Competences for Poverty Reduction

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Content

• Background and objectives
• Partners
• Activities
  – Survey of Good Practice
  – Student Projects
  – Working Groups
  – The Conference and Exhibition
• Outcomes
  – Competences
  – Key aspects
  – Brochure with examples of good practice
Background, Facts and Figures

• Almost 84 million Europeans live at risk of poverty, which means they face insecurity, and go without what most people often take for granted
• 17% of EU citizens have such limited resources that they cannot afford the basics
• Poverty also means having to cope with limited lifestyle choices that may lead to social exclusion
• One European in ten lives in a household where nobody works. Even so, work does not always guard effectively against the risk of poverty
• For 8% of Europeans, having a job is not enough to work one's way out of poverty
• In most Member States, children are more exposed to this scourge than the restof the population: 19% of children live under the threat of poverty; 19 million children are affected
• Elderly people, disabled people and immigrants are at risk. In all categories, women are more affected than men.
In Europe 15.9% of the young adolescents are unemployed.

One in six young people are still leaving school without any qualification, while there are fewer and fewer unskilled jobs available.

10% live in households where nobody works; 4% long term unemployment.
Background, Facts and Figures (2)

People who are poor are also likely to endure:

- Poor health and reduced access to healthcare
- Reduced access to education, training and leisure activities
- Financial exclusion and over-indebtedness
- Limited access to modern technology, such as the Internet
Objectives of the COPORE project

• Develop a common language on social determinants of health and indicators of poverty
• Increase knowledge and experience of possible approaches
• Develop a shared set of competences and TLA approaches
• Relate education to society
• Relate education to research
Survey of good practice/ projects

Grid of Good practice Criteria

- **Access to services**: Accessibility; Affordability; Proactive;
- **Comprehensiveness**: range of resources including health promotion and prevention interventions, as well as diagnosis and treatment or referral, chronic and long-term home care, and related to social, educational, occupational and other services/ centres?
- **Continuity of services**: Does the social and health service at community level use a consistent and coherent approach to the management of a client’s health, social and occupational status overtime that exceeds single episodes of service delivery?
- **Coordination of services**: Responsibility for a well-defined population (listed clients residing, legal or illegal, in a certain geographical area): Gate keeping role: Proactive role
- **Effectiveness and safety**: Is the service provided effective, morally justifiable and safe?
- **Multi-professional and intersectoral service delivery**: Are different professionals involved in the service delivery?
- **Person/people-centred service delivery**: Are people at the centre of service delivery in the social and health service at community level?
  - **Community orientation and client/community-participation**: Do clients, families and/or communities actively participate in gathering information, planning actions/interventions and monitoring outcomes?
Selected Projects

• Addressing health inequalities, Bow Centre, London, UK
• Empowerment and linking against poverty. A strength-based and interdisciplinary approach for social work, training and research to combat poverty
• ELSITO Empowering Learning for Social Inclusion through Occupation - a European Learning Partnership
• Safety House, Tilburg, NL
• Creating a centre of excellence in the delivery of integrated services, Russe, BG
• Prevention and Poverty, MADIZO, Amsterdam, NL
• Demographic Change, job driving and blue light environment, Red Cross, Mettmann, DE
• Reducing youth worklessness through building bridges between university and labour market: the case of social work student practices, University of Tirana, Albania
• Miquel Marti I Pol project, University of Vic, ES
Student projects

- Spain: Information and Communication Technology: making/breaking a gap
- Turkey: Future Doctors about to Eliminate Differences; when you are healthy; you are equal
- Belgium: Cheque? Check!
- Bulgaria: Ending child poverty: take up the challenge
- Portugal: Diagnosis of malnourished elderly with low income in Braganza, Portugal and intervention strategies
- Armenia: “Future is in Our Hands”
- Finland: Creative and technical methods for the poor families
Exhibition(s)

- **Paintings**
  - “Beeldend Gesproken” is specialised in art of professional artists with a psychiatric background. The gallery is lending and selling art works and in this way it is supporting the artists to earn their living and to participate in society.

- **Photo exhibition based on 2 projects:**
  - Participants in COPORE, from UVic and Caritas: Miquel Marti i Pol (MMP) project
  - Caritas photo-voice project

- **Video exhibition** will be based on 3 histories
Working group themes

- Interdisciplinary approach in Social and Health care to prevent and/or combat poverty
- Community development and client participation approaches to addressing health inequalities
- Preventive and outreaching approaches
- Eradicating disadvantages in education
- Work and worklessness
Process in the working groups

Workshop 1
• Statement related to the theme
• short description of good practices from group members
• key aspects related to the theme
• competences/ teaching, learning and assessment methods related to the theme

Workshop 2
• Follow up
• Agreed set of key aspects
• Agreed set of competences
Expected Outcomes

• Learning from each other
• A successful conference
• A set of agreed competences
• A booklet with descriptions, videos and pictures of good practices
• Stories, histories of people and communities
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