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Executive summary



Correlation is a European-wide network concerned with social inclusion and health. Together with various network partners, Correlation compiled this reader on migration, marginalisation and access to health and social services.

The authors of the different sections in this publication are from a broad variety of professional and geographical backgrounds. They examine barriers to health and social services – and ways to overcome them – in their respective working environments. The diversity of contributions produces rich information and provides an overview of emerging issues and approaches related to migration in different European regions.

The first contribution looks into the concept, the value and the potential impact of transcultural competence, based on the experiences of the Swiss health system. The author argues that migrant-specific drug services are necessary, especially in the field of counselling and therapy. The article describes measures to develop a transcultural organisation and stresses the need for quality management.

The author of the second contribution focuses on *community-based work* in the area of migration and HIV and the importance of the empowerment of migrant communities. The role of communities for appropriate monitoring, communication, care, and policy in the field of HIV is stressed. Policy-makers need to create a framework and resources to enable communities to get involved, and existing services need to give community members the opportunity to develop their own programmes and interventions.

The third contribution describes the *community engagement model* developed by the Centre for Ethnicity and Health during their Community Engagement Programme conducted across England. This approach creates an environment in which communities (individuals and organisations) and agencies can work equitably together, and ensures that the research benefits the communities who are being studied. The implementation of the model has begun to dismantle barriers to health and social service access and increased the understanding of service planners, commissioners and providers about segments of the population they serve

In the fourth contribution, the authors look into access to health services from a *human rights perspective*. They stress the obligation of states to respect the right to health, to protect the realisation of this right and to fulfil it. The authors conclude that to attain the right to health for all, a rights-based approach must be used, along with pragmatism: NGOs delivering health care where states fail to do so is sometimes the best solution.

The authors of the fifth article examine *drug prevention and demand reduction* for asylum seekers, refugees and undocumented migrants. They report that information is often lacking about the extent and nature of substance use among these groups, and about their specific drug service needs. The article describes the SEARCH project, a European initiative to identify these needs in terms of drug prevention and demand reduction and to contribute to the development of culturally appropriate methods of meeting them.

The sixth contribution discusses the situation of *people without a residence permit* in Belgium and describes the project “Access to medical and psychosocial services for people without a residence permit in Antwerp”. This project made an inventory of the services in Antwerp that offer help to this group and identified their specific needs and barriers to service access.

The seventh article is based on the work of the European network Tampep and examines the issue of *sex work* from a female labour migration perspective, including the increasing diversity of sex work settings; the migration patterns of sex workers; the significant levels of drug use and dependency among sex workers, particularly those based outdoors; and criminal elements increasingly seeking to control sex work. The authors argue that repressive policies on both prostitution and migration undermine prostitutes’ ability to implement strategies of self-protection and self-determination. The article concludes with a holistic strategy to address these issues, based on ten basic principles.

In the eighth contribution, the authors describe the situation of migrant drug users in two *low threshold drug services* in Italy. Referring to the Italian National Health System, which allows access to health services free of charge, and to the Italian immigration law, which gives foreigners the right to receive treatments for medical emergencies, they assess the particular risks these drug users face. The article describes a pilot study investigating the accessibility of health services for this group and the efficacy of the treatment offered. The results were more positive than expected, although some unmet needs were also identified.

The final contribution looks at the situation of *mobile drug users* in Amsterdam, particularly those originating from Central and Eastern Europe. Data were gathered by AMOC, a community service that was considered as well-placed to conduct the research because of its trustful relationship with the target population. The authors conclude that their approach was useful for looking at the lifestyles and needs of mobile drug users, and that

the findings - including the mutual support that existed between members of the target population – can make a valuable contribution to the development of relevant services and interventions.