic experiences, unresolved mourning for the loss of partner, but also loss of your home, your physical ability, your job, your children…

Outreach methods are: field work, exploring needs for clients, issuing requests for help and working together to formulate issues, sitting together and looking for solutions through discussion and counselling or psychological treatment (e.g. depression, trauma, fears…).

Bulgarian Project to support parents to prevent them to bring their children to a residential centre.

This is a project for early intervention with children born with low weight or with diagnosed disabilities. The project is focused on working with and supporting the families of those children in the early childhood, because very often the disability is a reason for abandoning the children into residential care. A centre for early intervention was established in the area of the home for medical and social care for children in Ruse. There, a multidisciplinary team works on the prevention of further complications, rehabilitation and prevention of

institutionalisation. The family is taught skills for handling and careing for the child and rehabilitation at home, psychological help for the child and the family.

Poverty is the main reason for abandoning children in Bulgaria in residential homes. The life in an institution from the beginning of a person's life outlines poorness, discrimination, unsuccessfulness and unhappiness. The health status of the children living in homes is strongly affected by the following factors (health inequalities in residential care):

- Nutrition – abnormal pattern of feeding, lack of appropriate food for child health development; lack of maternal milk feeding
- Physical inactivity, that increases level of morbidity
- Group way of living – infectious diseases easily transferred
- Limited outdoor walks – restricted sun, water, fresh air factors
- Deprivation – occupational and emotional
- Insufficient rehabilitation and training for children's staff and parents

These factors determine a high level of morbidity and mortality (for children with disabilities). Social determinants of health strongly correlate to this marginalised group of children: the social and physical environment does not sufficiently encourage the good health of the children, and the budget of the institutions yearly decreases and can not cover the needs for treatment. Poverty and discrimination are common for the life of a resident, but they have preventable causes.

The Hungarian Dietetic Association (HDA)

This association plays an essential role in approaching the nutritional effect of social inequalities. It has developed advisory brochures, educational material and workbooks for the schools, teachers, school canteens and buffets and the students, which are available both online and in written material. These can give a great help for developing the right eating habits at early ages. HDA gives professional help for measuring the nutritional status of the different social- and age groups.

Immigrant house in Athens, Greece

The immigrant house in Athens is formed by volunteers and individuals from a variety of professions, whose goal is to offer help in any way possible. This may be legal advice, education courses, entertainment etc. There has been an attempt to provide voluntary, whenever was needed, free occupational therapy. It is still in an early stage and there is much work to be done.

Georgia: **Primary Healthcare Programme**

Genesis has developed a Model Primary Healthcare programme for remote rural areas of Georgia. The PHC programme consists of, for instance: 1) Consumer participation in planning and periodic modification/upgrading of the service package, 2) Outreach delivery of the service to most remote areas with geographical barriers to accessibility through: a) mobile out-reach services, b) nurse-led health posts in high mountainous villages (set-up in collaboration with the regional governmental bodies).

Theme 4: Eradicating Disadvantages in Education (Poverty reduction)

Outlined below are examples of how the context in each country can influence the problems caused by poverty.

Belgium — Due to the costs of higher education, children do not continue to go to school. The relationship between parents and teachers should improve to avoid school drop-outs as a result of poverty.

Bulgaria — Different levels of education have different issues: Higher Education; secondary schools where there are problems with facilities and attitudes of teachers; primary schools where there are real problems *especially for rural schools.* Social and cultural status explains 24% of low performance and therefore a very strong relationship between income and outcome status. The PIRLS (Progress in International Reading and Literacy) study, shows a direct relationship between educational resources e.g. books at home, and education outcomes. The low status of Bulgarian teachers does not help and surveys have found indicators of how tackling poverty can increase access to education, better nutrition, housing and other cultural barriers

Especially in the rural area of Bulgaria, teachers at school may have a prejudice against immigrants and children who live in poverty. Teachers are poor themselves as well, which does not give them much respect.

Finland — Parents do not expect and therefore do not stimulate their children to learn, when they do not have a good education themselves. This is a cycle, and goes from generation to generation. You have to break this cycle, but who do you help first?!

Also – cultural competency is a pre-requisite for improving the situation as it is more able to support and adapt to cultural needs and preferences.

Europe wide — The Red Cross teaches parents how to help their children. The second step is to teach the teachers. Focus on both migrants as well as natives, not only one group!

Spain — In the 'Baarsjes'-project they teach parents and children simultaneously, so it can immediately be applied at home.

Portugal — Make it attractive for children to learn. For example, use comics to teach.

Who can be the target groups for support?

Austria — Here a project is running to help children in their own homes. It is expensive, but you reach the parents as well.

Romania — In a day-centre, children are supported after school. Specialist teachers help the children in different areas, including artistic activities and leisure. Their process is monitored, and it prevents children abandoning school.

Portugal — Students, companies and institutes work together, to diagnose and help children, and pay attention to prevention and awareness.

Finland — In 2009 22% of young people between 18–25 were depressed, had psychosocial symptoms and felt the future was too demanding because the demands of work life and society increased so much   These young people will withdraw from society, culture and become poor in all respects. They need multi-professional support that is culturally competent:
- Culturally self aware (not looking through your own cultural lens)
- Cultural knowledge (how to get information about the clients culture, values, traditions, fears etc)
- Cross cultural beliefs, i.e. openness to different ideas and beliefs and good communication

Spain — The main objective should be to promote interdisciplinary work in a team with:
different professions sharing knowledge, attitudes and complementary abilities working for common objectives favouring intervention. The purpose should be a united work plan, centering on evaluation and achievement of results that will motivate the team to continue their work. An occupational workshop can produce the space for creation and realisation of dialogue and personal guidance. Values cannot be taught and therefore the workshop must also have a practical dimension. It is important that both the educator and the learner share competences and expectations.

Examples of practice

"Debts in School"

Belgium (Flemish Region) – a project "Debts in School" was started to ask schools to consider the problem of high education costs to families. It has resulted in:
- Policy for teachers to set aside prejudices and stimulate a positive environment
- Improving contact with parents

Now looking to continue with:
- Poverty reduction and cost saving
- Optimising collaboration between schools and local public assistance services
- Involve initial teacher training

Produced book 'Seven Steps Further' (ISBN 979-90-441-2214-5)

University-based project, Spain

Universities are undertaking a project to invigorate centres of community education, together with other services (health, culture….) to improve intercultural exchange between families in the community. Through this reflection, the role of schools was re-thought. They particularly looked at children newly arrived to the region and how to organise coordination between those involved in networking, access to public and private funding and reduction of negative perceptions and stereotypes.

Finland – multiple strategies

In Finland, there is discussion on the 'Convention on the Rights of the Child' in the context of an Open Method of Coordination (OMC) where the priorities are promoting multidimensional integration through strategies for:

- Prevention and reduction of poverty through mainstreaming policies
- Reducing intergenerational poverty
- Inclusive labour markets
- Eradicating disadvantages in education and training
- Tackling age and gender dimensions
- Equal access to resources
- Facilitating access to culture and leisure opportunities

Austria – "Mobile Familiendienste" project aims to support and work with children in their own homes and through this to also support parents. It is very important to educate 'non-educational' parents, so that children do not grow up with poor or low expectations. The "Eltern Leben Vielfalt' project tries to find actual ways to support parents without social authorities.

Romania – Day Centre for School Children

Romania is one of the poorest EU countries with 1 in 4 children below the poverty line. A day centre run by a small NGO 'Evolution Association' is a project in a school of 210 children where they are supported by specialist teachers and volunteers (psychologist, social worker, educator and others). They have after school activities and also on Friday artistic activities and leisure. The children are offered snacks, help with homework and hygiene. They are psychologically and academically evaluated to help target support. This helps to monitor their progress. In order to maintain motivation it is also important to work with parents. This centre provides support to prevent children abandoning school.

Portugal – Intervention by Students

Accessibility to primary, secondary and higher education must be a right for children and young people regardless of their socioeconomic status. Higher education can play a role through:

- Intervention actions where HEI students provide free prevention, awareness, diagnosis and health education to disadvantaged groups.

Social and Medical Solidarity (SMS) - Tecnifat (a Portuguese pharmaceutical company) facilitates healthcare workers, to join disadvantaged groups on a voluntary basis where they carry out free prevention, diagnosis and awareness raising. Over three years this has helped 29,000 people.

Spain (Basque) - The project 'Bultzatzen-Encouraging success'

This project targets young people (12-16), mainly immigrants (now 80% of the population group). It specifically targets primary and secondary school children. Its targets are to facilitate social and school integration of students at risk of school failure and consolidate school space as a point of reference. The aim is social integration with

academic success. The project works with different educational agents: teachers, educators, parents and public institutions (social workers, teams of socio-educative intervention). The main emphasis has been on reducing the feeling of social disorientation. Negative stereotypes create a climate of hostility and obstacles, and children do not invest in school and their sense of self worth. Parental support is limited. Social trust is key and therefore personalised tutorials, dialogue and reflection have been prioritised to resolve problematic situations. Sustained cross-cultural relationships is the result of improved dialogue between school and families..

Theme 5: Work and Worklessness

Employment policies and practices in Bulgaria

The *active policy* of the National Employment Agency is focused on the disadvantaged unemployed: youths aged up to 29, persons over 50, people without qualification and education, long-term unemployed (more than a year) and people with disabilities. It aims to ensure high levels of employment in the open labour market, supported employment for disadvantaged people, enhancing the abilities of the job seekers, flexibility and stability of the labour market. The active policy is carried out through:

Job brokering services

Employment promotion programmes and training, such as "From Social Assistance to Employment", "In support of maternity", "Social services in families", "Assistance for retirement", National programme for literacy and vocational training for Roma. They aim to solve specific problems of the labour market, to regulate the inconsistency between demand and supply of labour force, and to ensure employment and training to socially disadvantaged groups.

Employment and training measures – striving to create a sustainable and flexible labour market and directed towards the provision of long-term employment by stimulating opening of new vacancies, increasing the territory mobility, implementing flexible working hours, providing preferential opportunities for socially disadvantaged groups, encouraging entrepreneurship, improving the quality of the labour force according to the needs of employers. *Figure 1, above,* represents the number of people involved in promotion programmes and measures in 2008 and 2009.

Pre-employment programmes in the health sector in the UK

'Being in good employment is protective of health. Conversely, unemployment contributes to poor health. Getting people into work is therefore of critical importance for reducing health inequalities' (Fair Society, Healthy Lives, The Marmot Review, 2010)

In acknowledgement of this, Skills for Health has developed a pre-employment programme – the Sector Employability Toolkit (SET) - to provide a sustainable model of recruitment into, and career pathway through, health sector organisations. In addition, a framework and guidance for employers to support the delivery of high quality pre-employment programmes for the health sector has also been developed and is set within the wider context of widening participation in learning and health. The focus of the programme is on entry level jobs and highlights the importance of strategic workforce planning that encourages the development of career pathways for every role within the 'wider healthcare team' it has two main aims:

• To provide a model of good practice for widening access and bringing individuals from unemployment into sustained employment in the health sector; achieved through a programme to support the development of employability skills, introductory sector specific training and work experience; in particular for hard to fill, skills shortage, entry level jobs such as domestic and linen assistants, porters and catering staff.

• To provide a range of contextualised materials and guidance notes that can be used flexibly to support the delivery of a customised pre-employment programme.

The SET is aimed at health sector employers, contractors from the private sector, training providers, Jobcentre Plus and other referral agencies. The products and materials produced for the SET have been subject to UK wide consultation. They reflect the expressed needs of employers in the health sector and support the specialist skills and knowledge required to plan and implement a pre-employment programme as part of a successful recruitment and retention process for entry level posts. Materials were based on the NHS' Knowledge and Skills Framework's (KSF) core dimensions and national workforce competences.

Transitions to Adulthood: young people who have been in the care system (Duesto, Spain)
A variety of outstanding initiatives have been developed in order to facilitate the process of transition to adulthood of those young people who are or have been in the care system.
• SAIO Programme (Foster Care, Information and Orientation Service).
• Programme of Preparation for Emancipation of the Youth in Foster Care Centres.
• Women Service's Programme of Emancipation
• "Mundutik Mundura" Programme for the Emancipation of Foreign Youth.
• HEMEN Programme, directed to foreign young people.

Although these services are not quite well coordinated, there is an offer that has remained in time and has allowed us to cover the basic needs. They provide an appropriate coverage. Except for specific situations, they respond to the existing demand, being the foundation for the development of a support system for the transition and emancipation processes. The main limitation of the existing programmes lies not so much in what they offer specifically, but in the structuring, coordination and coherence as a global offer. An unresolved task, evidenced in more than one programme is that of managing the networking and the smooth coordination among the different institutions and services.

There is also a need of a follow up after leaving the programme in order to collect data on the emancipation processes.
Proposals for Improvement:
• To approach transition from globality. From integrated policies of transition where working/employment issues represent another task, within a wider transition track.
• To improve the coordination and synchronisation of the set of measures through the making of a transversal transition emancipation programme, which develops progressively in terms of coherence and coverage.
• To create transition teams at different levels.
• To develop specific individual planning practices for the transition process starting when the children turn 16, approaching foster care and youth empowerment. Individual plans should be based on the principles of: stability security, follow up/guidance, training for adulthood in an integrated and sequential way and previous planning.
• To strengthen the role of case coordinators as reference professionals for the whole transition emancipation process.
• To systematise the follow up of the emancipation processes as the foundation of an information and assessment system.
• To promote networking using educational, formative and employment resources.
• To promote the exchange of experiences, good practices and meeting spaces among the different initiatives as a strategy for the permanent improvement and learning.

Involving students in research and practice in Primary Health Care (Pamukkale Turkey)
During the family medicine clerkship, department staff visited families with final year medical students, in coordination with the Primary Health Care Center Responsible Practitioner for the district. We evaluated the socio-demographic features and health problems within the concept of the bio-psychosocial approach. We interviewed family members and held group discussions with students during and after the visits in this period.

'The European Senior Citizens' Parliament'
In January, 2010, as part of a Grundtvig programme 'The European Senior Citizens' Parliament', 'seniors' from all over Europe came together to discuss and hear presentations on EP procedure and policy: European integration and, poverty in Europe. Through a simulation exercise they proposed resolutions to MEPs in attendance.

Bulgaria – the multi purpose programmes against poverty and unemployment
The 'From social assistance to employment' (FSATE) programme proved to have a strong impact on reducing unemployment in Bulgaria. The major reasons for the initiation of the programme in 2002 were the high overall rate of unemployment and, in particular, of long-term unemployed that received social assistance payments. These were, mainly, uneducated/illiterate people and people with a basic educational background. Research data showed that a large proportion of these unemployed people were treating the social assistance payments

as a source of stable and sufficient income and had lost motivation for starting work and seeking employment, or kept their employment in the shadow economy, but were still receiving social assistance benefits as supplementary income. The major goal of the FSATE programme is the provision of employment and, thus, the achievement of social integration for unemployed people who receive social assistance benefits. The envisaged means for attaining this goal was the creation of job opportunities in communal activities, agriculture, processing of agricultural production and the production process at companies with no state/municipal share ownership. In 2004 another priority was added – increasing the employability of 'covered' people through their inclusion into vocational and literacy courses. The schemes of part-time work (up to five hours) and literacy classes (within an overall duration of eight hours per day) were combined. Simultaneous employment with more than one employer was also allowed.

The programme is financed with funds from the state budget and through additional funds provided by the employers. The employed receive the official minimum remuneration or higher remuneration at the discretion of the employer.

The programme develops as a mega- programme on the Bulgarian labour market. In 2004 83.4% of the total funds dedicated to active policies from the state budget were spent for this particular programme and in 2009 they were almost half of that total sum for the year. It included 67.1% of the total number of the included unemployed in active policies in 2004 and 18% of the same in 2009.

After some amendments this programme for subsidised employment (FSATE) was 'specialised' in public works. Two other programmes were subtracted from it and these were the programme 'Social assistants for disadvantaged people" (through 'personal assistant' and 'social assistant') and such for works of forests prevention and development. Also in 2006–2008 the share of the jobs offered by the employers in the real sector of the economy (and not only in the field of public works) under FSATE programme has increased.
Also the social services provided under these programmes are quite important relief for the handicapped people and such in need, and against their falling in 'poverty gaps'. In 2008 these services included also the assistance for taking those people with preserved ability to work to their working places (blind people in particular), or assistance for their work at home.

The social assistants could validate their knowledge received in the practice under a newly developed initiative of the Ministry of the Education and Sciences. This is also an important step for these ex long-term unemployed to receive a stable position in the labour markets.

It is safe to conclude that the FSATE programme and those that followed it have had positive impacts to improve the employability of the poor people, to assure their functional flexibility and to facilitate their transition to employment.

On the other hand the FSATE has been criticised as a programme that jeopardised the labour market structures in favour of the subsidised temporary employment. As a rule it is not effective. The common tendency in EC-27 is to increase the number (share) of people in vocational training and those in 'new jobs creation initiatives'. Bulgaria will have to follow these requirements in its active labour market policies.

Another important initiative was the poverty mapping in 2002- 2004 under a large project financed by the World Bank. Regional programmes were then developed to facilitate poverty reduction in the 13 poorest municipalities in the country. The programmes included subsidies as appropriate for the particular regional economic development and employment. After 2006 and today such specialised branch and regional programmes are also implemented and their impact against poverty is well recognised in the country.

The programme "Activating of the Inactive" is large scale and targeted to beneficiaries having problems communicating with the labour authorities. During 2009, 46 Roma mediators were given specialised training. They work with inactive people (including Roma population) to be included in the subsidised employment, literacy and vocational training. The application of specialised labour exchanges for the Roma people continues in 2010. This programme also has an important role in working with people far from the labour markets and for avoiding the life in poverty.

Appendix 3

Grid to identify good practices in poverty reduction within social and health services at community level

Objective:
- To identify best practices for the COPORE (Competences for Poverty Reduction) project; a survey on the most up to date best practices in poverty reduction through health and social services at community level

Below are the criteria for a "best practice" in community centred social and health service provision according to the COPORE project:

1) **Access to services**: Is adequate health, social and psychological service provision available without any barriers for the entire population served by the social and health service at community level?
   a) **After-hours access to services**: Has the social and health service at community level made organisational arrangements to provide access for clients to services during the evening and weekend?
   b) **Close-to-client setting**: Is the social and health service at community level located in close proximity and direct relationship to the community?
   c) **Accessibility**: Is the setting easily accessible, both physically and mentally?
   d) **Affordability**: Does the service provided remain financially sustainable for the population served by the social and health service at community level?
   e) **Proactive**: Do the social & health services undertake action to reach citizens who do not find their way towards the resources themselves?

2) **Comprehensiveness**: Does the delivery of social and health service at community level consist of a comprehensive range of resources including health promotion and prevention interventions, as well as diagnosis and treatment or referral, chronic and long-term home care, and related to social, educational, occupational and other services/ centres?
   a) **Risk assessment**: Are risk assessments used to keep track with a) the needs of the population involved or b) the survival strategies of the clients in their environments?
   b) **Adapting services**: Does the social and health service at community level adapts its' service provided according to the changing needs and preferences of society and individuals?
   c) **Monitoring services**: Is the service provided monitored to prevent it from stagnating or ending prematurely?

3) **Continuity of services**: Does the social and health service at community level use a consistent and coherent approach to the management of a client's health, social and occupational status over time, that exceeds single episodes of service delivery?
   a) **Regular point of entry**: Is the social and health service at community level a regular point of entry into the service system, which results in an enduring relationship of trust between providers and their clients?

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   b) **Integrated services**: Are the different aspects of comprehensive social and health service delivery integrated?
   c) **Integrated into other levels of the service delivery system**: Is the social and health service at community level able to cooperate with other service providers at other levels like secondary and tertiary health care, residential care, care in prisons, etc?

4) **Coordination of services**: Does the team working at the social and health service at community level coordinate the services for their population?
   a) **Responsibility for a well-defined population (listed clients residing, legal or illegal, in a certain geographical area)**: Is the social and health service at community level entrusted with the responsibility for a well-defined population (in its entirety: the sick and the healthy, those who choose to consult the services and those who choose not to) and do they accept this responsibility?
   b) **Gate keeping role**: Does the social and health service at community level and its' team function as a gatekeeper for clients entering the service delivery system?
   c) **Proactive role**: Do the organisation and the team make an effort to find those who do not access the system by themselves?

5) **Effectiveness and safety**: Is the service provided effective, morally justifiable and safe?
   a) **Measuring quality of services:** Does the social and health service at community level regularly measure and undertake actions to improve the quality of their provided service or part of their services?
   b) **(Multidimensional) evidence-based services:** Do practice staff in the social and health service at community level have clinical or methodological guidelines at their disposal which are frequently used?
   c) **Efficacy:** Are the goals identified and achieved by the service providers also perceived as priorities by beneficiaries
   d) **Ethical and moral issues**: Are ethical and moral issues weighed carefully and discussed regularly to ensure politically and humanely justifiable care?
   e) **Creativity**: Is the project original, fun and unorthodox as well as effective?

6) **Multi-professional and inter-sectoral service delivery**: Are different professionals involved in the service delivery?
   a) **Inter-professional collaboration**: Is inter-professional collaboration between these different professionals present at the social and health service at community level?
   b) **Inter-sectoral collaboration**: Does staff at the social and health service at community level collaborate with professionals from other sectors like education, police, housing-agencies, etc?
   c) **Less obvious collaborations**: Is there (attention to) collaboration with less obvious partners who can make a valid contribution?

7) **Person/people-centred service delivery**: Are people at the centre of service delivery in the social and health service at community level?
   a) **Community orientation**: Does the social and health service at community level have structured

connections with the community (e.g.: regular meetings with local authorities, representatives of the community / civil society / local trades' people, volunteers, client-run organisations, social networks, etc?

b) **Client/community-participation**: Do clients, families and/or communities actively participate in gathering information, planning actions/interventions and monitoring outcomes?

The criteria above can be used at three different levels:

- System level
- Social and health service at community level
- Specific project (Innovation) level

At all three levels indications can be given if certain criterion is present or not present with a sliding scale between these two outer limits.

Depending on the scores at the first level (system level), a social and health service at community level can be a best practice in one system whereas it might be just average in another system. The same can be valid for certain pilot projects in social and health service at community levels: in one centre or care system it can be a huge innovation but in another centre it might be seen as average for the standards in such a centre and/or care system.

This results in the following three tables that can be used to select "best practices" in serving the needs of a population or individuals.

Appendix 4

ELSITO 1st Learning Visit, Amsterdam, March 2010

Thursday March 18 2010

There is place in the program for small groups, for taking rest or own choice.

TIME	ACTIVITY	LOCATION	ORGANIZING:
Morning 9.00	Arrival guests		Joris and Chris will be at Schiphol
	To hotel	Inner Hotel Wanningstraat	Doppy will be at central station
11.30	Meeting and lunch together. Start with an informal meeting activity. Time for organisational matters. - Where to discuss ELSITO business. - Planning for the Friday who goes to what projects.	Bocholtstraat 54	Tjerk organises lunch and place to be. Karin will take pictures. Inform the projects who will come.
Afternoon 13.30	Travelling to De Prael: brewery in the middle of Amsterdam. Social firm run by service users.	Tram 2 from BOC. Be at the Prael at 14.45! Oude Zijds-voorburgwal 30 4084470	Organise laptop and beamer by Doppy and Chris
15.00 – 16.00	Guided tour in de Prael by service users		Deal with the Prael is made.
16.00 – 17.00	Reception with information. And afterwards informal meeting with the guests. Official part: Opening by Gerry Metz, general manager dagbesteding en arbeid. Welcome by Dutch workgroup Elsito Presentation projects by pictures and some information: - Gezonde Hap, - Kwartiermaken sport, - Netwerktafel, - Presentation guests:Belgian, Greece	Receptie in Proeflokaal Warmoesstraat 15	Involvement of other colleagues. Preparation with the presenters what is expected. Support making powerpoints.
17.00	Informal reception		
Evening Meal End of reception at last 20.00	No further program. Up to everybody to go into the city, home or to the hotel.	De Prael	Food of the day in de Prael.

copore

Friday March 19

TIME	ACTIVITY	LOCATION	ORGANIZING:

Morning
 	
10.30 – 12.30
11.00 – 13.00
10.00 – 12.30
 	
Lunch
	Choice is made of several activities
	Swimming
	  - Cook together
	  - Visit Waterheuvel
		Zuiderbad
		BC de Pijp
		Waterheuvel,
		Sarphatistraat 43
		
		For the cooking people
		in the community
		center. For the
		Watherheuvel at the
		De Buren (you have to
		pay this!)
		The swimming people
		have to arrange
		something.
			Max 3 persons
			Max 5 persons
			About 6 persons.
			Guided tour by service
			user and information of
			all the projects.

Afternoon
 	
14.00
 	
16.00/ 16.30
	- Travelling to Walborg 2A
	  -
	  - Meeting each other in
	        discussion on social inclusion.
	        This will be prepared by Saskia.
	        We will start in a creative way!
	  -
	
	People who need some rest can take some
	rest. (we have to look for a place)
		Walborg 2A
		
		Saskia takes care for this
		part in collaboration
		with Karin.
		
		Some persons will be
		asked to make notes for
		rapport.
			Doppy takes care of the
			rooms and kitchen.
			Saskia and Doppy
			make the necessary
			preparation on material
			and so on.
			Support by workgroup
			Amsterdam on
			translation.

Evening 17.00 – 20.00? From 20.00 people can go home or to the hotel or……..	To cook together (voluntarily) All parties take care for a part. Greek the starters Belgians part of the main course, Dutch part of the main course (vegetarian) And have dinner. Have some time for organisational matters. Talking about Saturday afternoon if anything special is needed.	Walborg 2A In the kitchen!	Doppy and Joris do some shopping.

Saturday March 20

TIME	ACTIVITY	LOCATION	ORGANIZING:

Morning
9.30 – 11.30
 	
12.00 – 13.00
	Meeting.
	Discussion on recovery and narratives on
	recovery.
	  - Presentation of website
	  - Organise lunch
		Valeriusplein 9
		Stiltecentrum 3th floor
		We can have lunch at
		Valeriusplein 9
			Saskia and Marijke
			have the lead.
			Important is the accent
			on the narratives.
			All

Afternoon	- Cultural activities.
	  - Greeks like to go to the van
	        Gogh museum.
	  - Many other options are possible.
	  - Look who will come along, and
	        who needs some time alone….
	Coordinators meeting
		Options mentioned:
		boat through canals,
		museum, market: Albert
		Cuypmarkt, Vondelpark,
		cycling, palace on
		Damsquare, Hermitage
		and so on.
			A map and booklet
			with options is
			available. Organising
			Chris and Joris

Evening Welcome from 18.00 Dinner will be ready about 19.00.	Informal dinner And saying goodbye for some!	House	Marion and Doppy

Sunday March 21

TIME	ACTIVITY	LOCATION	ORGANIZING:
Morning 10.00 – 12.00	Time for some cultural activities or maybe some smaller groups. Lunch together for who wants.		

Afternoon
Going home!
	- Have a good flight or a good
	        trip! And meet again in Athens
	        or Brussels		

Appendix 5

ELSITO PROJECTS DEMONSTRATING GOOD PRACTICE IN SOCIAL INCLUSION

Social inclusion is demonstrated when all members of a community are able to participate as active citizens in the occupations or daily activities of the community. These include work, leisure, social, creative and/or civic occupations. The 'community' may be all those people living within a particular geographical location, or be a community of members of a particular society, association or group (e.g. an athletics association, a local choir). Projects aiming to enable social inclusion are usually based in the community and with a learning partnership of staff, service users and community members. The term 'learning partnership' is used to emphasize that every member of the community brings their own unique contribution to the activities of the community, and that all members are engaged in an ongoing process of learning and development.

Description of Project

It is hoped that all persons involved in the project will be involved in completing this description.

Please use the following headings in order to describe your project, (The word project is used to include programmes, services or activities).

1. Name of the project and website
2. Description

    (Please give a short description of the project including why you believe this project demonstrates good practice):
3. What does this project aim to achieve?
4. What do you do in this project (i.e. activities, occupations)?
5. How did the project begin?

    Where did the idea for this project come from?
6. What has been a help and what has been a problem in the development of this project?

    For example - were there legal problems? What was important in the existing organization that helped, or what needed to be changed? How was the local community helping?
7. Why is this project working well?

    This may include practical things (e.g. people involved, facilities available, location, money), also things to do with how people work and learn together.
8. How do you decide if this project is working well and what needs changing?

    For example - Who do you ask? How often? Is this done in writing or by discussion, or?
9. How are decisions made in this project?

    For example - Who makes decisions? Who organizes how decisions are carried out? Who is legally responsible for the project?
10. How much does it cost to run this project?

    For example – if paid staff are involved how many staff are needed, what buildings, equipment or materials? If the project is run on a volunteer basis please describe this
11. Who is needed to work in this project?

    For example - How many people and with what experiences, qualifications and/or knowledge?
12. Will this project keep going in the future?

    If yes, how is this happening (e.g. long term financial support, participation by key people)
13. Could this project work in different conditions?

    Are there some things about this project that could happen somewhere else? What are the things that could not happen in another community, city or country? Please explain why.
14. If occupational therapists were involved in this project, please describe what you think they may have added to the project.
15. What do you think are the particular strengths and weaknesses of the project?
16. Contact person

Please give the name, address, email of a person who may be contacted by those wanting more information about your project.

Appendix 6

COMPETENCES FOR POVERTY REDUCTION (COPORE)
STUDENT PROJECT
ANNOUNCEMENT

Introduction

Following the decision to dedicate 2010 as the European Year for Combating Poverty and Social Exclusion, the Commissioner Vladimír Špidla said: "Europe is one of the richest regions in the world and yet 78 million people live at risk of poverty. This is completely unacceptable."

The project COPORE is initiated by ENOTHE in collaboration with Health, Educational and Social Science networks, of which several worked together over the last three years in the Human Archipelago with the aim to draw attention to health inequalities, related to disadvantaged groups, and to develop new competences and approaches in higher education focusing on affordable health care, health literacy and empowerment of the clients and their community. Special emphasis is placed on the Community Oriented Primary Care (COPC) approach and the relationship with social services. Through this focus professionals and the local population attached to health and social centres will automatically have more attention for poverty problems. The role of schools in acting as centres for local community development will be stressed as well.

The uniqueness of this interdisciplinary collaboration and dissemination of results to over 1500 institutions all over Europe will contribute to the competences of future health, social and educational workers in combating poverty.

The following action points will be undertaken:

- Identification of projects of good practices in social inclusion
- A conference to disseminate and discuss the value of those projects for education
- Recommendations defined for the competences of health, social and education workers

Student groups from all European countries from the different networks participating in the COPORE project are invited to develop **multidisciplinary** projects on poverty reduction, in **collaboration with disadvantaged groups** from local communities. Following selection by a committee, descriptions of the fifteen best projects will be placed on the COPORE website. Five of the best projects will be selected for presentation by project members at the COPORE conference.

Participants

Student groups must consist of members from a variety of disciplines (at least two), and at least two students should be from institutions/ networks who are participating in the COPORE project. Each group should work together with persons, representing disadvantaged groups and local communities to develop and implement the project.

Project activities

Projects can be focused on the following activities:

- Awareness raising regarding: What is poverty and how to combat it
- Exhibitions on: The voices and narratives of vulnerable groups
- Projects with the community: Action research in order to address the needs of those who   experience poverty
- Improving access to health and social care
- Engaging local communities in all their diversity in plans and strategies to fight poverty
- Present good practice of empowerment projects
- Development of key messages (Youtube) and logo's with the involvement of disadvantaged groups on:
  - the multidimensional dimension of poverty;
  - the hidden character of poverty
- Any other good ideas or activities

As far as possible projects should be aimed at the needs of local communities and the students should fully engage with local representatives or groups in the development and implementation of projects. Projects should emerge with and through the local community.

Project report

Projects will be developed over a period of six months (see timetable below), following which a Project Report (see template below) will be submitted to the organizing committee for selection.

An abstract should also be submitted on how the project will be presented (poster, oral presentation, picture exhibition, performance etc.), should it be selected for presentation at the COPORE conference.

Selection

The Project Reports will be reviewed by a selection committee of three persons. The fifteen best projects will be selected according to the selection criteria (see below). Descriptions of these fifteen projects (including some visual material) will be presented on the COPORE website. Five projects will be short listed and two members from each project will be invited to the COPORE conference to present their projects. At this time the winner of the student's project will be announced and the award presented.

Notes

COPORE Partners

copore
competences for
poverty reduction

Education
and
Training

2010
European Year
for Combating
Poverty and
Social Exclusion