

Brief Summaries of Practice from Participants in the Conference

Theme 1: Interdisciplinary approach in social and health care to prevent and/or combat poverty

Projects related to overweight children, parents and reference persons, and also topics such as health in school and health of parents. These are projects for overweight children between 7 and 14 years, teaching them to integrate movement into everyday life. The parents are also involved. The children and families belong mainly to low income families.

Cookery course for people with low income run by a team that includes a psychologist, a dietician and a social worker. Autonomy, motivation, self-control and an individual approach are put in the spotlight.

Composition of a minimal healthy food basket for nutrition for different family types. In Flanders this minimum budget standard has been put together by a team that includes a dietician, a sociologist and a marketer.

Bindkracht – Empowerment and linking against poverty: a trans-disciplinary cooperation between researchers, practitioners in the field of social work and people in poverty. They (Bindkracht – Empowerment and linking against poverty) want to improve the quality of social work with people living in poverty. They offer support to professionals and volunteers who counsel people living in poverty, by means of (action) research and development of methodology, vocational training, coaching and publications.

Interdis: student dietetics participate in a multi-professional teaching & learning trajectory to develop the skills needed in an interdisciplinary context. This trajectory is called Interdis. Interdis consists of workshops in which the students work together with students from other paramedical disciplines.

A team is working on an experimental technological model for social adaptation for children under school age who are brought up in institutions. They aim to establish a system for facilitating the children to reach the standards of social life and adequate interpersonal communication in society. They also want to improve professional skills in the pedagogical communication area of the pedagogues from the specialised institution in order to make corrective and preventive activity.

Centre of Early Medical-Social Rehabilitation (CEMSR) of the Odessa Children Region Hospital. CEMSR provides early childhood intervention (ECI) services with multidisciplinary approaches for infants and children up to three or six years, who have high-risk status, disabilities and/or live in a rural district.

«Vilitis»: In Lithuania one of the best examples of an interdisciplinary approach in social and health are the projects implemented by Lithuanian Welfare Society for People with Intellectual Disability “Viltis” in co-operation with major structures of health and social spheres. Their work covers all spheres from medical care to employment.

In May 2009, the government of Macedonia introduced changes in the legislation and policies to incorporate persons whose access to health care has always been burdened by their economic weakness, legal status, or any other reason, into the citizenship-based nation-wide health insurance scheme. By this, anyone residing in Macedonia, under the single condition of citizenship of the country, becomes part of the state-funded health insurance, which covers a comprehensive basic package of health services on a solidarity basis.

Parohia Ortodoxa Romana Livezeni is a non-profit, orthodox organisation which is recognised for its philanthropic and charitable activities. This institution initiated a good practice model in medical –social work for other orthodox churches in Romania.

Caritas has a qualified and welcoming reception worker. This reception worker will look at the situation of the person and will then decide if they can help them. If this is the case they try to offer prolonged working with the person to respond to their needs at the internal level as well as at the level of the external entities of the actual organisation. Caritas values the follow up and accompaniment of the person; by this they create a link of trust and respect.

Caritas has a few flats offering temporary accommodation for people Their objective is to attain a process of change in the situation of the person.

The Human, Ecological and Social Sustainability project. This project is confronting poverty through the inclusion in the job market of excluded persons. They are developing an ecological project recovering five very important natural spaces in the vicinity of Osana, close to the river Ter.

The Miquel Martí i Pol project. This project integrates health, education, research and the fight against poverty. The project is based on gardening and restoration/reforestation of natural spaces, undertaken by clients who experience problems with mental health, poverty and immigration and occupational therapy students at the University of Vic.

Theme 2: Community Development and Client Participation Approaches to Addressing Health Inequalities

Bromley by Bow Centre, London United Kingdom. Key issues which emerged from the description provided, included the importance of ensuring that services are situated within the community and that professionals work in collaborative multidisciplinary methods. In the case of Bromley by Bow 40% of staff working in the service, live in the local area ensuring that services are provided by local people and have relevance to service users. In addition, the geographical organisation of the centre ensures that service users can access a myriad of services in one location and encourages staff to become aware of each other and to refer to one another.

Over the past 25 years, the Centre has developed a successful model of community regeneration. It is a model that has been tried and tested and is continually honed and improved as the needs of the community change. Three key elements have led to its success:

- 1) The Bromley by Bow Centre is highly accessible with buildings and services designed to make it easy for people to get involved in services and activities, both formally and informally. A large percentage of the staff team is recruited locally, meaning that they understand the issues that the community face and act as positive role models.
- 2) The Bromley by Bow Centre provides a range of integrated services. These services are spread across a broad spectrum, delivering health, learning, employment, welfare and benefits, and creative arts. Our programmes dovetail and benefit from having a unified approach where staff from across all services work together, ensuring that clients access the range of support that they need for themselves and their families.
- 3) The Bromley by Bow Centre creates progression pathways. At the heart of our model is the phrase “assume it’s possible”, encapsulating a determination that everyone engaged with the centre is enabled to fulfil their full potential

The ethos of the Bromley by Bow Centre flows down into the programmes delivered and its holistic approach is therefore core to the structure of each project. Programmes include the 'Fresh Start Weight Management Programme' and PoLLeN

Fresh Start Weight Management

Fresh Start is a 12-week weight management programme for adults in LAPs 5 and 6 with a body mass index (BMI) of 25kg/m² and above. Fresh Start's key objective is to improve the long-term health and wellbeing of service beneficiaries. Fresh Start takes a 'whole body' approach to weight loss addressing activity levels, diet and nutrition, environmental, social and personal drivers to weight loss. The programme combines weekly group and one-to-one advice, learning and exercise enabling beneficiaries to develop, maintain and advance upon weight loss and improved health behaviours. The programme focuses on three key components (i) nutrition and dietary advice (ii) exercise and physical activity and (iii) motivational coaching from a life coach focusing on supporting the behaviour changes necessary to achieve long term sustained lifestyle change.

PoLLeN (People, Life, Landscape and Nature) Social & Therapeutic Horticulture

Pollen is funded by Ecominds and J P Getty Jnr Charitable Trust with the overall aim of improving the mental and physical wellbeing of individuals through engagement with the natural environment. The project offers a range of therapeutic horticultural and art related activities for people experiencing stress, anxiety, panic attacks, agitation, low mood, lack of confidence, or difficulty in coping with day-to-day life, often brought on by social isolation, debt or poor living conditions. Motivational coaching sessions are also offered to clients in which they are helped to overcome challenges and move forward positively to reach their goals. In addition, the project is a registered Green Gym® and works with BTCV (British Trust for Conservation Volunteers) to deliver a scheme of practical projects, inspiring people to improve both health and environment at the same time by increasing strength and stamina and improving local spaces. Pollen also benefits from signposting and referring clients to the range of delivery services and support offered at Bromley by Bow, such as employment support and welfare & benefits advice.

Primary health care with people from Roma groups

A project is seeking to address primary healthcare in poorer neighbourhoods working with people from Roma groups. Due to the cultural challenges combined with a singular discipline approach, many projects provided by health and local services are not successful. It is suggested that the challenge for educators is to support students in knowing when to come

up with holistic solutions when they realise that complex social and health problems cannot be resolved by a singular discipline working alone.

Advisory Service of the Municipality of Keratsini, Attiki, Greece

It is suggested that in order to be successful projects should adopt a holistic and sustainable approach to community development. This holistic approach tackles problems from multiple levels including micro, meso and macro and uses both top down and bottom up strategies. Such projects work with key community stakeholders who can act as champions to support the community to come together to discuss social issues. Emphasised is the need to value the process of community development as much as the product or outcome of projects.

In the Advisory Station services are provided free of charge to persons that belong to vulnerable - socially excluded groups- immigrants, individuals living at a low socio-economic level, those without income, unemployed, that are residents of the particular municipality. The social service is responsible for providing advice and promoting social inclusion through a range of services.

Micro finance project with women in Sierra Leona

A micro finance project has been developed with women in Sierra Leona. Key learning that emerged from this project included the idea that you cannot tackle the issue of healthcare without addressing poverty. In addition it should be remembered that community development projects take a long time and therefore long term projects with a long term commitment are necessary.

University wide service learning programme

The National University of Ireland, Galway has developed a university wide service learning programme. Service learning projects are driven by the community and involve students working in collaboration with community organisations to address particular community issues. Challenges that emerge from this work include the inevitable power imbalance between the university and the community and the issue of ensuring work completed is sustainable.

Healthy Food Made Easy (HFME)

Healthy Food Made Easy (HFME) is a health-service initiated community-based and community delivered (peer led) food and nutrition project in the Republic of Ireland. As such it falls within the category known as 'community food projects'. These are initiatives that seek to place food and nutrition issues within a societal and social context. They seek to address

issues of food poverty, food inequality and the social aspects of health. They also represent an alternative approach to nutrition education and health promotion.

HFME Project Aim: To improve nutrition knowledge and eating behaviour and ultimately to reduce diet related morbidity and mortality from cardiovascular disease and other preventable diseases.

Healthy Food Made Easy began in 1992 as a peer-led nutrition education programme among low-income groups. Over subsequent years, the programme has evolved to become a six session fun and practical course which focuses on fostering basic knowledge about healthy eating. Members of the community are trained as peer-leaders to deliver the course to groups in their local community. This is carried out with the support of a local coordinator and community dietician's. Healthy Food Made Easy uses a community development approach and embraces many of the principles of health promotion including developing personal skills and strengthening community action (Ottawa Charter, 1986). The project is being continually evaluated locally and externally.

Best Top Healthy Links - Nottingham Community Nutrition scheme

This project (which was part of a larger healthy living network project) was set up in Nottingham using a model in which local people are trained to work alongside existing community dietitians. This model has been found to be extremely powerful.

Community food worker roles were developed and recruited from members of the local community in Bestwood, which is one of the highest deprivation wards in Nottingham. The 3 appointees then undertook an accredited training package in nutrition skills led by community dietitians. These workers understood the day-to-day experiences of the people they work with, were able to communicate health messages in appropriate and accessible ways and help people to develop practical skills in shopping, budgeting and cooking.

The objectives of the project were: i) To assess the food and health needs of local residents, particularly those on low income; ii) To identify concerns of local residents relating to food and nutrition; iii) To organise and facilitate practical initiatives to address those issues and encourage people to eat a healthier diet; iv) To increase awareness of a well-balanced diet and the government's 5-a-day campaign; v) To act as a resource for the local community and a link to other services and agencies, particularly other elements of the whole project.

Local people were consulted at all stages of the project, this included a thorough needs assessment where teachers, youth workers, community workers, older people, tenants and residential groups and local health workers were consulted. This communication was ongoing and was a key part to its success.

Citizens' juries

The "citizens' jury" as a tool to help administration in the decision-making process, is not an absolute novelty, however in Italy it had not been tested up to now. Three citizens' juries were held in Turin (March 2006), in Alessandria (February 2007) and in Vercelli March 2007). Juries promote the development of a responsible lifestyle. Having a responsible lifestyle means to have a critical approach to the information and data that the media provides us everyday. There are two levels of responsibility: an individual level, which concerns responsible choices about consumption, recycling, and reducing the use of energy in everyday life. The second level is the social level, which brings about the responsibility of asking politicians and institutions to justify their choices and, on occasion, to change and improve their policies in a more sustainable way.

STP regional administrative development –ESF

An ESF project: *"The Technical Permanent Secretariat (STP) of the Regional Pact for Employment and Social Inclusion in the North-East Region of Romania"*. The goal of STP is to offer technical assistance to the Regional Pact for Employment and Social Inclusion and to the local partnerships members in the NE region of Romania for the consolidation of their regional development capacity. STP aims to activate the existing local partnerships and to engage the communities in accessing finance from structural funds in order to reduce social inequities.

STP contributes to the development of the administrative capacity of the social partners, provides consultancy and training facilities to the Pact and local partnerships members in the NE region in order to assure a high absorption rate of the European funds in the region, with focus on social inclusion and poverty reduction issues. It also provides a permanent contact among the Territorial Pact and local Partnerships members at regional and national level, it connects them with international networks and establishes partnerships with relevant EU organisations.

ELSITO

The European Learning Partnership ELSITO: Empowering Learning for Social Inclusion through Occupation (funded by the EU LLL programme Grundtvig), is working to develop greater understanding of the processes of learning that are required by both service users and professionals to develop projects and programmes that enable the participation of service users in the daily occupations/activities of their community.

Service users, staff and professionals from Belgium, The Netherlands and Greece are working together to develop further knowledge about the process of recovery for persons

experiencing mental health problems, and the experiences of immigrants, refugees and persons with learning difficulties, exploring through narrative critical points in the process (both for staff and service users). The project is also collecting descriptions of good practice from throughout Europe, which will assist in the identification of essential competences. Both narratives and descriptions of good practice are available on the projects website (www.elsito.net) which aims to act as a resource for the exchange of resources, experiences and information on projects that are emerging from and within communities.

Community sports coaches

It is important to recognise the expanded range of professionals and professionalisms deemed to be addressing child poverty issues. LondonMet have sought to construct community sport coaches, who frequently work in socially deprived situations, as agents of social renewal. Their medium will be sport, but by promoting healthy associational activity and offering a context within which imagination, challenge and achievement can flourish, it is believed that these professionals can be community-building agents of change. These agents have the means not only directly to address the circumstances of those in poverty, but also to shift thinking about what it is to be poor towards an understanding of quality of life and away from taxonomic definitions that both alienate those they identify and reinforce the authority of external expertise over personal agency, subjective meaning and community empowerment.

School community health care specialist (nurse), Lithuania

School health care specialists are treated as teachers' 'helpers' implementing the health education and prevention of alcohol, smoking, drugs, HIV. Regarding the reduction of poverty, they are seen to help in the following ways:

- Practice of community health care specialist (nurse) at schools improves not only health care services but also the accessibility of health education and prevention and attainability for children who are in social risk groups or experience parental neglect;
- Implementation of educational activities (health consulting, informing, health education) of community health care specialists at school strengthens relations between pupils, teachers and parents and the interaction of help to each other.
- Community health care specialists manage information about pupils' health records and relations with other personal and community health care specialists who also take part in solving particular health strengthening problems related to pupils or school community members.

Theme 3: Preventive and outreaching approaches; focus on health inequalities

Iceland: The 6H cube

This is a collaborative project of the Centre for Child Health Services and the Public Health Institute. The objective of the project was to prepare teaching materials for healthcare staff to use in health education for pupils aged 6-16.

- Children should be able to grasp a certain overall picture of a healthy lifestyle.
- Each educational segment should have clear objectives.
- Emphasis on positive and empowering instructions, as well as building children's skills in decision-making, building of self-image and successful interaction.
- Learning by doing: projects for students to accompany each educational segment.
- Before each education session, parents will receive a letter.

Teaching material for the 6H cube: (The Health Education Project)

Six concepts, each beginning with the letter H, comprise the framework, for the 6H cube: hollusta (healthy nourishment), hreyfing (exercise), hamingia (happiness), hugrekki (courage), hvild (rest) and hreinloeti (hygiene). The seventh concept is puberty, which leads to discussion of sex.

The Netherlands Eropaf! (Go for it!)

This is a project to prevent home evictions as a result of neglecting to pay rent. Housing associations signal tenants who owe some month's rent to a social work organisation. Then, two social workers visit the tenant at home, try to find out what the problem is and offer their assistance. Due to this method, in Amsterdam alone many home evictions are prevented, saving society thousands of euros and a lot of emotional damage.

Family Group Conferencing (FGC): An FGC is a meeting with a person/client and his or her social network, during which they make a plan regarding how to deal with the person's issues.

Activating poverty research: In two different neighbourhoods in Amsterdam, a small team is carrying out "activating poverty research". They actively approach people who are thought to live on a low income and do not make use of (financial) facilities they are entitled to.

Miquel Marti I Pol, Spain

(see www.jardimiquelmatripol.blogspot.com).

This project integrates health, education, research and the fight against poverty. The project is based on gardening and restoration/reforestation of natural spaces, done by clients, who

experience mental health problems, poverty and immigration, and occupational therapy students at the University of Vic.

Their vision is to confront at the same time the social and ecological challenges of contemporary Europe. The clients learn a profession and simultaneously they realise and develop a meaningful occupation with a powerful therapeutic value.

Development programme in Tonko Limba, Northern Province, Sierra Leone

This project is aimed at creating local leaders and integrates education, health, agriculture and empowerment of young people and women. Sports, especially football are used as a transversal element. An overview of the same can be found at www.ongdyes.gr.

Outreach and preventive projects, Belgium.

Elderly team: Outreach in mental health

The elderly team CGG aims at people over 60 years. It may include an adjustment to disturbances, mood disorders, anxiety disorders, psychotic experiences, unresolved mourning for the loss of partner, but also loss of your home, your physical ability, your job, your children...

Outreach methods are: field work, exploring needs for clients, issuing requests for help and working together to formulate issues, sitting together and looking for solutions through discussion and counselling or psychological treatment (e.g. depression, trauma, fears...).

Bulgarian Project to support parents to prevent them to bring their children to a residential centre.

This is a project for early intervention with children born with low weight or with diagnosed disabilities. The project is focused on working with and supporting the families of those children in the early childhood, because very often the disability is a reason for abandoning the children into residential care. A centre for early intervention was established in the area of the home for medical and social care for children in Ruse. There, a multidisciplinary team works on the prevention of further complications, rehabilitation and prevention of institutionalisation. The family is taught skills for handling and caring for the child and rehabilitation at home, psychological help for the child and the family.

Poverty is the main reason for abandoning children in Bulgaria in residential homes. The life in an institution from the beginning of a person's life outlines poorness, discrimination, unsuccessfulness and unhappiness. The health status of the children living in homes is strongly affected by the following factors (health inequalities in residential care):

- Nutrition – abnormal pattern of feeding, lack of appropriate food for child health development; lack of maternal milk feeding
- Physical inactivity, that increases level of morbidity
- Group way of living – infectious diseases easily transferred
- Limited outdoor walks – restricted sun, water, fresh air factors
- Deprivation – occupational and emotional
- Insufficient rehabilitation and training for children's staff and parents

These factors determine a high level of morbidity and mortality (for children with disabilities). Social determinants of health strongly correlate to this marginalised group of children: the social and physical environment does not sufficiently encourage the good health of the children, and the budget of the institutions yearly decreases and can not cover the needs for treatment. Poverty and discrimination are common for the life of a resident, but they have preventable causes.

The Hungarian Dietetic Association (HDA)

This association plays an essential role in approaching the nutritional effect of social inequalities. It has developed advisory brochures, educational material and workbooks for the schools, teachers, school canteens and buffets and the students, which are available both online and in written material. These can give a great help for developing the right eating habits at early ages. HDA gives professional help for measuring the nutritional status of the different social- and age groups.

Immigrant house in Athens, Greece

The immigrant house in Athens is formed by volunteers and individuals from a variety of professions, whose goal is to offer help in any way possible. This may be legal advice, education courses, entertainment etc. There has been an attempt to provide voluntary, whenever was needed, free occupational therapy. It is still in an early stage and there is much work to be done.

Georgia: Primary Healthcare Programme

Genesis has developed a Model Primary Healthcare programme for remote rural areas of Georgia. The PHC programme consists of, for instance: 1) Consumer participation in planning and periodic modification/up-grading of the service package, 2) Outreach delivery of the service to most remote areas with geographical barriers to accessibility through: a) mobile out-reach services, b) nurse-led health posts in high mountainous villages (set-up in collaboration with the regional governmental bodies).

Theme 4 – Eradicating disadvantages in Education (Poverty reduction)

Outlined below are examples of how the context in each country can influence the problems caused by poverty.

- Belgium Due to the costs of higher education, children do not continue to go to school. The relationship between parents and teachers should improve to avoid school drop-outs as a result of poverty.
- Bulgaria Different levels of education have different issues: Higher Education; secondary schools where there are problems with facilities and attitudes of teachers; primary schools where there are real problems *especially for rural schools*. Social and cultural status explains 24% of low performance and therefore a very strong relationship between income and outcome status. The PIRLS (Progress in International Reading and Literacy) study, shows a direct relationship between educational resources e.g. books at home, and education outcomes. The low status of Bulgarian teachers does not help and surveys have found indicators of how tackling poverty can increase access to education, better nutrition, housing and other cultural barriers
Especially in the rural area of Bulgaria, teachers at school may have a prejudice against immigrants and children who live in poverty. Teachers are poor themselves as well, which does not give them much respect.
- Finland Parents do not expect and therefore do not stimulate their children to learn, when they do not have a good education themselves. This is a cycle, and goes from generation to generation. You have to break this cycle, but who do you help first?!
- Also – cultural competency is a pre-requisite for improving the situation as it is more able to support and adapt to cultural needs and preferences.
- Europe wide The Red Cross teaches parents how to help their children. The second step is to teach the teachers. Focus on both migrants as well as natives, not only one group!
- Spain In the 'Baarsjes'-project they teach parents and children simultaneously, so it can immediately be applied at home.
- Portugal Make it attractive for children to learn. For example, use comics to teach.

Who can be the target groups for support?

Austria	Here a project is running to help children in their own homes. It is expensive, but you reach the parents as well.
Romania	In a day-centre, children are supported after school. Specialist teachers help the children in different areas, including artistic activities and leisure. Their process is monitored, and it prevents children abandoning school.
Portugal	Students, companies and institutes work together, to diagnose and help children, and pay attention to prevention and awareness.
Finland	<p>In 2009 22% of young people between 18–25 were depressed, had psychosocial symptoms and felt the future was too demanding because the demands of work life and society increased so much. These young people will withdraw from society, culture and become poor in all respects. They need multi-professional support that is culturally competent:</p> <ul style="list-style-type: none"> • Culturally self aware (not looking through your own cultural lens) • Cultural knowledge (how to get information about the clients culture, values, traditions, fears etc) • Cross cultural beliefs, i.e. openness to different ideas and beliefs and good communication
Spain	The main objective should be to promote interdisciplinary work in a team with: different professions sharing knowledge, attitudes and complementary abilities working for common objectives favouring intervention. The purpose should be a united work plan, centering on evaluation and achievement of results that will motivate the team to continue their work. An occupational workshop can produce the space for creation and realisation of dialogue and personal guidance. Values cannot be taught and therefore the workshop must also have a practical dimension. It is important that both the educator and the learner share competences and expectations.

Examples of practice

“Debts in School”

Belgium (Flemish Region) – a project “Debts in School” was started to ask schools to consider the problem of high education costs to families. It has resulted in:

- Policy for teachers to set aside prejudices and stimulate a positive environment
- Improving contact with parents

Now looking to continue with:

- Poverty reduction and cost saving

- Optimising collaboration between schools and local public assistance services
- Involve initial teacher training

Produced book 'Seven Steps Further' (ISBN 979-90-441-2214-5)

University-based project, Spain

Universities are undertaking a project to invigorate centres of community education, together with other services (health, culture....) to improve intercultural exchange between families in the community. Through this reflection, the role of schools was re-thought. They particularly looked at children newly arrived to the region and how to organise coordination between those involved in networking, access to public and private funding and reduction of negative perceptions and stereotypes.

Finland – multiple strategies

In Finland, there is discussion on the 'Convention on the Rights of the Child' in the context of an Open Method of Coordination (OMC) where the priorities are promoting multidimensional integration through strategies for:

- Prevention and reduction of poverty through mainstreaming policies
- Reducing intergenerational poverty
- Inclusive labour markets
- Eradicating disadvantages in education and training
- Tackling age and gender dimensions
- Equal access to resources
- Facilitating access to culture and leisure opportunities

Austria – “Mobile Familiendienste” project aims to support and work with children in their own homes and through this to also support parents. It is very important to educate 'non-educational' parents, so that children do not grow up with poor or low expectations. The “Eltern Leben Vielfalt” project tries to find actual ways to support parents without social authorities.

Romania – Day Centre for School Children

Romania is one of the poorest EU countries with 1 in 4 children below the poverty line. A day centre run by a small NGO 'Evolution Association' is a project in a school of 210 children where they are supported by specialist teachers and volunteers (psychologist, social worker, educator and others). They have after school activities and also on Friday artistic activities

and leisure. The children are offered snacks, help with homework and hygiene. They are psychologically and academically evaluated to help target support. This helps to monitor their progress. In order to maintain motivation it is also important to work with parents. This centre provides support to prevent children abandoning school.

Portugal – Intervention by Students

Accessibility to primary, secondary and higher education must be a right for children and young people regardless of their socioeconomic status. Higher education can play a role through:

- Intervention actions where HEI students provide free prevention, awareness, diagnosis and health education to disadvantaged groups.

Social and Medical Solidarity (SMS) - Tecnifat (a Portuguese pharmaceutical company) facilitates healthcare workers, to join disadvantaged groups on a voluntary basis where they carry out free prevention, diagnosis and awareness raising. Over three years this has helped 29,000 people.

Spain (Basque) - The project ‘Bultzatzen-Encouraging success’

This project targets young people (12-16), mainly immigrants (now 80% of the population group). It specifically targets primary and secondary school children. Its targets are to facilitate social and school integration of students at risk of school failure and consolidate school space as a point of reference. The aim is social integration with academic success. The project works with different educational agents: teachers, educators, parents and public institutions (social workers, teams of socio-educative intervention). The main emphasis has been on reducing the feeling of social disorientation. Negative stereotypes create a climate of hostility and obstacles, and children do not invest in school and their sense of self worth. Parental support is limited. Social trust is key and therefore personalised tutorials, dialogue and reflection have been prioritised to resolve problematic situations. Sustained cross-cultural relationships is the result of improved dialogue between school and families..

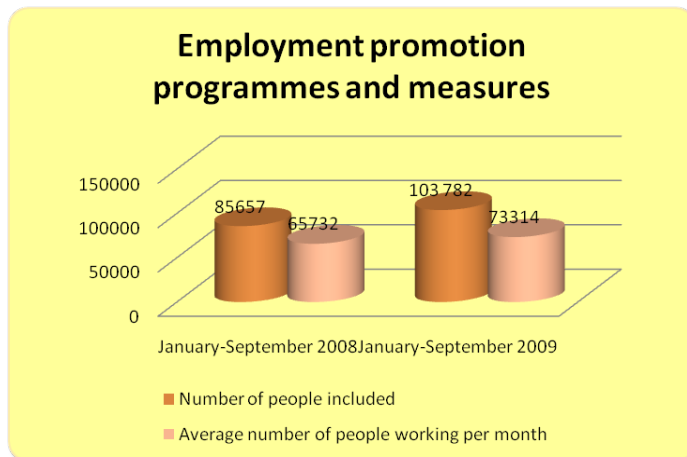
Theme 5: Work and worklessness

Employment policies and practices in Bulgaria

The *active policy* of the National Employment Agency is focused on the disadvantaged unemployed: youths aged up to 29, persons over 50, people without qualification and education, long-term unemployed (more than a year) and people with disabilities. It aims to ensure high levels of employment in the open labour market, supported employment for

disadvantaged people, enhancing the abilities of the job seekers, flexibility and stability of the labour market. The active policy is carried out through:

- *Job brokering services*
- *Employment promotion programmes and training*, such as “From Social Assistance to



Employment”, “In support of maternity”, “Social services in families”, “Assistance for retirement”, National programme for literacy and vocational training for Roma. They aim to solve specific problems of the labour market, to regulate the inconsistency between demand and supply of labour force, and to ensure employment and

training to socially disadvantaged groups.

- *Employment and training measures* – striving to create a sustainable and flexible labour market and directed towards the provision of long-term employment by stimulating opening of new vacancies, increasing the territory mobility, implementing flexible working hours, providing preferential opportunities for socially disadvantaged groups, encouraging entrepreneurship, improving the quality of the labour force according to the needs of employers. *Figure 1, above*, represents the number of people involved in promotion programmes and measures in 2008 and 2009.

Pre-employment programmes in the health sector in the UK

‘Being in good employment is protective of health. Conversely, unemployment contributes to poor health. Getting people into work is therefore of critical importance for reducing health inequalities’ (Fair Society, Healthy Lives, The Marmot Review, 2010)

In acknowledgement of this, Skills for Health has developed a pre-employment programme – the Sector Employability Toolkit (SET) - to provide a sustainable model of recruitment into, and career pathway through, health sector organisations. In addition, a framework and guidance for employers to support the delivery of high quality pre-employment programmes for the health sector has also been developed and is set within the wider context of widening participation in learning and health. The focus of the programme is on entry level jobs and

highlights the importance of strategic workforce planning that encourages the development of career pathways for every role within the 'wider healthcare team' it has two main aims:

- To provide a model of good practice for widening access and bringing individuals from unemployment into sustained employment in the health sector; achieved through a programme to support the development of employability skills, introductory sector specific training and work experience; in particular for hard to fill, skills shortage, entry level jobs such as domestic and linen assistants, porters and catering staff.
- To provide a range of contextualised materials and guidance notes that can be used flexibly to support the delivery of a customised pre-employment programme.

The SET is aimed at health sector employers, contractors from the private sector, training providers, Jobcentre Plus and other referral agencies. The products and materials produced for the SET have been subject to UK wide consultation. They reflect the expressed needs of employers in the health sector and support the specialist skills and knowledge required to plan and implement a pre-employment programme as part of a successful recruitment and retention process for entry level posts. Materials were based on the NHS' Knowledge and Skills Framework's (KSF) core dimensions and national workforce competences.

Transitions to Adulthood: young people who have been in the care system (Duesto, Spain)

A variety of outstanding initiatives have been developed in order to facilitate the process of transition to adulthood of those young people who are or have been in the care system.

- SAIO Programme (Foster Care, Information and Orientation Service).
- Programme of Preparation for Emancipation of the Youth in Foster Care Centres.
- Women Service's Programme of Emancipation
- "Mundutik Mundura" Programme for the Emancipation of Foreign Youth.
- HEMEN Programme, directed to foreign young people.

Although these services are not quite well coordinated, there is an offer that has remained in time and has allowed us to cover the basic needs. They provide an appropriate coverage. Except for specific situations, they respond to the existing demand, being the foundation for

the development of a support system for the transition and emancipation processes. The main limitation of the existing programmes lies not so much in what they offer specifically, but in the structuring, coordination and coherence as a global offer. An unresolved task, evidenced in more than one programme is that of managing the networking and the smooth coordination among the different institutions and services.

There is also a need of a follow-up after leaving the programme in order to collect data on the emancipation processes.

Proposals for Improvement:

- To approach transition from globality. From integrated policies of transition where working/employment issues represent another task, within a wider transition track.
- To improve the coordination and synchronisation of the set of measures through the making of a transversal transition-emancipation programme, which develops progressively in terms of coherence and coverage.
- To create transition teams at different levels.
- To develop specific individual planning practices for the transition process starting when the children turn 16, approaching foster care and youth empowerment. Individual plans should be based on the principles of: stability-security, follow-up/guidance, training for adulthood in an integrated and sequential way and previous planning.
- To strengthen the role of case coordinators as reference professionals for the whole transition-emancipation process.
- To systematise the follow-up of the emancipation processes as the foundation of an information and assessment system.
- To promote networking using educational, formative and employment resources.
- To promote the exchange of experiences, good practices and meeting spaces among the different initiatives as a strategy for the permanent improvement and learning.

Involving students in research and practice in Primary Health Care (Pamukkale Turkey)

During the family medicine clerkship, department staff visited families with final year medical students, in coordination with the Primary Health Care Center Responsible Practitioner for the district. We evaluated the socio-demographic features and health problems within the concept of the bio-psychosocial approach. We interviewed family members and held group discussions with students during and after the visits in this period.

'The European Senior Citizens' Parliament'

In January, 2010, as part of a Grundtvig programme 'The European Senior Citizens' Parliament', 'seniors' from all over Europe came together to discuss and hear presentations on EP procedure and policy: European integration and, poverty in Europe. Through a simulation exercise they proposed resolutions to MEPs in attendance.

Bulgaria – the multi purpose programmes against poverty and unemployment

The 'From social assistance to employment' (FSATE) programme proved to have a strong impact on reducing unemployment in Bulgaria. The major reasons for the initiation of the programme in 2002 were the high overall rate of unemployment and, in particular, of long-term unemployed that received social assistance payments. These were, mainly, uneducated/illiterate people and people with a basic educational background. Research data showed that a large proportion of these unemployed people were treating the social assistance payments as a source of stable and sufficient income and had lost motivation for starting work and seeking employment, or kept their employment in the shadow economy, but were still receiving social assistance benefits as supplementary income. The major goal of the FSATE programme is the provision of employment and, thus, the achievement of social integration for unemployed people who receive social assistance benefits. The envisaged means for attaining this goal was the creation of job opportunities in communal activities, agriculture, processing of agricultural production and the production process at companies with no state/municipal share ownership. In 2004 another priority was added – increasing the employability of 'covered' people through their inclusion into vocational and literacy courses. The schemes of part-time work (up to five hours) and literacy classes (within an overall duration of eight hours per day) were combined. Simultaneous employment with more than one employer was also allowed.

The programme is financed with funds from the state budget and through additional funds provided by the employers. The employed receive the official minimum remuneration or higher remuneration at the discretion of the employer.

The programme develops as a mega- programme on the Bulgarian labour market. In 2004 83.4% of the total funds dedicated to active policies from the state budget were spent for this particular programme and in 2009 they were almost half of that total sum for the year. It included 67.1% of the total number of the included unemployed in active policies in 2004 and 18% of the same in 2009.

After some amendments this programme for subsidised employment (FSATE) was 'specialised' in public works. Two other programmes were subtracted from it and these were the programme 'Social assistants for disadvantaged people' (through 'personal assistant' and 'social assistant') and such for works of forests prevention and development. Also in 2006–2008 the share of the jobs offered by the employers in the real sector of the economy (and not only in the field of public works) under FSATE programme has increased.

Also the social services provided under these programmes are quite important relief for the handicapped people and such in need, and against their falling in 'poverty gaps'. In 2008 these services included also the assistance for taking those people with preserved ability to work to their working places (blind people in particular), or assistance for their work at home.

The social assistants could validate their knowledge received in the practice under a newly developed initiative of the Ministry of the Education and Sciences. This is also an important step for these ex long-term unemployed to receive a stable position in the labour markets.

It is safe to conclude that the FSATE programme and those that followed it have had positive impacts to improve the employability of the poor people, to assure their functional flexibility and to facilitate their transition to employment.

On the other hand the FSATE has been criticised as a programme that jeopardised the labour market structures in favour of the subsidised temporary employment. As a rule it is not effective. The common tendency in EC-27 is to increase the number (share) of people in vocational training and those in 'new jobs creation initiatives'. Bulgaria will have to follow these requirements in its active labour market policies.

Another important initiative was the poverty mapping in 2002- 2004 under a large project financed by the World Bank. Regional programmes were then developed to facilitate poverty reduction in the 13 poorest municipalities in the country. The programmes included subsidies as appropriate for the particular regional economic development and employment. After 2006 and today such specialised branch and regional programmes are also implemented and their impact against poverty is well recognised in the country.

The programme “Activating of the Inactive” is large scale and targeted to beneficiaries having problems communicating with the labour authorities. During 2009, 46 Roma mediators were given specialised training. They work with inactive people (including Roma population) to be included in the subsidised employment, literacy and vocational training. The application of specialised labour exchanges for the Roma people continues in 2010. This programme also has an important role in working with people far from the labour markets and for avoiding the life in poverty.