Our Voices

**Learnings
for the Future
of an Inclusive
Social Europe**

June 2017

Co-funded by the
Europe for Citizens Programme
of the European Union

"Our Voices" is a 2016-2017 **"Europe for Citizens"** project aiming to deepen discussions on the future of an inclusive Social Europe. This project involved 100 citizens from 3 Countries: **Spain, Poland and Ireland.**

This document presents some of the learnings from the project. It was launched on the 15th of June 2017 at the European Parliament in Strasbourg during a meeting of the **MEP Intergroup on Poverty and Human Rights**.

"Our Voices 2017" is a project aiming to deepen **discussions on the future of Europe,** underlining the need of a socially inclusive Europe, which is emphasized in the EU Charter of Fundamental Rights, in the European Social Charter of the Council of Europe and now in the new project of a European Pillar of Social Rights.

The challenge chosen by the four partners in the project was **to enhance the participation of people living in social exclusion in these discussions and to develop with them effective proposals to build a more inclusive Europe for all.**

The relevance of the project relates to the increasing gap between the European Union institutions and many people across Europe, especially those living in poverty. It is essential to open up a process in which people fighting poverty and social exclusion can discuss the social and human aspects of the European Union construction.

The initial objectives of "Our Voices" were:
- To promote a participatory process on EU social principles that includes people living in social exclusion and/or poverty.
- To raise awareness on the content on some Human Rights frameworks relevent to the European Union and connected to its social dimension. The project focused on the role of the European Social Charter of the Council of Europe and discussed the new project of a European Pillar of Social Rights.
- To produce collaborative knowledge on social difficulties in EU countries as well as proposals to overcome them.

In order to achieve these goals **various participatory approaches have been developed or used** by the different partners of the project.

The roles of each partner in the project were:
ATD Cuarto Mundo Spain: Coordinating the project and managing the administrative and financial tasks.
ATD Poland: Developing participatory activities and coordinating the drafting of the final report.
ATD Ireland: Organising the major European meeting with the four partners and facilitating the project's communication on social media.
The Andecha Team: Providing technical support and expertise on working methods and facilitating the major European meeting (planning, follow-up and assessment).

The project was run from January 2016 to June 2017. It included:
- many local meetings in each country.
- three European meetings involving from two to four partners at various stage of the project (launch in Dublin – March 2016, Spanish-Irish meeting – June 2016, Polish-Irish meeting – November 2016)
- a major European meeting with all partners and guest working at European level.

This document contains 3 national reports as well as a summary of the main learnings and messages from the 4 partners to all the stakeholders involved in the building of an inclusive "Social Europe".

Our Voices – a European Participatory Project for an inclusive Europe

Participating & re-thinking Europe from the margins

OUR VOICES 2017
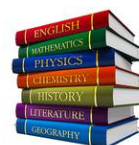
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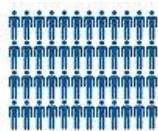
100 participants

25 local meetings

3 main subjects

3 EU countries

4 EU meetings

Human Rights

3 HR frameworks

What have we learned?

It is fundamental to invest in information and education, both for people to know their rights and be assertive but also for professionals to be made aware of what it means to live in vulnerable situations.

Although we live difficult lives, we have a voice and a knowledge! We can inform the policy making processes and be active citizens at European level. Participation means a control and a guarantee of quality of services and policies. It means also becoming more ready to promote positive messages about the values and the role of Europe.

We need to come together to learn about our rights and to support each other to act through exchange of ideas and good practices, to mobilise ourselves and others for collective actions.

Social rights are inter-related and although we live in different countries, our struggles are similar. Programmes like "Europe for Citizens" can enable people from "the margins" to connect, gain strength from others and find ways to use the European Human Rights frameworks which are protecting us.

What do we recommend?

Support the development of inclusive spaces in the local communities where people can meet, discover their rights and get involved. This is important to reduce discrimination and to foster participation.

Make sure people experiencing social exclusion are involved in the design, promotion and implementation of the new extended European framework of social rights: European Pillar of Social Rights, Turin Process of the European Social Charter.

Make information about rights and services more easily accessible by developing new pilot programmes that put service users first. An example is the proposal of the Polish 'Our Voices' partner: to involve services users, front line workers and volunteers in the special design of new information tools.

Promote the strengthening of European Social Charter (incl. ratification of art. 30 & 31 and collective complaint procedure) and recognise discrimination for socio-economic grounds in EU Equality Directives and rules.

Continue to develop with the people concerned a better understanding of what citizens living in poverty are facing every day. Make sure professionals who deliver services are trained to access & use this knowledge.

See also the proposals of each national report

Launch of "Our Voices" with the 4 partners – Dublin, March 2016

June 2016 An Irish delegation attends a "People's University" in Madrid and visits participants at home in Las Barranquillas, a slum area on Madrid's doorstep

Polish – Irish "Merging of Knowledge" working session" at Warsaw University - November 2016

Spain

WHAT DO PEOPLE FACING POVERTY AND SOCIAL EXCLUSION THINK ABOUT THE ISSUE OF WORK?

Context and subject: Work in Spain

Job shortage in Spain is a structural problem, an issue from which we have suffered historically and the government, institutions and society as a whole do not put in place adequate measures to overcome it. People living the most difficult situations within this context are forced to move from one place to another looking for help, support and solidarity in order to survive.

Social Services, the State Employment Service (SEPE), the Social Security Treasury, the Ministry of Finance, the disability evaluation unit... This is the path many people have to follow to obtain some help, but there are few channels offered by the government. When all resources have been exhausted (benefits and unemployment allowance), society has two main tools to support people living in poverty and social exclusion: income support and disability allowance. Both involve long-drawn-out procedures where people have to explain their inabilities time and again, show their weaknesses and failings and ultimately demonstrate that they are poor enough to benefit from support.

Invalid documents; appointments that can only be requested by internet; endless red tape; robotic people acting with suspicion, affected by institutional burn-out, using institutional language which is especially difficult to understand when used in legal contexts. The system and the procedures in place end up laying the blame on the people who are applying for support, making them feel inferior, forcing individuals to lie in order to receive an allowance that, at the end of the day, is insufficient to make a decent living.

ATD Cuarto Mundo Spain supported by Andecha has promoted a participatory diagnosis on the topic of "WORK". Social policies and practitioners applying them underline that only formal employment would allow people to overcome poverty and social exclusion; however, the possibility of formal employment is very far from reality for participants in this diagnosis. As a starting point, several questions came up from the knowledge of people living in social exclusion and poverty:

> *Is it easy for people living in social exclusion and poverty to find formal employment? What obstacles do we find in accessing employment? Once we find a job, what kind of employment is it and what are the working conditions like? Is it the same work and employment? Are there other forms of unpaid work, not recognised by society, carried out by these people that contribute to and benefit society? In terms of social rights, what are the consequences of society not recognising these forms of human activity? How is work related to generating revenue?*

These and other questions were examined in the light of knowledge gained from people's experiences of living in social exclusion and poverty, in several local meetings and workshops.

Methodology in Spain

Key methodologies used in the process by the Spanish partners:

People's Universities, are an essential action of ATD Fourth World. This kind of encounter in based on the fact that mastering oral communication along with self-confidence enables people to express themselves in public and gives the poorest in society the additional tools to rise out of poverty and exclusion.

People's Universities are spaces of learning, reflection and dialogue between people facing extreme poverty and people committed at their side. This way, each individual is enabled to learn and to express their opinion on the topics covered.

People's University of April, 9th 2016, Work and training, for all?

Photolanguage, is a methodology which develops communication through pictures. Photolanguage is a particularly suitable tool for people who have the most difficulty expressing themselves and being understood by others.

Workshops that we have facilitated have been prepared with the participants in an atmosphere of trust, so they are able to develop their own thinking about the topic to be discussed and to attend the encounters on a more equal footing.

Key principles for the Spanish partners:

- **View each person as a knowledge holder.**

People living in poverty not only have gaps, needs and challenges, but they also have knowledge to share. Their knowledge, gained through their experiences, reveals a capacity to step back and reflect when interacting with other people's knowledge. This crossover produces a more complete and precise appraisal of reality.

- **Guarantee conditions for exchange and rigour.**

Inequality of positions is very much present in participatory process. It would be wrong to assume that all participants are on a level playing field, as this is far from the reality.

Making the exchange possible means, then, creating the conditions for greater equity within this space. Therefore, it is important to assist each participant to express themselves and to be understood by others. For example, some people may have certain difficulties in expressing themselves in public; others may usually express themselves in a very technical and abstract way. The role of the group facilitators is to help everyone make their thinking communicable and to support them in the process of understanding other people's contributions.

Main learnings in Spain – Diagnosis and Proposals

Discussions and reflections arising in the working sessions revolved around three key themes within the topic of "work":

A. BRINGING DIGNITY TO FORMAL AND INFORMAL WORK

Employment is basic and necessary, something we all consider very important in supporting life, giving us freedom, independence and self-confidence; it allows us to provide for our family, it contributes to improving society and connects us in a very profound way. For all of us, employment means:

- Freedom, autonomy (as opposed to social control experienced by people living in poverty and social exclusion)
- Security - stability
- Being part of society
- Mental health - self-esteem - feeling useful
- Access to rights
- Current work is not decent

PROPOSAL
Work must:

- **Bring us employment stability, income which covers basic needs, and self-fulfilment.**
- **Be motivating and allow/promote personal development.**
- **Involve choice and allow you to balance work with family, friends, other interests, etc.**

Often people living in social exclusion perform many tasks and activities that are classed as work but are not valued as such. People living in poverty and social exclusion carry out activities or work mainly in informal employment and reproductive work, the two most invisible types of labour, and, therefore, the most precarious and least entitled to social rights. It is not recognised by society as work and, in the case of informal employment, carries the risk of being punishable by law.

- Work carried out by people living in poverty does not give access to basic rights such as unemployment benefits, a retirement pension, paid annual leave and social security.
- Work carried out by people living in poverty is not recognised or valued by society and, in addition, individuals are usually blamed for their situation.
- Informal employment is prosecuted by law; society responds to the lack of work with fines and persecution.
- Labour skills acquired in this kind of employment are not recognised.

A. "We receive income support but, without selling scrap we wouldn't make ends meet. Unfortunately our social worker is asking how much we make from scrap to deduct it from the allowance".

J. "When they talk about people working under the table they mean rich people taking advantage to avoid paying taxes, they mean rich plumbers and dentists. We work under the table because we have no other option."

PROPOSAL

There should be:

- **Recognition of work and access to labour rights (paid annual leave, social security contributions, retirement pension, salary, etc.)**
- **Awareness raising for employers and the general public:**
  - **What constitutes informal employment (reduce opposition)?**
  - **Conditions in which it carried out (abuse, devaluation, prosecution, etc.)**

R. "It gives you independence: you owe no explanation, not like when you ask for something, then you have to explain why. You are free or, at least, I feel freer when I have a job..."

J. "Having work is mentally healthy - money may fall short, but in fact when you want a job it's not because of money, you want it because of others, because you want to belong to society".

T. "Work brings you emotional well-being because you feel useful, valid, but of course, it depends on how your work is valued".

B. MULTIPLE DISCRIMINATION IN ACCESSING EMPLOYMENT

When someone living in social exclusion and poverty is unemployed, they say that "we are lazy", "we are good for nothing" and that "it's our fault" if we don't find a job. However, we have challenged these messages and have found out that there are many barriers preventing access to formal employment, and many of them are forms of discrimination related to situations of social exclusion and poverty.

- **Aesthetic discrimination: poverty and health as the root cause of "unwanted body image for a job".**

Sometimes we cannot access a job due to aesthetic reasons; we do not fit the image that employers are looking for, because our physical appearance and our health have suffered from living in poverty.

People's University, June 11th 2016 Revenue and decent life
Building social securities for all

- **A labour market that does not allow vulnerability: the psychological toll of poverty and social exclusion.**

Some of us taking part in this project are long-term unemployed; we have been working for some time and then we lost our job. We couldn't get another job, we have been kept out of work, we are completely unmotivated, and our spirits are low: to lose your job, to depend on social services, not be able to control your own life, all this affects your mental health.

- **Training and experience barriers: no relevant experience to get a job.**

People working informally within or outside the home, carrying out many different tasks every week have a wide range of professional skills and knowledge. These skills are not recognised because we have no qualifications, in other words, no official recognition of these skills.

- **Cultural discrimination that affects women disproportionately.**

Some of us are discriminated against when we attend a job interview, because we wear a hijab or mourning clothes (Roma women). Men are also subject to discrimination.

- **Incompatibility between social benefits and other income.**

Many of us receive income support and are afraid of losing it if we find a job, because it takes a long time to get it and you don't know how long it will take to get it back. As well as that it is a benefit linked to your address; if someone from the household starts working, your benefits will be reduced.

- **Gender discrimination.**

Many people living in social exclusion are not hired because of the reality of their lives and they are forced to lie to try to get a job.

- **Financial barriers.**

Some of us, for example, have difficulties attending a job interview or keeping a job. A specific example is the issue of transport to the workplace.

C. REAL AND ACCESSIBLE TRAINING FOR EMPLOYMENT

Programmes and policies for employment

One of the institutions' responses to the lack of employment is programmes and policies for employment. Many people living in poverty and social exclusion have attended training courses offered by the government.

- What is the purpose of training, what is it for?

C: Gardening... a gardening training course, what for, when there are already unemployed gardeners? I am a carpenter and I am unemployed, why do I need a carpentry training course? There are already unemployed trained carpenters.

PROPOSAL: training courses must be universal and free, chosen by the participant in one to one interviews.

- Compulsory training courses which do not take account of the reality in which people live are counterproductive; in other words, the right conditions do not exist for people living in poverty to attend these training courses.

L: The problem is that, if you are already getting income support and they ask you to attend a job centre training course, you must do it; but, of course, you have to prioritize - if they ask me to attend a training course in the afternoon, what do I do with my children if I have nobody to leave them with?

PROPOSAL: training courses must be universal and free; for this to happen, the trainees' needs have to be taken into account, especially issues related to transport and care of dependents.

- In some cases, programmes and training courses are not adapted to people's knowledge.

M: I took a training course on mechanics and I had to study several books but I have difficulty reading and writing.

PROPOSAL: training courses must be adapted to trainees' knowledge.

- "Sort yourself out": from institutional abandonment to social control.

R: I didn't do the training course for entrepreneurs (if I did, I'd have had to pay 100 euro for child care for each of my daughters, plus the uniforms); there was a misunderstanding and they issued a document saying that I didn't want to reintegrate and I lost my income support. All the social workers I've had just carry on saying "get a job", but they don't understand how complicated it is.

- In most cases, people taking a training course felt it was useless.

P: The government pays the courses and there is no guarantee of a job offer afterwards, so nothing changes.

PROPOSAL: training courses must offer guaranteed employment.

What do the Spanish participants remember from the European Meeting in France?

The participation of ATD Cuarto Mundo Spain in the European 'Our Voices' project has encouraged an analysis of the employment situation in our country, with people living in social exclusion playing a key role. Furthermore, the 'Our Voices' project has encouraged consultation and reflection with other countries that have undergone the same process in the areas of Health and Social Services.

This has provided a comprehensive overview of what is happening in Europe, the shared feeling of being immersed in a system that creates structural inequalities and, therefore, the need to develop strategies and common actions through cooperation and mutual support between the entities and agencies involved in governing European social policies.

In Spain, often people need to find various ways to supplement inadequate government benefits (which are below the agreement set by the Revised European Social Charter) by seeking support from different associations, NGOs, and community or parish support. All of this comes on top of many personal and family constraints and hardships. Most of this support locks these people into a vicious circle of charity and poverty from which there is no easy escape.

Another option is to complement benefits with earnings from informal work. However, this kind of resourcefulness is prosecuted by law and people risk fines when they go through trash looking for scrap or cardboard or when they sell garlic in the streets. This is also a type of employment that offers no legal protection: what happens when someone falls ill? What happens when someone suffers a workplace accident?

Finally, the system can be devastating for people who suffer greater difficulties but, even so, there is always a place for hope. From many neighbourhoods and communities, mutual support initiatives emerge where dignity flourishes; collaborative partnerships opposing evictions, where people put the fight for justice before their own safety; associations and movements where people join with others living in the most critical situations of poverty in order to fight together for a better tomorrow. In the end, so much depends on each individual as the Senegalese proverb so clearly states: *Nit nitay garabam, "*Man is man's own remedy".

Poland

WHAT DO PEOPLE FACING POVERTY AND SOCIAL EXCLUSION THINK ABOUT THE RELATIONSHIPS BETWEEN HELPERS AND THOSE IN NEED?

or…

What facilitates and what hinders a respectful dialogue between the helpers and those in need, leading to a fruitful and mutually developed solution to problems in accordance with human rights?

Context and subject in Poland

The present document was created as a part of the project 'Our voices'. The project was co-financed by the European Commission and carried out in Poland, Spain and Ireland. The project aimed at analyzing the influence of public policies on the citizens' lives and the influence of the citizens on formulating the public policies. In each country the participants chose a specific area of public policy.

As a part of activities in Poland, the first meeting was organized for people from Warsaw and Kielce who experience life difficulties so that they could express what makes them feel bad. Many of them mentioned the lack of basic resources, lack of tolerance, fear of losing stability and problems with the relationships with institutions. At the end, they chose one issue they wanted to focus on: "The balance between the institutions represented by the officials and the citizens, in order to guarantee the fundamental rights and life without fear for everybody".

During the second meeting, apart from those who experience difficulties, there were also academics, volunteers and the representatives of social assistance institutions. The participants were thinking about the research question. Each participant asked the questions that they considered to be relevant to the subject of the first meeting. Finally, over twenty people from different environments formulated together one research question: **"What facilitates and what hinders a respectful dialogue between the helpers and those in need, leading to a fruitful and mutually developed solution to problems in accordance with human rights?"**

The question gave the direction to the next meetings, which were devoted to the analysis of the relationships between the representatives of social assistance institutions, i.e. the social workers, volunteers and those who benefit from the support. It turned out that the relationships may be difficult because of the hard experience of the clients, on one hand, and the multidimensional nature of a social worker's job on the other.

Methodology in Poland: The merging of knowledge

Combating poverty and social exclusion includes many actors that have different and unequal positions in the society. On one hand, institutions, politicians, academics and specialists, acting in good faith, suggest the solutions that are based on their own analysis of the reasons for poverty. The society accepts their knowledge. Thanks to the functions they perform they influence other people and have capacity to make decisions.

On the other hand, people who live in poverty are seen in the context of their needs. They take the role of those who use the solutions given by the others. They recognize their situation as extraordinarily unfavorable. Their knowledge of living in poverty, which is based on their life experience, is not recognized. This has serious consequences. Ignoring the knowledge that those who live in poverty have results in the failure of the programmes that aim at combating poverty. Those who live in poverty are frequently treated as objects to the procedures, decisions, benefits and rules.

The prerequisite for the eradication of poverty and social exclusion is to treat them as full participants of public life. It also allows to notice and to appreciate their knowledge. This knowledge, combined with the expertise of academics and experts, finally constitutes the complete knowledge. The initiator of combining and merging of knowledge was the founder of the International Movement ATD The Fourth World, Joseph Wresinski.

The work of the project based on the the assumptions mentioned above. The participants were divided into three groups: those whose knowledge is based on the experience of poverty, those whose knowledge is based on practice without the experience of poverty, and those who have academic knowledge. Each group consisted of 3-5 people on each meeting.

Each meeting consisted of several sessions. The participants worked in their groups and then in plenary session. In the beginning, the participants worked in small groups when they focused on the key issue of the meeting. After that, they started the discussion in plenary session when they presented the conclusion. There was also a debate on the conclusions presented in order to develop common results.

In the beginning, the trust among the participants was limited and some of them seemed to be withdrawn. However, the slow process of opening and getting to know each other allowed them to build the trust. This enabled the participants to present their opinions without the fear of being ridiculed and ignored. The utterances and ideas were considered and discussed by the rest of participants in the way that nobody felt excluded from the discussion.

Main learnings from Stage 1 in Poland – Diagnosis

During the first stage of the project the participants diagnosed the situation and formulated two types of conclusions. One type related to the conflict of needs in terms of means of social assistance, i.e. the conflict between the needs and the constraints of the social assistance system and the needs of a person who benefits from the support. The other type related to the place of a social worker in the system and institutions of assistance.

I. The conflict of needs

Problem labelling

People who benefit from social assistance system feel that they are perceived through the prism of their problems. They feel they are labelled what leads to the feeling of not being understood. That's why they do not accept this situation and they are frustrated. Every human is more than just a problem so they need some empathy and openness from the social workers. Social workers claim, by contrast, that problem labelling allows them to take action quicker and prevent them from being distracted. This results in the ability to achieve the objective quicker and provide the appropriate assistance by issuing an administrative decision. However, the research done by the academics proves that many people do not fit any of the categories. Thus, the means of assistance for a given category cannot improve a situation of an individual.

Assigning the roles of 'parent-child' model

The way the social assistance system is organized creates a 'parent-child' model of roles. This can have a negative influence on both those who benefit from social support and thus take the role of a child (possible trespassing may result in aggression and resignation) and on a social worker that takes the role of a parent, which in fact they disagree to take.

Unequal positions

In some situations a person who uses social assistance, having decided to be supported by the institutions, may feel they lose their dignity because of the fact they accepted the label and category imposed on them. A person may also have a feeling that there is no platform for discussion and that the solutions are imposed on them. Sometimes a person has to accept certain rules as they are, which can be perceived by them as contempt. However, the academics said that unequal relationships between those who benefit from social assistance and the institutions are natural.

II. The place of social worker – an intermediary between an institution and a person in need

Moral dilemmas of a social worker

A social worker is a human of flesh and blood. They have their feeling and beliefs, but at the same time they represent a state institution, which they are accountable to. In order to perform their task well they need exhaustive information from the people in need. However, the people's trust is limited and they are afraid that the information they provided may be used against them.

The language and the context of institution

The language used by the institutions is very complicated. If the language lacks empathy, the person in need may even consider it to be aggressive. The quality of the relationships between social workers and people who use social support influences the way the clients perceive the quality of systemic measures. Social workers, in turn, may feel overwhelmed by the responsibility and the influence they have on the lives of the people who ask for help. It would be easier if they could consult certain cases with their co-workers. Unfortunately, there is no official platform for such information exchange. What is more, social workers have to realize some people trusted them so they cannot disclose any information.

Main learnings from Stage 2 - Proposals

During the second stage, the meeting resulted in some recommendations on what facilitates and what hinders a respectful dialogue between the helpers and those in need, leading to a fruitful and mutually developed solution to problems in accordance with human rights?

The recommendations are as follows:

I. Building the relationship between a social worker and a person who asks for help should be a process that is based on trust.

Building trust from the very beginning

During the first meeting, a community interview is held with the person who asks for help. It is important for the worker to clearly explain what a community interviews is and what it is for. What is more, the social workers should give the information about their abilities and the constraints related to their task, for example the lack of time, lots of administrative work etc., which result from their difficult role:

at the same time they are workers of an institution and people who want to help. The way of communication plays an important role as well. The social workers should be full of empathy and respect, they should make sure the client understood them, listen carefully, answer the questions and ask open questions that show the workers are eager to help. The workers should show their task is to help, not to judge. What is more, the clients should be informed about the possibility to complain.

Further cooperation based on personal dialogue

The next meetings should be based on a personal dialogue, which includes discretion about the information exchanged, the support of the person in a difficult situation and a common plan of action which involves the exchange of information on what means of support each of them can suggest (those who ask for help know best what their history, problems and possibilities are whereas a social worker knows what institutional means of support can be used). It may turn out, that as a part of cooperation there may be a need to be supported by many other specialists, for example a psychologist, doctor or family assistant, or to take part in appropriate programmes, such as European projects. People who seek help should know they can be supported by one person of their choice while talking to the social worker. In order to diagnose the situation both parties have to be involved in the process of its development. Cooperation and developing a common plan of action and diagnosis is a process and takes some time to build the trust.

II. Suggestions for other solutions that provide those who ask for help with support and access to information

1. The Informer – the first person that a person who asks for help can talk to after entering the building of the institution. A social worker on duty or a retired worker could be an informer. The task of the informers would be to give personalized instruction what to do in a given situation and to explain what steps can be taken in the institution.

2. Electronic, paper and sound information bases should be created as well as leaflets about social assistance, written in a really simple language.

3. A Social Service Office has to give the confirmation of the submission of documents and take care of personal data protection and the discretion about the information exchanged. The Office should give information about the rights of people who use social services, about the procedure of making a complaint, and about the worker's office hours and publish it on the board of information.

4. Specifying the standards of quality in social assistance – one law should contain the rules that regulate the right for good administrative service in social assistance. The law should also specify the procedure of appointing the Ombudsman of Client's Rights, who would act similarly to the Ombudsman of Patient's Rights in healthcare system.

It doesn't matter who we are. We are all human beings. We are not different from anybody. – Marta

The problems in each country are similar, but we have to use the capacity of people and possibilities in order to combat them and shout. – Czarek

First of all, nobody should lose the awareness of their dignity and then the dialogue is possible with everybody. – Krysia

It was nice to develop many solutions together and to have common objectives. I liked the work in plenary session, the fact that we talked about our shame and fears very openly. It was the place where we could talk like this. – Basia

The lack of the clarity of social assistance system results in strong emotions. Nobody knows why some people get more that the others. There is a feeling of the injustice of the system. - Marianna

Fourteen of Polish representatives participated in the international meeting in Mery-sur-Oise that took place on 2-6 March. Each of the countries involved had its representatives as well. Apart from the participants of the project, there were also many people associated with ATD in France and the representatives of European Intitutions or stakeholders: Anna Rurka, Francois Vandamme, Cecilia Forrestal and Hugh Frazer.

The Polish group presented their conclusions and initial ideas for recommendations. The participants emphasized the difficult relationships between the clients and social workers. Laws and obligations implemented by the institutions make the situation even more complex. However, the members of foreign groups were charmed with the fact that the Poles were full of optimism, energy and hope that the situations can be improved.

Furthermore, the Polish group listened very carefully to what other group wanted to say about different aspects of public policies in their countries. They paid particular attention to the issue presented by the group from Ireland. The Irish said that people who are addicted experience certain difficulties with accessing the healthcare system, for example they are not respected or they have no access to some services. The Spanish group, in turn, discussed the problems related to the labour market: unemployment, low wages, and offering the unemployed people the courses and training that do not fit their situations.

What is the most important thing is that some people managed to make some good friends. Paul, Irish, really liked the Polish group. The helped the Poles to prepare meals and he accompanied them during the trip to Paris. During the meals, breaks and cleaning people from different countries and various environments discussed many topics, both seriously and not that seriously. People felt that they created an international solidarity community with the power to change the public space.

Ireland

WHAT DO PEOPLE FACING POVERTY AND SOCIAL EXCLUSION THINK ABOUT THE ISSUE OF HEALTH?

Context and subject: Health in Ireland

This project is taking place in a context where a number of organisations have denounced the limits and inequalities resulting from the health system in Ireland. Indeed, the country has developed what is known as a Two-tier health system. This means that depending on their income, people can either access the private health system or a public one on a medical card scheme. The medical card gives access to free GPs and treatment in public hospitals but due to the high demand (41% of the population has a medical card, according to health.gov.ie) people are left to wait sometimes months for appointments and diagnoses. Patients with private insurance, meanwhile, have more timely access to GPs and treatments.

Several elements led to the decision to focus the Irish participation in the Our Voices project – rethinking Europe from the margins, on health. As mentioned above, the health system and the divide between public and private health is being debated by a number of actors in Irish society. In February 2016, General Elections were held in Ireland and UPLIFT used this opportunity to put health on the political agenda. UPLIFT is an Irish organisation who ran a survey asking people to identify which subjects they would like to put forward during the election campaign, a majority of people taking part in the survey identified health as a top priority.

Finally, in 2015, during a series of workshops on human rights organised by ATD Ireland, participants coming from disadvantaged background highlighted numerous issues regarding the health system in the country, although the subject was not debated thoroughly at the time. Simultaneously, ATD along with partner organisations in the Community Platform forum realised that there was no real message about health issues in the country coming from community groups who are not specialised health organisations or NGOs but rather focused on more general issues such as housing or poverty. ATD felt that focusing the Our Voices project on health could also address this gap by involving Community Platform members to talk about health and to have a visible position in the matter.

Methodology in Ireland

Several groups met on a regular basis, to first discuss the issues attached to the health system in Ireland, and later to try and identify solutions that they would like to see put forward to address the challenges identified during the first phase. The groups involved were: ATD group from Dublin inner city , ATD group from Ballymun, the SAOL project, the North West Inner City Training and Development Project (NWICTDP), the Primary Care Travellers Project.

These different partners met on a regular basis in cross-community plenary sessions. Prior to the first session, different meetings were organised to meet the groups individually and share the outcomes of these meetings during the plenary. However, this approach was abandoned after the first plenary meeting as it was deemed time consuming and participants ended up having to repeat themselves. Due to issues linked to transport and availability, only the meetings in Ballymun were kept additionally to the plenary sessions with the rest of the partners. For each stage, several plenary sessions were planned out (3 for stage 1 and 5 for stage 2), as well as meetings in the Ballymun area. There were approximatively 25 people for each plenary session, and 4 to 7 people for the meetings in Ballymun. In total, the project involved up to 40 citizens experiencing hardships, some were regulars others attended one or two meetings.

In order to make sure that the voices of the participants and what they wanted to say was respected, ATD team members, with the agreement of the participants, recorded the meetings and later transcribed what had been said. This processed allowed the use of direct quotes from the meetings in the documents produced throughout the project. It was also important for ATD that the participants felt at ease making comments and changes on the work documents presented to them along the project, thus ensuring as minimal distortion of their words as possible.

The project also benefited from the dynamic expertise of the SAOL project on health issues, especially issues affecting women in addiction and recovery. They notably brought knowledge regarding access to rights, dual diagnosis and access to information around illnesses such as Hepatitis C.

Another important element was to find ways for people to feel connected to each other and to the project. This was achieved by making sure the participants regularly received photos of their involvement in the project; but also by inviting them to social events during the year, which gave them confidence to come talk about harder issues during the plenary meetings. For instance, in July 2016, ATD organised a healthy day event in the Mourne Mountains in Northern Ireland where participants could relax but also get to know each other better. People involved in the project were also given the opportunity to create links with participants from Spain and Poland through small meetings organised respectively in June and November 2016. All of these elements contributed to provide energy for stronger involvement in the project from participants.

Main learnings from Stage 1 – Diagnosis

The different partners of the project in Ireland met 3 times during the first phase of the project between April and July 2016. Because health is a vast topic, we decided to divide it into three themes, which were respectively addressed during each meeting:

1- **Is my health my responsibility? – 27 April 2016**
2- **How does my environment and my community affect my health (good and bad)? – 22 June 2016**
3- **What rights do I have regarding health? – 20 July 2016**

Below some of the main issues addressed during these meetings:

Primary care and access to local services:
-Participants find that a lot of services are being cut from local areas (especially facilities regarding mental health), meaning that people often have no choice but to go to hospitals where they have to face long waiting times which can be trying for mental health. Furthermore, there is not enough transition between services which need to integrate a more comprehensive support package highlighting both rehabilitation and reintegration into the community.

Discriminations and inequalities:
- Participants often feel like they are not being listened to by health professionals, that their concerns regarding their health are sometimes not seen as important. This can build up frustration and prevent patients from having a trusting relationship with health professionals. The turnover among health professionals means that people get tired of having to repeat their stories. This feeling of powerlessness is increased when health professionals speak in a language that can be hard for people to understand (medical jargon).

Health education:
- Regarding health education and prevention in general, it was stressed that there is no proper education regarding addiction for young people. A lot of people struggling with addiction say they didn't know all the negative impacts drugs could have on their lives before it was too late. Also drug education in school arrived too late and was taught in very technical terms by people who had only read it from books, which doesn't seem to work well as a preventive measure. Furthermore there is nothing positive for young people to do outside of school which makes it easier for some of them to turn to drugs and crime. There is no place in the communities where people who struggle can socialise and meet each other, leading to isolation, low sense of purpose and mental health issues.

Doctor-patient relationships:
- Participants highlighted the following issues: lack of trust regarding health professionals (fear of authority, people don't feel like they can disclose things), but also fear regarding diagnosis (reluctance to follow up by patients due to poor communication systems and lack of explanation of diagnosis between professionals and patients), and fear of medication (certain unawareness from doctors that medication could be a trigger to fall back into addiction, lack of dual-diagnosis).

Socio-economic determinants of health:
– Minding your health is your own responsibility to a certain extent, external elements can also have an impact on your health. Homelessness, overcrowded accommodation or the existence of a place to socialise, are important factors weighting on mental health especially, creating sentiments of insecurity.

Following the first phase, where we asked the participants to identify issues related to the health system in Ireland, we asked them to select three main themes to continue the discussion but this time focussing on identifying solutions and putting forward ideas that would improve the health system in the country. After discussions and a vote in October 2016, it was decided collectively to focus on the following subjects:

Health and discrimination (16 November 2016)

- Health professionals need to learn more people skills in order to be able to relate better with people and listen to their needs, for people with a history of addiction, this would also imply that health professionals are able to look beyond the addiction to see the patient in a full context. Services should be available on a long term basis meaning that you would deal with one doctor or nurse over time rather than having to meet lots of new ones. In this way patients can build up trust (and not having to keep repeating their story).

- There is a need for better coordination of care between health professionals and the people working on the ground (for example in the community sector in projects like SAOL or the NWICTDP). There needs to be more continuity of care and attention on prolonged stability. In particular, the need for services and expertise on dual diagnosis is needed, that is where there is addiction along with mental health difficulties.

- Having a third party involved in the meetings with health professionals to act as moral support (for example a family member, friend or community worker) either to advocate on behalf of the patient or to be a neutral mediator or a witness.

Health and education (14 December 2016)

- There is a need to empower people to act in their communities by developing advocacy and peer led support groups with a focus on addiction, health and human rights

- Health professionals, social workers and teachers should be better trained so they can understand addiction better, and more generally, what people who are living in poverty go through. This can be done by involving professionals to meetings with community of voluntary groups and by integrating this knowledge in their training curriculum.

- Addiction education should be included in school curriculums and be taught in a way kids can relate to. It could be done by people who have an experience of addiction which would imply lifting some barriers (in regards to Garda vetting and ex-prisoners for instance). This would also imply formal recognition of skills and knowledge from life experience, empowering people to access the labour market.

Health and local services (25 January 2017)

- There is a need to develop local services that are fitted to local needs in the community, as a way to de-clutter hospitals (less waiting time). Local services may also help reach some people who don't go to hospital because of the approach taken in hospitals (where they feel they are not given the right support and advice when waiting).

- Need to improve coordination between existing services (more consultations between HSE and local services, between clinics and GPs and focus on recovery rather than just treatment). Services should be sensitive to and match the actual needs of the individuals within that community.

- Need to develop activities and community led projects on the local level, especially for younger people aged between 12 and 21. Open a place in communities where people from all walks of life can socialise but also go talk about their issues and get support (either from professionals or peer support groups).

"[Education is needed] around addiction, around everything, health, sex, addiction, anything like... and bring it to the schools, there's no education around this in schools. And the likes of people that have been through all that, I think should go back into the schools cause they're the ones that have the knowledge around all that stuff (...) Cause for me, I wouldn't really listen to someone that has read it over a book". "(we need) to let people know that you are entitled to ask questions – it's your right to ask questions...you don't know until you ask... so it's about letting people know you have a right to ask and not feel stupid for asking."

"She [social worker] did not understand addiction whatsoever so I brought her in to one of my session, I made her sit through the whole class and by the time she left that class she was like 'oh my god I've been doing my fucking job for the last 5 years and I didn't have a clue'".

"My mental health was affected because for 2 years I'd be waiting the results of all these tests and they'd be saying, 'Yes this is alright and that's alright "So it took my social worker to help me change my doctor and he sent me to another clinic and I got an X-ray done. When it came back the Dr. said we've got something that's not normal here & we need to send you for an MRI scan, you're on Public (health scheme) so it will take years"

"I find in my experience, not with social workers but when you need services it's almost when you're weeks in, at the end of the crisis. When you are in addiction, you present yourself at your worst. These problems aren't addressed from the get go, if these were discussed in schools, the 18 year old has already had 18 years of this way of treating each other and respecting each other, instead of coming to a service at 18 and having to learn everything with a leaflet on a table".

"At 17 years old, when I started to be on drugs I went to the doctor. He put me on methadone and said I would be clean in 6 months. I was failed by him. The dosage kept going up and was never reduced. Doctors have failed me for the past 21 years... All my babies were born with a methadone addiction. And later, when you're not healthy, you can't get up and do things with your children."

"So X (nurse) called me in and she turned around to me and said Dr. Y has refused you detoxification under the circumstances that you are homeless ... now she is contradicting herself because when I was in there last year I got a detox bed and was homeless and I was in the same address..."

"[it is important for your health] to belong where people know you, being involved in a community centre. Because when you're isolated you begin to feel depressed so your mental health is at risk, but belonging and feeling you can go somewhere it actually protects your mental health. (...) Having someone to really listen to you". "Wherever you're sick you're brought into the hospital so it's not a continuation of your care when you're brought in. There's frustration. None of these services are, as far as I can see, offered in the community. There's not a need to go to the hospital, so you [end up] clogging up the system..."

What do the Irish participants remember from the European Meeting in France

We had occasions to remember what happened in the last Our Voices meeting, through numerous feedbacks from the participants, as well as a meeting that was held in ATD's offices on the 6th April, allowing all the Irish people from the project to meet again, including the persons who couldn't attend the meeting in France (among them, women from the SAOL project).

What seemed the most important for the Irish was the idea of coming together, to discuss issues people from different countries were facing, and discover those issues can be similar. Therefore, there was this idea of addressing common issues all together, without regarding the different countries all the participants were coming from, and the different languages that look at first like a barrier. Like one of the participants said, **"I felt like we overcame that language barrier, you know and it allowed connection and understanding and exchange of ideas"**. Thus, this last stage of the project showed how exchanging ideas can be beneficial to everybody, and that's what the Irish took with them back in Ireland.

We also want to talk about the meaning of having met 4 guests, who brought up a lot of ideas on how to make a change in European policies, which was really appreciated by the Irish participants. Again, the experts insisted on the importance of participation, as one of the experts said **"Whatever comes out, it will only work because people like yourselves, insist that it is made to work. If people don't engage, don't demand, don't press the government, don't organize and press the European level, then they will roughly subside"**.

Anna Rurka, President of the INGO Conference at the Council of Europe

Hugh Frazer, Coordinator of the European Social Policy Network (ESPN) of the European Union

Cecilia Forrestal, Community Action Network (CAN), involved in a collective complaint submitted to the European Committee of Social Rights

Finally, the meeting in Pierrelaye underlined the inefficiency of some national policies, which highlighted the role of Europe, recognised by some of the participants: **"To be leaving it in the hands of our own governments, our national government I don't think it going to work because our national governments have been letting us down for so long. […] And I would like to know how the EU is going to empower us as citizens of the EU, to take ownership of our citizenship, to be able to speak with authority on these issues, to have spaces to go to, to tease out and discuss our problems, our fears, what we believe is going wrong, and spaces to speak out about what is good and what is great about Europe"**.

And finally, apart from the serious work on issues, what everyone will remember is the good atmosphere, and sharing between all the participants: we all made good friends, and had good time together, through fun activities like dancing, cooking…

Trip to France

I took the plane to France. I have not flown in years.

It was worth the chance.

I loved the way the international people communicate

The courage we have to fight and not to shut the gate.

I was introduce to what the other internationals had to say.

Because the problems we shared, it affected them the same way.

So listen to what I have to say!

I go down the road again. I wish poverty would end.

It's a message we want to send. I wish poverty would end.

The flats there to live in, to waste empty buildings is a sin!

True colours! True days!

Poverty can affect us in every way.

People in poverty know what it is like,

while the government ignore.

The community have to fight.

James Power, Irish participant in 'Our Voices', March 2017

March 2017

European 'Our Voices' meeting

"Our Voices" is a 2016-2017 Europe for Citizens project aiming to deepen discussions on the future of an inclusive Social Europe. This project involved 100 citizens from 3 Countries: **Spain, Poland and Ireland.**

In Spain, ATD Cuarto Mundo and Andecha discussed the issue: Is putting people back to work the good goal if we want to end poverty? In Ireland, the SAOL project, NWICTDP, CAN and ATD Ireland dealt with these questions: What about access to and quality of Health Service? What makes us feeling and living healthy ? In Poland, the theme of work was: Do we feel equal and respected citizens when we use services?

The working methods of the project were inspired by approaches such as "Participatory Action Research", "The ATD People's University" or "The Merging of Knowledge" which are promoted by Andecha and ATD Fourth World.

This document presents some of the learnings from the project. It was launched on the 15th of June 2017 at the European Parliament in Strasbourg during a meeting of the MEP Intergroup on Poverty and Human Rights.

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