



Co-funded by
the European Union



KING

Knowledge for INtegration Governance

Immigrants' equal access and equal use: a review of local policies in the domains of health care, housing, education and the labour market

Blanca Garcés-Mascareñas

KING Project – Social Science Unit
Desk Research Paper n. 10/July 2014



KING - Knowledge for INtegration Governance

The KING project is co-funded by the European Commission, Directorate-General Home Affairs, under the Action HOME/2012-2013/EIFX/CA/CFP/4000004268. Start date: 15 September 2013; end date: 15 March 2015.

The KING project’s objective is to elaborate a report on the **state of play** of migrant integration in Europe through an interdisciplinary approach and to provide decision- and policy-makers with **evidence-based recommendations** on the design of migrant integration-related policies and on the way they should be articulated between different policy-making levels of governance.

Migrant integration is a truly multi-faceted process. The contribution of the insights offered by different disciplines is thus essential in order better to grasp the various aspects of the presence of migrants in European societies. This is why **multidisciplinarity** is at the core of the KING research project, whose Advisory Board comprises experts of seven different disciplines:

EU Policy – Yves Pascouau

Political Science - Alberto Martinelli

Public Administration – Walter Kindermann

Social Science – Rinus Penninx

Applied Social Studies – Jenny Phillimore

Economics – Martin Kahanec & Alessandra Venturini

Demography – Gian Carlo Blangiardo

The project consists in the conduct of preliminary **Desk Research** to be followed by an empirical in-depth analysis of specific key topics identified within the desk research. To carry out these two tasks, each Advisory Board member chose and coordinated a team of two to five researchers, who have been assigned a range of topics to cover.

The present paper belongs to the series of contributions produced by the researchers of the “Social Science” team directed by Professor Rinus Penninx:

EU Policy	ADVISORY BOARD MEMBER	DESK RESEARCH PAPERS
Political Science	RINUS PENNINX Overview Paper	<ul style="list-style-type: none"> • “Immigrants’ equal access and equal use: A review of local policies in the domains of health care, housing, education and the labour market” by Blanca Garcés-Mascareñas • “Local policies as cultural integration and social cohesion policies” by Patrycja Matusz-Protasiewicz • “The legal and political dimension of local integration policies” by Tiziana Caponio • A Bibliography of Scientific Literature on Integration Policies of European Cities by Hannah Schwarz
Public Administration		
Social Science		
Applied Social Studies		
Economics		
Demography		

The project is coordinated by the **ISMU Foundation**, based in Milan (Italy).

Contacts:

Guia Gilardoni, Project Coordinator – g.gilardoni@ismu.org

Daniela Carrillo, Project Co-Coordinator – d.carrillo@ismu.org

Marina D’Odorico, Project Co-Coordinator – m.dodorico@ismu.org

Website: www.king.ismu.org

Twitter: @KING_Project_EU

ISMU Foundation - Initiatives and Studies on Multiethnicity

www.ismu.org

Via Copernico 1

20125 Milano

Italy

© 2014 Fondazione ISMU - Iniziative e Studi sulla Multiethnicità. All rights reserved. No part of this publication may be reproduced or transmitted in any form, or by any means, without the permission, in writing, from Fondazione ISMU – Iniziative e Studi sulla Multiethnicità. Licenced to the European Union under conditions.

This project has been funded with support from the European Commission. This publication reflects the views only of the author, and the European Commission cannot be held responsible for any use which may be made of the information contained therein.

Immigrants' equal access and equal use. A review of local policies in the domains of health care, housing, education and the labour market

1. INTRODUCTION

Integration policies could be defined as those policies that aim to facilitate immigrants' integration process in its three dimensions: the legal/political, the socio-economic and the ethnic-cultural-religious. This chapter focuses on policies regarding the second dimension, specifically on those fostering the socio-economic incorporation of immigrants in health care, housing, education and the labour market. Though these four domains are highly institutionalised and mainly a matter of national policies, cities are the place where the challenges and problems around the structural incorporation of immigrants are first felt. Therefore municipalities have also developed specific policies, either to complement or give a response to national policies. As we will see in this paper, local policies tend to focus on very specific problems, “repair” non-working national policies or oppose policies defined at higher administrative levels, particularly when their restrictive character goes against other political imperatives (such as social cohesion or public order) of higher priority at the local level.

Since local policies in these four domains are extremely intermingled with European and national policies, this chapter will look at the different policy levels to then focus on specific local policies and the role of local actors. Sometimes the response to national policies is explicit, by developing particular policies at the local level. Sometimes it is implicit, by changing policies through implementation practices. Therefore, when analysing local responses, we will pay attention not only to formal policies but also to specific programmes as well as the implementation practices of street-level bureaucrats and professionals.

The analysis of each domain is divided in two different dimensions: equal access and equal use. Equal access refers to those policies aimed at guaranteeing that migrants are not formally or informally excluded when accessing particular social provisions and the labour market. It mostly refers to (rejected) asylum seekers and undocumented migrants, thus those categories of migrants who may be excluded by law or due to other more practical barriers. Equal use refers to those policies aimed at guaranteeing equality in terms of use and policy outcomes. As it is well-documented, immigrants may face particular barriers in the domains of housing, health care and the labour market and migrant children may underperform in schools. This chapter will identify local policies and practices aiming at reducing these gaps.

For each domain and in each dimension we will look at how policies frame the problem and give a response, what the main target groups are and how policy definition and implementation is organised among the different administrative levels and actors involved. How are problems defined and from which perspective? Are there contradictory policy frames? To which policy frames do policies respond to? Are policies specific or general? Do they target migrants or specific migrant groups? Are target groups defined in broader socio-economic terms? How is the relationship between the different administrative levels? Do these different levels cooperate with each other, do they complement each other or rather oppose to each other? To what extent contradictions and tensions between different administrative levels respond to different policy frames resulting from different political priorities?

All these questions will be answered on the basis of existing academic research and reports issued by different institutions at the EU, national and local levels and by the different stakeholders in the different domains. This paper is not comparative in nature. Though based on the experience of different EU cities, the final goal is to identify common trends and compare differences between the different domains and actors involved rather than comparing different cities and signaling where, how and why their policy approaches differ.

2. HEALTH CARE

2.1 Equal access

Though the right of everyone to health care is explicitly mentioned in numerous international instruments in human rights ratified by EU member states, it is a fact that a high percentage of asylum seekers and undocumented migrants in Europe have limited access to health care. A comparative study of the 25 EU member states before 2004 found that asylum seekers were only entitled to emergency care in Austria, Denmark, Estonia, Finland, Germany, Hungary, Luxembourg, Malta, Spain and Sweden (Norredam et al. 2006). According to the rights granted to undocumented immigrants, the project “Health Care in NowHereland” (Bjorngren-Cuadra and Cattacin 2010) classified EU27 countries into three groups: 1) countries in which undocumented migrants have no rights to free emergency care (Bulgaria, Czech Republic, Finland, Ireland, Latvia, Luxembourg, Malta, Romania and Sweden); 2) countries in which they have minimum rights to health care, in most cases emergency care free of charge but are required to pay for primary and secondary care (Austria, Belgium, Cyprus, Denmark, Estonia, Germany, Greece, Hungary, Lithuania, Poland, Slovakia, Slovenia and the United Kingdom); and 3) countries in which migrants have the right to receive health services for no fee or a moderate fee (France, the Netherlands, Spain, Portugal).

In the last years several studies and reports have examined and compared migrants' access to health care in most EU countries (PICUM 2007; Rechel et al. 2011; Doctors of the World 2013; European Union Agency for Fundamental Rights 2013; PICUM 2013). They coincide to note that migrants' exclusion is not only grounded in migrants' legal status but also in other indirect or informal barriers. First, migrants' exclusion from the insurance system and from the state-funded scheme for uninsured persons means that in many countries asylum seekers and undocumented migrants are required to pay the full cost of treatment. Consequently, they only go to hospitals when they have serious diseases, usually receiving unaffordable bills. Second, asylum seekers and undocumented immigrants tend to lack information about their rights to access medical services and many undocumented immigrants often do not seek medical help because they fear being discovered and deported. Third, high decentralisation of competences from the central government to the regional and local entities, together with long and complex procedures, have led to important implementation gaps and disparities. As noted by Didier Maille, from the organisation Comède, “*in small cities, the lack of knowledge is remarkable and the law is interpreted much more restrictively. Some agents even go beyond the law*” (quoted in PICUM 2007: 31).

The PICUM report on *Access to Health Care for Undocumented Migrants in Europe* (2007), which systematically analyses and compares 11 EU member states, identifies health care providers and hospitals, on the one hand, and NGOs, on the other, as key actors in the actual provision of health care services to undocumented migrants. With regard to health care professionals, this report observes that all interviewed doctors and nurses expressed a different understanding of the term “urgent” when compared to the one established in legislation. For instance, in contrast to legal rules, medical professionals strongly stressed the

urgency of providing mental health to undocumented migrants. This study also notes that, while medical staff generally apply professional codes and duties, hospital administrators may be much more strict in their implementation practices (PICUM 2007: 9).

With regard to NGOs, the PICUM report notes their key role in providing direct health care and health care-related assistance to undocumented migrants. Due to increasing restrictive policies and the aforementioned gaps and failures of the health care system, NGOs and charities make a “tremendous effort to fill the gaps and correct the failures of the state system and on many occasions feel obliged to constantly improvise solutions” (PICUM 2007: 10). The main services provided by NGOs to undocumented migrants are: advice and help to access mainstream medical services, either by informing them about their rights or bringing them to those medical centers that are more friendly to undocumented immigrants; direct health care assistance through clinics and mobile units run by volunteer health care providers; reference to health care providers within their networks; direct provision of medicines; coverage of bills for care, medicine or tests prescribed to undocumented migrants; and other initiatives, such as the provision of a small card containing the patient's medical history and treatments prescribed (Ibid: 9-10). Though the preference is for solutions to make the general system work, in some cases – particularly in those countries where undocumented migrants are not covered or covered only partially – NGOs end up organising a parallel charity-based system.

The high degree of autonomy health care institutions have tended to result in big disparities from municipality to municipality. In Brussels alone, there are nineteen municipalities with different requirements and procedures. While some are rather restrictive and ask for cumbersome procedures, others are more open and even proactive when attending undocumented immigrants. For instance, the social welfare centers in Brussels Capital and Molenbeek municipalities provide a “medical card” to secure undocumented immigrants' treatment or receipt of medicine for certain period, thus saving them from passing through the whole procedure each time (PICUM 2007: 24). The municipality of Munich decided in 2006 to set up a medical contact point for “uninsured people”. Similarly, Düsseldorf and Frankfurt offer anonymous consultation hours to facilitate undocumented migrants' use of their services (PICUM 2007: 45). In contrast to other Dutch cities, Rotterdam facilitates the vaccination of children whose parents are not registered in the County Clerk's office by accepting them on referral by midwives, general practitioners or schools and by providing these vaccinations free of charge (PICUM 2007: 67). In 2012 the Spanish government's decision to exclude undocumented immigrants from full access to health care has been opposed by several autonomous communities (e.g. Basque Country and Catalonia) and implemented differently at different regional and local levels.

2.2 Equal use

Though “third country nationals” tend to have full equality of treatment vis-à-vis residents from other EU countries and nationals, immigrants face specific barriers in accessing health services that go beyond legal restrictions (Mladovsky 2011: 185). The Council of the European Union, in its *Joint Report on Social Protection* (2008: 11) noted that “despite overall improvements in health there remain striking differences in health outcomes not only across Member states but also within each country between different sections of the population according to socio-economic status, place of residence and ethnic group, and gender”. Several studies have explained the disparities in the use of health care services among immigrants and ethnic minorities as the result of the interaction between factors such as language, communication, sociocultural factors, “newness” and cultural difference (Norrendam & Krasnik 2011; FRA 2013; Durieux-Paillard 2011).

Language barriers tend to result in a lack of comprehensive information about entitlements, medical services and procedures. Moreover, poor communication may result in a poor identification of health problems. Besides language, stigmatization can also represent an additional barrier. For instance, a Dutch study showed that medical consultations with migrants were shorter, doctors were verbally more dominant and migrants less demanding compared to non-migrants (Meeuwesen et al. 2006). Social marginalisation and limited social networks may also hamper access to health care (Bhopal 2007; Worth et al. 2009). Similarly, being a newcomer tend to inhibit equal use of health care services, in particular for those migrants who do not receive any introduction to the system (Worth et al. 2009). Finally, the absence of culturally appropriate and sensitive services has also been pointed as a key factor when explaining the low take-up of services by minorities (Qureshi, Berridge and Wenman 2000; O'Neale 2000; Ahmad 2005).

Despite these differences in the use of health care services, in most European countries migrants' health and access to health services are not addressed by specific policies. According to Mladovsky (2011: 186) only 11 of the former 25 EU member states have established specific national policies aimed at improving migrant health. In some countries these are integrated into broader policies. For instance, in England migrant health policy is part of more general policies concerned with “race” and “black and minority ethnic” groups. In Ireland they refer to migrants (including asylum seekers and undocumented migrants), travellers, ethnic minorities and children of migrants born in Ireland. In the Netherlands policies use the broad conceptual umbrella of “cultural difference”. In other countries, such as Austria, France, Germany, Italy, Portugal, Spain, Sweden and Switzerland, the focus is more narrowly on migrants. Mladovsky (2011: 187-9) briefly review each of these policies per country. In general terms, these mainly consist of working groups of experts that produce reports and identify best practices, policy documents and specific programmes.

Migrant health care policies target patients (demand side) and/or providers (supply side). Those targeting patients are mostly aimed to provide information on health services and entitlements, as well as education programmes to improve health literacy (Netto et al. 2010). Those policies targeting providers seek to overcome linguistic, cultural and administrative barriers by setting up interpretation and translation services, culturally informed models of care or culturally tailored public health programmes; by using cultural support staff (health mediators); by training staff in diversity; or by diversifying the workforce and promoting the involvement of migrants in all aspects of health care delivery (Fernandes and Miguel 2009; WHO 2010). More recently, increasing emphasis is being placed on the development of the “whole organisation approach”, in which cultural competence is no longer regarded as a property of individuals but of organisations (Mladovsky 2011: 193).

If we look at the actors involved, there seems to be national institutions (ministries of health and immigration, councils on health care and expert groups), on the one hand, and health care providers, on the other. While the former issue reports on migrants' use of the health care system and define general health care policies and mid-term national plans and programmes, the latter carry out more concrete initiatives aimed to increase the take-up of services by migrants and ethnic minorities. The Open Society Institute report on *Muslims in Europe. A Report on 11 EU Cities* (2010: 165-66) identifies some of these initiatives. For instance, the General Hospital of Slotervaart (Amsterdam) provides special consulting hours for Moroccan diabetes patients by a Moroccan nurse. Also in Slotervaart the I-Psy centre for intercultural psychiatry offers specialist and accessible help to people with mental health problems related to migration, change of culture and living conditions. The Dutch Intercultural Care Counsellors Foundation, founded in Amsterdam in 2003 by a doctor of Turkish origin, provides outreach in health care information – culturally sensitive and accessible in terms of language – through informal settings.

This same report describes a couple of similar initiatives taken at the local level. In Leicester the local health body launched a programme to improve the understanding of coronary heart disease in the South Asian community by recruiting “peer” educators, with access to the community and understanding of their

perspectives and needs. Similarly, mosques and Radio Ramadan were used to provide information about specific medical campaigns. In the London Borough of Waltham Forest, in 2004 the council undertook a major media campaign to challenge smoking, incorporating an important black, minority and ethnic component in its outreach activities. Other London boroughs have channeled some of their campaigns through local imams. The Waltham Forest Faith Communities Forum partnered with local authorities to implement a system of “health preachers”, which aimed to communicate important messages on health to the borough's Muslim, Christian and Sikh communities by training their religious representatives (OSI 2010: 166). Interestingly, the initiatives taken by local authorities are mostly focused on dissemination and communication strategies.

Further research is needed to identify concrete programmes and practices aiming at establishing appropriate and accessible health services to migrant populations. More needs to be done too to assess the effectiveness of “best practices”, which are rarely, if ever, rigorously evaluated (Ingleby 2009). Finally, it is important to note that concrete initiatives taken by health care institutions may help to bypass or reduce some policy failures but “do not fix the system”. As pointed by Rechel et al. (2011: 6), “for long-term sustainability, structural changes are required that embed good practices in health policy and practice”.

3. HOUSING

3.1 Equal access

Though the right to housing is explicitly recognised as a basic right among a wide range of international instruments (PICUM 2004; Scappucci 2010), access to housing is one of the main problems for undocumented migrants in contemporary Europe (PICUM 2004: 4). In its report on the housing situation of undocumented migrants in six European countries, PICUM states that undocumented immigrants “live in the homes of their legal relatives, share rooms with other migrants, pay provisions to legal residents who act as the formal tenant or rent on the unofficial housing market” (PICUM 2004: 13). Consequently, they tend to pay more, may live in overcrowded apartments and, due to their legal and economic precariousness, run a higher risk of becoming homeless. Moreover, undocumented migrants are extremely vulnerable in case of abuse by the landlord, even when the law protects tenants' rights irrespectively of their legal status.

As undocumented migrants are excluded from state-subsidised housing or support due to their lack of a residence permit, they are mostly relegated to the private market. The specific market conditions in each country are thus of particular relevance. In countries such as Spain and Italy, where there is a scarcity of rented housing, prices and conditions for renting tend to be even more unaccessible for undocumented migrants. Immigration policies, in countries such as the Netherlands or Italy, push undocumented migrants even more to the margins as owners can be sanctioned for renting private accommodation to migrants without a residence permit. For those undocumented migrants unable to secure housing, local NGOs may provide temporary accommodation. NGOs do also work on establishing relations with homeless shelters in order to widen undocumented migrants' housing possibilities, and try to improve existing relationships between private owners and tenants (PICUM 2004: 42). These initiatives are mostly funded by local authorities.

In her book on the exclusion of undocumented migrants from most social provisions in the Netherlands, Pluymen (2008) argues that, in comparison to the national government, local authorities tend to feel a

higher need to provide a safety net for destitute migrants. This is justified on the basis of three arguments. The first is of an humanitarian nature: moral arguments on the inclusion of those residing in the municipality prevail over national regulations aimed at exclusion. The second argument is in terms of public health, public order and safety. In this case, imperatives to prevent overcrowded housing and urban decay may be of higher priority for local authorities than those related to immigration control. The third argument is in response to national policies: feeling burdened with the practical implications of the shortcomings of national migration policy, local authorities protest and try to persuade the government to reverse certain aspects of its migration policy. Though local actions evoke a picture of protest, Pluymen argues that on closer consideration they show much resemblance and partial compliance to national rules. The reason is simple: municipal measures of inclusion have their limitations too. In view to curtail the number of destitute immigrants looking for shelter, which increase with increasing national exclusionary regulations, municipalities have tended to limit housing subsidy to particular target groups.

In this regard, both Pluymen (2008) and the PICUM report (2004) coincide to observe a growing tendency in the Netherlands to provide assistance and shelter only to immigrants that are willing to take concrete measures to return to their countries of origin, immigrants in an extreme vulnerable situation and immigrants that still have a chance to obtain a residence status. While assistance to the first group seems to be aimed at facilitating return, temporary shelter to particularly vulnerable groups (i.e. severe medical conditions, people who can difficultly return to their country, victims of trafficking, women who divorce a national before three years of residence in the Netherlands and pregnant women) aims at providing secure housing on a short term basis. Finally, asylum seekers and rejected asylum seekers are the target group per excellence of local initiatives aiming at counteract the exclusionary effects of national policies. Asylum seekers and rejected asylum seekers are mostly presented “as more deserving” than pure economic migrants. Their deservingness has to do with migrants' claims of vulnerability in their countries of origin but also with their long term residence and integration in the Netherlands. For instance, when the Dutch government passed the Alien Act (2001), which excluded asylum seekers in the second procedure and rejected asylum seekers from most social provisions, 170 local authorities (including Rotterdam, Utrecht, Amsterdam and The Hague) opposed this policy and decided to keep them in social housing as they were considered almost as “Dutch citizens” (PICUM 2004: 23).

Though more research should be done in this area, the study conducted by PICUM in six European countries, which is mostly based on interviews with staff of both homeless organisations and NGOs, seems to indicate two main trends. On the one hand, countries such as the Netherlands, Belgium, Austria and Germany seem to give priority to (rejected) asylum seekers upon undocumented migrants. When NGOs offer temporary housing to undocumented migrants, this is done either under strict conditions (working for legalisation or return) or without any kind of economic support by local authorities. On the other hand, NGOs in countries such as Italy and Spain do not seem to discriminate between different groups of undocumented migrants, priority is given on the basis of vulnerability in receiving societies rather than on specific conditions and public funding for initiatives to accommodate undocumented migrants does not seem to be conditioned to particular target groups. In any case, access to emergency accommodation is very limited. This means that most undocumented migrants have to solve their housing problems on their own.

3.2 Equal use

Housing of immigrants is considered a key issue not only to assess the state of migrants' structural integration in the receiving society but also to promote integration processes of migrants and their descendants. When referring to immigrants' housing situation, two very distinct questions arise. On the one hand, housing conditions and access to decent and affordable housing relate to questions on migrants'

structural incorporation. On the other hand, migrants' segregation patterns are often mixed up with discussions on cultural integration and migrants' identification. In the next paragraphs, I will refer to the two questions separately, considering in each case the framing of the problem as well as the main policy measures and target groups.

With regard to migrants' access to decent and affordable housing, the problem is framed in terms of equality. As stated by the CLIP final report on housing, "ethnic discrimination, as well as discrimination of migrants on the housing market, is a widespread phenomenon" (CLIP 2007: 24). Discrimination can be direct, for instance by excluding non-nationals from city-owned social housing schemes or reducing migrants' chances to access particular housing as a result of anti-segregation quotas. Discrimination can also be indirect, mostly resulting from unequal treatment and unequal opportunities on the private housing market on the basis of class, ethnicity or place of origin or as a consequence of migrants' unequal access to information in a highly intransparent housing market.

Several measures have been undertaken by local authorities to overcome or minimise these problems. Sometimes these measures target migrants as a distinct group, for instance by setting up mediating agencies between landlords and tenants or housing information services for migrants. In Scandinavian countries, specific legal provisions are in place for asylum seekers and refugees to access social housing independently from the regular scheme (ibid.: 26). In France and Luxembourg (mostly single male) migrant workers are offered accommodation (in the so-called *foyers*) at very affordable prizes. In Amsterdam special housing programmes have been implemented for asylum seekers and the most vulnerable groups: recent immigrants, older people, women, unaccompanied young migrants, Roma and other non-migrant ethnic communities.

Most of the times, however, policy measures in the domain of housing do not focus specifically on migrants but rather on households with low or middle incomes. Some measures are directed at the demand side, by increasing the renting or purchasing capacities of the target households through premiums or subsidies, reductions in mortgage payments, free loans or reductions in borrowing costs (ibid. 2007: 31). Other measures target the supply side by increasing the offer of affordable housing in the city. This can be done by either increasing the stock of social housing or subsidizing the creation of private housing with affordable prizes. In countries with a very limited stock of social housing, measures targeting the supply side are more rare and mostly rely on private housing projects. For instance, as documented by the CLIP Project (van Heelsum 2007), local authorities in Terrassa (Spain) have been negotiating with investors and were promoting new regulations at the regional level to set up quotas for low-income households in new building projects.

Besides policy measures on housing, most European municipalities have developed broader policies on segregation and urban renewal. The combination of spatial, social and ethnic segregation is often seen as a problem with negative consequences on migrants' cultural and social integration, particularly language competence and social capital; migrants' structural integration, as they may remain "trapped" within their own ethnic communities; and integration in terms of migrants' identification. In recent years the problematization of ethnic segregation has been questioned. In both scientific research and politics the question is whether segregation constrains or rather facilitates immigrant integration. Related to spatial segregation, the impoverishment and decay of particular urban neighborhoods is also considered a problem in terms of the physical quality of housing, public security and community relations.

Several measures have been undertaken to reduce ethnic segregation in particular neighbourhoods. Some cities have pursued anti-segregation goals by imposing quotas for specific groups of non-natives or vulnerable groups. As noted by the CLIP Report, this kind of measures are not problem-free: first, they may go against the principle of equal treatment between persons irrespective of racial and ethnic origin and, second, the "appropriate" level of ethnic "mixing" may be difficult to define and justify (ibid.: 17).

Resettlement projects have also been implemented to fight socio-spatial segregation, though again these policies have been questioned as social networks are often an important resource within immigrant communities. More recently, in cities such as Amsterdam and Vienna, ambitious housing projects have been set up with the explicit aim to promote ethnic and socio-economic mixture as well as diversification in forms of ownership and rental structures (ibid.: 18).

Other measures do not explicitly pursue anti-segregation goals but may have important anti-segregation effects. These include: spreading public housing around the city; opening access to social housing areas to middle-class income groups; promoting gentrification, particularly in the inner city districts or former industrial areas; or improving the image of a city district. These measures are often part of larger urban renewal policies, which can be defined as the rehabilitation of impoverished urban neighborhoods through large-scale renovation or reconstruction of housing together with social measures aimed at improving social cohesion. The literature on ethnic segregation and urban renewal has blossomed in the last two decades. A key question is whether these policies help to reduce segregation in the city as a whole or rather reduce segregation in particular target areas while increasing it in other more peripheral zones. In this regard, there is growing consensus that effective anti-segregation policies should address the structural features of the entire city, thus going far beyond a pure urban and neighbourhood centered approach.

With regard to the governance model, housing and neighbourhood policies are above all a matter of local authorities. Measures to ensure migrants' access to housing or to reduce social and ethnic segregation are mostly defined and implemented at the local level. In some countries these policies have received important national and thus financial support. In other countries measures defined and implemented at the local level were turned into national policy. In contrast to the governance models observed in the three other social domains, local policies in the domain of housing are not a complement or a response to national policies but rather the primary policy itself. It is thus not a coincidence that when EU legislation (more precisely, the Almunia package on state aid) defined "social housing" as restricted to "disadvantaged citizens or socially less advantaged groups", Eurocities responded with a public statement defending "the freedom of Member States and their local authorities to define, organise and finance services of general (economic) interest (...)" and demanding local autonomy "to choose the form of provision of housing services based on an objective and transparent evaluation of the needs of our citizens" (Eurocities 2013).

4. EDUCATION

4.1 Equal access

In most EU countries the right to education for undocumented children is protected by law or at least is not explicitly denied. In countries such as Belgium, Italy and the Netherlands the right to education for undocumented children is explicitly referenced in legislation. In France, Spain, the UK and Poland the use of the expression "all children" turns undocumented migrants implicitly included. Only countries such as Hungary and Malta restrict access to education to citizens and legal residents (PICUM 2008: 16-21). Although the right to education is mostly protected by law, many reports coincide to observe a big gap between, on the one hand, the theoretical entitlement granted to all children independently of their legal status and, on the other, the concrete practices undocumented children encounter.

The PICUM report on *Undocumented Children in Europe* (2008) and its later report on the *International Conference on Undocumented Children in Europe* (2009) examine in detail the practical barriers limiting

undocumented children access to education. One of the most serious problems arise when schools ask children for proof of residence. The reason for such a request is that many schools are responsible only for the minor residents in their particular district. In countries such as the Netherlands, Poland and Hungary schools do also justify identification document requests by arguing that funding is allocated according to the number of students enrolled, thus having a problem with the presence of undocumented children without valid documents. Other possible barriers include the fact that minors may not live with their parents and some schools tend to deny school registration by other family relatives.

Growing immigration control and tough immigration discourses do also have an impact on undocumented children's access to education. Parents' fear of being detected if sending their children to schools is regularly expressed in many interviews with undocumented immigrants. As stated by the PICUM report (2008: 28), "in the majority of cases fear is tied to the general climate more than to specific episodes related to school surveillance". But this is not always the case. For instance, in 2006 the then Minister of Interior Sarkozy sent police to French schools to detect undocumented migrants who went to fetch their children from school (ibid: 27). In Germany the obligation of public officials to denounce undocumented migrants often prevented in practice undocumented children's access to education (PICUM 2009: 18). The University of Oxford report "No Way Out, No Way In" (Sigona & Hughes 2012) denounced that the increased demands on public authorities by the Home Office – such as asking social services to report suspected undocumented migrants – were pushing children away from essential services such as schooling.

Other problems include the fact that, though access to primary education is free, irregular families are excluded from economic aid for extra expenses such as books, transportation, school meals, etc. Many NGOs do also report that even when there is no problem in access to education, there is a problem receiving a diploma at the end of the scholastic career as then residence permission or an identification document is often required. Finally, undocumented children tend to have no access to education before and after compulsory schooling. While inclusion in the kindergarten mostly depends on local authorities' decisions, access to vocational and professional school (for children 16 to 18 years old) is jeopardized by either schools or companies arguing that undocumented minors won't have a residence permit and therefore won't be allowed to work. As stated by Charlotte van Zeebroeck of Service Droit des Jeunes in Belgium: "In practice, the majority of these (training) centres refuse to take children in irregular situations because the aim of training programmes is to find a job afterwards. Institutions and businesses are of the opinion that undocumented children will never be regularised and so will never have the official right to work" (quoted in PICUM 2008: 38).

In her research on the effects of the Linkage Act (1998) in undocumented migrants' exclusion from public services, van der Leun (2003; 2006) concluded that sectors with a high level of professionalisation (such as health care and education) were more likely to soften the impacts of the law. Similarly, Pluymen (2008) argued that professionals (like doctors and teachers) tended to work in a more individual-rights-oriented structure. However, the more recent reports by PICUM (2008; 2009) show that school practices may differ significantly. On the one hand, both reports observe that many schools take undocumented children independently of whether they can prove residence or whether their expenses will be covered by national and local governments. On the other hand, these same reports note that some schools discourage the enrollment of undocumented migrants because they won't be able to get the school's reimbursement by the state, they may not know the existence of alternative funds for undocumented children or they fear the negative impact these children may have on their test-score statistics (PICUM 2008: 23-26).

The stance of local authorities with regard to undocumented children's access to education seems to be diverse too. In some cases local authorities cover extracurricular expenses such as money for books and transportation (ibid: 32). The CORAM's report (2013) also shows that in the UK, while undocumented migrants have no recourse to public funds, they may get financial support from local authorities under community care and children's legislation. In the financial year 2009/10 1,729 children and family cases (for

a total amount of &19m) were supported by 37 local authorities. In other cases local authorities restrict undocumented children's access to education. For instance, the municipality of Milan issued a circular that excluded the children of irregular immigrants from enrolling in nursery schools. Interestingly, in 2007 the Court of Milan declared this ordinance discriminatory, thus forcing Italian municipalities to cover undocumented children's access to kindergarten. Municipalities may also jeopardize access to education by refusing registration of particular groups. In France several NGOs have denounced that some municipalities tend to discriminate Roma people, either by refusing their registration or by dismissing them from the land on which they live (ibid.: 25). In Spain some municipalities refuse to register irregular migrants, which in practice means excluding them from access to education and other social services.

Besides school professionals and municipalities, NGOs seem to be key for the practical inclusion of undocumented children in education. First, they have developed concrete projects to reduce or overcome the practical barriers limiting undocumented children access to education. For instance, as most undocumented children have no access to vocational classes, several NGOs have developed good practices to facilitate their insertion (particularly that of unaccompanied minors) into the work force (ibid.: 38). Second, NGOs are also key to respond to national and local exclusionary policies or lobby for policy change. In France the NGO Education Without Borders was created in response to the government's attempt to use children to detect irregular migrants with the aim to protect migrant children's right to education and prevent the expulsion of their families (ibid.: 29). In the Netherlands the cooperative Learning Without Papers asked local governments to make education for undocumented children practically possible by providing financial help (ibid.: 32).

4.2 Equal use

Education is considered key both to assess the state of migrants' integration in the receiving society and to promote integration of migrants' descendants. EU institutions have passed several policy papers expressly targeting the education of migrant children. For instance, the Commission's green paper *Migration and Mobility: Challenges and Opportunities for EU Education Systems* (2008) identified effective policies and practices to improve learning achievements of migrant children. One year later the Parliament and the Council of the European Union (2009) issued their policy documents requesting member states to work at different administrative levels in order to ensure that migrant children are offered fair and equal chances. The Commission's *Strategic Framework for European Cooperation in Education and Training* (ET 2020) includes education of migrant children among the priority areas.

This political interest in the education of migrant children has been accompanied by a growing number of research studies and projects in this area (e.g. SIRIUS 2013; EDUMIGROM 2011; EURIDYCE 2009; OSF 2009; NESSE 2009; Includ-ED 2008; TIES 2005). These projects provide evidence on the performance of migrant students in different European countries. One of the main conclusions is that differences between 'minority' and 'majority' pupil populations vary greatly from country to country: while in some countries immigrants underperform on average, in others they are on a more equal standing or even perform better. These projects do also shed light on the specific structural factors that may explain differences in migrant children's performance. These factors include features of the education system (such as ability tracking, age of selection, transitions between early, primary and secondary education, ethnic majority bias in textbooks and teaching practices); resources allocated; legal framework for enrollment (according to legal status, parental choice or residential catchment area); integration policies; and national discourses on migration and integration (for a more detailed overview of these factors, see Sirius 2013: 7-8).

Most EU member states – either at the national or regional level – have developed particular policies to raise the achievements of migrant children in education and thereby reduce the gap between 'minority'

and 'majority' pupil populations. These policies mainly consist of targeting additional resources – in the form of finance and additional staff – at those groups who are most at risk of underachieving. When migrants are identified as a separate target group, initiatives tend to provide language support (e.g. language support classes, additional teachers and qualification programs to teachers). Particular reception classes are also set up to introduce newly arrived migrant students to the host language and education system of the receiving country. When migrants are not identified as a specific group, allocation systems target the wider group of socially disadvantaged.

Though education is a matter of national or regional governments, local authorities have set up particular initiatives to “repair” some of the problems produced or not given response by national policies. Municipalities do sometimes finance extra-curricular activities to support pupils in risk of underachievement. Also in view to reduce drop-out, the municipality of Rotterdam introduced new types of schools (neighbourhood schools or vocational schools) to provide students with a couple of extra years before having the possibility to access the academic track. Some cities have also developed particular programmes to reduce migrant children's concentration in underperforming schools. For instance, the city of Vic (Spain) implemented a local policy aimed at distributing migrant children equally among local (public and private) schools. The city of Leicester (UK) encouraged exchange between schools with different ethnic and religious backgrounds (Sirius 2013: 14). Though anti-segregation school measures have hardly been evaluated, the book by Bakker et al. (2011) concludes that in order to be effective they need to be contextual and comprehensive and engage the whole community of actors and stakeholders.

According to a study conducted within the Sirius Project (Golubeva 2012), local NGOs do also focus on specific problems such as the transition from primary to secondary school or the level of school dropouts. As they mostly 'work around' existing policies rather than attempting to change them, most of their initiatives do also consist of extra-curricular activities such as offering private tutoring to immigrant students, organising language courses for their parents or promoting migrants students' access to university. When NGOs target changes in the school system, they tend to combine “soft” methods such as networking with “hard” methods such as recommendations to introduce positive action in teaching staff recruitment. According to Golubeva (2012: 6), their methods of advocacy are non-confrontational: “rather than disrupt cooperation with other stakeholders in their fields by posing demands for immediate policy change, they work through projects aiming at modest step-by-step change in the future”.

Finally, implementation practices by teachers and school institutions are key both when explaining migrants' education performance and policy outcomes. With regard to the former, several studies have shown that teachers' attitudes and expectations not only affect students' aspirations but also can have a major influence on the student's school trajectory and their tracking to lower quality schools (Huttova, McDonald and Harper 2008; Strand 2008). Focusing on teachers expectations towards pupils with an immigrant background, Sprietsma (2009) concluded that teacher expectations in Germany were sometimes biased by the names of their pupils. With regard to the impact of implementation practices on policy outcomes, there is hardly any research on how teachers and schools modify official policy. A notable exception is the study by Bruquetas-Callejo (2014) on policy models and school practices of reception in Rotterdam and Barcelona. This study shows that schools and teachers develop discretionary practices either as a reaction to material organizational constraints or to close the gap between ideological values and real outcomes. Therefore the author concludes that the analysis of the local field and the daily practices of professionals is essential when aiming to understand how policies work in practice.

5. LABOUR MARKET

5.1 Equal access

Access to the labour market is not a right but rather a privilege of those considered legitimated members, which include citizens and legal residents and exclude not only undocumented migrants but also rejected asylum seekers and in many European countries also asylum seekers and family immigrants. Simultaneously, employment has become more and more a condition for membership. As showed in a recent special issue published by *International Migration* (Chauvin, Garcés-Masareñas & Kraler, 2013), employment requirements are key in regularisation and renewal procedures. In practice, this means that not having a formal job or not having a formal job with the required conditions (e.g. full time contract) may represent no way out or a way back into illegality.

While work is not a right, fair work conditions are. The principle of safeguarding at least safe and fair working conditions is expressly protected in instruments such as the International Covenant on Economic, Social and Cultural Rights (ICESCR), the International Convention for the Protection of the Rights of All Migrant Workers and the Members of Their Families (ICMW) and the ILO-Convention No. 143 (LeVoy, Verbruggen & Wets 2004: 59). If we look at national legal systems in Europe, protection to undocumented migrants workers varies from full exclusion (e.g. Sweden and Great Britain) to full legal inclusion (e.g. Italy) (LeVoy, Verbruggen & Wets 2003: 59). In Germany, while industrial tribunals are obliged to inform the Foreigners Office about undocumented workers, they are not obliged to investigate the residence and work permit status. According to Cyrus (2003: 109), the distinction between the obligation to transmit but not to examine the status opens an opportunity for undocumented workers to present a case in industrial tribunals. In practice, however, most immigrants are afraid of making use of their right as workers because of the well-founded fear of being reported to the Foreigners Office and subsequently deported.

NGOs and immigrant organisations working for the protection of undocumented migrant workers have mostly focused on regularisation procedures as a means to achieve undocumented immigrants' legal recognition and therefore their *de facto* protection in the labour market. In the case of Spain, trade unions, immigrant associations, employers' organisations and some regional governments pushed the central government for regularisation campaigns in several occasions (Garcés-Masareñas 2012: 143-162). Both in Spain and France criteria for employment-based regularization have often been formalized following contentious negotiations between the government and labor unions (Chauvin & Garcés-Masareñas 2012: 250). Trade unions have also been key in providing legal assistance to undocumented migrants willing to regularise. While the role of trade unions in facilitating migrants' access to legal status is well known and documented, much less can be said with regard to the role of municipalities. As Caponio shows in this report, municipalities may have some room for manoeuvre as key implementers of regularisation procedures. They can also act as part of a wider network of mobilised organisations and institutions either to lobby the central government for regularisation or to provide immigrants with legal assistance.

To what extent municipalities work for the labour incorporation of undocumented migrants and other categories of migrants without a work permit is hard to say. In principle, there is little controversy that access to the labour market is not a right but rather a privilege. In practice, however, things may be more complex. For instance, in Barcelona registration in the municipal census (*El Padrón*), which in Spain it is a must for all residents irrespectively of their legal status, gives immigrants access to the so-called "welcome courses", which are also aimed to facilitate immigrants' incorporation in the labour market. This means that undocumented immigrants are invited to take part in these courses while at the same time they are not allowed to work. While they are not allowed to work, employment is the only way to access legal residence. This explains why in 2013 the municipality of Barcelona developed a specific programme for the

labour incorporation of a group of undocumented immigrants from Senegal who were squatting an old factory building. In exchange to leave the place, the municipality could not offer them a residence permit but could facilitate their labour incorporation as a first step towards regularisation.

5.2 Equal use

Employment is key for immigrants' integration in receiving societies. Moreover, in the past two decades, employment has become one of the highest priorities of immigrant integration policies. The case of the Netherlands is paradigmatic. In the 1990s, as a reaction to the so-called Ethnic Minority Policies, the Dutch government chose to put "the delicate cultural dimension outside of the field and to focus on the economic activation of individual migrants" (Scholten & Timmermans 2004). This was part of a broader policy line focusing on "work, work, and once again work" (Bruquetas-Callejo, Garcés-Masareñas, Penninx & Scholten 2011: 146). Though employment policies did not target immigrants as a specific group, the underlying assumption was that they would indirectly promote their participation. In the Netherlands, as in many other European countries, considerable sums have been invested in general schemes to fight unemployment. Though these policies have been a matter of national (and sometimes regional) governments, cities have developed complementary programmes to promote employment, ethnic entrepreneurship and diversity in the composition of the municipality's workforce. In the next paragraphs, we will look at each of these three areas separately.

Few research has been done on local policies aiming at fighting unemployment at large. Eurocities (2011) issued a report which compared local job centres in different European cities. One of the major conclusions was that job centres are run differently and have different roles across the EU. Sometimes job centres are managed at the national level (e.g. UK, Belgium), sometimes they are organised by the city (e.g. Sweden, Ireland) and sometimes they are a joint initiative between the national government and cities (e.g. the Netherlands, Norway). Where cities have the lead, job centres tend to complement the national employment service, for instance by focusing on particular groups such as those more distanced from the labour market and on benefits-to-work transitions. Where public employment services have the lead, job centres tend to complement local social services, for instance by limiting the influx of clients into social assistance. Where job centres are a 'joint initiative' between cities and public employment services, complementarity is rather an organisational matter (ibid: 5).

One of the key questions is whether local governments pursue general or targeted policies with regard to unemployment group inequalities. In an interesting study comparing the manner in which Amsterdam and Berlin policymakers and policy practitioners deal with youth unemployment among immigrant groups, Vermeulen and Stotijn (2010) show that both cities combine an adherence to general programme demands with pragmatically accommodative approaches. On the one hand, in line with national policies, local authorities in Amsterdam and Berlin have deliberately chosen to follow a general policy free of ethnic categories and specific groups. On the other hand, when it comes to implementation, local policy offers considerable room for cultural and ethnic difference: in Amsterdam by providing intensive personal guidance, which has proven remarkably helpful for immigrant youth; in Berlin by building a network that enables to reach particular migrant groups or by employing staff with a particular immigrant background.

In the past years research on ethnic entrepreneurship have flourished considerably. More specifically, the CLIP Project (Cities for Local Integration Policy) compared the promotion of ethnic entrepreneurship in different European cities. The CLIP final report on ethnic entrepreneurship concludes that policies in this area are generally in the hands of the Ministry of Economic Affairs, the Ministry of Trade Affairs and the Ministry of Labour at the national level and their municipal counterparts at the local level (2011: 88). Together with these public actors, business associations, immigration associations, educational institutions

and support agencies work to promote and support (ethnic) entrepreneurs. According to the same CLIP report, the development and implementation of active support measures at the local level is not self-evident. In most European cities ethnic entrepreneurship has not played a major role in the overall strategy supporting the integration of immigrants (ibid: 87). Only in a few, such as Amsterdam and Dublin, ethnic entrepreneurship has gained some strategic importance as a part of a bigger economic and integration agenda (ibid: 42-44).

Local measures promoting entrepreneurship mostly focus on improving the personal capability of entrepreneurs by providing effective, accessible, customer-friendly and cost-efficient advice and information services. Local measures attempting to improve the business environment for entrepreneurship are more rare as these competencies lie particularly at the national level. However, the CLIP report identifies few initiatives, which are mostly linked to deregulation, urban planning and involving and empowering businesses associations (ibid.: 69-81). One of the key questions, here again, is whether measures aiming at promoting entrepreneurship are group-specific or rather general in nature. Most European cities seem to choose for general colour-blind measures as the basic assumption is that ethnic entrepreneurs do also benefit from them and group-specific policies may be easily argued away as being discriminatory or “too multicultural” (ibid.: 86). However, more research should be done on how these general measures, apparently free of ethnic categories and specific groups, are implemented in practice.

Finally, both the DiveProject from Eurocities (2010) and the CLIP project (2008) have looked at the approach European cities take to managing diversity and ensuring equality of employment opportunities. As the majority of migrants in Europe work in the private sector, local authorities are considered to be in a unique position to improve the access of migrants to the labour market. Moreover, as local authorities buy huge amounts of goods and services for their daily work, they could take diversity and employment of immigrants as one of the key criteria when selecting their providers. The results of the CLIP project show that local policies in this area are very diverse. First, some cities have an explicit policy while others do not. Second, approaches among cities with an explicit policy in this area differ too. Some cities justify their policy from a discrimination or equality perspective, emphasising migrants' rights to be free from discrimination and to have equality of opportunity in jobs and services. Other cities place a greater emphasis on a diversity management approach, highlighting the benefits the city can gain from cultural pluralism (CLIP 2008: 119).

6. CONCLUSIONS

When looking at health care, housing, education and the labour market together, how are policies framed at the different levels, what are the main target groups and how can the governance model be characterised? With regard to equal access, thus referring to asylum seekers and undocumented migrants' access to social provisions, a clear tension arises between migration control and human rights frames. In contrast to what most of the academic literature on irregular migration suggests, this tension is not always the result of opposing, on the one hand, national law and, on the other, local policies and implementation practices. This tension exists within the law itself: while immigration policies increasingly exclude undocumented migrants from most social provisions, the right to health care and education as well as the protection of workers irrespectively of their legal status is often explicitly recognised by law. The tension between exclusion and inclusion exists as well at the local level: while humanitarian concerns as well as other policy imperatives (e.g. public health and social cohesion) and professional duties (e.g. by doctors and teachers) may lead to more inclusive practices, exclusionary trends have also been identified. For instance, hospitals and school administrators may be very strict in their implementation practices and local

authorities may jeopardize migrants' *legal* access to health care and education by refusing registration of particular groups.

In terms of target groups, most policies granting social rights to (rejected) asylum seekers and undocumented migrants do not target them explicitly. In fact, it is the other way around: as some social rights are not granted to citizens but to individuals *qua* persons, they turn anybody into an object of the law and a locus of protection. In practice, however, some distinctions are made. If we look at the four domains in detail, we realise that equal access is only guaranteed to particular groups: access to health care is often provided only in case of emergency; with regard to access to social housing or temporary shelter, many Western European countries give priority to rejected asylum seekers upon undocumented migrants; while compulsory education is a right and a duty for any children residing in the country, undocumented children are mostly excluded from kindergarten and vocational education; finally, though the law protects workers irrespectively of their legal status, in practice protection is only given in cases of extreme vulnerability (e.g. victims of trafficking).

When looking at the governance model with regard to migrants' equal access, two questions should be highlighted. First, in some cases, policies and practices at the local level seek to “repair” non-working policies at the national level. This is the case of policies and programmes aiming at reducing the practical barriers limiting access to health care or education. In other cases, policies and practices at the local level go against the national level: mostly to include those excluded by immigration policies but sometimes to exclude those included by law. Second, most inclusive practices at the local level are a matter of professionals and NGOs. As we have seen throughout the chapter, professionals in the health care and education sectors and NGOs in the four domains are key to guarantee undocumented migrants' access to minimum social rights. Sometimes they use their discretionary power to extraofficially include those excluded. Sometimes they are financed by local authorities to provide minimum conditions to those *de facto* residing in their municipalities. Interestingly, except for some programmes in the health care sector, municipalities do not intervene directly but rather indirectly by financing NGOs and immigrant organisations.

If we look at policies on equal use, thus referring to the structural integration of legal residents or citizens with an immigrant background, the scenario is quite different. In terms of policy frames, the question here is not in terms of immigration control versus human rights but rather in terms of equality. In this regard, no clear tension or contradictory demands arise in this policy field: there seems to be consensus that all citizens (in terms of all recognised members of the community, either legal residents or nationals) should enjoy equal use and equal opportunities in these four domains. Policies aim therefore to reduce and overcome practical barriers, either linked to immigrants' linguistic and cultural difference or to their more disadvantaged socio-economic condition. Interestingly, measures aiming at immigrants' structural integration are sometimes mixed up with measures aiming at their cultural assimilation. A clear example are anti-segregation policies, which have less to do with immigrants equal access to housing and more with a particular understanding of immigrants' integration and ethnic mixture in urban neighborhoods.

In terms of target groups, it is no surprise that most policies in this area do not focus exclusively on immigrants but rather on low-income households. As practical barriers and differences in the outcomes greatly depend on socio-economic factors, most policies target the more generally disadvantaged by either providing them direct (economic) support or allocating more public resources in schools or neighborhoods with a greater concentration of low-income households. Some policies do target immigrants in specific though. This is mostly the case when policies seek to reduce cultural and linguistic barriers or introduce diversity criteria in the provision of social services. With these purposes national and local governments have set up interpretation and translation services and have launched specific programmes to train public staff in diversity or increase the ratio of immigrant employees in public institutions. Policies do also target

immigrant groups according to their specific vulnerability (e.g. provision of social housing to asylum seekers) or particular needs (e.g. reception classes for newly arrived migrant students).

Finally, when looking at policies on equal use, the model of governance seems to be quite heterogeneous: while health care is mainly a concern of national institutions and health care providers, and education seems to be in the hands of schools, NGOs and to a lesser extent municipalities, housing and the labour market are a matter of local authorities. As said before, measures to ensure migrants' access to housing or to reduce social and ethnic segregation are mostly defined and implemented at the local level. Measures seeking to promote the integration of immigrants in the labour market are both a matter of national and local policies. What is common to all these policies is the fact that they do not attempt to change the whole policy framework but rather introduce very concrete measures so as to “repair” very concrete problems produced or not given response by national policies. The multilevel governance (vertical and horizontal) that characterises this field is part of the explanation. The main result is that these measures may help to reduce some policy failures but do not seem to “fix the system” or “solve the problem” as a more long-term structural change would be required.

REFERENCES

- Ahmad, S. "What is the Evidence of Early Intervention, Preventative Services for Black and Minority Ethnic Group Children and their Families?" *Practice* 17:2, 2005, pp. 89–102
- Bhopal, R. (2007) "Racism in health and health care in Europe: reality or mirage?", *European Journal of Public Health*, 17 (3): 238-41.
- Bjorngren-Cuadra, C. and S. Cattacin (2010) *Policies on Health Care for Undocumented Migrants in the EU27: Towards a Comparative Framework. Summary Report*. Malmö: Health Care in NowHereland, Malmö University.
- Bruquetas-Callejo, M. (forth) *Educational reception in Barcelona and Rotterdam. Policies and practices*. Amsterdam: IMISCOE/Amsterdam University Press.
- Bruquetas, M., B. Garcés-Mascreñas, R. Penninx & P. Scholten (2011) 'Policymaking related to immigration and integration. The Dutch Case', in G. Zincone, R. Penninx, M. Borkert (eds.), *Migratory Policymaking in Europe*, Amsterdam: IMISCOE Research Series
- Chauvin, S. & B. Garcés-Mascreñas. 'Beyond Informal Citizenship: Exploring the New Moral Economy of Migrant Illegality', *International Political Sociology* 6 (3).
- Chauvin, S., B. Garcés-Mascreñas & A. Kraler. 'Employment and migrant deservingness' (introduction to a Special Issue), *International Migration* 51(6): 80-85.
- Council of the European Union (2008) *Joint Report on Social Protection*. Last accessed 15 January 2014 at: http://ec.europa.eu/employment_social/soc-prot/soc-incl/joint_rep_en.htm
- CLIP (2007) *Housing and integration of migrants in Europe*. Last accessed 19 January 2014 at: <http://www.eurofound.europa.eu/pubdocs/2007/94/en/1/ef0794en.pdf>
- CLIP (2008) *Employment of Migrants by CLIP cities*. Last accessed 23 January 2014 at: <http://www.eurofound.europa.eu/areas/populationandsociety/clip.htm>
- CLIP (2011) *Promoting ethnic entrepreneurship in European cities*. Last accessed 23 January 2014 at: <http://www.eurofound.europa.eu/pubdocs/2011/38/en/2/EF1138EN.pdf>
- Cyrus, N., "Presenting Undocumented Migrant Workers in Industrial Tribunals. Stimulating NGO Experiences from Germany." Paper presented at the PICUM International Conference on Undocumented Migrants, Brussels, May 2003.
- Coram (Children's Legal Centre) "Growing Up in A Hostile Environment: The rights of undocumented migrant children in the UK". Last accessed 23 January 2014 at: http://www.childrenslegalcentre.com/userfiles/Hostile_Environment_Full_Report_Final.pdf
- Doctors of the World (2013) *Access to Healthcare in Europe in Times of Crisis and Rising Xenophobia. An Overview of the Situation of People Excluded from Healthcare Systems*. Last accessed 15 January 2014 at: http://www.medicosdelmundo.org/index.php/mod.documentos/mem.descargar/fichero.documentos_MdM_Report_access_healthcare_times_crisis_and_rising_xenophobia_edcf8a3%232E%23pdf

Durieux-Paillard, S. (2011) "Differences in language, religious beliefs and culture: the need for culturally responsive health services", in B. Rechel, P. Mladovsky, W. Devillé, B. Rijks, R. Petrova-Benedict & M. Mckee (eds.) (2011) *Migration and health in the European Union*. Berkshire: Open University Press.

Eurocities (2013) *Eurocities Statement on the Role of Publicly Supported Housing in the European Union*. Last accessed 15 January 2014 at:

http://nws.eurocities.eu/MediaShell/media/EUROCITIES%20Statement%20on%20housing_August2013.pdf

Eurocities (2011) EUROCITIES Report. A comparison of local job centres in European cities. Last accessed 15 January 2014 at: <http://www.eurocities.eu/eurocities/publications/EUROCITIES-report-A-comparison-of-job-centres-in-European-cities-WSPO-8RADD8>

Eurocities (2010) *Cities accommodating diversity*. Last accessed 21 January 2014: http://ec.europa.eu/ewsi/UDRW/images/items/doc1_12215_401815095.pdf

European Union Agency for Fundamental Rights (2013) *Inequalities and Multiple Discrimination in Access to and Quality of Healthcare*. Last accessed 15 January 2014 at:

<http://fra.europa.eu/en/publication/2013/inequalities-discrimination-healthcare>

Fernandes.. A. & J.P. Miguel (eds) (2009) *Health and Migration in the European Union: Better Health for All in an Inclusive Society*. Lisbon: Instituto Nacional de Saude Doutor Ricardo Jorge.

Garcés-Masareñas, B. (2012) *Labour Migration in Malaysia and Spain. Markets, Citizenship and Rights*. Amsterdam: Amsterdam University Press.

Golubeva, M. (2012) "Mapping European Stakeholders on Migrant Education". Last accessed 23 January 2014 at:

<http://www.eunec.eu/sites/www.eunec.eu/files/attachment/files/mapping20european20stakeholders20n20migrant20education.pdf>

Heelsum, A. van (2007) *The Case Study on Housing in Terrassa, Spain*, Eurofound. Last accessed 14 January 2014 at: <http://avanheelsum.socsci.uva.nl/project11.htm>

Huttova, Jana, Christina McDonald, and Caroline Harper (2008): *Making the Mark?: An Overview of Current Challenges in the Education for Migrant, Minority, and Marginalised Children in Europe*. New York: OSI ESP.

Ingleby, D. (2009) *European Research on Migration and Health*. Background paper developed within the framework of the IOM project "Assisting Migrants and Communities (AMAC): Analysis of social determinants of health and health inequalities". Geneva: International Organization for Migration.

Leun, van der (2003) *Looking for Loopholes. Processes of Incorporation of Illegal Immigrants in the Netherlands*. Amsterdam: Amsterdam University Press.

Leun, van der (2006) "Excluding Illegal Migrants in The Netherlands: Between National Policies and Local Implementation", *West European Politics*, 29 (2): 310-326.

LeVoy, M., N. Verbruggen and J. Wets (2004) *Undocumented Migrant Workers in Europe*. Last accessed 23 January 2014: http://picum.org/picum.org/uploads/file/_UM_workers_in_europe_1.pdf

Meeuwesen, L., J.A. Harmsen, R.M. Bernsen & M.A. Bruijnzeels (2006) Do Dutch doctors communicate differently with immigrant patients than with Dutch patients?, *Social Science & Medicine*, 63 (9): 2407-17.

Mladovsky, P. (2011) "Migrant health policies in Europe", in B. Rechel, P. Mladovsky, W. Devillé, B. Rijks, R. Petrova-Benedict & M. Mckee (eds.) (2011) *Migration and health in the European Union*. Berkshire: Open University Press.

Netto, G., R. Bhopal & N. Lederle (2010) "How can health promotion interventions be adapted for minority ethnic communities? Five principles for guiding the development of behavioural interventions", *Health Promotion International*, 25 (2): 248-57.

Norredam, M., S. Nielsen & A. Krasnik (2006) "Access to health care for asylum seekers in the European Union – a comparative study of country policies". *European Journal of Public Health*, 20 (5): 555-63.

Norrendam, M. & A. Krasnik (2011) "Migrants' access to health services", in B. Rechel, P. Mladovsky, W. Devillé, B. Rijks, R. Petrova-Benedict & M. Mckee (eds.) (2011) *Migration and health in the European Union*. Berkshire: Open University Press.

O'Neale, V. "Excellence Not Excuses: Inspection of Services for Ethnic Minority Children and Families", Department of Health, London, 2000.

OSI (2010) *Muslims in Europe. A Report on 11 EU Cities*. Last accessed 15 January 2014 at: http://www.opensocietyfoundations.org/sites/default/files/a-muslims-europe-20110214_0.pdf

PICUM (2004) *Report on the Housing Situation of Undocumented Migrants in Six European Countries: Austria, Belgium, Germany, Italy, the Netherlands and Spain*. Last accessed 16 January 2014 at: <http://picum.org/picum.org/uploads/publication/Report%20on%20Housing%20and%20Undocumented%20Migrants%20March%202004.pdf>

PICUM (2007) *Access to Health Care for Undocumented Migrants in Europe*. Last accessed 15 January 2014 at: <http://picum.org/picum.org/uploads/file /Access to Health Care for Undocumented Migrants.pdf>

PICUM (2008) "Undocumented Children in Europe: Invisible Victims of Immigration Restrictions". Last accessed 13 January 2014 at: <http://picum.org/picum.org/uploads/publication/Undocumented%20Children%20in%20Europe%20EN.pdf>

PICUM (2009)"Report of PICUM's International Conference on Undocumented Children in Europe: Invisible Victims of Immigration Restrictions". Last accessed 16 January 2014 at: <http://picum.org/picum.org/uploads/publication/Undocumented%20Children%20in%20Europe%20Invisibl e%20Victims%20of%20Immigration%20Restrictions%202009.pdf>

PICUM (2013) "Guaranteeing Access to Health Care for Undocumented Migrants in Europe: What Role Can Local and Regional Authorities Play?". Last accessed 17 January 2014 at: http://picum.org/picum.org/uploads/publication/CoR%20Report%20Access%20to%20Healthcare%20EN_F R IT ES%202013.pdf

Pluymen, M. (2008) *Niet toelaten betekent uitsluiten. Een rechtssociologisch onderzoek naar de rechtvaardiging en praktijk van uitsluiting van vreemdelingen van voorzieningen*. Nijmegen: Boom Juridische uitgevers

Qureshi, T., D. Berridge & H. Wenman (2000) *Where to turn? Family support for south Asian communities – A case study*, National Children's Bureau and Joseph Rowntree Foundation, London.

Rechel, B., P. Mladovsky, W. Devillé, B. Rijks, R. Petrova-Benedict & M. Mckee (2011) "Migration and health in the European Union: an introduction", in B. Rechel, P. Mladovsky, W. Devillé, B. Rijks, R. Petrova-Benedict & M. Mckee (eds.) (2011) *Migration and health in the European Union*. Berkshire: Open University Press.

Scappucci, G. (2010) "Access to housing for undocumented migrants", in S. Carrera & M. Merlino (eds.) *Assessing EU Policy on Irregular Immigration under the Stockholm Programme*. Last accessed 13 January 2014 at:
http://www.coe.int/t/dghl/monitoring/socialcharter/presentation/AccessHousingUndocumentedMigrantsGS_en.pdf

Scholten, P. & Timmermans (2004) 'Doorbraken en zachte landingen in het Nederlandse immigrantenbeleid. Een theoretische analyse van beleidsdynamiek', *Beleidswetenschap*, 18(1), 3-30.

Sigona, N. & V. Hughes (2012) "No Way Out, No Way In", Research report, COMPAS, University of Oxford. Last accessed 13 January 2014 at:
https://www.compas.ox.ac.uk/fileadmin/files/Publications/Reports/NO_WAY_OUT_NO_WAY_IN_FINAL.pdf

Sirius (2013) "Working Package 1: Policy Implementation and Networking. Literature Review". Last accessed 13 January 2014 at: http://www.sirius-migrationeducation.org/wp-content/uploads/2013/05/SIRIUS-Comparative-Report-def-editat_SIRIUS_130531.pdf

Strand, Steve (2008) 'Minority Ethnic Pupils in the Longitudinal Study of Young People in England.' Research Report No. DCSF-RR029. Coventry: University of Warwick.

Vermeulen, F. & R. Stotijn (2010) "Local policies concerning unemployment among immigrant youth in Amsterdam and in Berlin: towards strategic replacement and pragmatic accommodation" in T. Caponio & M. Bockert (eds.), *The local dimension of migration policy-making*, Amsterdam: Amsterdam University Press.

WHO (2010) *Health of Migrants – The Way Forward*. Report of a global consultation, Madrid, Spain. 3-5 March 2010. Geneva: World Health Organization.

Worth, A., T. Irshad & R. Bhopal (2009) "Vulnerability and access to care for South Asian Sikh and Muslim patients with life limiting illness in Scotland: prospective longitudinal quantitative study", *BMJ* 338: b183.