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THIRD TRANSNATIONAL WORKSHOP REPORT
Healthy & Wealthy Together
Developing common European modules on migrants health and poverty

HEALTH AGAINST POVERTY IN EUROPE
Focus on: Child, women and older retired migrants from Third National Countries

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TECHNICAL INFORMATION

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PROJECT AIMS

The overall aim of the project Wealthy and Healthy Together (JLS/2008/EIFX/CA/1014) is to establish a thematic exchange network of public and private local actors working with or for migrants around the issue of health and poverty. A transnational exchange programme was established. It facilitated the transfer of data, experience, good practice and policies and also provided tools and knowledge for the empowerment of local actors in the fields of developing better approaches to poverty and health inequalities among migrants.

To reach the above overall aim, the project has the following specific objectives:

- Establish local partnerships in partner locations engaging migrants, representatives of migrants associations, healthcare professionals, local politicians and other involved stakeholders. These people will form a Local Forum that will be involved in all the activities of the project and will feed the content of the project in terms of good practices and experience sharing. These working groups will have a connection with the professionals and local politicians through the organisation of collective meetings at the local level.
- Each Local Forum will undertake a local mapping in order to identify three most relevant issues in the field of Migrants health and poverty that need to be dealt with in their location.
- Transnational Exchange Programme will be built upon the findings of partners' local mappings. It will consist of Three Transnational Workshops supported by external experts where good practices, experiences and policies will be exchanged between the representatives of Local Forums, and of an on-line interactive platform (blogs, chats, individual profiles). The platform will serve as a tool for ongoing communication, ideas sharing and a continuously growing database.
- In terms of dissemination we will produce after each Workshop a booklet with a resume of good and bad experiences and recommendations on the subject coming out from the workshop, this booklet will be translated into local

languages and distributed in the places of interest: health care centres, municipalities, migrants associations, welcome centres etc. All the materials will be also available on the website. We will also produce a final report, which will bring together the conclusions from the whole project.

The project will also provide a possibility to sustain engaged work through the community of practice, which will be established using an on-line platform. The project duration is 18 months, from December 2009 to June 2011.

Box 1 – Healthy & Wealthy Together. Expected results

- The production of three peer review exchange reports
- The production of at least 20 good practice case studies documented and at least 30 relevant documents and links to relevant organisations
- Constitution of eight local support groups
- Eight local mapping reports and linked action plans
- Two local events for consultation and dissemination
- An online good practice exchange and development forum.
- The production of an "overview" report

PARTNERS AND PREVIOUS MEETINGS

This project is promoted by the Municipality of Amadora with the support of QeC-ERAN (European Regeneration Areas Network – Quartiers en Crise). In addition, the other partners are: the Municipality of Roquetas de Mar (Spain), the Province of Piacenza and the Municipality of Milano (Italy), Exfini Poli (Greece), University of Birmingham and Belfast Health and Social Care Trust (United Kingdom), and Réseau Samdarra (France). The project is funded by the European Commission by the European Fund for the Integration of Third Country Nationals.

The project started with the first meeting of the Steering Committee Group in Brussels, organised by QeC-ERAN, February 4 -6, 2010, where participants discussed the aims and objectives of the project and agreed on a work programme for the rest of the

project. In June 9-10, 2011, there was a Peer Review Workshop on "Sensitising professionals from health services providers to meet the needs of migrant groups", in Roquetas de Mar, Spain. In November 9-10, 2010, a second Transnational Meeting took place in Birmingham on the issue of "Mental Health and pre-post maternity services for migrants in Europe". Finally, the last meeting entitled Transnational Workshop on Health and Poverty, took place in Amadora, Portugal focusing on children, women and the elderly immigrants. The present report is the summary of the main developments, exchange and discussions that took place during the last meeting in April 12-15, 2011.

MEETING GOALS

The goal of the Third Transnational Workshop on *Health Against Poverty in Europe*, and last conference of the project "Wealthy and Healthy together" was to gather together experts from different stakeholders (NGOs, Local Authorities, research centres) from all over Europe, to discuss and exchange experiences with representatives of the project's partner institutions, *focusing specifically on Child, Women and Older Retired Migrants from Third National Countries.*

In this sense, this Third Transnational Workshop was a contribution to accomplish the main goal of the project "Wealthy and Healthy together", by establishing a thematic exchange network of public and private local actors working with or for migrants around the main issue of health and poverty. More specifically, the workshop promoted the interaction and exchange among external actors and project's partners, mainly to know more about specific projects (good practices, experiences and policies) that are currently taking place across Europe.

METHODOLOGY

The international meeting was carried out using a mixed format and methodology that included panels, workshops and field visits. The first session had a two-folded aim: a) welcoming the participants and b) setting the scene for the debate on health, poverty and migration in Europe and worldwide. The other sessions were organized to ensure the participation of experts, partners and other participants in the panels and workshops, promoting the sharing of experiences, policies and cases from different EU countries.

Panels had the characteristic of combining research and practice, by having one or more external guest experts who presented their studies/research, and other guest practitioner experts that presented case studies about concrete experiences or good practices from the field. All panels were followed by question/answer sessions open to all participants. Participants were people from the promoter and partner institutions, as well as invited guests and experts from European countries, and some local researchers and practitioners from local associations (see participants' list in the Annex). The three main issues addressed in the panels were: Child poverty and migration in Europe; Women, poverty and migration; and Elderly Migrants. After each panels, workshops or discussion groups were organized to discuss the issues simultaneously, in three smaller groups. This methodology aimed at fostering participation while also obtaining contributions towards the conclusions and recommendations on the main topics of the meeting.

In the end, a summary and the main conclusions of the Third Transnational Workshop were presented by the author of this report.

SETTING THE SCENE – INTRODUCTORY PANEL

The opening session, as mentioned previously, provided with some welcoming remarks as well as some broad "food for thought" presentations and addresses. Portugal presented some of its national good practices on migration and integration of immigrants.

Eduardo Rosa opened the floor by welcoming all participants in the name of the Municipality of Amadora (Carla Tavares, the councilwoman responsible for Education, Housing, Social Action, Youth, Sports and Health, was unable to come due to illness). He mentioned that migration and health issues and social wellbeing are important issues for all, but specially for Amadora, as this municipality is characterized by successive waves of migrations. He described three main waves of migration during the last 50 years:

1st Wave: 1950-60, with internal migrants who moved from the country side, mainly from Alentejo and Southern Portugal.

2nd Wave: After 25th of April of 1974 (the Carnation Revolution) Amadora and Portugal faced migration as a consequence of decolonization in Africa; fluxes included returnees and citizens from the PALOPs countries (African Countries of Official Portuguese Languages).

3rd Wave: Recently, with people coming from everywhere.

Eduardo Rosa believes that this situation of constant arrivals has led Amadora to gain resources and wealth, putting migration in the centre of the debate and exchanging experiences. His view of migration is that it is a positive phenomenon and that migrants are necessary.

The second speaker, Haroon Saad, Director of Qec-ERAN (Belgium) offered a quick overview of the latest development around migration. He believes that the world is experiencing change in population and in urbanization, due to a combination of internal and international migrations. In the period of 18 months, between December 2009, when they started this project, and now, many things have changed, mainly for the worse. In those days there were almost no talks about the crisis. Now we have a new strategy on Poverty Europe 2020 and a new Lisbon Agreement, both committed to reducing poverty by the year 2020 (20 million reduction in the EU).

In the meantime, the EU has witnessed the onset of a more severe crisis which has led the Media to give a new denomination to a set of EU countries: the PIIGS (Portugal, Ireland, Italy, Greece and Spain), characterised by the dangerous level of the debt but also implying a humiliating and demeaning status to those countries. In addition, other countries are experiencing difficulties, pressure and instability: Hungary and Latvia among others. In this context of crisis, we are talking about public sector and services, and poverty should be more important that austerity measures.[1]

Up to 2025, the EU will need more workers, so the EU is dependent on migration. What type of migration do we need or want? This question is appreciated differently by different countries. For example, Germany has opened a fast track for adopting measures to promote qualified migration, even after announcing the failure of Multiculturalism, and after promising work to the unemployed

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[1] It should be noted that in the interim period between the conference and the end of the Project, Portugal (one of the PIIGS) had to ask for international assistance to make the debt payments. Currently talks and negotiations between the FMI, the European Central Bank and the Portuguese Government are taking place. As a consequence, new elections were scheduled for June 2011.

young Spanish engineers. However, migration will continue and not only of highly qualified migrants, as there are many jobs to be created that do not require qualifications.

As a last topic, Haroon suggested that the issue of migration is very politised (i.e. France has prohibited the full veil). The political map of Europe is changing rapidly with the rise of far-right parties, which tend to view migration as a problem, supporting policies that create more conflicts and segregation. We are walking towards a new Europe that considers rights on an exclusionary basis. Our project, focuses on these aspects.

The next speaker, Giulia Cantaluppi, also from Qec-ERAN, summarised the project objectives and methodology, emphasising the importance of 3 cities working together in the integration of immigrants from third countries in the EU. The project has been framed into the 2020 poverty reduction strategy, and thus by focusing in reducing poverty of children, women and the elder migrants. Poverty for these target groups is serious (over 20% for children, and increasing for women and the elderly). Giulia mentioned that for this third and last meeting, participants would be working in small groups as a strategy to come up with recommendations for policy-makers.

The two other speakers of the opening session, a political representative and a researcher, provided two different interpretations about migration and policies. One, the official view about "Reception/welcoming and Integration policies in Portugal" and the other, a more critical view from research, about "A look on migration, health and poverty".

Rosario Farmhouse, the High Commissioner for Immigration and

Intercultural Dialogue (ACIDI), of the Portuguese Government, contextualised the issue of migration into the national (Portuguese) level, by saying that it has been very important for the country, because it meant moving from a country of emigration to a country of immigration. At present, in Portugal, almost 5% of the population is immigrant, 7% of the economically active population, coming from 176 countries. Statistics indicate that the five more representative communities are Brazilians, Ukrainians, Cape-Verdeans, Romanians and Angolans. The Portuguese statistics also indicate that the Portuguese population is aging, making migration an important aspect of population policies. Immigrants are younger and more represented among the group aged 15-39.

Farmhouse recognised that we are at a crossroad, while Portugal is managing immigrant fluxes and diversity, Germany has announced the failure of multiculturalism, thus even experiences illustrate differences among EU countries. Portugal is different from Germany, due to its history of miscegenation, which led to the adoption of an intercultural model in the sense that immigrants can maintain the culture of the country of origin while adopting the culture of the country of destination. The speaker provided a table about the models of immigration/integration policies:

Table 1 - Multiculturality / Interculturality (ACIDI)

	Maintaining culture of origin	Not maintaining culture of origin
Adopting culture of destination	Integration	Assimilation
Not adopting culture of destination	Segregation	Exclusion

In this sense, for Farmhouse, integration is a bidirectional process of the group and of the individual. However, many times the problem arises with youngsters who do not feel part of any society (she gave the example of African-American) although it is not possible to generalise.

The Pillars of the Portuguese Immigration/Integration policies are:

a-) Fluxes management (carry out by the Ministry of Internal Affairs or MAI)

b-) Integration Policies (carry out by the High Commissioner for Immigration and Intercultural Dialogue – ACIDI) her office, which depends of the Ministry of the Presidency that allows for centralisation (national policies instead of local) and more power/support from the Minister of the Presidency which is above other ministers.

c-) Policies of Development (carry out by the Ministry of Foreign Affairs) that supports development and empowerment measures in the country of origin.

Thus, each pillar is based on a different governmental agency, and even if not pinpointed by the High Commissioner, this three-folded model may present some inconsistency, mainly between fluxes management/control and integration, which tend to have different philosophies. Usually the first is based on security concerns and control of entries, while the second is preoccupied with the incorporation and adjustments of migrants into the host society. The third, may have its own values, be more inclined to one or the other or may not very present, depending on the political viewpoints of the government in place. Moreover, sometimes policies of development may represent new ways of colonialism or neo-colonialism.

ACIDI is a Public Institute that upholds seven principles: equality, dialogue, citizenship, hospitality, inter-culturalism, proximity and initiative. Several pieces of legislation defend these principles: Art.13 of the Portuguese Constitution (Equality); the new Nationality Law 2/2006 that gives more rights to second and third generation of immigrants; the new Immigration Law 4/2007 that ensures family reunification; and two Dispatches, one granting immigrants access to health services, and another giving equal rights to Portuguese children and the children of immigrants.

Portugal also has three National Immigrant Support Centres (CNAIs)[2] located in Lisbon, Porto and recently opened a new one in Faro, which use the model of one-stop-shop to provide responses to the diverse demands that immigrants have. Moreover, at the local level, support is provided at CLAIIs, which are Local Immigrant Integration and Support Centres (87 at present) that are carried out through local partnerships (city-towns, immigrant associations, etc.). In addition, 5 specialised immigrant support centre exist, as well as one innovative centre that provides support in the country of origin, in this case in Cape Verde.

ACIDI has also developed close relations with the Academia through its Immigration Observatory that carries out research that include specific policy recommendations for policy-makers. To ensure inclusion for the youth, ACIDI has a specific branch name Choices Programme (*Programa Escolhas*)[3] which develops specific projects with other partners (local associations, non-governmental organizations, etc.) that carry out diagnosis and intervention plans in several social fronts: education, professionalization, citizenship,

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[2] For more information see: http://www.oss.inti.acidi.gov.pt/index.php?option=com_content&view=article&id=122&Itemid=55&lang=en
[3] For more information, see: http://www.programaescolhas.pt/

digital inclusion, entrepreneurship and empowerment. The Choices programme serves over 97.000 children and youth.

Another measure of integration policy is the creation of "Portuguese for all", a programme in partnership with the Ministry of Education to provide Portuguese classes to those who do not speak the language, and the utilisation of cultural mediation as a tool and best path to overcome communication obstacles in public services (there are in place agreements with several Ministries, including Health). Training on cultural mediation has been carried out by the Autonomous University of Madrid.

Rosario Farmhouse believes that the most important single document for immigration is the Plan for the Integration of Immigrants (I and II)[4], which contains specific measures to be carried out by all ministries. This constant preoccupation of the Portuguese government with regards to immigrants has been acknowledged internationally. Portugal as been ranked second in the MIPEX index (2007 and 2010)[5] and first by the United Nations report on Human Development (2009, p 38)[6].

The final speaker of the introductory panel was Cristina Santinho, who in addition to being a scholar is also an activist and leader of the non-profit organization named *GIS* (*Grupo Immigração e Saúde* or Immigration and Health Group). Without disagreeing completely with the previous speaker, she wanted to call the attention that what is written on paper does not necessarily works well in real life, for multiple reasons. She called the attention to what she sees as a current and misleading phenomenon in the Media as well as in the

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[4] For II Integration Plan, see: http://www.acidi.gov.pt/_cfn/4d346c9b80687/live/Consulte+a+versão+da+Plano+2010-2013+em+Inglês

[5] http://www.mipex.eu/

[6] http://hdr.undp.org/en/reports/global/hdr2009/

Academia and Government. These institutions prefer to talk about migration as a problem and as if it were only a contemporary event, forgetting about human history which has been characterised always by migrations, since the *homo-sapiens*. Migrants have always moved trying to find better life conditions.

At present, we are exposed by the media to images of immigrants from all over the world arriving to Europe, bringing their problems (lack of jobs and housing, illnesses, etc.), forgetting that not too long ago, Europeans emigrated in great numbers to other regions of the world, about 50 millions to America, India and Africa in the XIX Century. In Italy, 50% of the population migrated to New York or Buenos Aires, and thousands of Portuguese also left for Brazil. For example, between 1960 and 1974, over one million Portuguese left the country.

Unfortunately in Portugal, as in most countries signatories of the Schenguen Agreement, immigration is seen as a problem, forgetting their multiples contributions to social security and demography among others. Santinho, pointed out, that the good position of Portugal in the MIPEX ranking is due to the fact that health is not taken into account correctly. In the MIPEX Portugal comes first with regards to family reunification and access to nationality, while it occupies the second place regarding labour market integration. However, there is no specific reference to access and accessibility to health services, as the issues that MIPEX assessed include a) labour market mobility, b) family reunification, education and political participation, c) residency, d) nationality access, and e) anti-discrimination laws. In relation to health, some facts should call our attention, as there is a growing interest in the introduction of privatisation and a commercial principle in health, which is an aggravating factor in the context of the current financial crisis, and

will certainly affect the access of immigrants to health services. Within the Health System, there is a migration of the doctor of the National Health System (public) to the private domain.

Moreover, even if Portugal guarantees the access of immigrants to health services, the implementation of universal access is not smooth, mainly when it comes to undocumented migrants. Yet, another main issue that most people are not considering with relation to the health of immigrants is that of quality. That is, the quality of health and health services that immigrant can/may access (see Amadora's local report of Wealthy and Healthy Together)[7] available on line. Quality does not necessarily means more expensive, so Santinho proposed several paths for improving quality in the services provided. In many occasions, the introduction of minor changes (willingness to change) can improve quality, such as interventions that reduce the existing cultural and linguistic mismatch between health professionals and users.

With regards to research, she believes that we need a shift in the dominant paradigm, which should privilege the use of qualitative methodologies as better ways to approach the complex and diverse realities of immigrants, and that provide empowerment. She argued that we should recognised "differences" in the practices that health systems provide. For example, a recent study presented in Amadora's local forum showed that there is lack of cultural mediation in health services provision. In this sense, it is known that the idea of what health / illness and how disease is experienced varied according to culture. Hence, health is related to poverty and a holistic view of health may be enlightening (i.e. using the vision medical anthropology). Moreover, health is not only related to cultural factors, but others such as family, work, ethics, are

[7] http://www.cm-amadora.pt/files/2/documentos/20110404173625743887.pdf

important. What matters is to develop empathy, ethical values and cultural knowledge, which health systems and professionals can acquire with training on cultural competence. The best option is to integrate cultural competence into the National Health System through interdisciplinary teams that also work with the communities. The basic idea is to include both, immigrants and Portuguese citizens under the umbrella of cultural competence to improve services for all.

To conclude, Cristina Santinho pointed out that there are two seeds of good practices in Amadora that should be disseminated thoughout the country: a) the health mobile unit which is used by AJPAS and one of the local health centres (Venda Nova), and b) the leadership of Amadora in this project which is contributing to the democratization of social and health services by involving its citizens in the decision making-process. In the end, sharing experiences is a good way to move forward.

The opening panel was followed by a session of *questions and answers*, mainly directed to the High Commissioner on Immigration and Intercultural Dialogue. The main questions/issues were: Do immigrants vote in local and national elections? How does access to health services work in practice? Will cuts propose by the FMI in Portugal affect ACIDI´s intervention? What the impact of the Choices programme?

Answers included several issues. Regarding political participation, it was mentioned that although reciprocity applies in most cases, ACIDI has proposed to go further, as reciprocity is a matter of States not of immigrants, so it is unfair for those immigrants, whose country of origin does not allow foreigners to vote, to be excluded. The High-Commissioner mentioned also that she wants to support

activities and proposals of Luso-descendants youth, although emigration and immigration fall under the domain of different ministries (Ministry of Foreign Affairs and of the Presidency).

Access to health in Portugal is universal but in practice there are some barriers, as in many health centres immigrants are not allow in. It depends on the health centre. However, the Health Office of CNAI tries to act as a bridge with health centres. Another main issue regarding health is the payment undocumented immigrants have to do for health services. The current crisis may be one new element to bring changes in the implementation of policies for immigrants in the near future, but this is still unknown, as so far ACIDI has not suffered budget cuts. ACIDI has been protected because is integrated in the Ministry of the Presidency and because part of its budget comes from EU funds. With regards to the success of the Choices Programme, it is difficult to give one single answer, but there are some programmes that have been very successful, for example the one in Cova da Moura, in Amadora. The youth of Cova da Moura has used a botton-up approach that has shown to be very positive, as the involved youth want to bring about changes. These youth are focusing on their upper mobility.

Haroon commented that even though Portugal is well ranked by MIPEX, it ranks very high in inequalities in the EU, so there are things to be done. And finally, Eduardo Rosa, the councilman, mentioned that luckily Amadora budget situation is balanced, so these are good news. He believes that Amadora and Portugal should be committed to those in needs, mainly immigrant children, women and the elderly.

As a final reflection on the introductory panel, some remarks could be added. The first is that even if Portugal ranks second in the

MIPEX index and is first in the UN Human Development Report of 2009 (dedicated to mobility and development), there are aspects that should be also taken into account. First, UN reports tend to represent the interests of States and not of the people, so it is their best interests to appreciate formally some features of the existing mobility/migration regimes, which are shape by those same States. Second, MIPEX looks at laws and regulations but not at their application and enforcement. So, this means that in many case, actual legislation may no best describe real situations. This is especially true in Southern Europe, where informal rules are prevalent, including the underground economy. Thus, for the better or the worse, this feature downplays law enforcement. For example, the UN-HDR 2009 stated that "in some countries health care is open to all migrants, regardless of their legal status, as is the case in Portugal and Spain" (p. 56). This piece of information may be misleading if people assume that health care is free, which is not always true. In the case of Portugal, non-residents (including irregular migrants) have access to health care but have to pay fees. So, even if some countries are especially benevolent, i.e. Portugal, it is also true that some national governments have invested resources to portray themselves as good hosts, disseminating what they perceived to be their good practices (even if in many cases practices have not been evaluated, or are evaluated by non-impartial parties). For example, one should reflect upon up to what extent a governmental institution should lead projects so other countries replicate the model. On the other hand, we need to recognise that the EC also supports this type of approach and path among member states by fostering the use and promotion of the Good Practice framework. Box 2 summarises key information about MIPEX as presented in the website.

Box 2 – MIPEX

MIPEX is a fully interactive tool and reference guide to assess, compare and improve integration policy produced by the British Council and the Migration Policy Group. MIPEX measures integration policies in all European Union Member States plus Norway, Switzerland, Canada and the USA up to 31 May 2010. Using 148 policy indicators it creates a rich, multi-dimensional picture of migrants' opportunities to participate in society by assessing governments' commitment to integration. By measuring policies and their implementation it reveals whether all residents are guaranteed equal rights, responsibilities and opportunities. MIPEX III is led by the British Council and the Migration Policy Group and is produced as part of the project: Outcomes for Policy Change, co-financed by the European Fund for the Integration of Third-Country Nationals.

CHILD POVERTY AND MIGRATION IN EUROPE

The rest of the panels held in the international meeting focused on the broad issue of poverty. The second panel focused on children and migration. The session included three speakers (two from the same network) and three study cases from Portugal, Italy and the United Kingdom (which will be presented in the section on study cases).

Olga Fonseca from CEBI Foundation (Fundação para o Desenvolvimento Comunitário) and Sérgio Araújo (independent consultant) both members of Eurochild entitled their presentation "Child Poverty in Europe – Trends and Challenges". Eurochild is a network of organisations and individuals working in and across Europe to improve the quality of life of children and young people. These two speakers provided a join presentation about Eurochild, both at the European level and in Portugal. It is a network of 93 members in European countries that aims at influencing policies and policy-making at the national level. Eurochild involves NGOs, national European networks as well as academics working on

children related issues. Moreover, Eurochild uses the rights of children (UN Convention) as their main platform for action. The organization also identifies good practices regarding children, provides training to children and youth so they become members and actors of decision-making processes at the level of policies.

According to their website, Eurochild is concerned with: a) sharing information on policy and practice, b) monitoring and influencing policy development at national and European level, c) creating interest groups and partnerships between member organizations, d) representing the interests of its members to international institutions, and e) strengthening the capacity of its members through training, individual advise and support.

The two speakers mentioned that they have four priority areas: 1) to strength their network by organizing events, exchanges and working groups, 2) to influence policy-making regarding children and child labour (in specific fields: early child development, parenting skills, children in the foster care system, and children´s participation), 3) provide information about children and their main problems, and 4) promotes the participation of children.

What do we know about children's poverty? We know that children poverty reaches 19% in Europe, and 21% in Portugal. 15% of the children do not finish secondary education, while this figure is worse for Portugal. We also know that youth unemployment is twice as higher as adult's unemployment, and that there are pockets of poverty and joblessness. The main groups of children at risk of poverty and exclusion are children from single-headed households, children from large families, with unemployed parents and the children of immigrants or ethnic minorities. In this sense, one of the aims of Eurochild is to reduce poverty and social exclusion among

children, however the current crisis is a challenge and an obstacle.

One aspect that was mentioned by the speakers was that usually studies forget to mention the views and opinions of the children, as it is common to ask the adults, neglecting the own voices and standpoint of those involved. There is a need to develop new indicators that include non-material aspects in children´s life.

Olga Fonseca indicated that there are differences among European countries regarding child poverty. She identified some trends:

- Absolute poverty is on the rise,
- Unemployment hits harder the marginalised groups,
- Salary cuts increase in-work poverty levels,
- Young adults lack job prospects,
- Growing number of at risk children in the public care system,
- Children´s mental health, diet and overall health is affected by the crisis and family budget constraints,
- Programmes that benefit children are on the rise for cuts.

The year 2010 was the year dedicated to poverty in Europe, however poverty is increasing, mainly due to current economic crisis. This trend will be reinforced in many member states, especially where international financial institutions (International Monetary Fund, European Central Bank, etc) are intervening and forcing new cuts in social spending, which is the case of Portugal.

One proposal of Eurochild is mainstreaming issues of children and families to overall policies. It is very important that children and youth are considered in policy-making, they should not be considered only appendixes of their families, as that is the common mistake. This participatory approach to include children into policy planning is rather innovative, not as much as a philosophy but as a practice, but rarely taken into account by policy-makers and public servants.

Marco Benini, from Fondazione Patrizio Paoletti (specialised in supporting education and research concerning children/youth using the Third Millennium Psychology) from Italy, talked about "Educational and Sociological Implications of immigrant children and poverty". His Pedagogy is based on five factors that are prerequisites for enabling a safe/good future to children: concepts of roles, responsibilities, priorities, delegation and control. For him, organizations should acknowledge that for all individuals the most important need is to protect their jobs and their families, because jobs represent the wealth that enables individuals to choose their future. In the end, what matters the most is the protection of children and their rights regardless of their ethnic and national origin. All organizations, private and public, have a collective responsibility to secure the future for children.

He is concerned with the double failure and trauma caused by migration, that is, the children left behind and the parents forced to migrate, and the feeling of guilt that children develop due to the departure of the parents. This feeling of guilt is almost natural for children, as in their psychological view, they have failed to be loved by their parents, and consequently, they tend to rationalise that deserve to be left alone.

Belini believes that globalisation has brought more distance to social relations and that people from the periphery (countries of origin / immigrants) migrate in search of a dream of centrality, to improve their life chances. But, he wonders, what is the capacity of Europe to respond to children's needs? We, as Europe, need to redefine our sense of social responsibility, increasing our relational and communicational capacity.

Benini has faith in children so he proposed to carry out research

(funded by the Paoletti Foundation) to modify the behaviour of the educational system, as children are the future. This project is based on the importance of relations and emotions, as healthy relations between parents and their children are desirables and contribute to their development. Some of the relations and emotions worked in the project include inter-personal relations, responsibility and prioritisation in delegation and control.

For Benini, migration means a rupture in the affective life of children, and affection is very important to them, so research should be careful with ethical issues, mainly when dealing with un-accompanied minors, as the situation of broken promises may be even more traumatic for them. Sometimes researchers make promises that cannot be kept, causing damage to children who already have a difficult life. In general, children should go to school, but in the case they do not want to attend, researchers should find out why is that they do not want to go, as absenteeism may be due to social distance or relational problems and not to dropping-out. School should be a space of relations where children can grow-up and develop. One key aspect of education should be its intercultural dimension, multimedia and multi-technology. One research project carried out in 2010 in schools in Rome showed that for children age 13, parents are the main role model, followed by sport and TV stars. So, these finding reinforce the importance of parents in children's life [8].

Morover, Benini is concerned with what he calls migration orphans, or an entire generation left in the care of others, which bring serious consequences. The case of Romanians is illustrative, as it is estimated that one-fifth of the Romanian population have left the

[8] http://www.fondazionepatriziopaoletti.org/

country, and the phenomenon of temporary abandonment has increased in the last three years. According to UNICEF, Romania has about 350.000 children left behind, so it is worrisome to have so many households with one or both parents absent due to migration. Research has shown that these households with abandoned children present psycho-pedagogical problems, apathy and depression. Children should not be left alone in the home country at the care of others, as the consequence will affect their development, and in many cases, their relationships with adults and other children become confrontational and problematic. Europe should reflect about the phenomenon of "white orphans".

The main comments about these presentations came from Haroon, who highlighted that focusing on development should be the answer to some of the many problems posed by migration, pinpointing the relevance of what can be done in the country of origin, and looking at the cause, not the consequence.

On the overall, one critical view is that both presentations appealed to the emotional and psychological aspects, forgetting other practical issues concerning migration and the decision to migrate, which involve decisions of economic and family nature. Parents may make mistakes, but migration involves difficult decisions and trade-offs where some emotional issues are relegated to a second place, at least in the moment of making those decisions.

WOMEN POVERTY AND MIGRATION

The second day of the transnational workshop, started by focusing on women. The panel had one speaker, followed by four study cases (which will be explained later on). The expert was Somia Brahimi who is a consultant to the Euro Mediterranean Bureau in

ICTs. Her presentation was entitled "Migrant women: an added value although threats remain", and was based on the defense of the co-development North-South argument, which gives value to immigrant women. Her main thesis is that women are both an added value but also a threat, so along the talk, she explored these two opposing views.

She believes that research has been focusing too much on the feminisation of migration, which uses quantitative analysis, while qualitative methods have been less frequent. Qualitative research could bring more light to the many unknown aspects of migrant women's lives. We should care more about the motivations to migrate, to where, what is the state of health, what is the value added, than simply focusing on how many. The consideration of these aspects should give a better idea of the experience of migrant women. Brahimi sustains that poverty is one main reason for migration as well as what causes instability.

We know that there are about 200 millions migrants who dislocate to countries that are better off. There is also, a considerable number of internal or displaced migrants in many countries, as several UN reports illustrate. However, women as migrant tend to be invisible, as they are usually associated or attached to the husband, they participate more in the domestic economy, which does not consider her contribution to the household as actual work. The 2009 UN-HDR report stated that 50% of the migrants are women who are victims of double discrimination on the grounds of gender and ethnic origin. Usually women try to be optimistic but on the way, they become more disenchanted with the migrant experience, becoming a threat. Immigrant women face difficulties accessing health services and housing, suffer language discrimination and cultural barriers, among other, and are forced to

adapt to an unknown culture. Migrant women suffer the weight of prejudice due to gender and ethnic/racial discrimination, but it is not possible to say that women are all poor.

The traditional role assigned to women is that they migrate with the children and must recreate the family's roots, and culture when they reunite with the husband. Moreover, those that come under reunification visas, may be prevented from work, or work in the informal economy. Both research and the legal framework in the 1970s and 1980s contributed to reinforce the idea of a passive person, which later had to be deconstructed, especially because making women dependent on their husbands was dangerous in different ways: in cases of divorces or marital disagreements, in terms of financial dependency, etc.

Out of all continents, Africa is the one with more migration. According to the United Nations, the multi-dimensional poverty index include low standard of health, well-being and education, which tend to be worse for women, thus African women face more risks and are less educated, putting them in a worse situation in case of migration. As migrants, they become maids or servants, or when well-trained medical doctors or nurses, they mean brain drain for their countries of origin, especially considering that their diplomas are not valued as much as the diplomas of Europeans. Thus, even as highly skilled migrants, they are not given enough value and are restricted to occupy low-entry jobs. The speaker identified several threats for migrant women:

- Economic instability: unemployment, poverty, homelessness, poor housing conditions
- Legal instability: dependent status
- Difficulty accessing health services and benefiting from social welfare
- Cultural barriers: language and others practices

- High exposure to violence: rape, prostitution, slavery
- Being a minority which means stigmatisation, limited access to services
- Sexist and racist stereotypes
- Lack of consideration and respect

On the other hand, women may be happy in the destination countries if they can increase their incomes, improve their access to health services and education infrastructures, improving their children´s perspectives.

Regarding women´s health, Brahimi argued that not all have the same health status and state. There are different segments, as their status and state of health depend on the migratory trajectory and the level of poverty women face in the country of destination. A recent study in France carried out in 2006-2008 followed the trajectories of migrant women, showing that 30% presented a worse health status than French women, they suffer more from cancer, and face more risk factors in term of Aids. Other associated risks and problems identified were: more vulnerability, less access to services, cultural difficulties, isolation and precarious status, among others.

Women also suffer more from the Aids epidemics, and their vulnerability is due to a combination of factors such as precarious socio-economic status and affective situation, unequal power, etc. Closely related to power imbalance, is prostitution, which is associated to poverty, as poverty lead women to work as sex-workers. Migrant prostitutes have less power in relevant decision-making (i.e. condom use) and are more subject to trafficking, smuggling and forced prostitution. Consequently, they are more expose to Aids. Migrant women are also more expose to violence, and it is a fact that the majority of refugees and asylum seekers are women and girls, and 62% of them are 18 or less.

The speaker believes that in Europe there are limited policies that value immigrant women. The value added theory consider that women represent value added in several dimensions:

1) Value added to the country of origin, as when she works, she is able to save money to send remittances to her family, which helps improving her family well-being as well as the development of her country. Thus, migrant women are actors of co-development (North-South).
2) Value added to the migrant population as women get involved in associations, non-profit organization and international organizations that try to influence the policy-making at the local and EU level.
3) Value added to the country of destination, as women perform necessary jobs, usually those that nationals are unwilling to do, they promote diversity, help to counteract aging, get involved in civic and political life, etc.
4) In consequence, immigrant women are value added to the world.

All in all, the migration experience makes women aware of their potential and capacities so they realize that their role is important and some develop emancipation needs. Hence, women are value added to themselves.

For example, women become users of ICTs and ICTs allow for more participation and more democratization. So it is not a coincidence that we see more women in the streets (i.e. more women in the Street of Tunisia in the protests) in their countries of origin. Women learn how to use facebook, twiter, etc., becoming more active and involve in non-profit organisations at home and destination. They change their image, and in that sense, immigrant women become

actors of change in both societies. In the countries of destination women bring diversity to businesses and organisations, they become artists, sport stars, professionals, etc. In brief, immigrant women contribute to multiculturalism.

On the overall, women are actors of social change, in host and home societies, improving the well-being of their families and the level of development of their country of origin. The study cases in the panel on women poverty and migration included four case studies on topics such as domestic violence (Italy), equity (UK), forced labour (Greece) and health (Spain). Most of them develop in-depth knowledge about some of the issues raised by the guest expert. They will be presented in a separate section.

This presentation brought many important issues to the discussion, however, even if trying to conciliate threats and potentialities, the main image of immigrant women portrayed was that of a victim. It should be said that many of the differences and disparities that shape migrant's women lives come from the country of origin (unequal status with the men, less education, limited autonomy to make decisions, etc.). In many cases, women are also able to grow as persons, transcending the difficulties and threats they face as immigrants, so looking at this positive side is important.

THE ELDERLY AND MIGRATION

As migration becomes a widespread phenomenon in Europe, new challenges arise. While most immigrants are not going back to their countries of origin, many have started to retire and aged in European societies, so what is happening to settled elder immigrants is a question that needs more attention. Cristina Roldão, a researcher at the Centre for Research and Studies in

Sociology at the University Institute of Lisbon (CIES-IUL), was invited to talk about this phenomenon as the external expert. Her presentation was on "Elderly Immigrants: a new face of immigration in Portugal".

Cristina Roldão was a team member of a project coordinated by Fernando Luís Machado funded by the Immigration Observatory[9]. They conducted a study on the elder immigrant residents in Portugal, which identified several groups among elder immigrants: reformed European citizens, professionals working in top level management positions, the Luso-Africans, Brazilians, and Indians from Mozambique. To better understand this picture, it is important to understand Portuguese history and decolonisation process. The study included an analysis of the statistics and interviews with elder immigrants. Statistics indicated that 1.4% of the population are older immigrants, and out of them, 39% come from the EU-15, 34% from PALOPs (African Countries of Portuguese Official Language). Out of the immigrants from PALOPs, most of them came in family reunification processes, and the majority of them are women.

The first group, EU elder migrants, can be classified in three different groups, a) retired migrants (63% of EU elder migrants are retired, live mainly in Algarve), b) immigrants with a highly qualified profile (business owners, technicians, employers, etc) and 3) migrants due to love (less significant, more women who have acquired the Portuguese citizenship or came with former Portuguese emigrants). The second group are older PALOP's immigrants, mainly labour migrations of Luso-Africans ogirin who suffer more from poverty, are more dependent of their families, less educated, and

[9] See Machado and Roldão study at:
http://www.oi.acidi.gov.pt/docs/Estudos_OI/OI_39_actualizado.pdf

lived in Lisbon and Setubal. The third group is more diverse, includes the Indians and the Brazilians but the features are not very different: tend to be more educated, business owners or professionals, among others.

One demographic indicator that helps to understand the picture, illustrating prevailing inequalities among ethnic groups is average age at death: while the EU average is 77, Portuguese die at 78, people from PALOPs at 74, and from Guinea Bissau at 69. Guineas come more frequently using the health agreements with Portugal that offer complex treatments, which are not available in the home country[10]. In general, those evacuated patients (as they are called), come either using the health agreements formally, or de facto, by tricking the system. In any cases, patients and their families face very difficult situations during hospitalization and once they are released.

It becomes obvious that the health conditions among the different groups of elder migrants vary widely. The study (Machado & Roldão, 2010) identified different types of aging according to socio-economic status: a) excluded aging, b) aging in poverty but with family support/integration, c) aging in poverty with society support/integration, d) comfortable and active aging with society integration, and e) comfortable isolated aging. These profiles are important for policy planning, as each one requests different type of interventions and support.

One relevant aspect to take into consideration, at least in the case of the elder immigrants in Portugal, is that it is very likely that they will not return to their country of origin. When migration started,

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[10] See Adelina Henriques published MA thesis: http://www.oi.acidi.gov.pt/docs/Colec_Teses/Tese32WEB.pdf

many thought that it was temporary, but as migrants started to age, people realised that older migrants are not returning to the home country, as their families and support are in the destination country. Moreover, most migrants are more familiar with the country of destination where they have lived the latest years, and where they know the health system, usually more organised and with more resources that those of the country of origin. All these reasons suggest that they will stay. Anyhow, it is interesting to highlight that even if a lot of them have lived in Portugal for many years, they do not necessarily know all their rights (i.e. right to pensions, to social support, etc.). It is expected that about 35.000 migrants will age in Portugal in the next years, thus in the near future some planning needs to be carried out to include older migrants into policy-making, mainly extending their rights and securing access to health and social services.

One case study about elder immigrants from France was presented. The study of elder migrants is a new trend in migration studies in the EU, as it is a newer situation. The case will be discuss later in the report, together with the other case studies.

FIELD VISIT

There were two field visits planned in Amadora, however, for unexpected factors, the one to Unidos de Cape Verde Association was cancelled. All participants then visited the Intercultural School for Professions and Sports of Amadora[11]. This special school was created in 1999 with the support of Amadora municipality and in partnership with other local organisations. Its main goals are to provide alternative training and formation to school drop-outs or failing students, using a different curriculum, mainly vocational

[11] For more information see: http://www.escolaintercultural.pt/

education, and offering courses that respond to labour markets needs. The school has three different target populations: youth, adults and seniors, so the programmes they offer are very diverse. In the case of the youth and adults, the school provides training (learning courses for those under 25, and New Opportunities for the recognition and certification of competences). For senior citizens, the school offers different programmes for ages 50 and over (Put up the mess and Recreate life) and 65 and over (multiservice workshop), providing active aging, and social and services support for those in need.

In addition, the Intercultural School carries out several other projects that provide answers to a variety of situations. The most important are: a) Supporting Associations and Micro-enterprises (by promoting entrepreneurship and the creation of small local business), b) Development of sport through education, mainly to offer new education opportunities and competences to those who had dropped-out from school, c) Expo Amadora of good practices undertaken in Amadora, d) Project for inclusion and citizenship which promotes policies of inclusion of children and young adults, such as school reintegration, occupational and vocational sport training, e) Room for kids which offers a space for parenting, and f) professional school in Cape Verde, offering pedagogical and technical support to a similar school in Cape Verde, in Ilha so Sal.

The visit was very productive as it was an excellent venue to promote dialogue and exchange among the project partners, and an opportunity to see how a local project really works, mainly by providing services and outreaching the three target groups of the transnational workshop: children, gender/women and the elderly.

CASE STUDIES

Along the Third Transnational Workshop, eight case studies were presented and discussed, from different European countries, touching upon children, women and the elderly migrants' issues. All of them are concrete and specific responses to the needs of local populations. These good examples include both, non-profit/civil society and public services provision, illustrating also diversity in the way society manage to adapt to change, in this case, due to migration.

A-) Case studies on child poverty and migration

1 - Community Intervention in maternal-child health and family planning. This project was presented by Catarina Portelheiro, Adelaide Verde and Joana Menezes, nurses of the Mobile Unit integrated to the Venda Nova Health Centre, in Amadora, Portugal. The project has a long history as it started in 1993 when the planning the programme "Health in the XXI Century" was being planned. The aim was to reduce health inequalities in the local population and outreach the hard-to-reach populations in peripheral/excluded/marginal neighbourhoods in Amadora. In their case, the focus was on maternal-child health.

The nurses pointed out that one main characteristic of their intervention is permanent reassessment. As time passed by, they need to design new plans of action that evolve together with the changes experienced by the needs of the population. They promote an intervention that is holistic and integrated, so their tools for intervention are three-folded: mobile unit, home visits and health promotion and education. Their action also counts with back-office support to schedule appointments, evaluate/asses and manage the individual/family processes. In the mobile unit, they provide services that can be offered on-site, not discouraging visits to the

health centre. On the contrary, the nurses of the mobile unit do referrals and schedule appointments for specific consultations at the local health centre. In addition, the staff of the mobile unit, is responsible for doing the follow-up of the processes, making sure that all steps and recommendations are followed (i.e. home visits). Often, the mobile unit participate in the social/community events organised in the neighbourhood to bring "health" to the events, thus the nurses and the mobile unit are familiar "faces" locally.

The philosophy of intervention adopted is that of proximity, as has been identified as the best strategy to solve community problems. Proximity is then use in the mobile unit, and in other activities such as health promotion and education actions (i.e. training for the youth, sexual education, etc.). This project has a history of 10 years and its success is due to the fact that the nurses have the local knowledge to intervene, and that their approach to health is broad and inclusive. Another fact that contributes to their success is that they are integrated into the National Health System, which facilitates the outreach of the health centres to specific target groups. Thus they do not depend on the goodwill of civil society. However, it should be said that the human quality of the intervention group, mainly the nurses, is central to making the difference. Moreover, in many occasions the nurses also bring interns (from the schools of nursing and of public health) helping to train new professionals to work with cultural diverse populations and sharing their skills.

2 - Minor´s Integration and Process of Inclusion in the Province of Piacenza, Italy. This project was presented by Massimo Magnaschi (Autonomous Caritas Foundation of Piacenza-

Bobbio ad Scalabrini Centre [12]), and Francesco Millione (Emergency and Youth Foundation of Autonomous Caritas Foundation of Piacenza-Bobbio). In order to understand their project, it is important to know the background and demographical changes in this Italian region. They pointed out that immigration has increased significantly in this region and what used to be the traditional male migration, has shifted towards family reunification and also unaccompanied minors. The new demographic picture of Piacenza indicates that the average age of foreign residents is 30.5 years, and that 70% of the immigrants are 40 years or younger, and more impressive is that 20% of all children in the city are of foreign origin. These demographic facts are necessary information to understand the need for action and intervention with regards to children and youth.

The geographical origin of the immigrants is very diverse: Albania, Morocco, Romania, Macedonia, but also female migration from Eastern Europe non-EU and Latin America (mainly Ecuador, Bolivia and Peru). In general, most immigrants work in low-paid jobs that require no qualifications. Regarding youth, migrants have also different profiles, those who migrated alone with their own project of migration, those who reunited with their family but are left alone at home, those who are unaccompanied minors (mainly from Egypt, Albania, Morocco). Thus, it is important to reach the youth, and the best way to get to them is through family, when they have one.

Many youth who arrived in the last five years, are experiencing problems. Before arrival, they have spent long periods of time away from their parents, under the care of family members, mainly the grandparents in the home country. This separation and later

[12] http://www.caritaspiacenzabobbio.org/

unification brings many uncertainties, difficulties and trauma to their families, as they all need to re-learn to live together in a different context, where language and culture are different. So, the process of adjustment is very difficult. They suffer problems of identity that lead some of them to become members of juvenile gangs. The speakers believed that they suffer from lack of integration, so the two good practices they carry out are: a) the reception and education programmes for unaccompanied minors (130 children, 3% of the unaccompanied minors in Italy), mainly accompanying the minors along the last year as minors, before they turn 18, and b) the regional civil service for young foreigners in Emilia Romagna and the Province of Piacenza.

3 - Children of Black and Minority Origin: the experience of Northern Ireland. The case was presented by Max Petrushkin, from the Northern Ireland Council for Ethnic Minorities (NICEM). The social landscape in Belfast is characterised by high unemployment, low qualification of children and youth, simultaneous movement of immigration and emigration, among others. Belfast is 20 years behind, as there is no legislation pertaining migration that offers a legal or social framework to work with. This legal vacuum needs to be solved, mainly with regards to social inclusion. Data about immigrants and minorities is of low quality, but it is known that there are 80.000 people born abroad, and that 10% of the births are due to immigrant mothers.

NICEM[13] was created in 1994 and its main goals are to promote good race relations to achieve the elimination of racial discrimination and the promotion of racial equality. These goals should be reached by:

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[13] http://www.nicem.org.uk/

- Identifying and responding to the needs of Black and Minority ethnic communities;
- Defending and promoting the rights of Black and Minority ethnic communities;
- Representing and promoting the Black and Minority ethnic sector;
- Providing support and leadership to Black and Minority ethnic communities;
- Raising public awareness and understanding of racism, particularly institutional racism;
- Providing training for potential leaders from within Black and Minority ethnic communities.

NICEM has different lines of work, mainly in the fields of legislation and advocacy, capacity building and training, assistance to migrants and victims of racial harassment. More specifically, NICEM carries out work with immigrants populations that aims at promoting independent living and improving the quality of family life. The target populations are migrant workers who experience crisis situations and have to overcome obstacles in accessing public services due to language and cultural barriers. So NICEM offers help to deal with issues such as: housing, access to healthcare and education, welfare and employment rights, English language needs, racial harassment and immigration. Moreover, the aims of the programme that assists migrants include:

a) Provision of welfare rights information and help with benefit claims, acting as an advocate and assisting in making informed decisions

b) Advice and guidance regarding housing

c) Orientation and guidance for people settling in new areas

d) Identifying, sourcing and referring to healthcare providers. Helping with GP and dentist registrations, medical cards, first appointments

e) Identifying, sourcing and referral to additional training and

educational services. Assistance in school enrolment

f) Access and referral to immigration and employment rights advice. Referral for the victims of racial harassment and intimidation.

g) Evening advice clinics assisting those who need help

B-) Case studies on women poverty and migration

There were four case studies presented on the issue of women poverty and migration, focusing on different aspects that ranged from intervention in cases of domestic violence and trafficking, to equity and women's health.

4 - Operating Guidelines for emergency intervention in case of domestic violence. This case study is two folded: i) Integrated Services Network for combatting violence against women and ii) police training & processing card. It was presented by Gabriella Muretto, local coordinator of the programme in Milano, Italy.

The intervention is rooted on the increasing violence against women in the Milano region. In the last 6-7 years, the metropolitan area of Milan has begun perceiving an urgent need to set up more appropriate services to address "abuse" and "violence" against Italian and foreign women. The city's healthcare services and Emergency Rooms have documented a real growth in demand for such services. Thus this project is a concrete response of the government to the requests of local hospitals who had been reporting increasing cases of violence (understood broadly, as physical, psychological, economical and abuse). The increase of physical violence has been observed in public services in local hospitals, and health authorities took the initiative to create a specific service to face the situation. Since April 23rd, 2009, when Law 23 on Stalking was passed, violence became a crime. The local

government has created an integrated network of Public and Private Social Institutions in order to guarantee the availability of qualified support in the *war* on poverty and violence against women.

In addition, the integrated and consolidated network in Milano, is connected at the national and provincial level, and with non-profit organisations, hoping to provide a wider response to violence. The network includes one clinic that operates 365 days and an agreement between the associations and agencies that provide services to women who are victims of violence (i.e. making telephone calls for them, providing housing in safe-houses, offering different types of counselling such as occupational, legal, psychological, health, hospitalisation, etc.). How do women access services? The project is based on multiple partnerships to provide the services women need, including the following actors:

- Forces of order
- Public Prosecutor's Office
- Public entities (Institutions, Social Services for Immigration Family Services, Services for Adults in difficulty, Schools, etc.)
- Street units
- City hospitals
- Local Healt Units
- Associations
- Interested/target public

Their definition of violence is broad and encompasses many aspects: sexual violence, domestic and family violence, psychological, exploitation, bullying, injustice, blackmailing, subjugation, continuous abuse, economic violence, among others. They believe that poverty is intimately related with the different ways and expressions of violence. The face of poverty is feminine and poverty promotes even more violence. Statistics indicate that the more prevalent type of violence is physical (38%), psychological (31%), sexual (13%), prostitution (1%), while in terms of age, 18% is exercised over women aged 16-24 and 15% to women

between 40-44. Among the national origins of the victims besides Italians, the most representatives are Peruvians, Ecuadorans, Romanians and Moroccans. Other data show that between 2007-2010, 2323 women were victims of violence, 76% of the cases were physical violence and 40% of the cases were to foreign women. Thus, this high number of immigrant women as victims of violence points out to the specificities needed to address these women, such as linguistic and cultural barriers. This means that outreach programmes should consider these factors in order to be effective.

Their experience working with immigrant women victims of violence indicated that these women face at least 3 main difficulties: linguistic (most of them), cultural (especially women from the Maghreb) and fear of loosing their relations with their children. The cases of immigrant women tend to be more complex in the long run, as they prefer support from a diversity of services instead of leaving the abuser (or family), as their immigrant status or the idea of not seeing their children, keep them away from making the decision of living or reporting the abuser.

Their experience also indicate that many problems arise with family reunification, as readjustments to family life in a new environment is complicated and unexpected by family members. The reuniting and well as the reunited members are not aware of the changes they all went through along the time they have been apart, and when they come to be together again, some frictions among them come to the surface, in many cases due to shifts in gender roles within the family, mainly for women, but also with the behaviour of the children and youth who have grown up away from parents' (either one or both) supervision. Of the arising problems, neurosis seems to be very relevant (51%), poverty related (38%), violence (11%) and also many women have shown eating disorders.

One specific programme on domestic violence is “Donna” or women. This programme has provided 1277 gynaecological visits, out of which 45% of them were related to domestic violence and sexual abuse, but also 33% had depressive disorders and 22% anxiety.

This background information presented, justifies the introduction of a programme of intervention on domestic violence in Milano that seek to provide training to the police force. The project aims at organising partnerships and networks among the police and order forces, hoping to increase coordination among the forces, and to increase the awareness about domestic violence.

More espeficically the project is composed of training courses for Police Force operators in Milan and the surrounding Province (Local Police, Carabinieri, State Police), which aim at:

- Providing an overview and monitor the network of institutional and private aid available in Milan

- Raising awareness of the phenomenon of domestic abuse
- Changing police operators' perception of violence as a serious offence against the person
- Creating collaborative forms of prevention and protection for victims of domestic violence between operators in the area (Municipality, Non-profit organisations, Police Forces, Hospitals, Local Health Units, etc.)
- Drawing up a common set of operating guidelines

The gender breakdown of those trained was 67% male officers and 33% female. They have created a processing card which is a common guideline or a manual of operation about the procedures to follow in case of violence even before the forces arrive to the scene (information gathering, on site intervention, proof gathering, witnesses, etc.). One consequence of the implementation of the programme is that they have increased coordination among the different forces of intervention, from different branches of the police

to case managers. Additionally, the programme has increased the awareness about violence and the sensibility about the methods of intervention.

Box 3 – Illustration of Services and Contacts

Emergency services

▪ shelters for women with or without children

Cell. 335.8129695 Cell. 335.1900528 Cell. 335.1900535	call before 11 pm if shelter is requested. Women and children may be escorted to shelters after this time

• emergency aid in the case of sexual or domestic violence

Tel. 02.550324895 Tel. 02.55033797	Emergency Aid for Sexual and Domestic Violence, Social Assistant or Psychologist

5 - Equity and A Cup of Tea. This case study was presented by Nigel Brookhouse from Narthex Birmingham, UK. Narthex Sparthill is a faith based charity organisation, set up by the St. John's Anglican Church, which aims at meeting the needs of cultural diverse populations that live in the community, by providing quality facilities. The area is one of the most deprive in the UK, with the second highest area of children under 5 living in poverty, and a high concentration of ethnic minorities, mainly Asian Muslims. The organisation is not funded by the government.

Narthex works to alleviate crisis, providing support to asylum and refugees migrants that require immediate intervention, offering a welcoming place. The work of the organisation is based on 7 staff members and as many as 42 volunteers. They host several projects that serve different target populations within ethnic minorities and asylum/refugees: women, children and youth, men, the elderly

among others. The support offered varies from resource centre, to educational and sportive activities, advising, etc. Current projects are: one-stop-shop (offering information and advice to low income and minorities), hearth resource centre and drop in (to offer support and health services to migrant women including pregnant women), family learning project (after school and activities for children and youth), parent-todler (offer activities for small children and their families), homework club (safe environment to study), football club (sport and mentoring for 11-15 year old), good companion lunch club (for isolated minority senior citizens), men´s drop in (for isolated and depressed men), ladies friendship club (for isolated women and victims of sexual violence), volunteer parish nurse (providing health, emotional and spiritual support), ante-natal clinics (for asylum and refugee women to provide midwife support), family and community workers (offers support to families, mother and children at home).

Nigel presented this panorama of the organisation to put the situation of migrant women into context. To begin with, the organisation's work with migrant women started with the work of the church minister' wife, who tried to respond to the needs of women to had approached the church in search of help. In the beginning, she was giving baby clothing. There were several drivers that impacted on the health and wellbeing of migrant women: lack of access to finances, depression, loneliness, dehumanising treatment by immigration staff, isolation, inadequate accommodation, media misrepresentation, etc. Thus, when NARTHEX define their principles, they carefully took those considerations into account. Their core principles are:

- Every individual matters and is valued regardless of community background, faith or ethnicity

- Every one is treated equally
- We treat people as we would like to be treated ourselves
- Each client is a person and not a case number or file number
- We only ask the questions needed to allow us to help them; we do not pry into their lives

Narthex works with people through referrals, so they take clients who come through recognised agencies and channels (38 referral agencies). In the last 6 years, Narthex has helped about 120 expectant mothers per year, and they are proud to offer them not only what these women need for themselves and their children, but a human face and a voice that speak back to them. Te speaker presented two specific cases, that of Shasia and of Regina.

6 - Forced labour against migrants women: a visible but also a disguised crime. This case study was brought by the Research Centre of Women´s Affairs (RCWA) in Greece, and presented by Katerina Chiareti, an long time member of the Greek Feminist Movement, of the Non-Aligned Women´s Movement and of the Greek Feminist Network Telesilla.

Chiareti argued that migration is an old phenomenon but feminisations is more recent. Migrant women are more vulnerable than men to forced labour, and this is so because there is a high concentration of female labour in occupations that are associated to traditional roles, many times, hidden in the privacy of the home. Domestic work is delegate to women and they perform their tasks behind closed doors. Usually migrant women are hired to help other women, carrying out their duties under worse conditions (and salaries) than national women. What happens behind doors is unknown and women in the domestic sphere are more likely to be subject of abuse, forced labour, even if they are hired. The

exploitation or abuse migrant women suffered are of different kinds: non-insured, low salaries, long hours of service, bad working conditions, bad living conditions, interrupted rest hours, etc. The legal framework and policies for migrant women are insufficient and should be changed.

Up to the 1990s, most migrant women were mothers or wives, but now they are labour migrants and workers. Anyhow, they have not abandoned their roles as mother/wives nor their obligations at home, on the contrary, they worked as earning a complementary salary. It is known worldwide that women dedicate more time to domestic chores, even if they work outside the home. Moreover, there is always one risk: prostitution. The speaker believes that women do many things to avoid prostitution, but it is not always possible.

What are the main problems of not including women? One is that the value-added of women work, because it is in the home, is not considered. There is no regulation about the tasks carryout at home by women. So many women need to escape the traditional roles assigned to them, and by migrating to other countries (usually more advanced or developed that their own), bringing the issue to the public sphere, but in a context they do not know, and then, they go on to work again in the domestic sphere.

Migrant women face different types of violence: verbal, psychological, physical, among others. For example, 80% of the Ukrainians who migrate are women. What about the female migrants that cross the most Western border of Europe or the costal line? There is a lot of trafficking in those borders, and it is no a coincidence that most trafficked are girls and women. Accessibility to labour markets in the public sphere or open space is not easy for

women, so many are pushed to prostitution or to work in closed doors where exploitation may happen. Additionally, many employers offer non-insured jobs or do irregular payments, but women are afraid of loosing their legal status, do they do not turn to other instances to make claims. In Greece there have been regularization programmes in 1992, 2001 and 2005, and many of the women who gained status had been victims of trafficking, especially in the last two processes. The Greek feminist movement and non-aligned movement want to change legislation to protect women, and to offer assistance in the case of violence.

It should be said that even if women are subject to similar crimes and abuses in all destination countries, there are some differences depending on the context of the host countries. So where borders are more significant and porous, women get more exploited. Where violence, all types of violence (war, displacement, civil unrest, etc.) and natural disasters occur, also, women suffer the most. Where civil war and political unrest occur, women are more likely to be victims of mass-rape. This has been documented in many cases, in and outside of Europe. Very recently, for example the events in Libya indicate that women are being rape, suffering in their own skin an arm conflict and hate that is not theirs. This is so, because men see women as their own objects and revenge is carry out in their bodies. Raped women are later rejected and ostracised and so are the children that result from rapes. In many cases the masculine armed forces are the ones perpetrating those crimes.

7 - A look at women´s health: a case of networking in the municipality of Roquetas de Mar. This case study was presented by Pilar Baraza (nurse and responsible for the Department of attention to citizenship of the Andalusian Health Services, in West Almeria) and Maria Teresa Granados (nurse and anthropologist,

coordinator of Care of the Unit-Clinic in Roquetas North, also from the Andalusian Health Services in West Almeria).

The case of Almeria is very interesting, as the region is called the Plastic Sea, due to the plastic green houses where agricultural production takes place. This type of production has brought many changes into the region. This is a recent development, thus immigrant labour has been brought to work in this unhealthy environment. The nurses wondered how do you work with migration, poverty and women? In the last decades, they have assisted to the feminisation of fluxes, and health services are less accessible to them. Outreach services of the health unit outreach mainly to men (either autochthonous and migrants) who have problems of TB, diabetes and Aids.

Immigration rates have increased exponentially, also due to regularisation programmes (2000 and 2005) and to family reunification, so legislation about family reunification has contributed to the feminisation of migration. The exception to this is Eastern European migration, as the women have their own migration projects, not always dependant on their husbands. Anyhow, women suffer from triple-discrimination: as female, as immigrant and as poor.

Many issues were identified with migrant women:

- Invisibility: immigration is regarded as an economic phenomenon and is linked to male gender
- Young population: 60-80% in fertile age
- Diverse origin: mostly South America, Africa and Eastern
- Europe
- Labour demand does not respond to the human capital of women, focusing on the sector services
- Women suffer a triple discrimination in employment: on the basis of social class, gender and ethnicity
- In general, they do not present different diseases from

Spanish women. They are healthy women: healthy immigrant effect

In relation to women's health, their pathologies are not very different from Spanish women, but there are some specificities due to their jobs and to the context of migration (i.e. living in a new environment with different cultural practices) and to the higher use of some services. Their needs become different due to changes in family and kin relationships, which on the overall will bring different stressors into migrant women's lives. Some of the specific needs in women's health include:

- Contraception
- Voluntary interruption of pregnancy
- Sexual information and education
- Attention to pregnancy, childbirth and puerperium
- Preventive programmes: breast cancer, cancer of cervix, etc
- Paediatric Care
- Vulnerable and at social risk women:
  - Gender violence
  - Prostitution

Immigrant women have different patterns of health services use. For example, they face more pregnancies than autochthonous women, so they need more delivery assistance, more contraception and family planning, among others. In addition, many migrant women work as caretakers, so they need family support for their own families and training to carry out their jobs.

The Second Andalusian Health Plan aims at identifying the weakness of the system and the situations of social exclusion, mainly health inequalities. In the field of Health and Social Care, their action plan includes:

- To facilitate access to public health services
- To improve the quality of care of the problems of health related to migrant population and their families
- To incorporate the perspectives and needs of the migrant population in the attention to the Programme of

Maternal and Child Health

- To extend the Plan "Caring the Caregivers" adapting it to the health problems of the migrant families
- To adapt the model of Mental Health to incorporate cultural diversity
- To provide care to the needs of the most vulnerable people: prostitution

For that, they have created a network in the territory that include municipalities, NGOs and migrants and pro-migrants associations, who know more closely the needs and situations that involved migrants. One strategy they use is participatory planning, where they hold community meetings with the interested parties and partners. One case was the meeting in El Ejido, under the umbrella of a seminar on Immigration and Health, in 2007. The meeting brought together seven NGOs, 14 immigrant associations, 6 municipalities and health professional of 15 health centres. They created a participation commission of immigration and health with 5 municipalities involved, 6 NGOs, 5 immigrant association (rotating membership), and health professionals. This commission aims at: referring health services to the community, recognising the influence of social networks in migration, and identifying the community work as a strategy to promote heath among migrant populations. The output was that the forum identified 42 measures in prevention, health promotion and intervention. One specific action is the organization of local meetings on health and migration, mainly to promote local networking.

One specific case was the meetings in 2008, 2009 and 2010 in Aguadulce, where they proposed several measures mainly to ensure health services accessibility, health education within the community and outreach to vulnerable women's groups. Each year they focus on one subject, from prevention, to working together and to including the second generations. More recently in 2011, and

responding to new needs, they opened a new health centre in Roquetas. In that city, 52% of the birth are from migrant women, who have irregular status, among other problems. The need assessment they carried out identified the following problems:

1. Language and cultural barrier in health care
2. Youth without work opportunities
3. Free family planning
4. High rate of abortions in migrant women (most of them as Eastern European, where they used abortion as contraception)
5. Working hours of mothers and impact on the development of their children
6. Lack of knowledge of healthy habits in the upbringing of children: use of thermometer, etc.
7. Lack of adherence to treatment
8. Free drugs for people with low income
9. Risky practices in agricultural jobs: greenhouses, stores, etc.

In consequence, the group made the following proposals as the best ways to frame interventions:

1. Mediation in the health centers
2. Free family planning
3. Classes of Spanish for immigrant women, adapted to their schedules
4. Training associations and NGOS on access to the health system
5. Cultural adaptation of care
6. Workshops on family planning and maternal child health education
7. Workshops on labour protection
8. Develop a resources guide for women
9. Working with vulnerable women: prostitution and gender violence
10. Training in care of elderly and children dependants to favour labour opportunities
11. Set up a working group on health in the municipalities

Moreover, one concrete proposal was to promote participation of citizens (all) in health in the community. For that specific task, they organized several health promotion activities, including actions to increase accessibility to health services, sexual and reproductive

health, STI prevention, healthy eating, hygiene and newborn care. They also held other training and seminars on TB prevention, mediation for maternal and children health, vaccination, HIV prevention for the youth in collaboration with associations. All these activities have been planned and developed with civil society, which has the advantages of including the target population as well as the possibility of adapting the intervention and information to the needs and characteristics of the target populations, overcoming cultural barriers. In the case of prostitution, the actions organised have outreach women in precarious situation, in the streets or where they have been working (green houses), giving priorities to methods that are more appropriate, such as audiovisual and interactive methodologies, during flexible hours. One interesting aspect of the programme is that they have designed a health card (temporary) that allows them to use health services.

One overall reflection about the cases presented on immigrant women is that the image of vulnerability transcends any other position or status, thus it is almost impossible to relate women to empowerment or to picture them as holding agency. Many programmes do promote empowerment, but the descriptions and situations that illustrate the cases of women, tend to emphasise their vulnerability, forgetting to mention their strengths and abilities they have to survive and overcome the many constrains they encounter. More programmes should emphasise women's power and their capacities to defeat barriers. Some of the programmes, also, have very top-down perspective and assume patronising views about the cultural practice of immigrant women in comparison to the expected good examples set by women from EU countries. One example is "learning" hygiene habits, as if they were not familiar with cleanness and order in their countries of origin. This view does not recognise that in many cases the lack of resources is what limits

what they can or cannot do (i.e. women may not have access to water or cleaning products). The same could be say about nutrition, when women “need” to be taught about nutrition, as if in the cultures of origin, they would not practice good nutritional habits. In the case of the migration experience, one problem may be the lack of access to the staples they are used to use for cooking and eating. These patronising views need further reflections, as the intentions may be good but the way to interfere seems biased and condescending. Thus, it is not a coincidence that the views of experts and some of the cases presented portray women more as victims than as agents.

C-) Case study on older retired migrants

8 – SaCoRa (Grey Hair), France. This case study was presented by Anne Berthier. The project is a response to a problem that was identified in the field, which was the consequence of early migration from the Maghreb. There were several migration waves in France, one right after the Second World War for the country reconstruction, and another related to the colonial history (decolonisation). As in many cases, migrants came on a temporary basis, but then they stayed. Even if during the active lives most immigrant men would return to the home country temporarily to visit the family, most developed roots in France and were used to the French way of life. So, once they reached retirement, they opted for staying in France, even if their families were abroad. Living for so many years out of the home had created different habits, making impossible their return with their families. Consequently, many older immigrants found themselves alone. In many cases, these men worked in the more dangerous jobs, usually undeclared, so they could make more money to send back to the families. However, after working many years paying no contributions to social security, many do not have access to

retirement benefits. So, when the time to stop working came, they found themselves not only alone, but unprotected and isolated.

One common problem is that work was all in their lives, so, with retirement they face loneliness and isolation, and emptiness, because they cannot longer work. They lost their working status, which was what gave them status and pride, but simultaneously, they also lost their links and emotional connection with their families: wives, children, and grandchildren.

Others, even if they have a pension, have lost their authority in the family in the home country, being replaced by the elder son or other family member, so it does not make sense for them to return. These men live their retirement in a dramatic way, isolated, depressed, sad and in bad conditions. Some men live "in between", making many trips back to the country of origin and to France, without any follow-up of their medical conditions, and becoming homeless.

The speaker, created first a discussion group with migrants, and later an association, with a cultural mediator that helps solving the language barrier, organising cultural activities (i.e. ceramic). They have also done two documentaries with the life story of the people involved and their families to find their roots again.

The association also works with immigrant women. There are also many migrant women alone, who have been home all their lives, so they do not have a pension nor any benefit. Even if France used to have generous policies for unprotected residents, in many cases women do not have the proper documentation (even a passport) and the trend is to reduce rights and benefits. These women are also very isolated, many are widows, divorced, and do not know the

language. Immigrant elders (from Algeria, Morocco, Tunisia) are younger than the French, as they are in their 50's and 60's, but their lives has been so cruel and harsh, that they age sooner.

There are many things that can be done to help both, elder men and women migrant. One is to facilitate their access to rights and benefits by providing information so they become more autonomous. For that, they use many volunteers and design some interventions such as producing brochures with simple information even for non-readers, or providing some literary skills as a tool for empowerment, etc.

One important aspect is that aging was not anticipated by policy-makers, however, now, it is time to think about the present and about the future generations.

SMALL GROUP DISCUSSIONS

As mentioned in the Methodology, the international workshop had included sessions of open discussions with participants and stakeholdres, as brainstorming sessions to reflect and propose ideas for the conclusion. The two working group themes focused on different relevant aspects looking at the future. One, on the knowledge economy for the Twenty-first century for all, and the second, looked specifically at migrant women (discussion guides were provided by the organisers). It follows the discussions guidelines.

WORKING GROUP THEME I

* The skills of the twenty-first century: *

In this historic moment, the economic and social spurs are urging men, as human beings, to upgrade their skills, the way they think

of themselves and consequently the way they act. In this situation, from the meetings and practices shared, what types of skills are considered essential to move towards a civilization whose main objectives are co-existence and mutual benefit?

*Getting educated to educate: *

Educating means stirring the best qualities in oneself and in the people one meets. Therefore educating is not a function to be exclusively performed by the social groups devoted to teaching, re-education or recovery of minors or adults in need. The town plan, the relationship and understanding capability of front-offices and public operators, the architectural works, the organization of space and services constitute the "environment" in which man moves. What kind of environmental model (physical - relational - ideal) is believed to date to serve as a function of an effective expression of values oriented towards peace and coexistence?

*The disciplines: *

The world in which we live is a complex system, in which hundreds of variables intersect, creating what we call social phenomena. The training of stakeholders and public officials is essential here to better understand the complexity of a world in a state of flux. This complexity also includes the awareness that every man has of himself, of his role. What disciplines could define the training core of the staff deputed to create, make healthier and implement the fabric of relations with the citizens?

*Creativity: *

Creativity, meant as the ability to respond, originates from a vision (complex and constantly under reconsideration) moving in search of a better understanding of the environment, context and circumstances in which social phenomena arise, grow up and develop. It is necessary, perhaps as never before today, to develop approaches in which creativity is spurred towards creating liveable environments, where relationships are facilitated, where meeting places are "pre-made". A critical mass of people devoted to the creative process is the ideal form to ensure constant innovation. What role and what spaces should be reserved in the cities for these study and research centres of excellence?

*Respectful and ethical intelligence: *

Ethics and respect are the basis of a sustainable and forward-looking policy and economy. Our world is complex and made up of

complex human interactions that define, unless you are properly prepared, a high exposure to stress risks. What defines the stability of a personal ethical horizon? An emotional and affective education from an early age, closeness to one's family and the chance to enjoy parental figures are the basis for the development of ethic intelligence. What policies, what "territorial micro-actions" should be created, developed and supported, so that respect and ethics are at the centre of our education policy?

Lifelong education:

Man, meant as a human being, does not know himself fully. Scientific progress constantly shows us new discoveries that enlighten us about the structure and functioning of man. Neuro-sciences, in particular, have highlighted some of the mechanisms governing our daily actions. The understanding of the latter allows us to better understand the situation whereto the man we meet is found to face up.
A wide dissemination campaign seems necessary to accompany citizens to understand what situation modern man is experiencing and what the mechanisms that govern it are. Scientific language, however, is not accessible to the average population, there seems to be a need for extensive dissemination programmes defined ad hoc. In defining the resolution of a crisis, tools and data should be provided: what kind of interventions can be envisaged in this regard?

Science and technology

The scientific and technological development is the result of intellectual intuitions; what is not yet enough wide-spread is that the intuition process also lives on a proper emotional dimension. Without adequate education / management of one's emotions, therefore, the creative process stops, losing its relational, ethic and supporting dimension. What role does the management of emotions (of individuals and of masses) have in the relation with the neighbourhoods of the cities passing through moments of crisis? What is the role of the media in this process?

Globalization and attention

Globalization is not just a factor that concerns finance, economics or business. Globalization is also, and above all, a dimension of the attention that is led by a thousand different stimuli to rest in a scattered way, here and there. The attention deficit exists because we stir it. The problem is that our attention is never with us. In so doing we lose sight of the centrality of our life and consequently

often wake up away from ourselves. Well then the human system collapses. How does the management and guidance of man's attention prove a major factor in the development and management of urban realities?

WORKING GROUP THEME 2

1. Immigration, Emigration, Migration: who is who ?
2. Why is necessary to talk about migrant woman as a multi dimensional reality?
3. What could be done in terms of actions taken by associations and others organisations in order to tackle migrant's violence?
4. What are the adequate buttons to press in order to achieve positive lobbing to reduce migrant poverty?
5. Which would be the key factors to achieve a successful women integration policy?
6. Which concrete actions could be taken to tackle migrant stigmatisation?
7. What are the jobs of tomorrow for migrants woman?

TRANSNATIONAL WORKSHOP CONCLUSIONS

The international meeting ended with closing remarks, which were presented by Beatriz Padilla, author of the present report.

Conclusions of the 3rd International Workshop
Healthy & Wealthy Together
Health against poverty in Europe: child, women and the elderly migrants from third national countries

After three very intense days of presentations, debates and discussions, I can say that we have more questions and inquiries than answers, but even so, the workshop has brought to light examples, practical cases and good practices that give us some hope.

We have reflected on the overall situation in the European Union, as the general scenario where children, women and the elder migrants live. We have recognized the influence of the EU legal framework and directives, as general guidelines that shape all types of policies: immigration and flows control, integration, access to nationality, social services, among others. However, we have also seen how different the scenarios are. Each country and even each region, have some particularities, features and specificities that make them unique and thus, lead to different types of responses and intervention probably based also on the political will behind them. The design of policies varies, but at the same time, governmental and non-governmental organizations are paying attention and searching for good examples or practices in other places which could come handy to solve their own problems. It is true, also, that good practices are fashionable, and we have seen many.

Before we get into de details of the topics discussed, it is important to reflect on what was discussed these days. Usually there is a loud silence about policies and good practices, especially in the field of health and migration. Theory tells us that Good practices, in order to be considered "good", need to follow some principles: be innovative; make a difference; have a sustainable effect and a potential for replication. They are important because they provide a much need link between research and policy-making by inspiring policy-makers. This is so, because good practices are a creative way to solve the problems encounter in the system, but they are not mainstream. And, in a time of disillusion, nothing is better than looking at good examples, as we have done this week. I will refer to them in a moment. But, just let me say that one key issue about good practices are values, that is, the values behind the good practices, which in most cases are not made explicit and these values should come in first place because they allow us to see if

they are good practices... so this is an issue to reflect upon....

Along the workshop, information was presented that illustrated the deep changes the EU has gone through in the last 50 years. Countries of emigration have become countries of immigration, and countries of immigration have reinforced their status of country of destination. Along this path, some countries known for their welcoming practices have shifted to become less friendly, other have become more friendly and prepare. Even, in the last 18 months, the life span of this project, the EU has entered into a deep crisis, Japan had suffered the worst earthquake ever, the countries of Northern Africa and the Middle East are fighting for freedom and democracy, all of these, with humanitarian crisis and refugee waves as consequences, which probably will not ease migration policies. All these events have made more evident the implications of world poverty. So the question about how to reduce it is not an easy one. Moreover, we have recognized the politization of migration issues, and this is important when it comes to proposing meaningful and realistic recommendations.

So, what are the main issues discussed these days? We focused on very relevant issues: poverty in relation to children, women and the elder migrants in the EU.

Portugal was presented as an example of integration policies, although in addition to integration policies, we know that with regards to policies to control and manage flows and to support development in the home country, Portugal is behind. Nonetheless, some lessons can be learned from Portugal, such as the efforts to outreach immigrants with local centres around the country which gives priority to partnerships with civil society, and programmes for the youth, all youth, of migrant descent and autochthonous, usually

at risk of poverty.

Cristina, in addition to giving an overview and reminding us that migration is no new; people have always searched for better places and conditions to live. She made an excellent point suggesting that in Portugal, formal accessibility may not be an issue, but real accessibility and quality of care is an important concern. In many cases, quality is more a matter of will than of resources. In addition, carrying research using innovative methodologies that use empathy may be a good tool to better understand the views of immigrants and the way they see health and illness. In this sense, health is related to poverty, and a holistic approach from medical anthropology may be worth trying. There are several issues to consider: cultural issues, family and work, and ethical values. One effective approach to migration related issues is not to focus on them as a purely "migration problem" but instead as "vulnerable population" (at least it is convenient from the political point of view, mainly in not prosperous times for migration...), however, they should not be considered powerless, as their empowerment is central to good intervention.

Moving into the topic of children... it was mentioned that not only research is needed but there is a need to: - build indicators that would support decision making, - identify children's non-material needs, - strength existing and new networks, and - give voice to children and youth in the identification of problems and their solutions, as most studies do not include the opinion or voice of children.

Any policy targeting children should include the emotional and affective dimension. Children are part of families but the family may also be their problem. It is important to consider the variety of

cases: accompanied, unaccompanied minors, with and without trauma, with family support and without, with dangerous and unhealthy behaviours or not. In some cases, family reunification is the trigger of unexpected problems which can be worse in the case of teenagers.

One successful way to outreach children (and adolescents), is through maternal-child care services provided by mobile units. But the most important aspect of the mobile units is human resources (nurses and other staff), who know the population and are flexible enough to identify the changes people go through as time pass by. Integrated services seem to be key, preferring promotion and prevention instead of intervention, but with capacity to intervene when necessary. Some common features of policies are: the effectiveness of local level interventions; the importance of cultural competence and mediators; policies that focus on socio-economic development and education. What is important to keep in mind is that children are the future generations, so any deficit or deficiency will have implications for the future of the entire EU. Children's exclusion will bring and reproduce more exclusion, so policies should take this aspect into account.

Women... we live in a sexist world, but migrant women are even more discriminated due to their gender, ethnicity and class. Women and their children are at a higher risk of poverty. We need to change the world with feminist measures that end exploitation, violence, abuse and even symbolic violence. Sexism means injustice, inequalities in education, labour markets, division of labour and less right to self-realization; and for migrant women the double journey becomes the triple journey.

One presentation suggested that women are value added in several

dimensions: for the country of origin and for the country of destination, for demographic reasons, for assisting the EU to care for their children and their elder. Another presentation focused on violence against women, violence that is suffered by all women, migrants and non-migrants, however in the case of migrants there are some specific situations that need to be taken into account, as isolation, fear of deportation among other factors, can make things even worse. Violence can take many forms: physical, psychological, domestic, family, exploitation, black-mail, bullying, injustice, economic violence, continuous abuse, subjugation, rape, etc. So interventions need proper answers and coordination with a set of services. Reunification may bring more violence, so many aspects should be considered: cultural characteristics, linguistic difficulties, relations with children and husbands, etc.

Many questions arise: how to prevent violence? How to deal with cases when is among migrant population? What are the real options for migrant women? Women's lives are at risks, so what services can be offered? Even if violence has not been eradicated, programmes that are integrated and that offered a diversity of services, have been more successful, including providing services and counselling to other family members and access to safe houses. In dealing with violence, it is fundamental to train the police and security agents, to learn how to deal with it.

One trend of migration is the feminization of the flows. The increasing numbers of women bring some challenges and changes with regards to health services for migrant women and families. So, sexual and reproductive health becomes a concern. Cases presented indicated that migrant women have needs in the following fields: contraception, abortion, sexual information and education, pregnancy, health promotion and specific needs for

vulnerable women in situation of violence and prostitution. In addition to these aspects, and because many women work in the domestic care services (nannies, domestic workers and personal care for the elderly), some programmes offer training for these workers.

In addition, providing different types of accessibility has been important, especially to those with irregular status, thus a service card created in Roquetas de Mar is a good example from the standpoint of public health as well as human rights.

The EU is ageing, and even if migrants are contributing demographically, many migrants are old themselves, so their health is a new issue of concern. How are they ageing? What are their problems? One common situation in Southern European countries is that Northern Europeans come to retired. There are regulations that deal with this issue and countries talk about patient mobility and not migration, and socio-economic deprivation is not the case.

However, the case for the elderly migrants from third national countries is different. In addition to socio-economic deprivation, many they face isolation, inactivity and disability. Moreover, many have not return to the home to age in the home country as expected, their descendants are here, and they know that aging in the home country may be worse. Yet, and even if they have lived in the EU for a long time, many are not aware of their rights, of what type of support they have access to, thus the work of local associations is key for their wellbeing.

Overall, how can we summarize in some key words the recommendations of this meeting?

- Local policies and intervention are the best strategy due to

proximity

- Coordination and dialogue among agencies and civil society to avoid duplication and services overlapping

- Cultural awareness that include cultural appropriate services and mediation

- Empowerment and participation in services planning and provision. Do with them not do for them

- Attack/reduce poverty at all level and dimension. This will be beneficial for all.

- Act today, the next generation is at stake. Inclusion policies for all are a must in the EU.

One thing to remember: vulnerability does not mean powerless.

GOOD PRACTICE CHECKLIST

There is a growing body of literature about good practices around the world about endless policies, programmes and interventions. Good Practices have become central in research and policy-making, therefore, reflecting on what they are and what they are for, is really important. One common problem of Good Practices is that they are often taken for granted, used as if they were common knowledge. Many books, texts, reports and articles do not even provide definitions of good practices, including them in titles or in the content without further explanations. Recently, there has been an evolution from Best Practices to Good Practices (Padilla et al 2009[14]). *Best* was commonly use in the Anglo-Saxon literature, while *Good* has been more dominant in other regions, mainly to

[14] Padilla, Beatriz, Rui Portugal, David Ingleby and Claudia de Freitas. 2009. Good Practice Report on Health and Migration in the European Union. In Ana Fernandes and Jose Pereira Miguel, *Health and Migration in the EU: Better Health for All in and inclusive society*, edited by the Portuguese Presidency of the EU Council. Pro-Book Publishing Limited: London, pp. 101-115.

avoid hierarchies or competition. The EC has been prone to adopting this framework in many research projects funded with EU moneys.

Good practice is both a tool and a methodology that allows others to access information about a practice or programme carried out somewhere and that could be thought to be adopted somewhere else. This is not new, however, the common use of this approach has lead some scholars to identify tips that can facilitate its success, dissemination and replication. Yet, the specificities of each scenario and of the target population should be the starting and ending points when thinking in reproducing any good practice, as they are not fixed recipes.

Our transnational workshop focused on three different target populations, so these recommendations and checklist should be used carefully. When conceiving, assessing, evaluating and reproducing good practices, there are many issues to be considered and taken into account. In any case, as a good practice checklist is believed to guide the assessment, we provide one general checklist but recommend that a careful look, consideration and analysis is carried out according to the population. Anyhow, we have opted for grouping different aspects or issues.

Good Practice checklist

General Aspects:

- Immigrant populations are heterogeneous and diverse. Immigrants come from different countries, cultures, and socio-economic status. Moreover, immigrant communities are diverse even within the same national groups, so programmes need to take this into account.

- Immigrants are knowledgeable individuals in their country of origin. They know their way around and the system. So their vulnerability in the host country usually comes from the uncertainty, their limited capacity to navigate the legal system, not from ignorance.

- Immigrants have practices that are embedded in their culture, but culture cannot be essentialised or naturalised, as all cultural practices have been created. The border line between accepting cultural practices should be human rights.

- Inequality is one of the main problems that immigrants face, even if in many situations, cultural differences arise as obstacles and barriers to accessing resources and rights.

- All practices (good or bad practices) are based on a set of values, and identifying those values are central before assessing whether the practices are good or not. Values may so deeply embedded in the practice that could be difficult to identify, but they are there. Common values are equality, humanity, value of life, no discrimination, etc.

- Holistic programme are tend to be more efficient and effective as they include a comprehensive interpretation of health and of a given problem. So looking at the broad social determinants of health is important.

Accessibility & Quality

- Universal access ensures good public health.

- Good public health and human rights are more important than legal status.

- Access to services is as important as their quality.

- The responses and the quality of the responses to the health needs of immigrants depend on the correct interpretation of their needs. So having a trained staff to deal with diverse populations is a must. Providing training to health professional is a fundamental key to improving the quality of health services.

- Common tools to improve access and quality are: translations services, dissemination in a comprehensible language (oral/written), staff with empathy skills, full information and implications, advising and counselling, among others.

- Migrant friendly hospitals, health centres and social units (there are many recommendation from these existing networks) tend to ensure accessibility and quality.

- Improving immigrants' skills and capacities to understand and use the health and social systems is also important as the only strategy to avoid making immigrants dependent on others.

- Programmes that provide skills to immigrants tend to empower them, fostering their agency and reducing their vulnerabilities, with long-term effects.

- Practices should not focus on one or the other side (health professionals or clients), both are important.

For children, women and the elderly

- Practices should include the target populations in the planning (ask their opinion, get them involve, make them responsible) to be active partners in the solutions of their problems.

- Immigrant children, women and the elderly should be engaged at all levels and cannot be seen as dependent and totally disenfranchised.

- Immigrant women and children may need special support and services in cases of violence (domestic, physical, psychological) mainly housing, protection from threats and psychological support.

- Trafficked women and children should be protected and offered especial support from psychological to legal advise.

- Immigrant children and immigrant parents are groups that may need special support assisting them in the transition in case of family reunification.

- For retired immigrants, active aging is a good principle.

Health and Social System

- Practices that are embedded or contained in the public system tend to be better than civil society models, They avoid common problems such as lack of funding, are not assistencialist, and tend to improve the system.

- Improvement of health and social services for immigrants is a plus also for national populations, especially if targeting cultural competence, inequalities and quality.

CONCLUDING REMARKS

What issues ought to be brought to this section, as closing remarks after a deeper reflection on the issues discussed during the transnational workshop and last meeting of the project Healthy and

Wealthy Together?. Certainly, one overall important issue to be highlighted is the intimately close connexion between poverty as a determinant of vulnerability among immigrant populations, especially if looking at children, women and the elderly, and not the other way around. This is important as it indicates how we should approach immigration issues and how we should think about policy-making for the target population.

One corollary is that even if ethnicity/race is relevant when studying migration, usually approached by looking at culture or cultural differences, poverty and socio-economic status are as appropriate and important to be taken into account. In other words, if the way immigrants approach to issues of health and illness may be shaped by cultural believes, among other things, their socio-economic status, the resources they have available and access to, and their social capital is what facilitates or hinders in the ends their accessibility to social and health services. Thus it is not "culture" what determines their well-being, their state of health and health status.

One relevant consequence of this situation is fundamental for policy-making, because decision-makers, when designing policies instruments and programmes to fight exclusion, should not only focus on cultural differences, but also on poverty, socio-economic status and the lack of access to resources. On the opposite side, when intervention is solely based on culture, the outcomes (policies and programmes) result from an essentialist standpoint, which in the end tend to create more barriers among immigrants and national populations.

This does not mean that intervention should not be cultural and diversity competent and sensitive. On the contrary, socio-economic

issues need to be taken into account. Combining culture and socio-economic aspects should be more effective cost and population wise, which in times of crisis could be more appreciated. This cultural-socio-economic approach is also more defendable from the perspective of politics. Immigration is a politicised issue, and as mentioned before, contexts of crisis bring more detriments to migration that defendants, thus the pragmatism of this join approach comes handy in current times.

The cultural-socio-economic approach is crucial in the cases of good practices, both in terms of justification and in the field. From the point of view of funding agencies and institutions, programmes are more justifiable when serving a broader variety of target populations who may share some characteristics (either cultural but also socio-economic): i.e. immigrants, national ethnic minorities, low income populations, displaced populations, etc. In the field, it does not make sense to exclude possible beneficiaries due to national/ethnic/racial origin when they all may need vaccination, or check ups. Thus clients should not be rejected on the basis of not being immigrants, or belonging to a given minority, on the contrary, at the community level, it is better to outreach all the population that otherwise would not be included. Just to give an example, the mobile unit of Venda Nova does not exclude (not pretends to exclude) Portuguese nationals who live in the served neighbourhood from accessing any of the services they provide.

Another observation that is pertinent is that Good Practices should be considered good examples, but most of them usually never provide general answers to the limitations of the system, thus their outreach is limited. Even if they are worthy and have great value, they cannot be seen as a benchmark. Good practices are good ideas from the field, from those practitioners that daily are confronted

with difficulties, but the solutions they provide are only partial, and as suggested by Padilla et al (2009[15]), they provided nice and competent patchwork, but not overall solutions. They also end up filling-in the gaps of the deficiencies of public policies, but are not desirable long-term solutions, nor should be fulfilling the duties of the State. However, positive aspect of Good Practices is that they allow us to better grasp the relation between the community and the system.

Finally, just a note to call the attention to the risks of viewing immigrants as "vulnerable population". Many situations indicate that in fact immigrants, mainly children, women and the elderly, are at risk populations, subject to exclusion and deprivation. However, they are also subjects that want to intervene in the solutions to their problems, choosing path that imply empowerment and agency, thus a vulnerability focus may be harmful. Immigrant face barriers, obstacles and encounter many difficulties but they are not totally disenfranchised populations, on the contrary, they have overcome and survived successfully the migration process, in many cases from far away continents and distances, which make them powerful and determined populations.

LINKS TO WEBSITES

http://www.mipex.eu/

http://www.fondazionepatriziopaoletti.org/

http://www.caritaspiacenzabobbio.org/

http://www.euimmigration.org/

[15] Padilla, Beatriz, Rui Portugal, David Ingleby and Claudia de Freitas. 2009. Good Practice Report on Health and Migration in the European Union. In Ana Fernandes and Jose Pereira Miguel, *Health and Migration in the EU: Better Health for All in and inclusive society*, edited by the Portuguese Presidency of the EU Council. Pro-Book Publishing Limited: London, pp. 101-115.

http://www.scalabrini.org/

http://www.escolaintercultural.pt/

http://picum.org/en

http://picum.org/en/publications/conference-and-workshop-reports/25872/

http://picum.org/en/publications/conference-and-workshop-reports/25474/

http://www.nicem.org.uk/

http://www.iom.int/jahia/Jahia/activities/by-theme/migration-health

http://publications.iom.int/bookstore/free/WMR2010_capacity_needs_health_aspects.pdf

http://www.who.int/hac/techguidance/health_of_migrants/en/index.html

http://www.euro.who.int/__data/assets/pdf_file/0005/127526/e94497.pdf

http://www.euro.who.int/__data/assets/pdf_file/0006/115485/E94018.pdf

http://www.programaescolhas.pt/

http://www.acidi.gov.pt/

http://mighealth.net/index.php/Main_Page

http://www.migrant-health-europe.org/

http://www.migrant-health-europe.org/files/AMAC%20Public%20Report.pdf

http://www.insa.pt/sites/INSA/Portugues/Publicacoes/Outros/Documents/Epidemiologia/HealthMigrationEU2.pdf

http://www.un-instraw.org/grvc/news/new-publication-migration-and-health-in-europe

http://www.un.org/

http://www.unhcr.ch/

http://www.gcim.org/en/

http://www.icmh.ch/

http://www.forcedmigration.org/

http://www.icmpd.org/

ANNEX

Conference Programme

3rd Transnational Workshop

HEALTHY & WEALTHY TOGETHER

Developing common European modules on migrants health and poverty

HEALTH AGAINST POVERTY IN EUROPE

focus on: Child, women and older retired migrants

from Third National Countries

12 th -15 th April 2011
AMADORA– Portugal

Venue:
Military Academy (Workshop - 13th to 15th April).
http://www.academiamilitar.pt/contactos/aquartelamento-da-amadora.html

Av. Conde Castro Guimarães
2720-113 Amadora
Portugal

http://www.qec-eran.org/
http://project1.qec-eran.or

Tuesday 12 April
(16.00-18.00) **only for project partners**
Steering Group Committee

Venue:
Fernando Piteira Santos Municipal Library of Amadora,

Av. Conde Castro Guimarães, 6
Reboleira – 2720 AMADORA

18.30 - *Concert of the Generation Orchestra,*
In Recreios da Amadora (Av. Santos Mattos Nº. 2, Venteira-Amadora)

Wednesday 13 April
(09.00-13.00)
Setting the context

REGISTRATION (09.00-09.30) WELCOME

- Ms. Carla Tavares, "Welcome", *Vice-Mayor of Amadora, responsible for Education, Housing, Social Affairs, Youth, Sport and Health, Portugal.*
- Mr. Haroon Saad, "Setting the context of the meeting", *Director QeC-ERAN, Belgium*
- Ms. Giulia Cantaluppi, "Peer Review Objectives and methodology", *Project Coordinator H&W, Belgium*
- Ms. Rosário Farmhouse, "Host and Integration Policies in Portugal", *High Commissioner for Immigration and Intercultural Dialogue, Portugal.*
- Ms. Cristina Santinho, "Overview on Migration, Health and Poverty", *Researcher at the Networked Research Centre in Anthropology (CRIA), Higher Institute for Employment and Corporate Sciences (ISCTE/IUL), and President of the Association "Migration and Health Group", Portugal.*

Questions and answers (15 min)

Break 11.00-11.30 (30 min)

(11.30-13.30)
THEME 1: child poverty and migration in Europe

- Ms. Olga Fonseca and Mr. Sérgio Araújo, "Child poverty in Europe - trends & challenges", *from CEBI Foundation, independent Expert, Eurochild Portugal.*
- Mr.Marco Benini, "Educational and sociological implications of the issue of migrants child and poverty", *Expert in educational processes for Fondazione Patrizio Paoletti, Italy.*

WG1 Case studies:
Facilitators: Marco Benini

- Ms.Catarina Portelheiro, Ms. Maria Adelaide Verde and Ms. Joana Menezes, "Community intervention Project of Community Care Unit – ACES VII", *Nurses of the Continued Car Unit- Health Centers Grouping Lisbon VII-Amadora, Portugal.*

- Mr. Massimo Magnaschi and Mr. Francesco Millione, *"Minor's integration and inclusion process in the province of Piacenza", Italy.*

- Mr. Max Petrushkin, "BME children…the Northern Ireland experience", *Migrant Advice Centre Belfast, UK.*

Lunch buffet at the venue (13.30-14.45)

(14.45-17.00)
Working Groups session on THEME 1
PARTNERS WILL SEPARETE IN 3 GROUPS

Only for project partners
20.30 –Dinner

Thursday 14 April
(09.00-13.30)
THEME 2: women poverty and migration

- *Expert:* Ms. Somia Brahimi, "Migrant women: an added value although threats remain", *Consultante Euro-Méditerranée Conseil TIC, Stratégie, Management et Organisation, France*

Questions and answers

WG2 CASE STUDIES:
Facilitators: Ms. Somia Brahimi

- Ms.Gabriella Muretto, "Operating guidelines for emergency intervention in case of domestic violence", *Local Coordinator Milano, Italy.*

- Mr. Nigel Brookhouse, "Equity and A Cup of Tea", *from Narthex Birmingham, UK.*

Break 11.00-11.30 (30 min)

- Ms. Katerina Chaireti, "Forced labour against migrant women: a visible but also a disguised crime" *Research Centre of Women's Affairs (RCWA), Greece.*

- Ms.Pilar Baraza and Ms. Teresa Granados,"A look at women's health: a case of networking in the municipality of Roquetas de Mar", *Roquetas de Mar, Spain.*

Lunch buffet at the venue (13.30-14.30)

After lunch 1h of ROUND TABLE and discussion

	STUDY TOUR (15.30-17.30)	only for project partners Visit 1 or 2, in option

1. Intercultural School for Professions and sports of Amadora
http://www.escolaintercultural.pt/

The Intercultural School for Professions and sports of Amadora was created in 1999 with the support of Amadora Municipality, in partnership with Cooptécnica/ Professional School Gustavo Eiffel and the AERLIS. It represents an alternative to academic courses, as well as to school leavers and school failure, through vocational education. It is intended that courses and training represent effective responses to labor market needs.

2. Unidos de Cabo Verde Association
http://www.aucv.blogspot.com/

The UCVA was created 20 years ago in Amadora and since then has been carrying out functions of social, economical and cultural support to their Associates and to the local population, which most of them, present severe indicators of social exclusion.

Only for project partners
20.30 –Dinner

Friday 15 April
(09.30-12.30)
THEME 3 – older retired migrants

- *Expert:* Ms.Cristina Roldão, "Elderly Immigrants: A new face of immigration in Portugal", *Researcher at the Centre for Research and Studies in Sociology (CIES), Higher Institute for Employment and Corporate Sciences (ISCTE/IUL), Portugal.*

WG3 CASE STUDIES:

- Ms. Anne Berthier, *from SaCoRa Lyon, France.*

Questions and answers (15 min)

Separation in small group for final discussion
REPORTS from the groups

- Ms. Beatriz Padilla, Conclusions of the PRW3, *Senior Research fellow at the Centre for Research and Studies in Sociology (CIES), Higher Institute for Employment and Corporate Sciences (ISCTE/IUL), Portugal.*

12.30-13.30 Brunch at the Venue
and END OF THE CONFERENCE

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Lisbon, June 30th, 2011