

# SOCIAL INTEGRATION & MOBILITY: EDUCATION, HOUSING & HEALTH

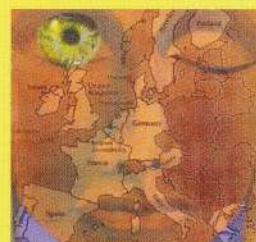
## IMISCOE CLUSTER B5 STATE OF THE ART REPORT

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## INTRODUCTION

María Lucinda FONSECA  
Jorge MALHEIROS

Cluster B5 deals with three basic social dimensions of the insertion process of immigrants in receiving countries and cities: education, housing and health. Because integration policies are the subject of Cluster C9, Cluster B5 will mainly focus on integration processes and their outcomes, by taking a short-/medium-term cross-comparative approach, possibly turning into a longer-term one.

The field covered in Cluster B5 is relatively vast and has justified a very significant amount of research in the past decades. It is, therefore, impossible to review all the literature in this domain. Thus, according to the cluster members' own research and expertise, the SOAR is organised into five main chapters:

1. The concept of integration - theoretical concerns and practical meaning
2. Spatial expressions of integration
3. Equitable education and immigrant integration
4. The role of health in integration
5. Concluding remarks: keynotes and ideas for future development

Due to the diverse disciplinary perspectives and distinct research contexts associated with the research activities of the various IMISCOE members, we have found it useful to begin this report with a discussion, by Flip Lindo, of some conceptual and definitional issues with regard to the term 'integration' and its use in the academic and policy fields.

Following the orientation of the discussions that took place during the two workshops of Cluster B5 that were held in July and December 2004, Lindo argues that, in order for the concept of integration to be adopted as a basis for a common conceptual language that serves as a reference for the group, it should establish the different dimensions of 'integration' and identify operative indicators in each research domain (housing, education and health). It is also important to bear in mind that the 'integration' of immigrants in the host societies is a complex, interactive process whose various facets involve the immigrants and their descendants as well as the individuals, groups and institutions in the receiving society. Therefore, the 'integration' of immigrants in the receiving societies is a process that undergoes a number of quite disparate influences at the economic, social, political and institutional macro-structural level in the destination countries and at the moment of migration on the one hand, and as a result of the specificities of the local territorial contexts in which the immigrants settle, on the other. Immigrants and their descendants are active co-inhabitants of a place and co-producers of its local culture. Thus, their integration trajectories are processes of creative adaptation to the local living conditions and to the collective and cooperative (re)construction of the territories in which they live, involving a process of mutual learning made of cooperation and conflict, dialogue and exchange of know-how, experiences and cultural practices between the individuals, social groups and ethnic communities that share the same geographic area. Therefore, it is possible to identify a successful integration process by the progressive convergence of immigrants' living conditions to those of the native population and by the decrease in the level of ethnic stratification.

Chapter 2 of this report focuses on the spatial dimensions of integration. It is organised in two sections. Residential ethnic segregation in urban settings is a key issue for Cluster B5. Therefore, Section 2.1, written by Josef Kohlbacher and Ursula Reeger, reviews the relationships between the characteristics of the housing market and their implications

in terms of socio-ethnic segregation. After a short outline of the historical background of segregation-related issues, the authors discuss the basic concepts of ethnic segregation as well as both its advantages and disadvantages, drawing on contemporary literature. As in the case of the concept of integration, there is a general lack of accurate definitions and clear conceptualisations of segregation and other related notions. In many empirical studies, the theoretical framework is rather poor. The term 'segregation' is used in very diversified contexts and with a variety of meanings, covering spatial segregation and social segregation indistinctively, even though geographic proximity does not necessarily indicate a process of social integration. Therefore, an exhaustive analysis is made of the research on the main determinants of residential segregation and their explanations as conveyed in the literature. The bibliographic survey allowed us to conclude that each theoretical perspective only provides a partial explanation of the processes and patterns of segregation. Empirical studies carried out in different European cities indicate that a host of factors are responsible for the specific local segregation patterns of the migrant population. Finally, they present the state of the art of segregation-related research in Europe and identify future lines of research on this topic.

In the second section of Chapter 2, Olivier Asselin, Françoise Dureau, Matthieu Giroud, Abdel kader Hamadi and Yann Marcadet endorse the multidimensional view of the concept of integration (as described in Chapter 1) and focus on its spatial dimension, by proposing a new reading of the social integration of immigrants based on three ideas: 1) to think of integration in spatial terms; 2) to centre the analysis on the issue of people's access to social resources (housing, education and health); 3) to think of the migrant as a true actor in the production of the city. For these authors, in order for the concept of social integration to be put into practice, one has to include a spatial approach that incorporates the conditions of access of the various population groups (immigrants, in this case) to the urban resources in the areas of health, education and housing. The degree of mobility of the individuals at different geographic scales, allowing them to have access to goods and services that are located in specific parts of the city, is an essential constraint/conditioning factor that impinges upon the social integration of the immigrants in the host places. Therefore, some introductory remarks are made on the issue of the role of immigration in the contemporary dynamics of the city, as well as in the production of urban space - new urban expressions, changes in urban policy (planning, housing, public space, transport, etc.), and spatial strategies of inclusion/exclusion. The goal is to provide a series of elements that enable us to question the spatial expressions of the integration of immigrants in the European cities. The central focus here is on the interplay between the spatial dynamics of the city and its inhabitants (immigrants, in the present case) or, in other words, on the immigrants as agents of urban change and on the city as the context for the integration of immigrants in a number of domains (economic, social and cultural). Secondly, the issue of the differential access to mobility by the various different groups and its implications in terms of the use of key resources such as housing, health or education is also discussed.

Chapter 3, written by Rosa Santibáñez, Concepción Maiztegui, Haleh Chahrokh, Ines Michalowski, Elisabeth Strasser and Rick Wolff, is dedicated to the role of education in integration. It is organised in five parts, with the first discussing the role of school in promoting inclusion and providing conditions for the social mobility of the children of immigrants.

Cluster B5 and IMISCOE as a whole are interested in analysing and advising policies and concrete measures that are intended to improve the situation of immigrants and the relations between migrants and the receiving society. Therefore, in the second part of this chapter, the authors also discuss briefly, the integration perspective through mandatory education programmes for migrants in different European countries. The relevance given to the present political debate in the national and EU agencies about the issue of

'integration' of immigrants and their descendants in the receiving societies shows the importance of this issue in the EU member states.

Thirdly, a description is made of the educational situation of immigrant pupils, from a social justice point of view. Four levels of equity are considered: opportunities, access, treatment within the educational system and results. Then, a synthesis is presented of the on-going academic debate on the main factors influencing school integration of immigrant children. The fourth part of this chapter approaches the issue of educating immigrant adults and the last one analyses the access and retention of foreign background students in higher education in different European countries.

Chapter 4, written by David Ingleby, Milena Chimienti, Panos Hatziprokopiou, Meghann Ormond and Cláudia de Freitas, examines the role of health in migrants' integration. Despite the relevance that this issue has gained in the last half century, there is a lack of research on the topic of migration and health. Three major research issues are identified: 1) migrants' health status, how to monitor it and which factors influence it; 2) migrants' rights and access to health care; 3) care delivery - the nature of 'good practice' in this area, or measures taken to improve the quality of care for migrants. The chapter is divided into several different parts. The first one provides an overview of the state of the art in each of the aforementioned areas, taking into consideration the level of knowledge, professional practices and policies. The second part is made up of a series of brief descriptions of the migrants' health status in four European countries: the Netherlands, Switzerland, Greece and Portugal, culminating in a summary of trends that can be ascertained from this country-level analysis.

In the fifth and final chapter, the cluster leaders, Lucinda Fonseca and Jorge Malheiros, seek to synthesise the key ideas and conclusions put forth with regard to each of the subject matters dealt with in the previous chapters and then present a number of proposals of future research lines to be carried on within the ambit of this cluster.



# 1. THE CONCEPT OF INTEGRATION: THEORETICAL CONCERNS & PRACTICAL MEANING

Flip LINDO

## 1.1 Introduction

We will start with a summary historical overview of how the concept of integration and its cognate notions, like assimilation, acculturation and accommodation, have been and are used in the social sciences when dealing with the phenomenon of immigration and immigrant settlement and inclusion. The proper approach would be a sociology-of-knowledge perspective, in that we start from the proposition that social scientific thought is not an autonomous process determined by internal developments within the social sciences only, but a product of the time and the social context from which it emerges as well. Lack of space, however, precludes that we pay much attention to the shifting historical contexts of the different theories and notions discussed here. We should nonetheless keep in mind that the cognitive and normative domains of migration theorising are strongly interwoven. Theories of integration especially are influenced by, for instance, normative notions as the homogenous nation state, the classless society, or the multicultural society. Hopefully, our perspective will help us to focus on disentangling normative views from theorising on the basis of empirical observations.

Following on this outline, we will discuss the notion of integration as a general sociological concept. We will propose to use the social environment, in which individuals and groups form interdependencies, as unit of reference for the concept, which, used in this way, is sometimes specified in the literature as systemic integration or system integration. We will, however, use these generic terms only in an alluding sense, by way of an introduction to specifying three levels (the micro, median and macro level) and discerning four dimensions, departing from a classification by Hartmut Esser (2001).<sup>1</sup> These levels and dimensions will supply us with a framework in which it will be possible to develop focused concepts that can be made operational in our research and analysis.

## 1.2 The changing assimilation paradigm

This short overview will take us from the notions of the Chicago School, through classical assimilationism and situational ethnicity, again to the new assimilationism, in which there is a more explicit purpose to keep the old ideal on the one hand, and scientific observations and propositions on the other, apart.

American sociology has been greatly influenced by researchers, originating from various disciplines, at the University of Chicago. The Chicago School, as it became known, developed into an integrated, collective intellectual enterprise that would dominate American sociology until the 1930s, and is, to this day, of continuing importance to sociological theory (Ritzer 2000b: 51-64). In 1918, W.I. Thomas published, together with F. Znaniecki, the landmark-study *The Polish Peasant in Europe and America*. The book was mainly a study of social institutions (and the lack of them) among Polish immigrants in the United States. Although it was macro-sociological in its scope, its methodology - the data collection included extensive autobiographical and other qualitative resources - set, in many respects, the trend for a sociology that put the actor at the centre of the stage. In this same vein, Robert Park, who had been a student of Simmel, and was influenced by the focus of this European scholar on micro-level interaction, combined an interest in urban problems with a felt need to collect data through personal observation. Among

<sup>1</sup> Friedrich Heckmann introduced Esser's dimensions in his paper for the first workshop of the IMISCOE B5 cluster in Lisbon, July 2004 (Heckmann 2004).

immigration students, Park has become best known for his theory of the race relations cycle and is seen as one of the founding fathers of what is often impressionistically called 'assimilation theory'. However, even in the name of the theory, which conceives of the development of a sequence of contact, competition, accommodation and, in the end, assimilation, it is clear that the focus of analysis is on the *relations* between people, especially between immigrants and indigenous inhabitants of urban spaces (Park 1950). The ecological emphasis, taking the social environment as unit of analysis, and the interest for the life world of actors<sup>2</sup> - stressing the importance of meaning and motives - is at least as manifest in the work Park and others of the Chicago school. Contrary to what often is believed, these early theorists on migration and integration understood that assimilation, however 'apparently progressive and irreversible', would proceed best if immigrants could keep to their own pace adapting to life in the new country, building on existing attitudes and memories. Also, Park and his collaborators saw assimilation essentially as a two-way process in which the sharing of experiences and history in the longer term would incorporate people of different origin in a communal life, achieving 'a cultural solidarity sufficient at least to sustain a national existence' (Park 1930).

The concept of 'straight line assimilation' was introduced at the end of the Second World War by Warner and Srole in their *Social Systems of American Ethnic Groups* (1945).<sup>3</sup> All groups in American society, they contended, would evolve towards the same, existing universal culture of reference: the American way of life. However, the authors conceived of great differences in the pace in which this one-sided process of adaptation would come about. Warner and Srole invoke cultural distance (the Anglo-conformity gap) and even racial categorisation to explain the differential tempo of assimilation they observe and predict.

In 1964, Milton Gordon coined some extremely influential notions in the subsequent scientific and public discourse on the integration of immigrants in his *Assimilation in American Life*. Although he did not develop a theory of assimilation in the proper sense, he did codify the process with a rigour formerly unknown, and identified several dimensions, for some of which he posited time-sequential relations. Acculturation, or the mastery of English and the adoption of some core behavioural patterns, values and goals, is a process that typically preceded incorporation into the status groups of the middle class. Gordon discriminates between extrinsic and intrinsic traits. The extrinsic traits are the ones required to engage in fruitful interaction with the host society; these also are the ones that can be easily accepted by the immigrants themselves. Though a prerequisite, acculturation is not a *sufficient* condition for further socio-economic integration. According to Gordon, assimilation in all domains of life will only happen if immigrants and their descendants are accepted, and are willing, to join the primary groups within the host society (Price 1969). Entry into the socio-economic mainstream, and subsequent internalisation of intrinsic traits will only follow suit if immigrants and their descendants join these primary groups. Gordon calls this *structural assimilation*. Although Gordon's hypothetical formulations suggest a full-blown theory, his concepts are not always clearly enough defined (what is precisely the difference between intrinsic and extrinsic traits? What are primary groups?), and how suppositions on diachronic sequences should be understood in causal terms, is not clear either.

Less influential, but empirically and theoretically more profound is the study by Shibutani and Kwan, which appeared simultaneously (1965). Central in their comparative analysis, extensive in geographical and diachronic scope, is that ethnic groups - majority and minority groups alike - are to be studied in terms of their mutual 'ecological relationships', considering the functions and dysfunctions they represent for each other. The unit of analysis should be the territorial space the groups occupy together, in which the struggle over the distribution of ecological niches within and across groups takes place;

<sup>2</sup> See for instance Park's essay on the marginal man (Park 1928).

<sup>3</sup> This is the meaning most people nowadays (opponents and supporters alike) attach to assimilation.

an idea Shibutani and Kwan took from Barth's study among the Swat in Northern Pakistan (Barth 1956). Here the concept of power (a relational concept) enters the analysis of integration or assimilation (Alba & Nee 2003: 31-35).

In 'Beyond the Melting Pot', Glazer and Moynihan (1963; 1970) discuss the position of several immigrant groups (including the African Americans, then still called Negroes) and observe that, although all these 'ethnicities' have become Americans in so many respects, they have not 'melted' together with the (Anglo-American) 'old stock' into the mainstream. Although the authors, in their exposé on the different groups, highlight the different pace of upward mobility between them, Glazer and Moynihan's most central point is that, in the socio-economic and political context of New York, all groups have interests in keeping, developing and claiming their ethnic origin, while at the same time becoming very American.

Their observations and theorising, although in some respects flawed when considered with the knowledge of hindsight, are in fact a convincing refutation of Warner and Srole's straight line assimilation theory which had become extremely popular in public discourse at that time. Processes of ascription and self-ascription are political processes, started off by events on an institutional or international level, prompted by collective interests, and directed by relations of power.

Another early critic of straight-line assimilation is Herbert Gans. Gans took a different lead, in that he questioned Warner and Srole's assumption of a positive relationship between acculturation and social mobility. Gans posited the 'bumpy line theory': decline for the second generation in terms of their socio-economic position was very well possible. He also claimed that today, the connection between acculturation and mobility could be opposite to the one proposed by Warner and Srole. The relationship between ethnicity and economy needs to be re-thought: acculturation might, in his view, in fact be connected to downward, not upward mobility (Gans 1979, 1996). From here, it is only a small step to the now famous notion of segmented assimilation, introduced by Portes and Zou (1993). The development of this idea is based on the recognition that immigrants are incorporated in different strata of the host society. They, or rather their offspring, may join the middle class by a process of - often intergenerational - upward social mobility. Others and their offspring may, however, link up with disadvantaged societal strata, because for instance they have come to live with them in adjacent neighbourhoods, and children take over the oppositional frame of reference of their disappointed peers from these disadvantaged groups. The third possibility is not so much assimilation in yet another stratum or segment of society, but a strategy to keep the influence of the disadvantaged groups and their disillusioned behaviour at bay. These groups create their own self-supporting communities and networks, and find their way upward in the host society by the development of their own economic niches. The theory lacks clarity in several respects. One of the difficulties is, that we do not know if the three possibilities pertain to final positioning in the process of immigrant incorporation, or that these are, or also could be, merely stages in a process that eventually leads to assimilation in 'the mainstream' for most. The temporal and intergenerational dimension is not worked out, and in this sense the theorizing of Gans (1996), and that of Perlmann and Waldinger (1997) for instance, seem more developed.

The new prominence of the assimilation concept in social scientific discourse can best be explained by the ever-growing availability of hindsight for students of migration. In the US, the time span over which immigration and incorporation of immigrants can be studied has by now extended to such a degree, that different migration epochs, and the accompanying public and scientific discourses can be compared (Foner 2001; Alba & Nee 2003). Fears, expectations, analyses and policy recommendations then and now notwithstanding, a considerable shrinking of socially relevant differences between groups over time has undeniably occurred, which makes the *process* of assimilation a legitimate subject of (comparative) research and analysis. Also, multiculturalism and constructivism, often

propagated simultaneously by some scholars, seem to have lost their attractiveness for many, not in the least because these positions seem to be mutually incompatible on several grounds.

In Europe in the public and political discourse, the term assimilation experiences a comeback in a rather different way. Contrary to the insight gained by American scholars over the years, that assimilation is an intergenerational process which takes place largely inadvertently, which ‘happens while you are planning other things’ (Rosaldo 1989; Alba & Nee 2003), the European debate is triggered by events, and indicative of a growing fear that, without staunch policy measures, immigrants and their descendants will *not* integrate and will pose a serious danger to the cohesion of the respective European societies, and for Europe as a whole. After having stressed the contested character of the concept of assimilation in especially Europe, Heckmann (2004) observes a growing awareness that minority formation among migrants is leading to and reinforcing ethnic stratification, which lends support to positions and policies that are critical of multiculturalism and minority formation among immigrants. He gives the telling examples of The Netherlands, Great Britain and Germany where - nationally different - manifestations of multiculturalist thought are giving way to policies of assimilation. ‘There is growing awareness that incorporation on equal terms necessitates the acquisition of cultural competences for participating in the core institutions of society. Otto Schily, the German minister for interior affairs and ‘father’ of both a new citizenship and immigration law, two years ago was quoted as saying ‘Die beste Form der Integration ist Assimilierung’ (The best form of integration is assimilation)<sup>4</sup> (Heckmann 2004: 4).

The convergence of, at the one hand, European public and political interest in the concepts of assimilation and integration and, at the other, the renewed, chiefly American attention for the concept in the social scientific debate seems to have almost opposed causes. This should make us all the more cautious to use these concepts. Studies on immigration and integration processes that are informed by policy goals often eclipse what is going on in the lives of immigrants. Policy discourse and policy measures still assume a more or less linear path of ‘integration’ (the Warner and Srole model), ignoring that the complex interplay of cultururation, identification, social status and concrete interaction patterns of individuals may produce many ‘outcomes’, much more varied in fact than a more or less linear shift from ‘immigrant’ to ‘host’ ways of doing things and of relating.

### 1.3 Integrating social environments

In classical sociology, integration derives its meaning from evolutionary theory, signifying a progressive change from a less coherent to a more coherent form. Later, the concept became central to classical structural-functional theory (e.g. Ritzer 2000a: 118, 432). Coherence is seen to be advanced by increasing functionality of the parts for the whole; this implies a growing differentiation of roles (groups of) actors play. An integer - the whole in which the parts are integrating - is presupposed here, although the integer might be conceived of on an ever larger plane, incorporating formerly relatively independently functioning social systems, which have been formed by integration processes on a smaller scale.

Since we, informed by the structure of our languages, tend to reduce processes to states, the image of a systemic whole, functioning independently from, and bounded by, its surroundings is hard to avoid, in everyday language as well as in our specialised scientific discourses (Elias 1978: 112). In line with the idea of boundedness and autarky is the functionalist axiom that, within the system, only stable and cooperative relations signify integration. As process, the concept of integration indicates on the one hand the further strengthening of relations within a social system, and, on the other hand, relating

<sup>4</sup> Quoted in *Die Welt*, 7 July 2004, p. 3.

additional actors or groups to an existing social system and its core institutions (Heckmann 2004: 4). The second meaning is the one attached to the concept when it is used within migration and ethnic studies. Leaving aside the problem of what we should understand to mean core institutions, and other definitional problems<sup>5</sup>, we have additional reasons to focus on the connotation of systemic integration. Firstly, since we will concentrate on the development of interdependencies between individuals and groups in certain territorial spaces, we should approach our subject matter as a relational issue, and not as a feature of a category or group of actors. One qualification is in order here: we see the development of interdependencies not necessarily as a process towards more cooperative relations, or growing mutual understanding. Interdependencies can grow stronger and more conflict-ridden simultaneously. Secondly, perceiving of integration as the development of interdependencies in a more or less defined environment, gives us the opportunity to identify different 'levels' at which relations - be they consensual or conflictual - may develop.

Recently, in an extensive reappraisal of the concept of assimilation broadly defined as 'the attenuation of distinctions based on ethnic origin', Alba and Nee (2003) have discerned two main categories of mechanisms that influence the process of assimilation: proximate (micro- and meso-level) and distal (macro level) causes. They distinguish three proximate causes for assimilation: purposive action, in the sense that the adaptation of individuals to society is affected by their limited and context-bound rationality, social networks and the concomitant group sanctions, and differentially distributed forms of capital. The distal causes are the institutional mechanisms that form the context of the context-bound rationality. These can be society's largely implicit norms, values and ideals, but also formal and enforced legislation. Incentives to act are structured in an institutional way and can lead to either blending or segregating behaviour (Reisel 2004).

More or less analogous, Barth (1994) identifies the micro, median and macro level of analysis. The micro level focuses on identity formation and interpersonal interaction. At the median level Barth places the processes that create collectivities and mobilise groups - entrepreneurship, leadership, establishment of stereotypes and structural contexts and constraints. The macro level encompasses state policies, law making, the creation of bureaucracies, ideas of the nation and global discourses (21).

#### 1.4 Dimensions and levels of interdependence

Surveying theories on integration and assimilation processes makes one aware of the generality and indefiniteness of these concepts. There are several reasons why, when focusing on processes of social and spatial mobility, intra-generational as well as intergenerational, and on developments in the health situation and health behaviour, concepts as integration, incorporation, or assimilation might perhaps better be avoided. First of all, it is not clear what they mean in concrete terms: the measuring stick, the point of reference, is often indicated with vague vocabulary like 'the society in general', 'the mainstream', or 'the middle class'. These reference units are not only vaguely circumscribed - being socio-demographic entities, their character and size have changed and will continue to change in the course of time (Alba & Nee 2003). Secondly, without explicit qualifications, concepts like assimilation and integration not only cover different dimensions of behaviour and experience, they pertain to a multitude of social fields as well. Behavioural and experiential dimensions can be identified regarding socio-economic

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<sup>5</sup> The term 'core institutions' is either used without exemplification, or some instances are variably referred to, be it the political structure, primary groups of the middle class or the local or national elite (family, informal networks), access to social privileges or access to economic niches. We will come back to these definitional objections - and other considerations concerning the use of the concept of integration in this way - in the next section.

position and status, interaction, and identification. And these positions/dimensions should be discerned on several social sub-fields (in our case: education, housing and spatial mobility, health). Using these general concepts does not help us to distinguish between processes and their causes. It tends to engage us in a tautology of facts and causes, and in circuitous reasoning.<sup>6</sup>

Finally and perhaps most importantly, these terms do not only refer to a process, but to the end-stage as well. This is the way they are used in public *and* academic discourse; our experience is, that many scholars find it difficult to get away from the image of inescapability (and really the desirability) of destination and goal of the process. Using concepts as integration, incorporation, etc., almost unavoidably invokes the normative dimension, not only stating that the referred to processes are desirable, but that their appropriateness is self-evident, and goes without saying. At the same time, the use of these concepts stresses difference in terms of incompatibility, as being detrimental to society as a whole, and because of this, as disadvantageous to its members.

Keeping these caveats in mind, the first thing we should do, is bringing the concepts down in size, changing them to a format we can handle in research, and making them operational as tools we can use in answering the questions we find important to pose. If we depart from the general sociological notion of integration as the process in which people and their activities become intertwined in social life and form mutual interdependent relations of some form and to a certain degree, we should further specify this process of becoming interrelated. We can identify several dimensions in this developing entanglement within and between categories of actors in a certain space. Esser's dimensions of, what he calls, social integration: *culturation, placement, interaction and identification*, could be a useful starting point (Esser 2001: 16).<sup>7</sup> Esser's conception of social integration is, however, not central in our analytical frame of reference. He defines social integration as 'the inclusion [of individual actors] in already existing social systems'.<sup>8</sup> As we propose a relational focus, and the social environment in which (groups of) people interact as the unit of analysis, we need to define these four dimensions in a relational way. Before we further introduce the dimensions, we should first examine the different levels of scale on which processes (in all different dimensions) can be analysed. In concentrating on the *space* in which individuals and groups interact, we take the spatial focus of our cluster to be an opportunity *and* a challenge. As different process levels not only depict differences in the character of a process, but almost always differences in its (spatial) magnitude as well, one of the challenges is to accommodate these different levels with the methodological format of our endeavour: the (comparative) focus on urban spaces with a specified scope. We will refer to this problem in the discussion that follows.

We can discern between the micro, median and macro level. The micro level treats the, more or less consciously motivated, interaction between individuals, as well as their

<sup>6</sup> Alba and Nee's recent book is a case in point here. Although they distinguish several groups of causes for assimilation, dimensions like status or social position and ethnicity remain confusingly intertwined, with the result that assimilation becomes indistinguishable from socio-economic mobility. Their merging of human and cultural capital into one concept ('human-cultural capital' - 2003: 48) is telling of their lack of attention to this distinction. Besides, their concept of 'distal causes' is too broad to have much explanatory value (Reisel 2004). In this same vein, Mollenkopf has been criticised for his comparative analysis of immigrant integration in New York and Amsterdam (Mollenkopf et al. 2000). It seems that national traditions of public *and* scientific discourse lead to a use of concepts that are self-explanatory for insiders, but invoke confusion internationally (see also Asselin 2004).

<sup>7</sup> See Heckmann (2003) for a comparable distinction in four dimensions.

<sup>8</sup> See Esser (2004: 46; author's translation). Esser's distinction between system integration and social integration does not only identify separately institutional processes on a macro-level at the one hand, and processes concerning individuals and groups (micro- and median level) on the other, but signifies simultaneously the difference between 'integration of' and 'integration into'. This seems an unhelpful fusion of analytical categories, at least for our purposes.

attitudes towards each other and towards the institutions that rule inside subgroups and the social environment as a whole.<sup>9</sup> The median level concerns the development of institutions within (sub)groups, and (institutional) relations between groups, as well as languishing and developing institutions in the social environment, as a consequence of arising interdependencies (be they conflictual or cooperative) between (groups of) newcomers and indigenous inhabitants. Also, on this level, we can observe a variety of initiatives taken collectively by actors to counteract developments, or to grasp opportunities, that present themselves 'from outside', being a product of larger socio-economic trends in society, or of political decision making. Processes we assign to the macro level often are felt to intrude on the life of individuals and groups of people. As these processes, most of the time, are not the expected product of goal-oriented action of individuals or groups locally, people generally do not feel to have command over them. However, instances of initiatives to guide or confront these processes in a creative and effective way, individually or collectively, have been identified in many places, although interaction patterns unwind in ways unexpected by most parties involved.<sup>10</sup> The differential distribution of power in all domains and levels of society, and in the social environment under study, is of overriding importance here. Within an urban context, the implementation of local and national policy measures can lead to physical changes (e.g. urban renovation projects of all sorts) that have an enormous, although variable, impact on the lives of inhabitants, which may lead to population movements and changes, that in themselves can be seen as belonging to the macro level, as these in outset individual reactions build up towards trends that have unanticipated and often unwished-for consequences for these same, and other, individuals. Besides such physical and demographic transformations, changes in formal institutions and legislation on the local and national level, economic (e.g. labour market) developments, events on the national and international plane, and discursive processes attended and channelled by the media create, often unexpected, conditions for individuals and groups and elicit reactions among these. The developments of all these entanglements together is sometimes referred to as system integration (see also Heckmann 2004: 4), but we should keep in mind that this kind of integration does not necessarily entail an immediate levelling of differences between categories of the population, an increase in cooperative interaction between social or ethnic groups, or an improvement of living conditions of newcomers.

Of course, the discerned levels are analytical devices, tools to unravel the accumulation of interactions and entanglements of individuals. The processes which we identify on these three levels, differ in the first place in character because we look at them from different vantage points in terms of scale and historical depth, use different concepts, and refer to different data sources for evidence. Processes we identify on the micro, median and macro levels are not mutually independent. They also transgress the boundaries we have drawn around our locus of research, and which are therefore not closed systems. This is the case with processes on all three levels. Besides being multidimensional, the chains of interdependency are, socially *and* spatially, extensive. This is why processes at the macro level - in their mutual relationship with processes on other levels - often remain hidden for actors in society, and outcomes of possible causalities appear unforeseen, arbitrary and anonymous. Actions might be intentional in their own right, but often aim at a different resultant than the one that eventually comes into being. In this sense, processes develop independent of motives and interests. We should however keep in mind that the independence of 'higher level' processes is relative to the

<sup>9</sup> Following Lockwood (1963), Heckmann calls this social integration (2004: 4).

<sup>10</sup> See Lindo (1999) on a protracted conflict over the establishment of a mosque between the council of an Amsterdam borough and a group of Muslims of Turkish origin, in the macro-level context of urban renewal to which all local actors respond in a purposeful way, without however being able to predict the actual outcomes of these multi-stranded and multi-leveled processes of interaction.

omnipresent unequal power balance between groups.<sup>11</sup> The question rather is how much leeway exists for the development of deviant social relationships that run counter to the dominant institutional patterns of the 'system' (see Lockwood 1963: 251). If there is room (spatially or otherwise) for behavioural patterns that are seen to be 'non-standard' or even conflicting, the next question is, how well do local groups with vested interests in the maintenance of the social order succeed in coping with the strain that arises because of this, to their eyes, incompatible behaviour. In his 1994 reappraisal of his famous 'Ethnic Groups and Boundaries' statement, Frederick Barth contends that there is a multitude of processes which shape 'arenas of convergence' in which people organise or associate collectively, based on an idea of shared values. These arenas involve building and maintaining boundaries through symbols of identity. He discusses situations where differences between groups become critical in their adaptation to a particular environment, and the role of states, influencing the development of ethnic distinctions and group identity (Barth 1994: 16-20). This symbolic behaviour, which can be situated at the micro and median levels, often refers to other spaces than the one in which it is acted out. To the symbolic-behavioural and identificational side of what have been called 'decentred attachments' (Vertovec 1999) and 'heterolocalism' (Zelinski & Lee 1998) we will come back below.

One more thing should be said about the articulation of the different levels in our analysis. Immigrant integration is often seen as the resultant of the interplay between structural factors in the receiving society ('structure of opportunity', 'allocation processes') and purposive behaviour of immigrants (informed by 'cultural' characteristics, especially when they are referred to as a group, or ethnic category). When focusing on the interchange of processes on different levels, it is inevitable that we combine concepts that refer to these different vantage points. We should however be careful not to assign volatile, or 'culture-inspired' concepts only for understanding the behaviour, position and orientation of (relative) newcomers in our societies, and reserve the more structural-processual terms for everything immigrants and their offspring encounter in 'the receiving society'. The often extended and tight networks of immigrants, for instance, generate 'domestic' structures of constraint and opportunity that cannot be conceived of as purposive behaviour, or as consolidated by cultural transmission only. On the other hand, the ideological dimension of large-scale processes within the local and national society, as well as of global processes, should not be disregarded (Lindo 1995).

We will now progress to the discussion of the four dimensions. We take *culturation* to refer to the acquisition, development, and mutual transmission of knowledge and competences, and the degree to, and way in which these are variably distributed in the social environment under study. This raises immediately the question what knowledge is regarded as essential, and necessary for adequately and successfully interacting in society. Here the problem of definitional power makes its appearance, which is of course related to the issue of power (a relational notion par excellence) in the other dimensions. As highlighted above, we should also be aware of the fact that extra-local institutional developments, events, relationships and identifications can play a crucial role. This is why, in our actual analyses, we should not just refrain from using the concept of integration, but likewise its composite derivatives 'system integration' or 'systemic integration'. These latter concepts should merely point out that we research interdependencies and other relational issues in a certain social environment, and not reify any system-like whole. Culturation is emphatically not restricted to the process of acceptance of practices that brings one ahead in the world; culturation refers in equal measure to the borrowing of practices that commonly are seen as, for instance, anti-social, unhealthy or detrimental to

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<sup>11</sup> As social relationships are implicit in material conditions - a wear-proof Marxian doctrine - some groups prevail over others concerning influence over material means of *production, organisation and violence* (Lockwood 1963).

upward mobility.<sup>12</sup> Neither should it be conceived as a taking-over of complete behavioural or ideational codes. Often bits and pieces are mutually borrowed and reworked in a creative way, to produce a certain consistency with 'traditional' patterns, thus becoming transformed in the process into something different from either the borrowing or the lending 'culture'.

*Placement* we define to refer to the process of occupying different positions in society, and of gaining, maintaining, defending or losing access to resources that are relevant for the position of an individual or a group, especially on the substantive domains of education, income, housing, mobility and health. Although these domains are generally regarded as more 'objective' and substantial as, for instance, knowledge, communicative skills or positions concerning identification and representation, the issue of definitional power plays nonetheless an important role here as well. Concentration and segregation processes seem a case in point. The attractiveness of certain parts of the city to live in above others, or particular schools to send your children to in comparison to others, is of course related to the quality of dwellings, or the relative excellence or inferiority of institutions of education. Nevertheless, the reputation of neighbourhoods and schools in most large European cities has become to a greater or lesser extent dependent on the composition of the population of residents or pupils in terms of ethnic background.

An instance concerning a specific placement variable that has not been given much attention<sup>13</sup>, is of great importance when concentrating on a concrete social environment as locus of analysis. This is the possibility for (groups of) actors to access various resources that are, in their nature, to a greater or lesser degree spatially dispersed within the ecological space under study<sup>14</sup>. The spatial constellation (the mutual proximity or distance) of relevant resources conditions its access. We propose to regard it as a resource in itself (albeit a relational one) as its quality is obviously variable. *Geographical placement*, as we propose to call it, has two derivatives, *geographical mobility* and *geographical proximity*, which can both be regarded as resources as well. The ability to access equally easily housing, work, education, health and leisure facilities - to name but some of the most important resources - demands the possibility to overcome the obstacle of the geographical dispersion of these resources, or to defend their accessibility, by creatively combining the 'assisting' resources of proximity and mobility. The possibility to do so successfully is of course dependent on the often unequal power balance within the existing interdependencies between individuals and groups of people, and their differing influence in various socio-economic and political institutions. The quality of the institutions that give access to resources as education, or health, obviously vary. The unequal distribution of the resource of geographical placement among groups of urban populations in Europe<sup>15</sup> should not only be measured by mobility and proximity indices, but of course also by the quality of the institutions that are 'spatially available' to offer the relevant resources.

*Interaction* is a third dimension, and obviously connected to the others. The relational character of this dimension is evident. We can discern many different kinds: in terms of intensity, multi- or single-stranded-ness, positive versus negative emotive content, institutional context, social environment, formal or informal communication, intra- versus inter-group character, individual opposed to collective exchanges, gender make-up, and contacts across or within generations. Interaction has many sides, and space is lacking to highlight all relevant aspects. We would like to mention here, as a category, interaction across different social or ethnic groups in the framework of competition over access to resources. To what degree is social closure taking place at the local level, and

<sup>12</sup> See, for instance, Lindo (2004) on the *lifestyle* and *way of life* of street youth of mixed origin in the city of Rotterdam, The Netherlands.

<sup>13</sup> But see Giroud (2004) and Asselin et al. (2004).

<sup>14</sup> Some resources might even be positioned outside the spatial unit of research, which is almost never a closed systemic whole.

<sup>15</sup> See for examples in different cities in France: Asselin et al. (2004).

what form does it take? Do certain groups attempt to form monopolies, or at least attempt to restrict the open competition for resources? Which groups are affected in their social and economic opportunities? The use of symbolic capital is essential in entanglements with an unequal power balance, for dominant and subordinate groups alike. Symbols are a free-flowing resource, they have been called a weapon of the weak, but the influence of imagery of dominant groups and institutions is formidable. We should, however, not forget, that interaction in which a local population is involved, is not confined to the particular urban spaces on which our comparative inquiries focus. Indigenous and newcomers alike often develop, formally and informally, significant relationships with others outside research contexts, and the impact of these relationships should be taken into consideration.

*Identification* as a dimension of the development of interdependencies within a certain social environment has to be regarded not only as an act of self-ascription, but of other-ascription as well. It comprises acts and feelings of belonging besides representational processes and mutual stereotyping, and has individual as well as collective aspects. Having broadened the scope of the dimension in this way, we will have to take into account the public discourses on 'integration' that prevail locally, and which might have become to constitute a more or less dominant part of the 'local identity', as Matthieu Giroud in fact could observe for a part of the greater urban area of Grenoble. However, underneath the dominant public imagery of cosmopolitan openness in which the area and its local authorities take pride, Giroud detected negative views, concerning especially the northern African local population (Giroud 2004). Such negative views could be instances of a discourse of closure, which accompany attempts to, more or less, restrict the open competition for resources on the local level, and could even be an indication of efforts of certain groups to form monopolies or to defend niches.<sup>16</sup> In this respect, it is important that we make the connection with a dimension treated earlier, and point to the symbolic manifestations of collective and individual interaction. The relations between status and power groups of all kinds, cannot be comprehended without giving attention to the struggle over symbolic capital. Symbolic behaviour and power relationships are mutually and dynamically interrelated (see Cohen 1976). This is broadly accepted when it refers to processes of other-ascription of minorities by dominant groups in society, but processes of collective self-ascription can equally be regarded as (often defensive, but nonetheless creative) moves in the power game. Symbolic behaviour can be largely political, attendant on strategies towards a collective goal. However, most often it can be assumed to serve several purposes simultaneously. Identity formation, or the 'negotiation' of identity as it stylishly is called, is often studied in relation to music consumption, clothing, or leisure styles in general. Caglar, writing on young people of Turkish origin in Berlin, establishes that they identify not only, or not even predominantly, with 'Turkish culture' in general, but especially, across urban and ethnic space, with cosmopolitan practices in cities like Istanbul, but also their home town Berlin. Talking to Caglar, a customer in a cosmopolitan Turkish bar in trendy downtown Berlin (*not* in Kreuzberg!) confided that, in that particular place, he felt like he was '...in Istanbul, Berlin, Europe and New York at one and the same time' (2001: 609). Apart from the enjoyment people derive from leisure activities and the associated images they cherish and exhibit, it is obvious that the latter are a statement towards outsiders as well. These statements may underline social boundaries and help maintain or encourage entrenchment of groups with specified behavioural patterns in particular social spaces, but they may also generate inclusion of outsiders (people of non-Turkish origin in this instance) at specified 'arenas of convergence' (cosmopolitan-Turkish nightlife), while simultaneously accentuating, and

<sup>16</sup> The control or domination of local resources (be it economic niches, social privileges or public spaces) is not a matter of contention between indigenous inhabitants and those of immigrant origin alone; Giroud for instance mentions the struggle over public space between Tunesians and more recent Algerian immigrants, and its accompanying vernacular, in a suburb of Grenoble (Giroud 2004: 5).

visualising in a dynamic (creolising) and acceptable (downplayed) way, the presence of newcomers (young people of Turkish descent) in spaces that used to be self-evidently monopolised by the dominant societal strata ('downtown' in former West Berlin). So, symbolic behaviour in entanglements between individuals and groups in urban spaces expresses itself in many different 'figures of speech', and may have different outcomes for these entanglements.

All kinds of hypotheses can be derived from considering relations between the different levels and dimensions discussed above. Esser, for instance, sees cultururation as a precondition for placement, while interaction acquires its character as a consequence of placement (Esser 2001:16-17). However attractive and commonsense such general assumptions may seem when thinking of particular instances, it is not difficult to find examples that contradict them. As we will not propose any such de-contextualised theories or hypotheses here, we will not presuppose any causal relationships between the dimensions.

For research on these different dimensions, these concepts need further fine-tuning and sub-categorisation, as for instance Brubaker and Cooper (2000) have convincingly argued for the concept of identity. In this process, we should however be aware that such differentiations and nuances within one dimension, in their turn blur the distinctions between the larger categories, as becomes clear when we consider Brubaker's subcategories 'identification', 'self-understanding' and 'groupness'. When we take stock of all the different possibilities and combinations, we can well ask ourselves if the concept of integration, defined as the process of being merged with all the core institutions of, and primary relations in society, is such a practicable yardstick in research. A more fruitful point of departure is '... to think of the relationship between 'them' and 'us' in terms of a continuum, where the relationship between ethnic category and pattern of association varies from one dimension of social life to another' (Waldinger 2003). An open question is then, *to which extent* we can observe relationships between positions taken up on the different social fields, regarding the different dimensions we have identified, and *of what character* they are. Many variables are in play here, and we should make the ones explicit that are related most to the subject matter of our cluster.

Integration in the context of the subject matter of our cluster seems to depict a rather straightforward meaning. Housing, education and health are situated above all in the 'placement' dimension, and do not concern the other dimensions to that degree, one might be inclined to think. However, we hope that the above has made plausible that, pertaining to our central themes, a myriad of possibilities are available to explore the interrelationships and entanglements between the proposed dimensions and process levels in a contextualised and comparative perspective. To summarise, in our research we should distinguish between several dimensions of 'integration' as for instance exemplified above. Then we should make these concepts operational for the different fields on which we think to make inquiries in terms of one of the dimensions. Also, we should be clear and sensitive in considering the different process levels: 1) purposive behaviour of individuals; 2) collective behaviour between and within formal and informal groups, including the development or maintenance of role behaviour and institutions<sup>17</sup>; and 3) the 'invisible hand' of institutional developments that often transgress the horizons of the life world of individuals and face-to-face groups. In the course of our analyses, we should keep the ecological, relational focus in mind. We should always realise that any findings pertaining to the inter-linkages between individuals and collectivities - the merging, or the carving out, of different institutions and representations, cases of individual mobility and collective mobilisation, the closure or opening up of offices, niches and privileges - are the result of an interactive process between actors and agencies on the different *analytical* levels. In the last instance, it always concerns interaction between individuals; among immigrants and their descendants, among the established, and between immigrants and

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<sup>17</sup> Following Lockwood, we could call this 'normative integration' (1963).

their children at the one hand, and those that claim indigenous origins in the social environment under study. As regards to all these processes, we should be sensitive to the imbalance in terms of power and influence that characterises many of the interdependencies on the different levels. As regards to the 'outcomes' we will observe, we should be aware that a convergence of orientations does not necessarily entail 'integration', nor can every form of segregation or even ethnic stratification be seen as an indicator that a society is disintegrating.

Focusing on spaces as the locus of developing interdependencies, we should try to conceptualise the issues for inquiry in processual terms. What form does the integration *process* of the social life of individuals and groups take in the different spaces under investigation? Can a movement towards a blurring of social boundaries be observed, and if so, under which conditions and in which social fields is this taking place? Once again, our focus of research should not be any category or group of people, but the relations of interdependence between individuals and groups, and their development over time. We should be attentive in particular to the shifting asymmetrical power balances between groups and individuals. These figurations (to lend a term of the sociologist Norbert Elias) are constellations of integration of social life as can be observed in a territorial space.<sup>18</sup>

As immigration in some countries is a more recent phenomenon than in others, local situations in different countries can be expected to differ in terms of the time in which various interdependencies within and between groups, and their concomitant behavioural patterns and attitudes, have been allowed to take shape. In some spaces, the development of a complex of entanglements in different dimensions of social life - be it the social position of (groups of) actors, the skills they exhibit in fulfilling the roles that are expected of them in these positions, the actual interaction that results from the fulfilment of these roles, and the identification of individuals and groups and the representations that are mutually formed - runs to a history of several decades. In these cases, we should be prepared to encounter a considerable variety of outcomes. In locations where mutual contacts, of whatever form, are of very recent date, patterned (role) behaviour and mutual representations that might guide relations between indigenous inhabitants and newcomers have just started to develop.

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<sup>18</sup> However, as we have underlined earlier, social life in a certain territorial space cannot be regarded as a closed social system.

## 2. SPATIAL EXPRESSIONS OF INTEGRATION

The relationship between immigrant groups and their position in urban space is at the heart of the analysis concerning the integration process and its dimensions, as mentioned in the previous chapter. Departing from the idea of *geographical placement* that was previously presented, the spatial expressions of integration (or exclusion) can be identified in three basic domains: i) distribution of ethnic minorities and immigrants through urban space; ii) levels of mobility of the people belonging to the different groups and iii) levels of accessibility to urban resources. These three issues are necessarily inter-related, because access to resources is dependent upon the location of residence and facilities, upon the links existing between them (the transport network, the transport service) and also upon the different mobilities experienced by individuals and groups (dependence on public transport, use of private vehicles, etc.). For instance, access to resources such as education or health facilities depends on the location of residential areas, on the transport system that serves them (that increases or reduces accessibility) and also on the mobility differentials associated to variables such as income level, age structure or specific socio-health condition (being handicapped, pregnant, etc.).

Among Cluster B5 members, the perceived relevance of these issues has led to the development of an extensive state of the art on this domain. In the first section of this chapter, Josef Kohlbacher and Ursula Reeger discuss the issue of spatial distribution of ethnic minorities and immigrant groups, through the revision of the relationships between the characteristics of urban housing markets and their implications in terms of socio-ethnic segregation. As far as *geographical placement* issues are concerned, the question of the differential access to urban (residential) space has been a major topic of analysis, at least since the Chicago School of the 1920s. The development of the capitalist segregated city, where population groups are spatially separated along social and ethnic lines, has been the object of an extensive and abundant list of research, first in the US and more recently in Europe. All the key topics included in this domain of research (the meaning of segregation, perceived 'positive' and 'negative' effects, the construction of the concepts, the limits to measurement, the theoretical explanations related to the housing market functioning) are addressed in this section of the state of the art, that also discuss the differences in the contemporary dynamics of segregation in the different countries of Europe, through an extensive revision of literature.

Another sub-topic included under the domain of spatial distribution corresponds to the symbolism of place and its meaning. Each place has an identity that is related to the groups that occupy it and to the activities that are (or were in the past) developed in that area. This representation of space leads to the construction of shared visions of each place and its residents that incorporate its neighbourhood image as a part of their group and personal identity. As a result, residential areas in which immigrants are concentrated are often perceived by the autochthonous population as 'spaces of otherness', where social problems tend to be over-represented and cultural differences limit contacts between them. This issue of the representation and meaning of spatial concentration of immigrant populations is also briefly addressed in the first section of this chapter and is proposed as item to explore in future joint research.

In the second section of the chapter, the Migrinter team proposes a theoretical and methodological approach to the other two issues included under the topic of spatial expressions of integration: accessibility and mobility within urban space. Within the proposed view, the immigrants are considered agents of city production and urban change in a number of domains (economic, social and cultural), with integration being theorised in terms of differential access to mobility and to accessibility to urban resources such as housing, health or education.

## 2.1 Residential segregation, housing market and immigrants

Josef KOHLBACHER  
Ursula REEGER

### 2.1.1 General remarks

During the last years an increasing interest in the study of urban issues relating to ethnic and migration concerns is manifest in many ways because the issue of spatial segregation is a matter of much prominence on the political agenda. The bulk of studies on the extent, causes, and consequences of ethnic residential segregation is already extremely extensive and continues to increase. This is hardly surprising considering the fact that segregation is a very dynamic phenomenon responsible for a lot of changes in the ethnic composition of cities and inter-group dynamics that substantially effect residence decisions.

Urban residential segregation on the basis of social stratification and minority-majority relations occurs everywhere in metropolitan areas throughout the world. This holds true regardless of whether the group comparisons are of whites or blacks, minority or majority, central cities or suburban rings, European, U.S. or Third World Cities. Segregation is a general and culturally independent urban phenomenon and one of the most important principles of societal order in the urban context. In some cities the separation of specific groups is more pronounced, in others less. An agglomeration without segregation remains a town planners' utopia. But segregation is not a normative construction, though it was transformed into a normative category the public discussion. Political and social assessments evaluate, if segregation in a metropolis is 'good' or 'bad', 'acceptable' or 'unacceptable'. The extent of segregation, the pattern of segregation, and the specific causal factors differ from society to society. That basis is rooted in the particular history and structure of each society and metropolis.

The question of segregation gained increasing importance during recent decades. Immigration made the urban population more and more diverse all over Europe. Newspapers regularly report on how the big metropolises are becoming increasingly segregated, with immigrants representing large proportions of the population in certain areas. Unemployment rates in ethnically segregated areas are usually above average, as is reliance on social assistance measures. The schools in these areas often have difficulties because of the ethnic plurality of their pupils. Housing standards are poor and there is a general downward slide in the appearance of these quarters. Sometimes these urban areas are even characterised as 'time bombs', and ethnic conflicts are forecasted. In ethnically segregated residential areas all over Europe:

- a large proportion of *immigrant households*,
- a considerable percentage of *poorly educated people*,
- a high degree of *unemployment* together,
- with a *physical deterioration of the building stock* is observable.

Residential patterns offer a crucial window on the social relations of groups. Who one chooses - or is permitted to have - as a neighbour speaks volumes about the driving forces of urban ecology and also about social relationships in the wider society. Current immigration patterns to high-income societies contribute to a 'sorting process', as real or perceived group differences are manifested in residential outcomes. These outcomes have now been accepted as one dimension of a larger process of structural integration in contemporary theories of immigrant incorporation (White et al. 2003; Kymlicka 1998). Ethnically segregated areas are seen as the unavoidable consequences of an increasingly

culturally, economically, and politically globalising world. Segregation is a consequence of the opening of the nation states' mono-culture towards a new internationalism. Immigrants are the most visible signs of this internationalism and it depends on the political systems in the 'former' nation-states to ensure that they get fair access to their new societies (see Lithman 2004: 7).

In essence, Robert Park's classical adage that spatial distance reflects social distance has been taken to heart by most of the social scientists that study urban social structure and segregation.

### 2.1.2 A short outline of the historical background of segregation-related research

The city of Chicago occupies a unique place in the segregation related literature. The development of the theoretical infrastructure used to explain segregation has its intellectual roots in the *Chicago School of Social Ecology*. With the *Ecological Theory* Park and Burgess produced one of the most important theories about the spatial patterns of the city. It has been the scholarly benchmark for many later theories about residential differentiation and neighbourhood change. In their seminal book (1925) Park and Burgess argued that the spatial patterns that are observed in the city can be explained by people's preferences to segregate or separate themselves along class, race and ethnic lines. Drawing on the legacy of Park and Burgess, scholars continued to study the growing patterns of residential differentiation (for details, compare Park 1926, 1936, 1955; Sandoval 2004).

Innovatively, Hoyt (1939) noted that most ethnic quarters are not centred on downtowns in a roughly circular or concentric pattern, but tend to jolt out towards the suburbs in a sectoral pattern, looking like a cut pie slice. In 1945, St. Clair Drake and Horace R. Cayton published their influential research 'Black Metropolis'. They discussed the peculiar patterns of black residential settlement in Chicago. Since the publication of this book the Black Belt has been the focus of many scholarly publications in the U.S. (for example, Clark 1965; Hirsch 1983; Massey & Denton 1993).

The landmark study of Duncan and Duncan (1957) paved the way for future studies on residential segregation not only in Chicago, but the methodology was extended to other large metropolitan regions. One of the major conclusions, later confirmed by Taeuber in 1964, was the nature and structure of racially diverse neighbourhoods.

One important issue that has been raised regarding the spatial distribution of the population is whether the ecological theory can explain the new spatial patterns. Although urban sociologists and geographers have tried to grasp the segregation issue by focusing on the migration of households - using concepts like invasion and succession (Burgess 1926), filtering out (Hoyt 1939), housing chains and gentrification - there is a need for a further development of dynamic approaches. We argue that settlement patterns can still partly be explained by the premise of ecological theory, but with fundamental advancements in the basic arguments. Segregation has to be addressed more dynamically and today there is a need to include a lot of factors which were neglected by Human Ecology, for example the long-term socio-cultural effects of the segregated city as well as the basic economic and institutional factors and actors.

While the old human ecology school viewed segregation from the perspective of early 20<sup>th</sup> century immigrants, the bulk of segregation scholarship in the U.S. since the 1960s has focused on the African American experience (Clark 1986; Wilson 1983; Massey & Denton 1993; Jargowsky 1997). A shameful legacy of unfair housing practices, redlining, employment discrimination, public housing, white flight, and later the emergence of a black inner city underclass conditioned this perspective. Here, segregation was viewed as a fairly permanent phenomenon, stamped into the urban fabric by a daunting array of constraints and injustices (Kaplan & Holloway 2000).

Concerning European research basic concepts of the Chicago School such as concentration, segregation, succession etc. are still in use but changed at least partially their meaning (for details compare the following chapters).

### 2.1.3 Definitions and basic discussion

'Residential segregation is a fundamental feature of urban landscapes' (Kaplan & Holloway 1998). It is a phenomenon that occurs with such frequency across divergent historical and geographical settings that we may be tempted to think that segregation is either ubiquitous (and thus not problematic) or necessary (and thus amenable to facile interpretation). 'There is not a spatial segregation, but there are multiple segregations' (Barbosa 2001: 17). Indeed residential segregation is a multi-dimensional concept (Johnston et al. 2002b: 216).

The effects of segregation are usually complex in view of the fact that it is rarely a case of the segregation of a particular ethnic group, but rather a segregation of the migrant population from autochthonous people. Segregation is so common that it has lent itself to some common interpretations, but so varied that many of these interpretations in the end have seemed to apply best to a single case. Because segregation is a very specific phenomenon - to the particular groups who are involved, to the individual contexts within which occurs, to the historical timing of the encounters which produce and sustain it, and to the scale within which it is observed - attempts to understand segregation as a ubiquitous phenomenon are frustrated by its tremendous diversity (Kaplan & Holloway 2000).

The socio-spatial segregation of minority and migrant groups in cities has given rise to a vast literature especially in the Anglo-Saxon sphere but also elsewhere in Europe (compare Boal 1976; Glebe & O'Loughlin 1987; Peach 1975; Peach et al. 1981) and worldwide. Important general analyses of ethnic residential segregation on a theoretical as well as on an empirical basis were conceptualised by Massey (1984), Massey and Denton (1988) and by Boal<sup>19</sup> (1996).

One basic problem arises from the fact that in the literature a Babel of languages concerning the segregation-related terminology can be observed.<sup>20</sup> The terms 'spatial segregation', 'socio-spatial segregation', 'housing segregation', 'residential segregation', 'ethnic (residential) segregation' and 'social segregation' are often mixed, sometimes used in one and the same sense but sometimes also with different meanings without being exactly defined. This practice can extremely often be observed in empirical oriented studies by European as well as U.S. social scientists based on data relating to segregation in specific local contexts. Except for the theoretically oriented basic standard literature (compare, for example, Peach 1975; Massey & Denton 1988, 1993; Friedrichs 1988) there is a general lack of segregation-related accurate definitions and clear conceptualisations. According to the authors' opinion this problem is fundamental and cannot be solved within this chapter. But there is call for more coherence in using an exactly defined terminology.

Now, what does 'segregation' really mean? This question seems to be trivial but it is in fact a very tricky one because residential segregation is a multidimensional and a universal phenomenon of residential differentiation, yet one that arises in different contexts for different reasons. Moreover, residential segregation has meanings and consequences that vary with differently configured groups of people residing in different contexts (Kaplan & Holloway 2000). It embraces not only a spatial but also a temporal dimension. Segregation refers both to the processes of social differentiation and to the

<sup>19</sup> Boal made a multi-facet survey of the interrelations of immigration, ethnicity and segregation.

<sup>20</sup> For a detailed sociological oriented discussion of segregation theories and definitions in German language compare Friedrichs (1988).

spatial patterns that result from such processes, which are usually located at the urban scale. Factors playing a role in the context of ethnic residential segregation of immigrants are:

- socio-economic status,
- the status of migrants on the housing market,
- discriminatory mechanisms within a society,
- the handling of migrant families by public housing authorities,
- legislative frameworks and, last but not least,
- ethnic affiliation demonstrated by the migrants themselves.

'All segregation is an expression of social differentiation. However, not every social differentiation is segregation' (Barbosa 2001: 13).

A group is considered to be completely mixed when its members are distributed uniformly relative to the rest of the population. The greater the deviation from this uniformity, the larger the degree of segregation (Johnston 1983). Spatial segregation exists when some areas show over-representation and other areas show an under-representation of the members of a certain ethnic or social group. In most popular uses the term is applied only to situations in which disadvantaged groups occupy circumscribed territories (Grafmeyer 1994; Brun & Bonvalet 1998: 319-326; Dangschat 2000a: 209-215).

According to the fairly established terminology of the Chicago School (compare Park & Burgess 1925; Park 1926) the basic postulation is a strong relationship between physical and social distance. Or more generally: 'Segregation is defined as a spatial separation in a built environment or area of members of two or more categories, where the members within each category share an exclusive feature' (Lithman 2004: 8).

The segregation-related definitions in recent studies are indeed so manifold that only a few examples can be cited in this chapter:

- 'Residential segregation is the spatial separation of different population groups within a given geographical area' (Saltman 1991: 1);
- 'Segregation is the occupation of urban space by distinct social groups, or, more precisely, the fact that they are not homogeneously distributed' (Barbosa 2001: 5);
- '[...] it is the spatial translation of social inequality' (Fassmann 2002: 14);
- '[...] it is about social 'adjacencies', about different groups sharing a common geographical 'border'' (Espino 2001: 12);
- Spatial segregation is 'the residential separation of groups within a broader population' (Özüekren & Van Kempen 1997a: 22).

Spatial segregation is generated through the interplay of three opposing spatial forces (Massey 1984):

- (1) concentration
- (2) dispersion
- (3) succession.

- (1) The *concentration* of ethnic groups is rooted in the spatial differentiation of the urban economy, in housing market mechanisms and reinforced by the nature of immigrants and immigration.
- (2) *Dispersion* is driven by socio-economic mobility and acculturation, and is based on the fact that a differentiated urban economy distributes resources and opportunities unevenly in space, encouraging immigrants to move in order to improve their position in society.

- (3) While *succession* is driven by immigration, it is strongly influenced by conditions in the larger urban economy. If immigration coincides with a period of metropolitan expansion, then residential changeover is very rapid, as socially mobile classes vacate neighbourhoods to arriving immigrants. If immigration occurs during a time of economic stagnation, migrants pile up in established enclave areas because succession is slow. Succession is also dependent on the relative amount of capital employed in economic production and the extent to which it is spatially concentrated, in addition to the cost and availability of urban transportation. Counteracting succession is the process of spatial dispersion. Upwardly mobile migrants often seek 'better' neighbourhoods, places where natives tend to predominate. Because mobility and acculturation reduce the social distance between ethnics and natives, entry into these neighbourhoods does not spark residential succession (compare Massey 1984).

A general debate focuses on the relationship between housing patterns and patterns of social interaction. Since the days of the Chicago School also the interrelation between segregation and integration or assimilation is vividly discussed. The same structural differentiation of society that makes segregation possible also leads to its demise through spatial assimilation. The driving forces behind spatial assimilation are acculturation and socio-economic mobility. Acculturation is the gradual acquisition of the language, values and manners of the host society. In Western societies, acculturation implies an achievement-oriented outlook that reinforces the link between social and spatial mobility. Many scholars and politicians assume that high levels of social and/or ethnic segregation, which often go hand-in-hand with high levels of ethnic concentration, will obstruct integration and participation in society. Thus, segregation may generate negative intra-ethnic externalities. Pronounced ethnic residential segregation is usually conceived of as a failure of integration policies (Ellingsen 2003: 7). Growing up in a purely ethnic environment may slow down assimilation putting the residents at a disadvantage. Positive peer effects may be absent in segregated schooling. Spatial isolation can have adverse economic effects such as difficulty in acquiring jobs. With increasing assimilation it becomes harder to save costs by clustering together.

The study of Duncan and Lieberson (1959) was of long-lasting importance demonstrating an inverse correlation between ethnic segregation and the assimilation of immigrants based on their residential distribution in urban areas. Since that analysis many social scientists (e.g. Peach 1981; Massey & Denton 1993) have maintained the perspective that residential patterns are valid indicators of assimilation or integration in general. Peach (1981) for example argues that housing patterns are good indicators of social phenomena such as assimilation and social interaction. Concentration is felt to hamper the social mobility of those with a weak social position and/or low skills, particularly immigrants of non-Western origin. Although these ideas may have some validity in contexts where extremely high levels of social and ethnic segregation exist, they are hardly tested in contexts with more moderate levels of segregation and stronger welfare states (compare Fassmann 2002; Dangschat 2002d).

**Table 2.1.1 The relationship between ethnic segregation and assimilation**

<i>Phase</i>	<i>Relation between immigrants and the society in country of destination</i>	<i>Housing areas</i>	<i>Ethnic segregation</i>
1	Immigration	Ethnic residential quarters	Extremely high
2	Competition (or conflict) for housing areas, labour market positions and social status	Ethnic residential quarters	Extremely high
3	Accommodation	Initial phase of moving out of social climbers	Medium level
4	Assimilation	Ethnic residential quarters disappear, perfectly assimilated migrants are moving	Disappeared

Source: Fassmann (2002: 18)

The term 'socio-spatial segregation' embraces a spatial as well as a social aspect. In research one has to make a difference between

- spatial (housing) segregation of different ethnic groups and
- social segregation.

This does not mean that there is no connection between these two phenomena, only that the one is not equivalent to the other. Geographical integration does not necessarily imply social integration, or vice versa. While social segregation has to do with discrimination and disrespect for the equal human value of different individuals and groups of individuals, there is no such fundamental and total connection between spatial segregation and discrimination to explain the spatial housing segregation between ethnic groups. Doing segregation-related research one needs to get a view on the whole situation and the imbedding of the problem in its wider social, economic and housing related context.

Residential mixing is often hypothesised as the key to social interaction and successful integration. Low levels of segregation indicate high degrees of social interaction; high levels of segregation represent a low degree of social interaction (Peach 2001: 4). Peach (1981), argues that housing patterns are very good indicators of phenomena such as assimilation, segregation, and social interaction in general.

In the Viennese case, we found a strong relationship between residential segregation of the migrant population on the spatial level of building blocks and the frequency of interethnic contacts as well as a relationship of segregation and levels of xenophobia among the autochthonous population (Kohlbacher & Reeger 1999a,b). The question is, to which extent a relationship to integration does exist. Consequently, programmes that aim at de-segregation, mainly by mixing neighbourhoods socially and ethnically, will probably contribute to multiply interethnic contacts and to reduce xenophobia. If they are equally successful in promoting integration depends on a lot of different factors.

Furthermore also the temporal dimension of segregation must not be neglected (Lithman 2004: 10). This temporal aspect is well known since the paradigmatic analyses of the Chicago School (Cortese 1995). It was integrated in Park's 'race relation cycle' (1955) as well as in the concept of 'ecological succession' (1936), and in Burgess' (1925) 'growth model'. The great value of these studies for the present analysis is that they don't see residential segregation as a static or unilinear phenomenon. Segregated areas develop and change over time and not always in a foreseeable way. The socio-economic status of recent incoming migrants may be different from those that live there since decades, ethnic groups may succeed each other, the occupational activities in different segments of the urban labour market may change, and thus, the area may move up or down on a socio-

economic scale. The time-related processes in ethnically segregated residential areas are valid indicators for the concrete determinants of segregation. Here, the inter-generational developments have to be observed. If the second generation of immigrants still inhabits the residential areas of their parents, possibly irrespective of their own socio-economic status, this would be an argument against a strong class-based interpretation of residential segregation (Lithman 2004: 10).

Schelling (1971, 1978) and Yinger (1985, 1995) provided important analyses proving the time-dimension of segregation. Schelling's concept is based on the 'threshold effect' and the existence of a specific 'tipping point', which equals to the proportion of foreign population being the acceptable limit for the autochthonous population. If the proportion of foreign residents is growing, a process of removal starts and most of the well-to-do autochthonous inhabitants will leave for other residential areas.

As a matter of fact the importance of segregation in either dimension is vividly discussed. With respect to life chances some social scientists argue for its massive significance most articulated in the *mismatch hypothesis*. This theory interprets the de-industrialisation of metropolitan centres as instrumental in the generation of an urban underclass (Kain 1992). Counter arguments are, for example, that mass transit should offset such problems.

Segregation also plays an important role in the *dual city theory* of Manuel Castells (1989). 'Structural dualism leads at the same time to spatial segregation and to spatial segmentation, to sharp differentiation between the upper level of the information society and the rest of the local residents as well as to endless segmentation ...' (Castells 1989: 227).

One basic critical point concerning many empirical studies about segregation in certain metropolises is that most of these surveys are basically mapping exercises based on official, mostly census data. They are useful as a first step in the analysis of immigrant adaptation, but they have added little to our understanding of processes of social interaction between migrants and the autochthonous population and of social, economic and cultural integration of the immigrant people. Thus, they are not sufficient in mirroring the inequality of social and economic opportunities (compare Handl 1984; Lieberman & Carter 1982; Smith 1991; Waldorf 1993). Most of these studies are measuring physical distance in the sense of residential segregation but give only very little information about what this distance is meaning in terms of social interaction and integration. A lot of the studies are exercising purely numerical techniques such as a variety of indexes (index of dissimilarity, residential differentiation index), correlation ratio techniques and so on. Of course these are useful tools that try to capture the phenomena of segregation and segregative developments. But what is often lacking in these empirical studies are exact definitions of the basic concepts as well as a detailed analysis of the causal factors of segregation in the concrete local context. And very often the question after the meaning of socio-spatial segregation in the integration process remains unanswered.

#### 2.1.4 How to measure residential segregation?

Quite a lot was published about the methodological problems of measuring segregation (compare for example Cortese et al. 1976; Stearns & Logan 1986; Waldorf 1993). There is much general talk about segregation in the media and in academic circles, but how segregated are various ethnic immigrant minorities in European cities and how can segregation be measured? To answer this question most studies of socio-spatial segregation use either one or both of *two main technical approaches*:

- (1) *Mapping* where members of the various groups live in a city and
- (2) *Computing indices* that show the degree of residential separation.

One critical point is that both methods can only give some indication of the degree of concentration for different groups - and, as a corollary, its degree of separation from other groups (for further details compare Johnston, Forrest & Poulsen 2002b: 210). A large number of different techniques, differing not only in mathematical formula but in conceptualisation of segregation itself are existing (see Peach 1981). One has to distinguish between three basic concepts for the measurement of segregation:

- *measures of evenness*<sup>21</sup>: index of segregation, index of dissimilarity, Gini-coefficient;
- *measures of exposure/isolation* between social and ethnic groups;
- *measures of clustering*.

A lot of authors (e.g. Boal 1976; Cortese et al. 1976; Farley 1987: 235 ff.; Gorard & Taylor 2002) have thoroughly analysed these and other measures of segregation so we refer to their publications. Though it cannot be the goal of this chapter to present a satisfactory overview about all the methodological problems in the context of measuring segregation some paradigmatic problems shall be selected and shortly discussed:

An important methodological tool for segregation analysis is the designation of an *appropriate reference group*. Many studies of segregation proceed by examining selected groups to

- (a) 'all others' not in the group or
- (b) some key reference group.

The first approach has been the case in the many dissimilarity index or exposure index studies that use group-versus-not-group-measures. In the exposure framework, this is commonly termed an 'isolation' index. The second option - the use of one key group - implies that this comparison is particularly meaningful or appropriate. Thus, the social distance of a group from the culturally dominant group would be captured by the pairwise segregation index and applications using for example Turks versus autochthonous ancestry and so on.

Numerous *indexes of segregation* have been developed over the years. The most popular and widely used of it are the indexes of Duncan and Duncan (1955a, b) and the index of Taeuber and Taeuber (1965). The segregation index expresses the percentage of people from a certain social or ethnic group that would have to move to different neighbourhoods to make it non-segregated. Taeuber's index of segregation is based on block data. The formula for computing the index is based on the proportion of households of a specific group membership in a given block in relation to the proportion of this minority or migrant group in the city as a whole (for details, compare with Saltman 1991: 2 ff.). The Duncans' segregation index is one-half the sum of the absolute values of the differences between the respective distributions, taken area by area within a city. It is computed between one group and all other groups combined (for the measurement of spatial segregation, compare White 1983, 1986; Wong, 1998). The value of the segregation index is influenced by the size of the spatial units used in the calculation. There also arise problems in the context of use of different spatial scales (Peach 1987: 43-45; Jones 1991: 183; Lee 1977).

The *index of dissimilarity (ID)*<sup>22</sup> compares the residential location of pairs of groups (e.g. minority versus majority) according to their proportion of the total community population. It then gives a measure of the net percentage of one population that would

<sup>21</sup> Evenness is the most widely used and fully explored dimension. Evenness refers to the differential distribution of two social groups among aerial units in a city (Massey & Denton 1993).

<sup>22</sup> ID measures the percentage of a population that would have to shift its area of residence in order to replicate the distribution of the population with which it is being compared (Peach 1981). ID is a measure of unevenness with similar characteristics and values to the economists' Gini index.

have to relocate in order to produce an equally distributed (non-segregated) population. The higher the index, the greater the degree of segregation. Overtime the dissimilarity index has become the conventional segregation index because of the ease of interpretation and the historical data to compare trends over time. However, the index of dissimilarity has several drawbacks. The most important drawback is related to the two-group comparison. Since the days of the Chicago School the situation in most metropolises has changed due to immigration and a multiethnic urban landscape arisen. Given the new ethnic plurality and demographic profile of many cities, we argue that there would be a need for a new analytical lens to investigate the ethnic composition of European cities.

*Indices of evenness* will be computed for a multi-group analysis rather than the traditional two-group analysis (majority versus minority).

Reliance on the single measure of segregation index was strongly criticised by Lieberman (1980, 1981) who pointed out that a given level of the segregation index means very different things to majority and minority groups. In order to assess asymmetrical experiences, Lieberman proposed the more widespread use of so-called  $p^*$  indexes. Lieberman's *indices of isolation/exposure* give the closest measure of the degree of spatial segregation. Lieberman's  $P^*$ , a measure of isolation, has come into more general use since the 1980s. Unlike ID it is an asymmetrical measure. It recognises that the degree of exposure of a small group to a large group is different from the exposure of the large group to the small group. Unlike ID its use has tended to be descriptive rather than analytical in correlation regressions. In their subsequent use (e.g., Robinson 1980; Jones 1983), these have come to be known as exposure, isolation, or interaction indexes. They measure the chances that members of an ethnic group have of encountering, in their neighbourhood, a member of another ethnic group. Like segregation indexes, the value of  $p^*$  indexes is influenced by the scale of the neighbourhoods used in the calculation. The effects of scale are not however as straightforward as those of segregation indexes. If a scale change brings along an increase in a group's chances of self-interaction, then it follows that its chances of interactions with other groups must, in aggregate, be decreasing.

Massey and Denton (1988, 1989) have identified five separate and empirically independent dimensions, for each of which a number of single-measure indices is available. Each of these indices is for a certain purpose, none of them (separately or in combination) can fully evaluate the degree to which a group is residentially concentrated within a city. Massey and Denton (1993) have suggested the five measures for measuring 'hyper-segregation' of African Americans.

One argument against using the index of dissimilarity is its inadequacy of being applied to the real world. Johnston et al. (2002b) criticise the index of segregation for its inability to decide what proportion of a group's membership live in relatively exclusive areas. They devise a multi-group classification which they claim has the advantage of being comparable across places and periods. Voars and Williamson (2000) provide a general discussion of measures of segregation on the basis of data from England and Wales, focusing on the index of segregation and its properties when the population of a group is small relative to the number of areas in the region under study. Gorard and Taylor (2002) have contributed a theoretical interesting study in comparing measures of segregation in terms of 'strong' and 'weak' compositional invariance. They pointed out how the index can be modified when individuals change from one group to another. Baybeck (2002) argues that it is difficult to capture segregation in one definitive index as it is the dissimilarity index. He brings arguments for complementing indexes with visual presentation by examining the distribution of blacks in some US metropolitan areas. Recently Peach (1999) used a procedure that explicitly addresses the concept of residential concentration for ethnic groups in (relatively) exclusive areas.

Recent thinking about immigration, ethnicity and segregation would suggest that the pairwise reference group and the 'all others' approaches are ill-advised or incomplete. Given the rise and persuasiveness of more pluralistic notions of ethnicity and immigration, there is little that is sociologically compelling about privileging a single reference ethnic

group. Segregation which is seen merely as residential separation from a specific stock conveys only a partial picture. A group can be relatively well integrated with the reference group while being relatively isolated from others and the reference group may be highly segregated even though it is often not defined in these terms. On the other hand, the limitation of analysis to 'isolation indices' (a specific group versus all others) exhibits the misfortune of extensive aggregation. While such aggregate pairwise indices inform us about the overall pattern of residential integration for a group, they reveal little about the ethnic residential mosaic itself.

Given the usual diversity of the migrant population in European metropolitan areas, it is necessary to compute multi-group indices. The increasing diversity of immigrant-receiving countries calls for measures of residential segregation that extend beyond the conventional two-group approach. Thus efforts have been directed toward modifying segregation methods to capture the multi-ethnic milieu (Reardon & Firebaugh 2003; Wong 1998). Still, some of the ethnic richness may be obscured. In any case, the availability of improved measures, data management techniques, and the rapidly evolving conceptualisation of ethnicity and metropolitan residence (ethnic pluralism) converge to argue for a window on residential patterns that is at once comprehensive and revealing the pattern of that ethnic residential mosaic. It would be necessary to make additional progress on this front. A method should be developed that incorporates detailed ethnic diversity and provides a descriptive summary measure of the segregation of an ethnic group with reference to the panoply of all groups.

### 2.1.5 The main determinants of residential segregation and their explanations

A rich empirical literature has focused on distinguishing the underlying causes of segregation and measuring the consequences of segregation for those living in segregated neighbourhoods. In terms of causes, researchers have attempted to measure the extent to which segregation can be explained by differences in income, wealth and education. A related strand in the literature has explored whether segregation is driven by the housing preferences of households as they make their residential location decisions or by some form of centralised discrimination. Sarre et al. (1989: 39) for example state, that segregation and 'ethnic disadvantage in housing stems from a combination of cultural choices, economic differences, institutional policies and practices, and racial or cultural discrimination'. Most of the housing segregation literature has focused on residential preferences (e.g. Clark 1991, 1992; Farley et al. 1994) and the geographic mobility of individuals that underlies segregation (Massey et al. 1994; South & Crowder 1997, 1998).

Segregation in any particular place for any particular group results from a complex interplay of forces ranging in scale from the local to the global. Any reasonable account should be able to understand whether the choices and constraints experienced are due to global forces, national forces, regional forces, local forces, or even neighbourhood dynamics (Kaplan & Holloway 2000).

- Much of the recent literature about segregation strives to connect processes of economic globalisation, manifest through long distance migration and capital flows, to changes in urban spatial structure.
- Older research in socio-spatial segregation was more likely to focus on the mechanics of local real estate markets or of the social dynamics between groups.

Of course both perspectives are still valid and can be interlinked. Causal processes at the global scale can affect local scale processes; and it can also work the other way around. Barbosa (2001: 12 ff.) for example identifies determinants of segregation on three levels: (1) societal (demographic, economic and political factors), (2) physical-spatial

(geomorphological and built-space characteristics), and (3) symbolic (cultural patterns and psychological elements).

The central and often unanswered question in all segregation-related research remains:

‘Does ethnic residential segregation emerge from voluntary decisions or from social restrictions?’

Indeed these two diametrically different reasons for ethnic segregation are evident and mirrored in a lot of segregation related studies, but clear answers to this question are usually not given (compare Dangschat 2002d: 27 ff.; Fassmann 2002: 14 ff.). Peach (2001: 3) discusses the problem that ethnic segregation may either be voluntarily adopted as a strategy for group survival or else it may be negatively imposed upon a weaker group. Often both aspects are present and are difficult to distinguish. In some cases it is clear: Chinatowns may be largely voluntary, while the African-American ghettos of the United States have been caused by social exclusion and discrimination. Socio-spatial segregation often emerges as a consequence of direct or indirect coercion. It may be the result of direct or indirect discrimination, especially when minority ethnic groups are involved. But it is often not easy to ascertain whether segregation is voluntary or involuntary from the point of view of the inhabitants themselves (Phillips 1981; Özüekren & Van Kempen 1997a: 23). There may be observable differences between segregation patterns that emerge due to external coercion and those which are ‘self-organised’ by the migrant population. In the special case of self-segregation the causes are not exclusionary prejudices by the majority population, but also inclusionary prejudice by the minority.

Of course the housing market is playing an important role in determining patterns of segregation (compare chapter 7). Segregation occurs because of discrimination in housing markets (and of course discrimination in labour markets too) and it is often driven by income differences inducing self-selection in certain residential locations (Huttman et al. 1991c). In other cases, although there is no overt discrimination there, are, nevertheless, clear inter-group tensions which lead the host society to prefer specific segments of the housing market. Such segregation of ethnic minority and migrant groups is largely negatively generated, therefore, resulting from distancing attitudes prevalent in the host society.

Socio-spatial segregation may also result from positive goals. Members of minority groups may wish to congregate in certain areas to facilitate intra-community interaction, to use community-focused facilities and to establish community-based businesses. Such a desire to congregate reflects a wish to sustain their group cultures and identities, rather than to distance themselves from their host with whom they may be well integrated economically (Johnston et al. 2002b: 211).

Interesting enough from our point of view is the fact that segregation of elite migrants is never classified as a problem (Kohlbacher & Reeger 1999b). There is evidence from a lot of European cities that some elite migrant population manifest high levels of segregation. Glebe’s (1986) study on the Japanese in Düsseldorf and White’s (1998) analysis on the Japanese in London are good examples for it (both investigations indicate IDs in the 1970s). These groups of elite migrants may differ from settled minorities in that they are largely composed of sojourners who are seconded by their firms for a period of years. Such concentrations may be classified as ‘parachuted communities’ (Peach 2001: 15). But even if elite migrants are permanent residents in a city their segregated housing is nowhere verbalised as a problem of integration.

Only empirical research can answer the question concerning the causes of socio-spatial segregation, even though some theoretical oriented studies try to answer them *a priori*, regardless of the frame of reference. The answer to the question about the causal factors vary depending on the scale, context, and groups constituting the focus of the analysis (Kaplan & Holloway 2000). Most *explanations of segregation* centre on three basic hypotheses:

- One perspective points to a range of *discriminatory private practice and public policy* that restrict housing opportunities for specific groups and serve to create and perpetuate segregated housing. It is argued that these policies and practices, and the individual prejudices and stereotypes are primarily responsible for the formation of ethnic ghettos and for the persistence of segregation in urban housing markets (Massey 2001; Massey & Denton 1988, 1993; Yinger 1995). *Discrimination* means the treating of other groups differentially and may also be economically motivated (Yinger 1995), whereas *exclusion* is an institutionalised policy that prevents minorities from locating in specific areas (Anas 2004: 8). Exclusionary policies abound in both North America and Europe. Western European governments build housing projects in the suburbs that often house minorities or immigrants;
- A second explanation focuses on *economic status* arguing that the spatial concentration of ethnic groups reflects their financial status. Since some ethnic groups in general have higher incomes and control more wealth than other minorities, they have more choices in the housing market (Becker 1957; Clark 1986). Although segregation by income does not imply spatial segregation, the two are strongly correlated (Anas 2004: 2). In the context of socio-economic explanations of socio-spatial segregation European researchers usually point out that the immigrants' socio-economic status does not allow them to afford housing comparable to the native population (Friedrichs & Alpeis 1991; Huttman 1991a: 33);
- One perspective focuses on *individual choice*, arguing that most households generally prefer to live in culturally homogeneous neighbourhoods. The housing market, from this perspective, reflects the freely chosen preferences of buyers who make their voluntary decisions in a free market (Glazer 1975; Thernstrom & Thernstrom 1997). This may be valid for the U.S. situation but does not fit for the segmented housing markets in most European metropolises.

As a refinement of these three hypotheses there are numerous *theoretical approaches* to the causes of ethnic residential segregation which can roughly be divided into six groups: ecological, economic, inter-group-related, social psychological, institutional and cultural. None of them is alone able to give a full explanation of segregation patterns:

- (a) *Ecological theories* suggest that the operation of multiple impersonal forces (ecological processes, including invasion and succession) results in segregation. The classical studies are those of the Chicago School of Social Ecology (Park 1926, 1936, 1955; Park & Burgess 1925; compare Chapter 2). The ecological theory of the city has been the scholarly benchmark for many seminal theories about residential differential and neighbourhood change and was in some aspects still used until recent times (Wilson 1983; Yancy & Erickson 1979), but it was also heavily criticised (Alihan 1964). Indeed the ecological explanations of housing segregation, especially the invasion and succession theories of Burgess (1926), are still closer to the interests of recent European researchers in segregation than to those of their U.S. colleagues (see Huttmann 1991a: 36);
- (b) *Economic theories* of residential segregation are based on income levels. They suggest that the major reason for housing segregation of migrants is that they cannot afford to live in neighbourhoods where the autochthonous population lives (Farley 1982). It is assumed that differences in housing prices between various areas in the city coupled with low economic resources in the minority population lead to segregation. Authors compute segregation indices based on income differences alone. Ethnic concentrations of people are also economic rational because the proximity of economic agents reduces specific costs. Ethnic segregation is serving as an entry point for immigrants, easing their cost of transition. After living or working in segregated areas the immigrant becomes

- adjusted. At a later stage in the life-cycle the migrant may move out if he or she wants and has enough financial resources. A recent economically based analysis of segregation was done by Anas (2002);
- (c) *Inter-group theories* relate to minority-majority relations and migration patterns. The sociological concept of minority has nothing to do with numbers but relates to power differentials. The differential treatment of minorities results in their physical separation and segregation (e.g. Kinloch 1979; Jackson & Smith 1981);
  - (d) *Social-psychological theories* focus on human preferences and location choices. These are often used in the U.S. in analysing white and black neighbourhoods (e.g. Coleman 1979; O'Brien & Lange 1986);
  - (e) *Institutional approaches* focus on the involuntary aspects of residential location and distribution. According to this view, involuntary segregation occurs because of institutional racism and discrimination in the housing market (Saltman 1979, 1989) and administrative measures channelling minorities to certain enclaves in the city. *'One basis for the policy conclusion that segregation and ghettos are bad, and perhaps for taking positions on exclusionary enclaves, is that involuntary allocation of space to any group is undesirable in a democratic society'* (Marcuse 2001: 3);
  - (f) *Cultural approaches* assume that voluntary segregation takes place because minorities seek together in order to preserve cultural, religious and linguistic distinctiveness.

According to other authors (for example, Lithman 2004: 10 ff.) the theories concerning ethnic residential segregation can be divided into four basic groups:

- *theories which are based on a colouration of class patterns*: Some authors have argued that the spatial distribution of migrant flows has to be analysed with reference to class issues (Castels & Kosack 1973). For Zolberg (1989: 407) labour migration is a movement of workers that is forced by the dynamics of a transnational capitalist economy. Sassen, in her fundamental study about 'global cities' (1989), like London, Los Angeles, Tokyo and Frankfurt, outlines a process of spatial restructuring in the metropolises. As a consequence neighbourhoods become differentiated according to socio-economic and ethnic factors. An elite class in the globalised economy needs a class of immigrants who are recruited for serving the elite. Harvey (1973, 1985, 1989) as an urban geographer set the focus in urban studies on the spatio-temporal logic of capitalism as did Castells (1977, 1983), who drew special attention to the replacement of an autochthonous working-class by a foreign-born working-class;
- *theories concerning the creation of an underclass*: There are approaches with a strong moral colour in connection with an analysis of class relations involving segregation (Harvey 1997). Differences in the underclass-concept between US and European literature can be observed. American Sociologists are defining people living below the poverty line as underclass. European authors have a stronger focus on the structural dimension. Underclass formation is the consequence of 'ultimate exclusion' (Lithman 2004: 12). Features of an underclass are precarious labour market position, an absence of upward mobility (intra- as well as intergenerational), a general societal marginalisation, low educational achievements and high rates of criminality (compare Castels 1980; Schierup 1985; Reischauer 1989; Gans 1992; Faist 1993). Heckmann (1983) has criticised that the concept obscures the relation to the labour market. A significant dimension of an underclass is the 'bounded-ness' meaning that people have little chances of getting out of their class affiliation even if they have a desire to do so, or if one wishes it for one's children (Lithman 2004: 12 ff.);
- *the concept of threshold communities*: This concept is playing an important role in the U.S. but it is of inferior relevance in Europe. A threshold community is a

community in which immigrants acquire their bearings in the new country, achieve abilities such as a basic command of the language, an understanding of labour and housing market structures and so on. After the 'outfitting' has done, the migrant moves to other areas;

- *analyses of a novel type of globalised communities:* There is a category of theories which presuppose some form of 'multicultural' formation in metropolises. The multicultural syncretism is creating new social and cultural phenomena which are shaped with a variety of terms like hybridisation of culture, syncretisation, diaspora, creolisation, transnationality (Friedman 1994; Hannerz 1992; Glick Schiller et al. 1992a, 1992b, 1997). Ethnicity refers to structural contexts and has been frequently invoked as something of at least a part explanation for ethnic housing patterns. Of course the ethnic dimension is playing a role in social and cultural phenomena, including ethnic residential segregation.

Partial aspects of each theoretical approach and their explanations cited above are relevant in explaining segregation in European cities, but in fact in each metropole a different mixture of factors is responsible for the specific local segregation patterns.

In explaining segregation a significant problem arises when observations and data from various cities are conflated. One must not overlook the specificity of recent national and local history. There are nation-specific factors determining patterns of socio-spatial segregation in the urban context even making it difficult to compare segregation for example in the two neighbouring and German speaking countries Austria and Germany. In U.S. cities the real estate industry has played a vital role in fostering neighbourhood change and segregation patterns. In Austria for example with its segmented and partially secluded housing market the real estate industry is not playing a fundamental role in determining residential segregation of the migrant population.

The explanations for segregation, as well as housing and immigrant enclave characteristics, are somewhat different for situations in European countries and those in the U.S. The European research focus includes historical factors determining housing location. The European focus is more on socio-economic status explanations than in current U.S. studies. Cultural reasons are also given some significance as explanations in the European literature, whereas most American research focusing on the black population's residential segregation, does not centre on cultural reasons (Huttman 1991a: 31). In the United States, few reports on housing segregation centre on the poor socio-economic position of minorities in the housing market, or on the fact that they pay high rents. Most American researchers point out that blacks are not underrepresented in certain housing areas for social-psychological nor economic reasons, but rather for reasons of discrimination (ibid.: 34). A frequent explanation for segregation in American literature has to do with inter-group relation. Institutional explanations of segregation in Europe focus more on discriminatory practices in the government allocation system, but in the U.S. refer more to discriminatory activities of lending institutions, realtors, and insurance companies. In Europe this is a neglectable fact because in many European metropolises migrants only seldom buy houses or flats.

While researchers have documented well the basic facts of segregation, there was less investigation in those facts which are experienced by the groups who suffer the consequences of segregation: What is more or less missing from current research is the systematic exploration of the experience of segregation, as it is felt by the participants of these processes, the migrants. According to our opinion this aspect is extremely important.

Most of the research on segregation is done from the perspective of scientific distance or a normative orientation towards the political claim for mixed housing areas. In most cases the perspective of the migrants themselves living in more or less segregated areas is completely neglected. Do they prefer to settle in mixed residential areas or is it advantageous for them to live more segregated? In which stadium of the integration process do they evaluate segregation positively?

Because of the existing deficit in studies asking for the migrants' opinion we made an inquiry among more than 400 Turks, former Yugoslavs, Poles and Germans living in Vienna (Kohlbacher & Reeger 2002b). One striking result of our investigation was that there are clear differences in the evaluation of segregated housing between the different migrant groups. Viennese Turks prefer segregated housing because of mutual support, the easier possibility of social interactions with other members of the Turkish community and for facilitating to sustain Muslim cultural and religious traditions. For the Yugoslavs a sense of home, nostalgic emotions and mutual support are playing a dominant role. Germans especially emphasise the cultural aspect. The majority of the Poles, many of them working in Vienna as temporary and transnational mobile migrants, are not able to see advantages in living in segregated areas. Indeed typical for the local Viennese 'Polonia' is a very low level of housing segregation. Polish households are not concentrated in former workers' districts but are distributed all over the urban space of Vienna (Fassmann et al. 2004).

As a concluding remark we have to state there is still an urgent need for developing a general theoretical model and a multi-scope approach for socio-spatial segregation, identifying its determinants in several dimensions, and decomposing each one of them in smaller elements.

### 2.1.6 Evaluation of segregation

There are both advantages and disadvantages to the residential segregation of migrant groups (Cutler & Glaeser 1997; Van Kempen & Özbekren 1998: 1632-1635). The consequences of the socio-spatial segregation of migrants are well described and evaluated in the literature. Among the negatives are counted:

- delayed or obstructed integration,
- difficulties in providing proper municipal services and school facilities,
- dissatisfaction among the non-immigrants in the area and social conflicts,
- delinquency and
- deterioration of the built environment.

Among the positives are:

- intra-ethnic support,
- a sufficiently large grouping to enable a supportive minority network,
- ethnic business and institutions.

The public policy response to ethnic segregation has varied enormously and even has gone to bewildering extremes. For example recently, the government of Rio de Janeiro State proposed to build a 3-metre high wall around its sprawling *favelas* in an effort to help control rampant crime (Colitt 2004). Often segregation is seen, almost by definition, as 'bad' or derogatory (Grafmeyer 1994; Brun & Bonvalet 1998: 322) and associated to social injustices (Harvey 1997) but as a matter of fact socio-spatial segregation is not necessarily a negative thing, an index of undesirable processes. Residential segregation is not necessarily a problem *per se*, for the whole urban society or for the migrants in particular. With a high probability it will become a problem if the most disadvantaged groups are placed in residential areas where their living conditions become further aggravated (Dangschat 2002d).

'Segregation has become a public debate issue. In this debate, segregation has an outspoken negative connotation and is predominantly focused upon the ethnic dimension. The black ghetto in American cities symbolises the cumulation of the miseries of modern

Western societies' (Fortuijn et al. 1998: 367).<sup>23</sup> Many social science attitudes to residential segregation throughout the twentieth century saw it as a negative feature of urban life - as a result of socio-economic processes which condemned members of minority ethnic groups to living in relatively deprived housing areas where, for a variety of reasons, their life chances were lower than average. But such attitudes were largely founded on the experience of African Americans in U.S. cities, where hyper-segregation is still the norm (Johnston et al. 2002b: 231). Hyper-segregation, which Massey and Denton (1989, 1993) associate with five characteristics of ethnic minority residential patterns (uneven distributions, lack of exposure to others, concentration, centralisation and clustering), may well indicate social exclusion<sup>24</sup> - members of a group are virtually confined to enclaves/ghettos and as a consequence are being denied equal opportunities, not only economically but also more widely with regard to social justice and citizenship.

This contrasts, however, with the situation for many other immigrant groups in the U.S. and for the situation in European cities in general. Thus, in some recent studies segregation is interpreted in a positive sense (compare Johnston 2002b) especially in the broader context of integration (Alba & Nee 1997). Spatial segregation is indeed not always a problem. The possibility for migrants of the same origin to communicate easily is the major advantage. Communication opens up the possibility for the continued existence of culture-specific manners and customs are dominant, and not those of the mainstream society (Özüekren & Van Kempen 1997a: 23). Indeed some segregation, indicative of pluralism, may bring positive benefits to a society, allowing those members of groups who wish to retain their identities through living in culturally relatively exclusive areas while participating fully in other aspects of urban life, and also providing a base-area within which business and employment opportunities can be developed (see Bolt et al. 1998; Galster et al. 1999).

A usual local government policy against residential segregation in European metropolises has been *dispersal*, but this strategy remains a vividly debated issue. The social mix principle is often interpreted very ethicised. Nobody knows how to define it exactly and there are only poor attempts to give it a common definition. According to our opinion a common definition of an 'ideal social and ethnic mix' is really impossible, because of the locally diverging composition of the migrant population and the differences in the main determinants of segregation in different cities. What can be observed is that social mix is applied when the allocation regards the unattractive, revalorised neighbourhoods but that it is no more referred to when allocation regards the attractive districts (Sala Pala 2003: 12). The dispersal approach, which stems from the idea that a concentration of minorities is wrong and that dispersing migrants through social housing reduces problems of concentration is a leading principle in the Netherlands (Blauw 1991), France (Blanc 1991), Britain (Phillips & Karn 1991), Sweden (Lindén & Lindberg 1991), Germany (Friedrichs & Alpeis 1991), and Austria (Giffinger & Wimmer 2002; Kohlbacher & Reeger 2002a; Kohlbacher & Schwab 2002), for example. But there are researchers too, who criticise dispersal policies and approve instead of more recent policies of improving poor housing areas, often inhabited by migrants but by natives as well (compare Arin 1991; Mik 1991).

Indeed the evaluation of segregation seems to be a 'scientifically unsolved problem' (Dangschat 2002d: 27). The central question if segregation is per se good or bad has to remain unanswered on the basis of the actual state of the art of scientific research. According to Fassmann (2002: 14 ff.) segregation is a theoretical but not a normative concept. Of course, it is often used in a normative sense by scientists and political

<sup>23</sup> In the volume of Huttman et al. (1991c), the international recruited team of authors discuss the pros and cons of segregation, dispersal policy and mention the advantages of clustering. The positive functions of segregated areas are described, giving newcomers a helping hand and finding them housing and jobs (Blanc 1991; Barou 1988).

<sup>24</sup> To the spatial aspect of social exclusion compare Madanipour (1998). Social exclusion in European cities is also analysed in Madanipour et al. (1998).

institutions but if segregation is good or bad, acceptable or unacceptable cannot be derived from the concept itself.

## 2.1.7 Ghetto, enclave and urban neighbourhood - a discussion of some segregation-related phenomena in the urban context

### 2.1.7.1 Ghetto versus ethnic enclave

One of the most overdetermined places of the contemporary 'segregation landscape' is the so-called ghetto. From the Jewish diaspora in medieval Europe to the Black experience in the post-Fordist US-American metropolis, the concept of the ghetto has historically designated a spatial environment bound by confinement and seclusion. The concept of the ghetto has served as a social-organisational device using space to reconcile two contradictory purposes: economic exploitation and social ostracisation. So-called ghettoisation has never been, like some sociologists proposed, a 'natural area' (Robert Park) or an 'undesigned and uncontrolled' (Louis Wirth) process, but the product of collective violence concretised in urban space. Nevertheless some immigrants would prefer to live in a ghetto, because the ghetto offers economic advantages to them. Because of his history, the ghetto has played the role of what Wacquant (2004) called a collective identity machine: Towards the outside it has deepened the socio-cultural gap between the outcast category and the surrounding population; towards the inside, the ghetto has supported a sense of collectivity and pride built upon the stigma imposed from the outside. The ghetto is therefore marked by a fundamental dualism: It shelters as much as it segregates. Where segregation is extreme, as it is in the case of ghettos, there is a sense that the combination of poverty, adverse neighbourhood spillovers, and isolation from mainstream society all make it difficult for the immigrants living there to perform well (Bayer et al. 2001: 2).

All ghettos are segregated but not all segregated areas are ghettos. Thus residential segregation is a necessary but not a sufficient condition for ghettoisation (Wacquant 2004: 6). Based on Boal's (1999) analysis of the processes and patterns of intra-urban ethnic segregation, four types of migrant communities can be classified:

- *areas of assimilation-pluralism*, where the host society is a large element in the local population, but does not form a majority;
- *mixed minority areas*, shared by two or more ethnic groups;
- *polarised areas*, with one minority group substantially encapsulated, forming at least 60 per cent of the population;
- *ghettos*, which are characterised by a high degree of concentration of one minority group. In addition, a large share of the total minority population lives in this area.

Boal (1999: 588 ff.) has suggested a re-conceptualisation of the processes and patterns of intra-urban ethnic minority segregation, involving four separate scenarios: assimilation, pluralism, segmentation and polarisation. Within the four different scenarios of segregation, 'polarisation' is an extreme case of segmentation, where local divisions - perhaps reflecting wider inter- and/or intra-national conflicts - result in a fractured, even dichotomised social environment involving the virtual exclusion of a group's members from many areas and their almost exclusive occupancy of defined ghettos (see Peach 1996). 'Segmentation' (Boal 1999: 590) and 'polarisation' coincides with the fractured situation in American cities (see Peach 1999) whereas 'assimilation' and 'pluralism' are consistent with the multicultural accommodations in European cities (Johnston et al. 2002b: 212).

The ghetto model may come about from totally different causes. It may be either voluntarily embraced or negatively enforced (Boal 1981). A hegemonic group wishing to

separate itself from its perceived inferiors will attempt to enforce segregation upon the lower group (Massey & Denton 1993; Lemon 1991). The urban ghetto constitutes an extreme form of spatial segregation. A ghetto can be defined as an 'institutionalised residential district that is almost exclusively the preserve of one ethnic or cultural group' (Johnston et al. 1983). 'Institutionalised' means that the inhabitants did not choose their residential area themselves. They were to some degree coerced by society. This coercion may be direct (for instance by law) or indirect (by subtle discrimination) (Özüekren & Van Kempen 1997a: 23).

Although the social sciences have made extensive use of the term 'ghetto' as a descriptive term, they have failed to forge a robust analytical concept of the same, relying instead on the folk notions taken for granted in the societies under examination. According to Wacquant (2004) ghetto is a social-organisational device that employs space to reconcile the two antinomic purposes of economic exploitation and social ostracisation. 'The ghetto is a social-organisational device that employs space to reconcile two antinomic purposes: to maximise the material profits extracted out of a group deemed defiled and defiling; and to minimise intimate contact with its members [...]' (Wacquant 2004: 3). In his semantic and historical analysis of the term 'ghetto', Wacquant detects four constituent elements of the ghetto: stigma, constraint, spatial confinement, and institutional encasement. There is a further distinction to be made between a traditional ghetto, integrated in the dominant society economically, and a new, excluded, ghetto, not so integrated (compare Marcuse 1997: 228 ff.).

Not every area inhabited by an ethnically, racially or religiously defined group is a ghetto. The involuntary aspect is a very important dimension. Without the aspect of coercion, the area is more appropriately described as an ethnic enclave (Özüekren & Van Kempen 1997a: 23). Following Poulsen et al. (2001), a multi-group classification scheme of enclaves as ethnic group concentrations has been developed which uses four operational criteria: degree of residential concentration, degree of residential assimilation-pluralism, degree of group separation and the degree of group isolation.

For Marcuse (2001: 3) a ghetto is an area of spatial concentration used by forces within the dominant society to separate and to limit a particular population group, externally defined as racial or ethnic or foreign, held to be, and treated as, inferior by the dominant society. An enclave on the contrary is an area of spatial concentration in which members of a particular population group, self-defined by ethnicity or religion or otherwise, congregate as a means of protecting and enhancing their economic, social, political and/or cultural development (ibid.). According to Peach (2001) one has to distinguish between ghettos and ethnic enclaves on the basis of the following differences (see Table 2.1.2).

**Table 2.1.2 Ghetto versus ethnic enclave**

<i>Ghetto</i>	<i>Ethnic enclave</i>
Dually segregated: a large majority of a minority group lives in it; a large majority in it belongs to a certain minority	Dually dilute: only a minority of the group resides in it; they form only a minority of the population of the area associated with the group
Negative	Positive
Enforced	Voluntary
Expanding	Residual
Real	Symbolic
Threatening	Touristic
Permanent	Temporary

Source: Peach (2001: 13), modified.

Peach (2001: 125 ff.) also summarised a variety of enclaves and ghettos and distinguished five types of it. A basic failure of the Chicago School was not to distinguish between the

ghetto and the enclave, believing that the ghetto was a stage within the melting pot model [1] ghetto, 2) enclave, 3) suburb]) of Human Ecology (Park 1926: 9). This failure had a pernicious effect on the understanding of ethnic areas in American cities in interpreting ghettos as a temporary phenomenon and in envisioning socio-economic improvement as the mechanism for dissolving the ghetto (Peach 2001: 18). Philpott's book (1978) made clear the difference between 'ghettoisation' and enclaves in comparing all European minorities (e.g. Italian, Polish, Irish, etc.) and the African Americans in U.S. cities.

There is abundant literature on ghettos and urban outcasts (Wacquant 2005), on (black) ghettos in the U.S. (Wacquant 1998), about the role of ethnicity in the ghetto formation process (Borjas 1998), the development of racial ghettos (Cutler et al. 1999) and the evaluation, if ghettos are good or bad (Cutler & Glaeser 1997). There is much talk about ghettos in the media, but how ghettoised are various migrant groups in European cities indeed? Politicians and the media frequently use the term 'ghetto' indiscriminately with respect to the situation in Europe. The term evokes negative connotations and indeed polarises more than can be substantiated by the factual situation (Ellingsen 2003: 9). 'So far, in European societies, few ghettos can be found [...]. The fear [of ghettoisation] is based on the idea that a sequence of events may happen which is regarded as unwanted. That sequence is: increasing spatial segregation will lead to increasing separation of different social and ethnic classes and population categories; in its turn, that will produce ghetto-like developments and will finally result in the disintegration of urban society' (Fortuijn et al. 1998: 367).

Ethnic concentrations in certain city quarters (e.g. Berlin-Kreuzberg) often labelled as 'little Turkey' or 'little Istanbul' have led the media and politicians to label this development as a form of ghettoisation. Geographers and scholars from other scientific disciplines have shown that this qualification is misleading. Housing segregation in Western European cities is almost nowhere as great for minorities as it is for Blacks in American cities. There is little ghettoisation that makes 80 to 90 percent of an area's population to be of one minority (Huttman 1991a: 21). Whereas the segregation index for African Americans in the United States is about 81 (Lucassen 2004: 9), the highest levels in Western Europe are about 68 (Bangladeshis in London), and for most groups below 50 (ibid.). For Turks in Germany this figure ranged from 20 to 40 in 1995. Moreover, in most cities with a large Turkish population the segregation indices diminished somewhat between 1980 and 1995 (Friedrichs 1998a). Even in some of the most segregated areas - exceptions to the norm - such as Kreuzberg in Berlin (Friedrichs & Alpheis 1991) or the Bijlmermeer buildings in Amsterdam (Blauw 1991), not more than half of the population is of one minority. Thus, it would be exaggerated to label the segregation of Turks as a form of ghettoisation. Apart from the fact that living in concentrations was not a question of free choice, city quarters with high percentages of Turks include a lot of immigrants from other countries. Important religious, political and ethnic differences neutralise the ghetto effect (Alpheis 1990).

Unlike the situation in New York, where hypersegregation characterises the African Americans' residential patterns (Massey & Denton 1989, 1993; Peach 1999), researchers have proved that London has no ghettos. In Britain, social geographers as Ceri Peach (1996, 1998), Deborah Phillips (1998, 2002), Ron Johnston (Johnston et al. 2002a, 2002b), and Tony Champion (1996) have studied the 1991 census to independently conclude that there are no ghettos in British cities at all. Recent publications on Paris (Simon 1998) and Greater London (Johnston et al. 2002c) suggest that ghettos do not exist in these cities and it is therefore reasonable to assume that types 2 and 3 of Boals (1999; compare above) categorisation are an adequate description of segregation in Europe.

In East Central and Eastern Europe it is only the settlements of the Roma minority for example in Slovakia, Hungary, Romania and Bulgaria, which can indeed be classified as ghettos.

One basis for the policy conclusion that ghettos are bad, and perhaps for taking positions on exclusionary enclaves, is that involuntary allocation of space to any group is

undesirable in a democratic society. A second basis relies on the desirability for diversity, for mixing, for open interchange and communication, among population groups in a democratic society (Marcuse 2001: 3). That even involuntary segregation at the bottom of the urban order does not *eo ipso* produce ghettos is demonstrated by the fate of the declining French banlieues after the 1980s: '[...] relegation in these depresses concentrations of public housing at the urban periphery is based on class, not ethnicity; as a result they are culturally heterogeneous [...] and their inhabitants suffer not from institutional duplication but [...] from the lack of an ingrown organisational structure' (Wacquant 2004: 6).

### 2.1.7.2 Neighbourhood

A classical study of residential neighbourhoods in U.S. cities was provided as early as 1939 by Hoyt. During the last years a revival of scientific interest in ethnic neighbourhood affairs could be observed. The question of neighbourhood became a more frequent topic of policy and academic debate too. The policy interest in social cohesion at the neighbourhood level also derived from a particular concern with concentrations of disadvantage and poverty in metropolitan Europe and North America due to rising immigration and segregation (Forrest 2003: 5). The interest in the topic of ethnic neighbourhood can also be interpreted as a part of the parallel rise of localism and globalism. There has also been a revival of ideas of local community (Etzioni 1993) in which the neighbourhood is the focus for the mobilisation of many informal resources. Forrest (2003: 4) stresses the importance of economic forces, which bear down on residential neighbourhoods. For Dangschat the urban neighbourhood is of such outstanding importance that he classifies it even as an 'integration machine' (2000b: 185 ff.).

Byrne (2001: 119) provided a suitable definition based on the difference between people living in a certain area and (ethnic) neighbourhood as a type of community: 'Neighborhood is a community with some kind of implicit or explicit local spatial dimension'. According to Wacquant (2004: 7), 'Ghettos and ethnic neighbourhoods have divergent structures and opposite functions. [...] Segregation in [ethnic neighbourhoods] is partial and porous, a product of immigrant solidarity and ethnic attraction instead of being imposed by outgroups hostility'. Brower (1996) studied the ingredients of the 'good' neighbourhood, which attracts certain groups back to the central cities. Recently Valtonen (2002) examined the role of neighbourhood for immigrant integration at the example of elderly Vietnamese for the case of Turku (Finland). For an overview about new initiatives for neighbourhoods in Europe compare Kährlik et al. (2004). Drawing on Granovetter (1973), Henning and Lieberg (1996) studied the role of weak ties in urban neighbourhoods. Guest and Wierzbicki (1999), in comparing U.S. data to the 1970, 1980s and 1990s, came to the result that in the case of U.S. metropolises there is no dramatic decline in the importance of neighbourhood.

A detailed study of the role of neighbourhoods in the context of class and welfare regimes in Europe was prepared by Allen (1998). Social exclusion is commonly experienced and therefore often studied at a neighbourhood scale. 'The Social Exclusion in European Report'-Report (Cars 1999) compares 10 neighbourhoods in eight countries. It notes that immigrants and ethnic minorities share disadvantage with other vulnerable groups - unemployed, poor elderly, and single parents. Most of the ten neighbourhoods in the study (e.g. Church Street, London; Leoforos Alexandras, Athens; neighbourhoods in Frankfurt) were characterised by both decline and displacement. The presence of immigrants or ethnic minorities was not itself a cause of social exclusion, but it intensified existing processes (Cars 1999). The report distinguished two sets of processes affecting such neighbourhoods: outside-in and inside processes. 'Outside-in processes are concentration and containment of vulnerable groups, as well as the cultural barrier of stigmatisation' (ibid.: 92). Other inside processes include a more structural barrier arising from the

operation of land and housing markets along with the rules for allocating social housing. The report also considered the potential for such communities to manage conflict locally.

The EU-financed NEHOM (Neighborhood Housing Models) project (Holt-Jensen 2004) had the political aim to combat some of the effects of the 'dual-city model'. It is analysing housing policy and local initiatives on a neighbourhood level that seem to be effective in combating social exclusion and social polarisation. The project includes research partners which cover four categories of countries defined by their welfare policies (compare Esping-Andersen 1990, 1995). Most of the initiatives studied have a focus on social neighbourhood initiatives (Holt-Jensen 2004: 7). In Britain for example the National Strategy for Neighborhood Renewal referred to an increase of ethnic and economic ghettoisation and an increasing stigmatisation of certain urban neighbourhoods. As a matter of fact socially excluded neighbourhoods may be distinguished by location - whether central or peripheral in the city. They may also be classified by cause, either resulting from economic decline or from displacement (European Commission 2003: 52).

### 2.1.8 Socio-spatial segregation and the housing market

The housing market can be characterised by a set of housing types that is a subset of the full set of available housing. Each household has a set of choice probabilities that characterise the distribution of housing choices for households with a given set of characteristics. Understanding the experiences of the various actors in urban housing markets can help to explain the phenomenon of segregation and to stimulate current political debates (Kohlbacher & Reeger 2002a; Kohlbacher & Schwab 2002). The residential location decision of each household is a choice that is based on a set of housing possibilities which are available in the market. Each household's valuation of choice characteristics vary with its own characteristics, for example income, education, ethnicity, employment status, and household composition. These parameters are associated with housing, neighbourhood characteristics and price level (Kohlbacher & Reeger 2003).

The spatial distribution of households is determined by:

- the *structure of the housing market* (segmentation, spatial distribution and availability of flats),
- *discrimination mechanisms* in the housing market,
- *direct preferences for the ethnic affiliation* of one's neighbours (e.g. preferences on the part of recent immigrants to live with other immigrants of the same ethnic category), and
- *preferences for ethno-specific aspects of neighbourhood quality* (e.g. ethnic infrastructure like groceries, mosques, etc.). Whether the effects of the interactions of household ethnicity and neighbourhood ethnic composition are the result of preferences or discrimination remains an often unanswerable question. One thinks that discrimination is an expression of the preferences of the discriminating group concerning the group discriminated against.

The structure of the housing market represents perhaps one of the most important urban conditions for the socio-spatial segregation of immigrants and is certainly the most critical (Tosi 2000: 1). Housing conditions are the result of an interrelation between resources of households, their preferences, and the locally existing supply of dwellings (Kohlbacher & Reeger 2002a). The position on the housing market refers to the possibilities of households to obtain a housing situation that corresponds to their level of aspiration. The higher the housing market position, the more choices a household has (Özüekren & van Kempen 1997a: 13). Households can be distinguished on the basis of their strength in the housing market. This strength is a consequence of financial (income) and cognitive resources (education, knowledge of the local housing market).

Segregation strongly interacts with the different national housing and social policy rules and practices of the nation states. The housing market and socio-spatial segregation are strongly interwoven through contextual as well as individual factors. The interaction takes place in a framework of

- *economic* (level of income, unemployment, low-income jobs),
- *demographic* (number of households, family size),
- *socio-cultural* and
- *political structures* (retreat of the welfare state, legal status of immigrants).

This contextual framework differs between countries and even between cities within the same country. These determinants are also changing through time. Location differences and historical developments set the stage for the current housing conditions of all households that operate within a housing market. The contextual developments constitute a framework within which preferences and resources of households and the structure of the supply side of the housing market play a role (Özüekren & van Kempen 1997a: 13-24). In explaining the structure of the housing market as a determinant of ethnic residential segregation in Western Europe, the role of the state deserves close examination. The influence of the welfare state is declining in all European countries. Differences between countries concerning segregation emerge with respect to the role of the state in housing (Esping-Andersen 1990).

An elaborated analysis of housing policies and of the national specifics of the housing market in the European Union was presented by Dinner (2000). For the structural factors in the EU housing markets compare European Central Bank (2003).

Three EU countries - the Netherlands, Sweden and the United Kingdom - stand out by virtue of having large social or not-for-profit sector shares. These are also the countries in which the traditional roles of and approaches to housing policy have changed mostly since the 1980s, in the sense that traditional welfare state roles have been challenged. They also display important differences. Both the UK and the Netherlands, as the result of past rent controls and extensive slum clearance policies, have extremely small private rental markets. The UK, especially since 1980, has vigorously promoted home-ownership. Sweden has had a more tenure neutral approach. In the Dutch welfare system for instance access to housing is regulated and housing subsidies are important in directing where people live. The size and operation of the social rented sector is such that a social mix is expected and in most cases achieved (Holt-Jensen 2002: 6).

In Great Britain social housing provision, although being large in scale up to the Thatcher era, has always been labelled 'working class'. The 'right to buy' in the 1980 British Housing Act led to a grand scale selling out of local authority social housing to tenants and the creation of new types of Housing Associations in the UK. A major result is a much smaller public housing sector, often containing the least attractive cores of former larger public estates. This of course creates pockets of deprivation (Henderson & Karn 1984). This situation conflicts with the Scandinavian welfare model, where good housing and socially mixed residential areas traditionally have a high priority. A strongly regulated housing market that includes a relatively large sector of non-profit housing (social housing) is one result of this welfare model. With this regulation, changing employment structures or income relations, for instance, are not supposed to generate immediate consequences for social segregation. However, to claim that such a regulation brings immunity to this kind of changes is going too far. Social segregation has developed during the recent period of economical transition, despite attempts to avoid the creation of areas with a high concentration of socially and economically marginalised people. However most of the population has not been affected by the numerous and far reaching economic changes (Holt-Jensen 2002).

The general policy context for local housing is very different between France and Britain. Whereas the context in France has been one of a strong decentralisation of housing

policy since the 1980s, it has been one of re-centralisation in Britain since 1979 and especially under the Thatcher government (Sala Pala 2003: 13).

Austria, Denmark, France and Germany (prior to 1989) have had, arguably, less market displacement. Private rental sector policies, whilst retaining controls in some form, have permitted a significant private landlord sector to remain and, particularly in France and Germany, facilitated upgrading of the sector. They have also built social sectors on a significant scale and with reunification Germany now has a social sector share second only to the Netherlands within the EU. But to a greater extent than the first group, prior to the 1990s, these countries met more low income housing needs in privately provided rental homes (and, in the case of Germany, also in home-ownership). Annual policy costs appear to lie in the range of one to two per cent of GDP per annum. In Frankfurt for example (Quassoli et al. 2001: 182) the local government undertakes practices of 'ethnic control'. Housing policy attempts to mix different status groups and ethnic groups of every area. Local administration has tried to prevent 'one sided social structures'. Arin (1991) studied the implications of housing market and housing policies for the migrant labour population in West Berlin. Bartelheimer (1998) made an analysis of housing policy in Germany with a plea for more innovative concepts than mere mixing up. Arend (2002) and Arend and Tommasi (2001) published a very fruitful analysis of the efforts of town planning and housing market policy for integrating migrants in Switzerland.

Market barriers may have an enormous influence on the spatial segregation patterns of immigrant groups. This is specifically the case in Vienna, Austria, where accessibility rules with respect to different segments of the housing stock can be seen as one of the most important factors in explaining the residential patterns of Turks and Yugoslavs (Kohlbacher & Reeger 2002a, 2003). Describing and explaining the patterns of these groups was the central issue in both publications cited. Conclusions are drawn with a reference to recent economic and social trends and the ongoing deregulation of the housing market. In Austria the income of many 'guest worker' households from Turkey and former Yugoslavia is low. This is either the result of unemployment or a reflection of their concentration in low-paid jobs. As low-income households usually live in worse housing conditions than higher-income households, the housing market position of 'guest workers' are worse than those of Austrians. The global restructuring of the economy has a detrimental effect on the incomes of many Turkish and former Yugoslav households. Many of the jobs that were suitable to them have disappeared. Consequently, their position on the housing market is often precarious. Some groups of immigrants in Austria suffer more than others from the changing economy. Therefore, competition on the Viennese housing market between 'guest workers' and more recent migrants will increase in the near future. Cutbacks in the state and local community budget reduce the housing market possibilities of naturalised immigrants. Reductions in housing subsidies will probably further reduce the choices of 'Neo-Austrians' on the housing market and lead to an increasing process of concentration and segregation. Discrimination in allocation procedures adds to the concentration in certain housing market segments.

Ireland, Italy, Belgium, Finland and Luxembourg form a rather disparate group of countries characterised by high shares of home-ownership and small social housing sectors. Finland and Ireland (when account is taken of the fact that Irish municipalities have built, and then largely sold at a discount, a third of the nations housing stock) have some similarities to the UK. Belgium and Luxembourg are the two Western European countries in which the state has de-emphasised the pursuit of social policy objectives via social housing and emphasised solutions within home-ownership. Italy's overall pattern reflects a decentralised housing policy in which sharp regional differences in wealth (which exist also in other countries, e.g. between the old and new 'Länder' in Germany and North and South in Britain) have produced social housing in more affluent northern cities, e.g. Milan, and seen more private rental reliance in the South, e.g. Naples.

Portugal, Spain and Greece have particularly high home-ownership rates, traditions of support for owners, minimal social housing provision and large, but declining and low-quality private rental sectors.

### 2.1.9 State of the art of segregation-related research in Europe and the U.S.

A really substantial literature exists on the various aspects of segregation processes as well as on special analysis on segregation patterns in certain cities. Many of these studies suffer from one or both of the following *drawbacks* (see Van Kempen & Özüekren 1997: 3):

- They are often merely descriptive and make only little attempt to explain the causal factors of ethnic residential segregation;
- Many studies are carried out in one city only. International comparisons were rare until the 1990s. Recently more attempts have been made to compare segregation, for example, in U.S and European cities or between metropolises in different European states.

The question of geographic consideration of segregation shows both concord and differences among European countries. Thus, a general European state of the art concerning segregation can hardly be given because of the differences between the EU countries regarding the structures of the housing markets, settlement and segregation patterns, areas of ethnic concentration, governmental housing policies, and the varying ethno-national background, composition and circumstances of immigrant groups (compare Huttman 1991a: 39). What unites EU countries is obviously the spatial concentration of problems. Everywhere in the European metropolises social exclusion has a geographic dimension and in many European countries a gradual reinforcement of the stigma of exposed neighbourhoods is witnessed.

There are basic differences in the perspectives of U.S. researchers on the one hand and European investigation in socio-spatial segregation:

- Many American researchers on housing segregation are race-relations-specialists, whereas most of the European scientists are urbanologists, housing experts, sociologists or geographers who are interested in spatial relations.
- The focus in American literature is more on measurements of dissimilarity or effects of race relation laws and other integration efforts, whereas European research focus on residential patterns, often documented by maps, housing types, housing conditions and housing market affairs (see Huttman 1991a: 26).
- There is a strong relation between immigration and segregation. One significant problem arises when observations and data from various metropolises in different countries are compared without sufficient attention to differences in the wider social context of migration (see Johnston et al. 2002b). A number of comparisons between housing segregation of Blacks in the U.S. and residential segregation of immigrants in European cities may be seen as representative for this.
- A further problem is that the specificity of recent immigration history and economic development in each European state must not be overlooked. Usually European cities are not fragmented. Of course, there are areas, not all of them in the inner districts, where populations have larger components from one or more immigrant groups, but relatively few of those areas are dominated by one ethnic group. As a matter of fact most migrants in European metropolises live in mixed residential areas.
- Within Western European metropolitan areas, some degree of socio-spatial segregation between immigrants and the autochthonous population is usual whereas a complete residential mix can hardly be found (Özüekren & Van Kempen 1997a:

22). Ethnic segregation in European cities tends to occur more on the level of houses and blocks; it more seldom occurs at the scale of city districts (White 1987; Kohlbacher & Reeger 2003).

Starting with the U.S. metropolises the segregation-related literature is really enormous. Only some 'classical writers' of racial segregation with emphasis on the Black minority should be cited: Drake and Cayton (1945), Duncan and Duncan (1957), Taeuber and Taeuber (1965) and Massey and Denton (1993). Besides the segregation of Blacks, Massey and Denton (1987, 1989) did also research on segregation patterns of Hispanics and Asians. More recently an innovative analysis was made by Rehn (2002) measuring segregation in melting-pot suburbs. He criticises that because of a concern with poverty concentration, segregation researchers focus primarily on central cities, forgetting that segregation can also be found in suburbs of 'melting pot metros', which are not ethnically homogeneous. Espino (2001) reviewed some of the social forces behind modern processes of urban segregation for the U.S. case. Iceland (2002) reports the results of research in metropolitan residential segregation in multi-ethnic neighbourhoods. As European and American models of segregation are quite different, Peach (1999) compared the metropolises of London and New York in this aspect.

Concerning the residential segregation in European metropolises Peach (1975) and Peach et al. (1981) made a general and comparative analysis. Recent work by Peach (1996, 1997, 1999; Peach & Rossiter 1996) suggests that similar socio-cultural processes and spatial outcomes as in the U.S. operate more generally among Western cities. A broad investigation in social exclusion and its spatial manifestations in European Cities was made by Madanipour et al. (1998). Van Kempen and Özbekren (1998) compared ethnic segregation in a big number of European cities. A further study by the same authors (Özbekren & van Kempen 1998) was dedicated to housing and urban segregation of Turkish migrants all over Europe. Body-Gendrot and Martiniello (2000) studied the dynamics of social integration and social exclusion at the neighbourhood level. Musterd and Ostendorf (1998, 2001) presented a detailed overview about the impact of the welfare state upon urban segregation. Fortuijn et al. (1998) investigated many aspects of international migration and ethnic segregation and their impact on urban areas in Europe. As Wessel (2000a, b) points out, the potential for socio-economic and ethnic segregation now is larger in most EU countries than some decades ago.

It is really impossible to make a complete comment upon the enormous bulk of British academic literature on segregation and the housing market. John Rex (1981) in his almost classical work about segregation in *British cities* has already identified the advantages for migrant communities of living close to others who can give social solidarity: 'Desegregation and dispersal might well be the principal threat to immigrant minority communities' (ibid.: 31). In Britain social housing provision, although being large in scale up till the Thatcher era, has always been labelled 'working class'. The 'right to buy' in the 1980 British Housing Act led to a grand scale selling out of local authority social housing to tenants and the creation of new types of Housing Associations in the UK. A major result was a much smaller public housing sector, often containing the least attractive cores of former larger public estates. Smith (1989) presented a general overview about segregation in Britain. A detailed social geographical analysis about spatial concentration and residential segregation in Great Britain was edited by Ratcliffe (1996). Champion (1996) investigated the migration within Britain before 1991 and found a de-concentration from most of the major conurbations. In UK subsequent to riots in some Northern UK cities (e.g. Bradford), claims of self-segregation and polarised communities were examined. The claimed existence of communities living parallel lives was seen as a failure of communities and social policy, citing self-segregation as a contributory factor (Cantle 2001; Ouseley 2001). Simpson (2004) analysed settlement patterns in UK northern cities as racially segregated and postulated that social policy must address the dynamics of residential location, rather than describe simply the existence of segregation at any point in time. He

criticises that statistical investigations have viewed concentrations of non-white populations in a negative light because they rarely have studied change over time, have confused population growth with population distribution and have not studied migration which should be the basis of any study of segregation. According to Simpson the perceived disadvantages of segregated areas derive from the empirical association of many concentrations with disadvantage and poverty. It is a false view to blame that disadvantage on the concentration because it defines association as causation. According to him previous studies of indices of segregation are often inadequate because of a lack of consideration of change over time and the confounding of population change with migration.

Byrne (1998) presented an analysis of the role of ethnicity in complex cities with Leicester and Bradford as examples. Rees et al. (1995) also compare the socio-economic geography of ethnic groups in Northern British cities. Phillips (1998) provided an analysis of black minority segregation. Peach (1998) provided an excellent account of how structural economic change in Britain resulted in patterns of immigration and location of ethnic groups during the past 60 years. Differences between groups of different origin are obvious. Migrants of Indian origin are most likely to have moved to suburbs outside the main concentrations of populations of recent immigrant origin (Phillips 2002). Bangladeshis are concentrated in inner city areas. They manifest extraordinarily high degrees of segregation and encapsulation (Peach 1998). Few countries have made larger investments within the field of social housing, but few others, at least European countries, have had more investment losses in this field than Britain during the 1980s (for the case of Glasgow, compare Aarflot 2001; Romice 2001). Ratcliffe (2000) and Phillips (2002) repeatedly found that many South Asians, particularly young adults, would like to move to areas outside the ethnic neighbourhoods. Thus, Ratcliffe postulates an improvement with respect to the success of South Asians to social rented housing in UK. Perchinig (2003b) investigated the socio-spatial segregation in Birmingham in the wider context of race-relations politics.

Johnston et al. (2002a) found very little spatial segregation of ethnic minority groups in London compared to New York. A comparison of New York and London was also made by Fainstein et al. (1992).

The 'passion for equality' is largely a common Scandinavian heritage. In the Swedish and Danish public housing companies there is in most cases a good mix of different social strata, although some housing estates have encountered social stigmatisation in the later years. In Norway, the public housing sector is very small (four per cent) and thus mainly open for social clients. Typical for Scandinavia was that for a long time the issue of residential segregation remained a 'non-issue' as it was anticipated that modernisation and social mobility would level out the relatively small differences through time (Holt-Jensen 2004: 6). From a Northern European perspective, it may be suggested that the effects of segregation are particularly complex in view of the fact that it is rarely a case of segregation of a particular ethnic group, but rather an immigrant segregation from autochthonous Swedes, Norwegians or Danes. There are, from a statistical perspective, significant concentrations of foreign-born people in the cities of these countries, and especially in particular areas, but these concentrations hardly suggest an ethnic cohabitation of the kind suggested in some of British or U.S. literature, where people from a specific ethnic category or of a particular national origin massively inhabit an area. It would be advantageous to take an approach which focus not on housing segregation per se, but rather on the ethnically segregated areas (Lithman 2004).

The situation in urban Sweden and Norway cannot be paralleled with the 'urban horrors' (Holt-Jensen 2002: 9) witnessed from other parts of the world, as no one will argue that Stockholm or Oslo is New York or Chicago. The 'negative' dimensions of the ethnically segregated areas are seen exaggerated, because ethnic segregation is an unavoidable consequence of an increasingly culturally, economically, and politically globalising world. Immigrants are the most visible icons of an opening towards a new internationalism. In Norway for example, as elsewhere in Scandinavia there is a strong

egalitarian ideal, that segregation will reinforce the old spatial differentiation between rich and poor and will also delay the integration of the immigrants into society. In Norway housing policies and local initiatives aim at reducing segregation in cities (Aaase & Dale 1978, in Wessel 2000a; Wessel 2000b). Blom (1999) investigated residential segregation in Oslo as did Wessel (2000a, b), who concluded based on substantial statistical data that there is no evidence of increasing socio-spatial polarisation. The immigrant housing patterns in Sweden were investigated by Andersson (1998) and Lindén and Lindberg (1991), the housing situation of migrants in urban Sweden by Kemeny (1987) and Turkish housing conditions in Stockholm by Özüekren (1992). A comparative analysis of ethnic and demographic groups in Stockholm and San Francisco was made by Harsman and Quigley (1995). Against the background of ethnic and economic geography and social planning Hansson (1998) prepared an analysis of ethnic spatial housing segregation in Fittja, a suburb of Stockholm in the late 1990s. Schierup and Ålund (1987) made an analysis of integration and ethnic transformation of Yugoslav immigrants in Scandinavia.

In the German speaking countries there exist studies of ethnic segregation for West Germany in general (Flade & Gude 1988; Friedrichs & Alpheis 1991) and a quite big number of metropolises (Berlin: Schulz 2002; Hamburg: Grabowski et al. 2002; Vienna: Leitner 1982; Bockstefl et al. 1996; Fassmann & Münz 1996; Giffinger 1998; Dangschat 2000c; Kohlbacher & Reeger 2002a, Giffinger & Wimmer 2002). Friedrichs (1998b) studied the connection between social inequality and segregation for Hamburg. For the 1980s, Hoffmeyer-Zlotnik's (1986) study is of relevance. O'Loughlin (1985) made an analysis of the geographic distribution of foreigners in West Germany. A more recent analysis of segregation and integration in Germany was made by Leggewie (2000). Most of the research comprises descriptive studies of residential patterns of immigrants in general or of different migrant groups. A detailed survey of housing and segregation of Turks in German metropolises was prepared by Glebe (1997). Thieme and Laux (1996) investigated residential patterns of the foreign population in the Ruhr Conurbation. The same did Freund (1998) for Frankfurt and Hart et al. (1998) for metropolises in former Eastern Germany. Hanhörsters (2001) analysis of Duisburg explores the relationship between physical and structural changes in a neighbourhood and the changing perceptions of its inhabitants (compare also Hanhörster & Mölder 2000). Friedrichs (1998a) found out that the segregation index of Turks in Cologne decreased between 1980 and 1995.

An almost 'classical' investigation comparing ethnic segregation and integration in Germany and Switzerland was provided by Hoffmann-Nowotny and Hondrich (1981). For the case of Switzerland, Arend's studies (1991, 2002) have to be cited.

Peleman (2002) for Belgium stressed the positive impact of common culture among those migrants living close to each other, both for their own social support and for the acquisition of skills that allow new immigrants' integration into work, education and other activities provided for all. A number of analyses about socio-spatial structures, residential segregation and economic integration of immigrants in Brussels have to be cited (Kesteloot & Van der Haegen 1997; Kesteloot & Meert 2000; Kesteloot et al. 2001). Thomas and Zenou (1999) analysed segregation in Brussels and its role as a determinant of labour market discrimination. Kesteloot and Cortie (1998) investigated the difference between private and public housing markets in Brussels and Amsterdam concerning the housing of Turks and Moroccans.

The Netherlands is an example for a well-functioning welfare state, where inequalities are moderated by state intervention and political consensus building. In the Dutch welfare system access to housing is regulated and housing subsidies are important in directing where people live; the size and operation of the social rented sector is such that a social mix is expected and in most cases achieved. In the Netherlands, a detailed analysis about the settlement patterns of Surinamese, Turks and Moroccans in Amsterdam was made by Amersfoort and De Klerk (1987) and Perchinig (2003a). Musterd and Ostendorf (1996), as well as Amersfoort (1992), investigated segregation patterns of immigrants in Amsterdam in the broader context of the Dutch welfare state. Roelandt and Veenman

(1992) provided empirical evidence for an emerging ethnic underclass in the Netherlands. Musterd and Deurloo (2002) analysed spatial segregation and integration of recently arriving migrants in Amsterdam. Ethnic clusters in Amsterdam were investigated by Deurloo and Musterd (1998). British cities on the contrary are socially more divided in spatial terms.

In France, an analysis of the patterns of residential concentration and segregation of foreigners in the Paris agglomeration was made by Guillon and Noin (1996). Blanc (1991) investigated the segregation patterns of Maghrebians. Simon (2000) studied the cohabitation between ethnic groups in Belleville, Paris. Simon (1998) addresses explicitly institutional discrimination as the main causal factor for segregation. In France, it seems that integration is translated as assimilation by the host society. Ethnic segregation in the banlieues was detailed examined by Pinson (1992), Menanteau (1994), Merlin (1999) and Stébé (1999), for example.

An analysis of segregation and social exclusion vs. inclusion for Belfast was made by Boal (1998).

Southern European cities are characterised by a distinctive type of urban development and a suburbanisation of the low and middle-low income groups, based upon a small and discontinuous scale of housing production (Allen 2000; Arbaci 2004; Fonseca et al. 2002). Models of welfare and the development of the welfare state in its implications for housing and residential segregation were studied by Ferrera (1996) and Castles (1995). A comprehensive study of housing and welfare in Southern Europe is included in Allen et al. (2004). For the investigation of segregation in Southern European metropolises, Malheiros (2001) and Arbaci (2002, 2004) have to be cited. Maloutas (2004) made an analysis of residential mobility and its impact on segregation in Athens. The case of Athens was also investigated by Emmanuel (1999, 2002). Although Southern European academics have already started to develop a consistent corpus of analysis on the ethnic insertion in the labour market, their urban and residential insertion within the cities of Southern Europe still remain understudied. This is caused by the non-existence of a robust housing discipline and by the lack of systematic information (compare Arbaci 2004: 3).

The construction of an urban discourse on immigration requires an alternative framework of analysis, drawing upon contextual and comparative analytical frameworks, with a particular emphasis on the housing and urban regimes and their consequences on the ethnic and social processes of differentiation and exclusion in the urban context.

In Southern European countries the access to urban territory is greatly curtailed along at least four distinctive dimensions (Arbaci 2004: 8 ff.):

- by the dominant ideology of the host society, which fosters non-inclusive and repressive attitudes, despite the universalistic concerns embedded in the Catholic and leftist traditions.
- by labour market segmentation, reinforced by the dualist labour market.
- by the socio-urban processes influencing a 'recast of social groups in place' (Maloutas 2003: 8) and
- by the housing regime, which reproduces a dualist housing system characterised by imbalanced housing tenure.

Malheiros' (2001) contribution was extremely valuable by framing a model of ethnic spatial segregation for Southern European cities. By complementing a series of leading North European comparative studies (Musterd & Ostendorf 1998), he opened up for the first time a theoretical and analytical debate on a Southern European level (Arbaci 2004: 5). Malheiros (2001: 2) explains the distinctiveness of ethnic segregation in the South of the EU determined by four features: (1) poorer housing conditions; (2) high levels of informality; (3) lower levels of segregation associated with more complex patterns of residential distribution; and (4) a higher degree of suburbanisation. The scale of these conditions diverges greatly between the cities in the North and those in the South of the

European Union. The low level of ethnic spatial segregation and the high degree of suburbanisation are regarded as distinctive features of the urban and housing contexts in Spain, Portugal, Italy and Greece (Arbaci 2004: 5). Malheiros (2001: 19) concludes that both Southern and Northern European cities are characterised by a dual spatial distribution of ethnic groups, because of the over-representation of Western immigrants in the most affluent areas and the non-Western immigrants in the poorest and most deprived areas. Arbaci (2004: 5-6) criticises such a hypothesis of polarisation because it disregards the crucial distinctions among immigrant groups. According to her the fragmentation processes and the socio-economic changes in the central areas need to be contextualised in the broader processes of urban regeneration and gentrification, and more specifically, need to be compared with the time of arrival of the immigrants. Not all the cities in the South of Europe have been experiencing such socio-urban changes at the same time, pace and extent. In a comparative analysis at the European level Arbaci (2002) shows the diverse welfare regimes and their distinctive reflections on the urban and housing systems playing a specific role in informing the ethnic and social residential patterns.

Malheiros (2002) also examines how the role of Southern Europe in international migration systems has changed from that of a source to a destination region, and how this is reflected in the emergence of new patterns of ethnic segregation. In Southern European cities, areas where immigrants cluster are also areas with relatively high levels of social and housing deprivation. As a result, ethnic residential segregation is in part an expression of social exclusion. Malheiros provides an overview of the levels and distribution of ethnic segregation in Greece, Italy, Portugal and Spain. Furthermore he examines the implications of the spatial organisation of immigrant communities for the development of territorial policies, and explores this through a comparative study of Lisbon and Rotterdam.

In the new member states of the EU in East Central and Eastern Europe the situation with respect to segregation is quite different from Western Europe. The degree of segregation and inequality under socialism was less than under capitalism (Smith 1989). In most post-socialist cities there were and still are neighbourhoods with concentration of Roma population which are similar to ghettos in the U.S. These are areas with high ethnic and poverty concentration, and there is a strong social stigma attached to these residential neighbourhoods, and their residents (Wacquant 1999).

For example in Hungary 'the rapid decline of housing estates into slums represents the 'time bomb' of urban development, a possible source of grave urban crisis in the future' (Enyedi 1998: 33). In Eastern and East Central Europe, segregation-related and housing research in the last decade of the 20<sup>th</sup> century focused on the privatisation of almost the whole stock of the state owned housing estates and older tenement blocks in the 1990s. The sell-out of flats at prices below the market price reduced the publicly owned housing in Hungary for example from 22 per cent in 1990 to five per cent in 2000. In the market economy segregation processes that had been suppressed under communism, gathered headway. Indeed immigration to the new EU member states is still moderate, thus most housing estates in the urban agglomerations still have a considerable degree of social mix (Holt-Jensen 2002: 12). Nevertheless residential segregation gained increasing importance in the metropolises of East and East Central Europe (Andrusz et al. 1996, Sailer-Fliege 1999; Vesselinov 2004). Changes in the socio-spatial structures of Prague were investigated by Sykora (1999a, b). The changing housing market and its impact on segregation in Warsaw and in *Poland* in general was analysed by Tasan (1999) and by Weclawowicz (1996).

## 2.2 Access to urban resources as a spatial expression of social integration

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Considering the multidimensionality of the concept of integration laid out in Chapter 1, this text is focussed on the spatial dimension of integration, offering both conceptual and operative paths that contribute towards a new reading of 'social integration of immigrants'.

Such an approach is based upon three ideas:

- Thinking *spatially* about integration;
- Concentrating on *access to urban resources*;
- Considering migrants as *full actors* in the production of space. Via their perspective, usage and practice of it, migrants participate like any other inhabitant in urban transformation and in the evolution of accessibilities between places within a city.

As regards this last element, the notion of integration presents the risk of losing sight of individuals' daily lives. By situating the debates on the integration of an individual to a sort of model of society, we risk remaining at a macro scale that is often disconnected with a social reality anchored in the daily and concrete aspects of life. Employing the notion of integration of immigrants thus often encourages the over-interpretation of situations fitting into categories of international migration to the detriment of individuals' other characteristics, such as gender, age, stage of life, social condition and family situation as well as characteristics constructed by previous migratory trajectories within the immigration country itself.

This implies that immigrants are perceived at once to belong to a category in which they are, on one hand, homogeneous and, on the other, inferior. The text of Cluster B5's presentation is a good example of this: 'What are the disadvantages faced by the immigrants in the housing market? Are they discriminated by credit providers or in the access to public housing?'

Yet, if we consider France, for example, the diversity of the composition of international migration is manifest. From unskilled immigrants from the South to elites from all over the world and populations - oftentimes but not always ageing ones - dividing their time between two homes, one in France and the other abroad (e.g. English and other Northern Europeans living in France), the heterogeneity is only growing.

During the 1960s and 70s, immigration towards developed countries was by and large working-class. However, in the last two decades, internal changes among ex-pat groups that are linked to permanent settlement, social mobility, circulation and the introduction of new technologies have led to the creation of new generations in immigration countries whose education and aspirations differ from those of their parents, leading to a slow social diversification of populations built by immigration. This tendency is accentuated by the appearance of new flows that are increasingly diversified (flows of unskilled workers but also students, executives and

specialists, entrepreneurs and business owners) and even more difficult to characterise, unlike the labour migration of the 1960s.<sup>25</sup>

Another factor of diversification that cannot be underestimated stems from the rhythms of mobility and the residential systems that they comprise. The simple schemas of 'permanent' immigrant settlement and seasonal migration linked to the rhythmic seasonal employment opportunities (agriculture, tourism, etc.) do not exist. Circulation is instead achieved according to extremely varied rhythms: from dividing one's time between two places of residence (weekday / weekend, switching every six months, etc.) to using one place to get to another, and freely doing so within existing political and economic conjunctures. Migratory trajectories are increasingly complex and marked by a certain 'reversibility' (Domenach & Picouët 1987). The present context, marked by an increasingly greater fluidity of residential situations, begs for the 'immigrants' category to be rethought. This notion, relative to an individual situation, harkens back to a vision of the supposedly lone residence and an approach towards migration in terms of rupture or, at least, substitution of one residence for another.<sup>26</sup> Correctly perceiving these situations implies the need for a systematic replacement of where immigrants are located, their residence in a certain city in Europe in the context of their family's residential system<sup>27</sup>, which can be divided across various places. For example, what does it mean to not have access to health in one city when access to health is accessible in another city that comprises the family's residential system?

Finally, the notion of integration introduces an implicit imbalance in terms of implications on the actors. The approach in terms of integration (just as that of insertion) brings with it a subjacent danger: to omit the place of individual inhabitants - whether immigrants or not - in the system of actors. With this approach, the immigrant implicitly finds him/herself placed in a passive position in a context defined by others in which the immigrant inserts or integrates him/herself. The idea that we defend, on the contrary, is to re-evaluate the place of the immigrant as an actor while maintaining a role among institutional actors. The issue here resides in the analysis of reciprocal relationships between immigrants' spatial practices and the processes of regeneration, gentrification and restructuring in European cities.

In considering a spatial entry point into the issue of integration, it is important to point out that, in large cities where functional specialisation intensifies, mobility becomes a condition for access facilities, employment, etc.; yet, spatial mobility is deeply discriminatory. In such a context, considering that the phases of development reached in big cities, it is even more necessary today than in the past to keep in mind the diversity and global nature of spatial practices and usage of the city, beyond its residential practices. With the evolution of lifestyles and metropolitan configurations, simply lodging inequalities as regards the access to spatial resources becomes less sufficient. While the geography of social areas becomes more complex, leading to the multiplication of spatial proximities between social classes, the spatial distribution of urban resources is increasingly unequal, and mobility becomes an increasingly powerful filter for access to them. It is therefore essential to pose the question on access to spatial mobilities (international, residential and daily) for different categories of the population, as

<sup>25</sup> Extract from the programme of line of research no. 2 'Migration, mobility and urban dynamics' at Migrinter: <http://www.mshs.univ-poitiers.fr/migrinter/insitutionnel/axe2ctr0407.html>

<sup>26</sup> A research workshop on the issues of residence and multiple residences just took place at Ceped (Centre Population et Développement), 16-17 November 2004, in Nogent-sur-Marne (cf. Atelier 'Mobilité et résidence', <http://ceped.cirad.fr/atelierschamp3/lesateliers.htm>)

<sup>27</sup> The notion of the family residential system, proposed by Lebris et al. (1985), is defined as 'an articulated series of places of residence (housing units) of members of a spread out or extended family'. It is linked to the notion of 'confederated household', as proposed by Balán and Dandler in describing Bolivian migrants in Argentina. The roots of these notions and their application to the case of Bogota residents were presented in Dureau (2002).

conditions for access to place-specific urban resources in the areas of health, education and housing. It is in this view that the issue of the social dimension of 'integration of immigrants' could be replaced.

This implies the introduction of elements responding to the following question: how to perceive access to place-specific urban resources? Posing this question appears essential for being able to understand 'spatial expressions of integration' and to contribute towards a critical deconstruction of certain general approaches to social integration while at the same time proposing ways in which to reflect upon them. The objective here, dealing with paradigmatic and theoretical choices that are visible throughout this text, is based upon work in progress and empirical research experiences. Within the framework of 'spatial expressions of integration', we intend to focus on the general interwoven nature between the dynamics of city spaces and their inhabitants ('immigrants').

We first introduce a formalised approach on mobility and accessibility, which is supported by a second part that discusses the role of the inhabitant in urban dynamics. This second section will comprise bibliographical references that set up the issues discussed. We have, effectively, embraced a perspective of a comparative study of the intensity and forms of segregation in European cities. A critical evaluation of the methods of measuring segregation is included here associated with proposals for spatial indicators of segregation and accessibility.

### 2.2.1 General formalisation of an approach on mobility and accessibility

How can we understand access to place-specific urban resources by various populations? A first step is considering that access to place-specific urban resources by various populations is determined by the following:

- The present urban configuration, in other words, the location of resources in urban space;
- Accessibilities between places within a city as defined by the transportation system;
- Access to mobility by various categories of the population.

Individuals can inhabit the same place without living in the same city, as their income differentials translate into differences in access to mobility. While some may master metropolitan space, others are restricted to their homes. This puts into question the social mixing spatial policies that are all too often considered the panacea for resolving social problems in France. Significant inequalities are even present in households: despite living in the same place, the members of the household do not all dispose of the same resources in terms of mobility. For example, living in a peripheral urban area situated outside of public transportation networks does not mean the same thing for a husband using his car and for his wife who is left to get around on foot.

The issue at hand is, in essence, to envision spatial mobility as a resource and to question the extent of access to mobility by international migrants and other urban inhabitants at different time scales: daily mobility (access to work, services, facilities, social and family relations) and residential mobility (moving from one residence to another, moving within a city or between cities within the same country, etc.).

In terms of access to place-specific urban resources, dynamics are an essential dimension as it relates to the relative position of certain populations in the urban configuration of the moment. Socio-spatial configurations are the object of continual change. Whether programmed or 'spontaneous', these changes are characterised by three elements:

- *Space*: An example of this is the creation of a housing offer geared towards a specific population (a gated residential community, a re-housing building for populations taken out of precarious housing conditions, etc.) but the degradation of

a neighbourhood due to filtering (selective abandonment by certain populations) can also contribute to the concentration of more disadvantaged populations;

- *Relationships between places:* Accessibilities between places in a city can be suddenly put into question. This is the case when a new motorway or subway line has been created, leading to a reduction in the distance-time and introducing new kinds of connectivity. This is also the case when automobile imports have been liberalised, leading to a saturation of the existing road network and tangibly increasing the distance-time between places within a city;
- *Time:* Urban rhythms condition access to spatial resources. For this reason, changes made to public transportation or service schedules are enough to facilitate or discourage access to them for certain population groups. Being able to master time is an important condition for being able to master urban resources. This is why some local public authorities have started to think and to act not only in space (the connection between places) but also along urban temporalities.

In fact, even ‘immobile’ inhabitants who spends their days in the same residence may also see their position relative to the city and, thus, their access to urban resources entirely transformed by changes made by public authorities, as with the result of the changes made to an unregulated housing market. For this reason, it is best to not underestimate inhabitants’ ‘passive’ residential mobility: without even changing their residence, inhabitants’ access to the city can be profoundly modified.

#### Box 1- Passive residential filtering

Lévy (2003a), inspired by the writings of Bourne, discusses the filtering process in order to address the processes relative to the changes in the residential positions of inhabitants and the habitat itself in a given residential space, explaining that passive filtering concerns ‘a change in the residential position of housing without putting the nature of the connection between the housing characteristics and those of the household into question. This essentially means that a stable household in a valued context will see its residential position get better, while a stable household in a depreciated context will deteriorate in the residential hierarchy. In the latter case, then, we can evoke the example of the grouping of disadvantaged households in the French social housing flats (*grands ensembles*) of the 1960s and the flight of the middle class from these areas, a phenomenon contributed to the decline of the residential position of the first generations of inhabitants that did not leave these areas and that have been able, during their biographical history, allowing them to mobilise social, political and/or financial capital in order to become homeowners. Furthermore, the transformation of housing into permanent households serves to contribute to passive filtering via renewing the building, increasing comfort in the home, expanding the home by buying neighbouring flats, and switching from rental to homeownership, allowing for a family to change its residential position without needing to move’. This serves to illustrate that, in many cases, passive filtering implies the enactment of strategies of real adaptation to transformations in their environment based on a principle of voluntary immobility and active stability (Dureau et al. 2004).

#### 2.2.2 Inhabitants’ spatial practices and urban transformations

In the centrally located working class neighbourhoods currently undergoing gentrification, city dwellers participate in a clear way towards change in the neighbourhoods in which they live or spend time. Inhabitants can also, by way of their practices and usage, resist urban change by maintaining their presence in neighbourhoods in the midst of gentrification. Numerous examples based upon bibliographic analyses illustrate inhabitants’ roles in urban dynamics and how their practices assist in or resist the choices made by public and private actors.

### 2.2.2.1 Selectivity in access to central working class neighbourhoods: a bibliographical state on gentrification

The gentrification process, defined as relative and absolute growth in the better-off population in a given area concerns numerous centrally located neighbourhoods in multiple cities throughout the world. This 'return to the city', motivated and justified by many reasons, is, as we shall see here with the help of an epistemological and bibliographical analysis, a process that puts into question the social composition of urban spaces often inhabited by working class populations, including a variety of immigrant groups.

The term 'gentrification'<sup>28</sup> was employed for the first time in 1963 by Glass in order to designate the arrival of the middle class in working class neighbourhoods in central London. With this term, Glass meant to imply both a transformation of the social composition of residents of certain centrally located neighbourhoods via the replacement of the working class with middle-income classes and a process of a distinct nature, that of restoration, appropriation and investment by these classes of working class housing stock and neighbourhoods (Bidou-Zachariassen et al. 2003). The term is taken up again in many works to come. Employing the term liberally, Hamnett defines it as a 'physical, economic, social and cultural phenomenon at work in working class neighbourhoods. The term not only implies social change but also physical change to the housing stock at the neighbourhood level, indeed an economic change in the real estate and property market' (Hamnett 1984).

Among the debates about notion, it is accepted as defining the movement of middle and upper class individuals into locations in or near the city centre that were initially occupied by working class populations. A study looking at Istanbul (Nil Uzun 2001) explains that work on gentrification seeks to grasp the growing interest in these spaces near the city centre and to understand how this interest can effectively be extended into surrounding areas. If a consensus has been reached about the notion of gentrification, turning it into a concept, explaining the phenomenon is still a source of confrontation. These explanations are part of a jumble of theories mixing many approaches together: ecologist approaches from the Chicago School, neo-classical models of the economy from the 1930s, the behavioural and the neo-Weberian managerialist approaches of the 1950s and 60s, Marxist approaches of the 1970s and humanist approaches. The objective was to describe and explain the processes of urban transformation and to identify the actors involved. The base assumption is that the transformation of urban space is the expression of competition for the same space.

This theoretical framework spells out the two main approaches that have tended to oppose one another over the last 20 years in explaining the process of gentrification. The first of these, structuralist and inspired by Marxist thought, is defended by Smith (1996). Smith's rent gap theory highlights the economic dimension and describes how to put into place a particular offer created by attentive investors that is prone to turn a notable profit. In a study of New York, Smith distinguished three phases constituting the process of gentrification (Bidou-Zachariassen et al. 2003).<sup>29</sup> The first concerned the 'sporadic

<sup>28</sup> For a recent discussion and an update on the meaning of the notion of 'gentrification' and on the vocabulary employed ('bourgeoisification'/'gentrification') according to scientific and cultural contexts, see Bidou-Zachariassen, 2003, pp. 9-43.

<sup>29</sup> These stages are similar to those described in the beginning by Pattison in 1977 and expounded upon by Lévy in the definition of the term 'gentrification' (Lévy 2003a: 199). Gentrification begins with a small group of people taking a financial risk ('the invaders') that buy and restore unoccupied housing at a low cost. This is followed by the 'pioneers', this time more numerous, who belong to the same social and cultural groups (young people, involved in intellectual and artistic professions). The neighbourhood, having become more visible, attracts speculators and investors, while the public authorities accompany the change by 'labelling' it (as a historical or traditional neighbourhood) and develop public facilities there. Little by little, the upwardly mobile middle

gentrification' of the 1950s and 60s, starting with the arrival of artists and intellectuals in centrally located neighbourhoods, like Greenwich Village or Soho. This countercultural presence led to the progressive restoration of a certain number of buildings and the production of housing. The second phase (1970s to late 1980s) dragged the process to a halt. The effects of the financial crisis on the city along with the global economic crisis led to decreased public and private investment in the city centre. Reinvestment opportunities for the next phase of the process emerged in this context, as the public authorities introduced policies to stimulate these areas. The rent gap experienced in relation to the capital invested was particularly interesting. Real estate promoters and financial establishments would invest in programmes geared towards the upper middle class. Gentrification spread more rapidly beyond the first neighbourhoods to be affected, leading to place-based social movements and urban struggles. The third phase, that of 'generalised gentrification', is currently underway. Smith sees the beginning of a 'concerted urban strategy of global scale' in this phase, as it represents a class-based conquest of the city.

The second approach, touted namely by Ley, examines the phenomenon from the angle of demand. Ley tries to bring to the fore causality in the choice of such locations. He looks at the cultural importance of the strategy of those involved in gentrifying as well as their demographic characteristics. A specific lifestyle, the proximity to certain urban resources, the atmosphere of certain places, the need for an urbanity and sociability based upon the neighbourhood and conviviality are among the elements used to better understand the motivations of these new arrivals. This second explanatory element plays a role in a more extensive reflection on the social transformations induced by the change from an industrial society to a post-Fordist society. Changes to the structure of production led to the emergence of a new elite - the 'new middle class' - that included university-educated individuals belonging to the traditional social groups (teachers, artists, advanced intellectual professions, liberal professions, etc.) but that identified themselves with a common cultural attitude related to their collective quest for new values (Lévy 2003a).

These two approaches that were, for a long time, grossly opposed to one another seem today to have recognised the need for their complementarity. The assessment of the gentrification process appears to be made by combining the two arguments (Lees 2000).

Nevertheless, the focus on this combination, though necessary, brings with it the risk of obscuring the political factors from the process. Lévy (2003a: 200), for example, recalls the ambiguity in France of the *Opération Programmées de l'Amélioration de l'Habitat*, which aimed to encourage owners to restore their buildings and allow for low-income inhabitants to remain in them yet in reality contributed to the phenomenon of gentrification. Lévy speaks of the strategic importance of those involved in gentrifying in the valorisation of the area and, therefore, of the city's image. It matters for the public authorities that are interested in attracting - in any way - people who are both economically better off and capable of symbolically bettering the image of these places. Works accompanied by or initiated within the framework of 'urban renewal' can be one of the means to accomplish this. For this reason, some authors (Bidou-Zachariasen et al. 2003; etc.) see a euphemism in the term 'urban renewal' as relates to the social polarisation problems and urban exclusion of working class populations. Employing this type of vocabulary serves to anaesthetise critics of gentrification and represents an ideological victory of neo-liberal vision in the city.

The political dimension should, therefore, be fully integrated in the analysis of the accompaniment and production of the gentrification process. If the political dimension contributes to some of these dynamics, it must be intimately tied, from a systemic perspective, to economic and cultural explanations.

We can recognise then the relative rarity of study of this type of mobility and the series of issues associated with it in France. In 1985, Herzhaft-Marin wrote in the

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classes ('yuppies') invest in the area, able to handle the rising prices set by professional real estate promoters. Former inhabitants are pushed out due to rent prices that are too high or because of having lost points of reference in the area due to the changes its image has undergone.

introduction to her thesis, 'In Great Britain, as in France, the detailed study of the phenomenon of 'gentrification', which implies a complex physical, social and cultural process, has been neglected. No work has analysed in any depth the consequences of this phenomenon'. Since that time, even if literature published in English seems to have caught up, some authors (Carpenter & Lees 1995) still speak of the near lack or under-use of field observation.

We must, however, re-examine this assertion and recognise recent work by various teams in France since 1995. Let us recall the work of Authier (1995-2001) and his research team in the downtown neighbourhoods of Lyon (Croix-Rousse and St-Jean neighbourhoods); Simon's 1998 contribution on the Belleville neighbourhood of Paris that reflects upon the socio-spatial consequences of the successive processes of renewal and restoration of the urban fabric; Marin's 1998 study of the London neighbourhood of Brixton; and Bidou-Zachariassen's 1996 study of a downtown neighbourhood in Amiens. From these contributions, we are able to see the willingness to think about the relationships between different groups of people.

Lévy (2003: 200), in the definition of gentrification that he proposes in the *Dictionnaire de l'habitat et du logement*, re-examines the abovementioned studies and comes to the conclusion that the phenomenon is complex: 'At the end of the day, these various studies bring to light the very complexity of the mechanisms of gentrification, confirming the most recent research on the issue that, in showing that there is no linearity in the process, calls upon the ideal-type schema of gentrification proposed in 1977 by Pattison'. He goes on to say that 'gentrification presents itself as much as a mixing of various groups of people as a succession of waves of settlement', as the 'social product of a complicated game' within which the settled and mobile groups mix with one another, where population movements, planning decisions, actors' strategies and different social groups' particular manners of living and living together come together simultaneously. These studies serve to neutralise Authier's statements in 1995 about the rarity of studies on the issue that concern 'the various ways in which to live and live together in gentrified neighbourhoods or in neighbourhoods in the process of gentrification'. Let us remember that the notion of the 'gentrified neighbourhood' evokes both the process of residential mobility up to that point and, for some authors (Bidou-Zachariassen et al. 2003; etc.), a neighbourhood in which gentrification could be of a 'frequented' nature. The daily practice and mobility of economically better off groups in working class areas - practices that are most notably related to an adequate existing commercial structure (hip bars, 'ethnic' restaurants, businesses selling organic or gourmet products, etc.) - produce new urban situations mixing different social groups.

At the heart of this bibliographic review is an article that appeared in the *Annales de géographie* by Japanese geographers (Tezuka et al. 1998), speaking of dynamic change in a neighbourhood in downtown Tokyo. Though this neighbourhood is experiencing considerable abandonment by its traditional residents, who were slowly chased out by higher income residents with the help of policies favourable to this 'renewal', a traditional community appears to continue to thrive there. The *Cho-kai* (basic community and activity groups), led by the neighbourhood residents, survive despite being faced by this great challenge. While the studies have sought to understand who were the agents of gentrification and who were the 'multicultural' groups (Simon, 1998), it seems that far too few took into account the behaviour of the populations faced with these changes and, especially, the relationship that they have with the novelty of the situation.

In residential terms, gentrification has effectively been condemned for a long time due to what it implies for the populations living in these areas. The 1992 book by Lelièvre and Lévy-Vroelant includes contributions that denounced the 'gentrification-deportation' process. According to the authors, groups are either directly chased out via urban renewal and re-housing schemes that may not be located in the area or are chased out in a more insidious manner via a sudden and steep rise in property and real estate prices. While this sweeping population replacement effectively assures a great increase in 'social filtering',

the issue really has more to do with access to urban resources within a gentrified neighbourhood, whether by the population currently inhabiting the area or by new potential low-income inhabitants. This access simultaneously has to do with urban resources of a material nature (e.g. housing lots, services, facilities, the location of the area, public spaces), of a social nature (e.g. social, family, neighbourly and informal networks) and of an ideal nature (e.g. memory, the history of places and those who live in them, affective connections). The gentrification processes effectively put into question the nature of this access: suppression, progressive alteration, selection, etc.

Furthermore, without questioning the departure itself, whether taking place rapidly or over more time, of groups once settled in these areas, it seems fundamental to examine in a slightly more complex way the manners in which residents receive, grasp, manage and react to these social processes. We would suggest that the phenomenon of 'deportation' is not adequate for relating the entire social situation of working class neighbourhoods undergoing a process of urban renewal and gentrification and that, in this framework, it is also important to consider the role of the inhabitant as a socio-spatial actor.

#### **2.2.2.2 Inhabitants' practices: from acts of resistance to selectivity in access to place? Proposals from some bibliographical references**

We should not lose sight by considering that the term 'access' brings individual inhabitants to the fore, be they residents, users or simply people that frequent these areas. With their practices, acts and usages, they provide themselves with 'access' to a certain number of resources. Thinking about it in this way encourages us to consider the individual as a spatial actor. It is important to assess the spatial practices of diverse individuals and to understand how their usages produce spatialities via an approach focussed on individuals' roles in situations and their values (Lussault 2000).

Considering how spatial change (urban renewal) and social change (gentrification) are grasped and reinterpreted has led us towards certain theoretical, as well as other, work like that of De Certeau, inspired by the work of Foucault as well as by Gramscian perspectives. De Certeau published *L'invention du quotidien* in 1980 and devoted his first volume to the 'art of making', reflecting on the 'ways of doing things' that constitute the thousands of practices by which users re-appropriate space organised by techniques of socio-cultural production. Focusing his argument along the lines of certain aspects of Foucault's study on the bodies of power and surveillance (*Surveiller et punir. Naissance de la prison*, 1975), De Certeau tries to 'distinguish the microbial operations that proliferate within technocratic structures' and keep it from functioning with a multitude of 'tactics' articulated upon the 'details' of daily life. For the author, individuals deviate in their usage of the products imposed upon them, and organised space can be one of these products (1980). Therefore, individuals shirk off the order imposed upon them by the planning and production of certain spatial organisations. In this sense, certain practices assume meanings like 'acts of resistance' and De Certeau particularly seeks to differentiate 'strategy' from 'tactic'.<sup>30</sup>

More recently, contributions to new Anglophone cultural geography and, namely, the main axes of the new cultural geography of minorities support these paradigms

<sup>30</sup> De Certeau (2002 [first edition in 1980]: p. XLVI): 'Strategy is the calculus of force-relationships, when a subject of will and power can be isolated from an environment, and assuming a place that can be circumscribed as proper and serve as the basis for generating relations with an exterior distinct. Tactic is a calculus which cannot count on a proper, nor thus on a borderline distinguishing the other as a visible totality, rather insinuating itself into the other's place. Tactic only has its sights on that of the other. It becomes involved, fragmentarily, without it entirely being felt, without being able to keep it at a distance. It has no basis from which it can capitalise on its advantages, prepare its expansion and assure itself independence from the circumstances'.

(Collignon 2001). The main characteristics of this minority-oriented geography is that the spatial dimension is at the heart of the issue. Research focuses on the interactions between the spatial forms created by dominant groups - in which they manifest their values and perceptions - and the dominated groups whose perspectives, values and lifestyles are not necessarily adapted to the built spaces in which they must pass through and in which restrictions weigh upon them. Analyses are based upon a very attentive reading of places, the way in which they are constructed, the agency and the way in which they are practiced daily. Here, the micro-scale is privileged in order to show how certain places foster exclusion and how the dominant discourse, via the agency of its spatial forms, serves to categorise the 'Other' and create the minority. These studies illustrate how space is at the heart of these power relations between various groups and, thus, place geography at the centre of the political debate. At the same time, they also show in what way 'excluded' people, among them those who are categorised as ethnic minorities, react to the situations with which they are faced. Often considered passive and anomic or simply as 'subjects' of public policy, these individuals possess true potential as spatial actors. While response, avoidance and indifference are all possible reactions, the construction of their own perhaps militant responses to problems posed by their surroundings is also plausible.

'Resistance' by individuals faced with this type of exercise in power can take the form of domination and manipulation of or appeal to the authorities, etc. (Allen 2003), is a subject regaining interest in England, namely by way of two books: *Geographies of resistance* (Keith & Piles 1997) and *Entanglements of power. Geographies of domination/resistance* (Sharp et al. 2000).

'Resistance' brushes aside the 'microbial practices', the tactics and the 'arts de faire' that are dear to De Certeau, part and parcel of a multiplicity in which each element is tied to a context but also socially-organised movements of increasingly larger scale ('urban struggle' in the most classical sense of the term; associative action). Trying to distance themselves from a nostalgic approach towards resistance, these works aim to present the flip side to the ways in which these acts of resistance are truly spatial, in other words, the consequences in terms of materiality and spatiality (*Geographies of resistance*) but also how the practices of resistance and domination are intimately tied together and inherent in an entanglement (*Entanglements of power. Geographies of domination/resistance*). These works, seen as giving new breath to a radical geography based on a theoretical foundation marked by the writings of French philosophers like Lefebvre, Foucault, De Certeau, Deleuze, Guattari, etc.

These works reinforce the importance of the paradigm of the inhabitant (and, therefore, eventually of the immigrant) as a spatial actor and producer of territory, not simply treated as an inferior when confronted by a power and its respective dominant norms. Users and inhabitants of a city fully participate in the social production of that which is urban. Finally, we recognise the paradigm that considers geographic space as both the product of that which is structural (macro) and of human experience (the individual actor). Certainly, the economic dimension, closely tied to the political dimension, represents a force that shapes the city. This spatial intervention can act as much upon the form ('urban renewal') as the populations that make these forms come to life (e.g. gentrification) At the heart of this structural approach, individuals' actions contribute, accompany, change or disturb the dynamics underway while at the same time producing new dynamics. Inhabitants are not passive but rather truly active, with their practices carved into space and/or time, whether these practices are individual, collective or individual but occur collectively, etc.

To view integration according to this paradigm is to recognise the role of individual immigrants as actors in the production of that which is urban (and not only by way of structures connected to that which is called 'governance' or 'participative democracy'), in the processes necessary for accessing certain resources (services but also places, with their

values, meanings and social networks) and in circumventing certain urban planning and social solutions.<sup>31</sup>

### 2.2.3 Proposals for a comparative study of the intensity and forms of segregation in European cities

In the previous section we looked at how inhabitants participate via different aspects of their spatial practices in urban processes, particularly in the choice of population for social housing schemes and for neighbourhoods undergoing gentrification. Continuing this reflection on the social divisions in urban spaces and on the selective access of inhabitants to certain places within a city, we shall now examine a perspective that gives particular attention to the comparative study of the intensity and forms of segregation in European cities. The purpose of this final section is to, therefore, in reference to the spatial approach towards the social integration of immigrants proposed here, to assess the existing indicators and to suggest complementary methodological paths.

#### 2.2.3.1 How can we measure segregation?

The multiple meanings of the term 'segregation' are well illustrated, as the term is the base of numerous works (e.g. Brun & Rhein 1994). The multiplicity of meanings reflects, among other things, the role given to individuals or the logic of social relationships in the social differentiation of urban spaces. An analysis of the French scientific work generated in recent decades on the theme of segregation shows how these two approaches are development and how, today, it 'appears increasingly more difficult to grasp the phenomena of differentiation of space with the help of simply theoretical schemas' (Brun & Bonvalet 1998). Such an analysis also shows how, from a strictly residential approach towards segregation, we have moved on to an approach interested in integration spatial practices in their entirety. This evolution is part of a larger scientific movement towards the abandonment of a segmented grasp on spatial mobility (residential mobility, daily mobility, etc.). The goal is to 'connect the different levels of spatial practices between [these mobilities] and to reconsider the scales of reference: the city, the neighbourhood and the home, but also the centre and the periphery, the rural and the urban', as Lévy and Dureau propose in the introduction to the edited book, *L'accès à la ville* (2002). Taking into account the ensemble of spatial practices and uses of the city by its inhabitants leads to a shift in focus on the object of analysis. It is no longer only about recognising the 'spatial distinction between residential areas of population groups living in the same city' (Brun 1994: 22). The current goal is rather 'to envisage the segregation process as a lack of accessibility to certain places for certain populations, this accessibility varying' in its various temporal and spatial dimensions: access to other cities via migratory circulation, access to other segments of the housing sector in the city via residential mobility, access to employment, to facilities, services, social networks, etc. via daily mobility (Dureau 2000: 255).

What indicators do we dispose of in order to be able to translate this holistic approach regarding the relationship between spatial mobilities and transformations of the urban configuration into a comparative study of segregation? How can we move beyond a reading of spatial inequality that is restricted to housing?

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<sup>31</sup> This follows a perspective introduced by Giroud (2004), presenting reflections on research about a working class neighbourhood in Grenoble (Giroud 2003). He discussed the means (an entanglement of practices) used by inhabitants to reach or perpetuate access to material and symbolic resources of a place undergoing gentrification and urban renewal.

The measurement of residential segregation has led to the development of numerous indices since the first of them were proposed by the Chicago School in the 1920s. Whether the indices are classical, based on dissimilarity or those of Hutchens (2001), all of them are based upon the same general principle: they measure the average distances in a spatially-homogeneous population distribution in a space divided into a certain number of basic spatial units. They are interested in the relative location of the different population groups in urban space and identify the over- or under-representations of these groups in the spatial units. A group is deemed to be segregated if it is unequally split among spatial units, leading to a specific contribution in a certain place (or number of places).

Recourse to these indices allows for analyses to be made of the evolution and intensity of a city's residential segregation over time and for comparisons to be made between cities and over time in the same city. By calculating the indices for different divisions in urban space, it is also possible to observe, with this multi-scalar approach, changes to the scale of the segregation process. In effect, discerning mixity or residential homogeneity is not only a question of degree but also of scale. The evaluation can change, even reverse itself, according to what can be observed at the building, the street, the block or the neighbourhood scale. There are embedded levels of segregation: a social housing neighbourhood can be segregated in relation to the rest of the city but, within the neighbourhood, one may also observe social inequalities between populations in neighbouring buildings. With the tendency towards an increasing superposition of scales of segregation, as been observed in numerous metropolises (Lévy & Brun 2000), a multi-scalar approach towards segregation becomes inevitable.<sup>32</sup>

Limits to the indices of dissimilarity, brought up by authors like Massey and Denton (1988), Rhein (1994), Apparicio (2000) and Barbary and Ramirez (2001), were presented in the first part of this section. These indices recognise only one of the five dimensions of segregation identified by Massey and Denton (1988): equality (over- or under-representation of a group between the spatial units).

Space is not really integrated in this approach: distance and contiguity are not directly taken into account when calculating the indices. Consequently, the same value in the index can correspond to very different spatial configurations: from the ghetto where the entire population is concentrated in one specific area of residence to the 'mosaic' configuration where the population is concentrated in certain homogeneous residential areas spread throughout urban space.

Those equality indices, therefore, do not correctly represent the characteristics of the geographic distribution of different populations in the city. Other indices are available in the literature that recognise other dimensions of residential segregation (Apparicio 2000):

- Interaction (or exhibition) indices: probability that a member of a group meets a member of his/her group in his/her spatial unit;
- Concentration indices: surface occupied by a specific population group;
- Centralisation indices: geographic concentration in the city centre;
- Grouping indices: proximity to areas occupied by a population (an enclave or a checkerboard distribution); this type of index introduces the distance between nuclei of areas occupied by a population (equalling spatial proximity between residential areas).

Complementary to equality indices, these indices are better at taking into consideration the spatial characteristics regarding different population groups. Nevertheless, the reasoning remains very much characterised by the image of the ghetto

<sup>32</sup> Consider, for example, the applications in the city of Bogota, Colombia: the comparison of the intensity of segregation between Bogota and other Latin American cities in the early 1990s was made with a multi-scalar analysis of the evolution of the intensity of socio-economic segregation in Bogota from the 1970s to the 1990s (Dureau et al. 2004).

and the interaction between social groups (interaction connected to mixed presence in an immediate spatial unit or neighbourhood). Most indices implicitly refer to the concentric organisation models of cities (the Clark density model or the Burgess model): distance is introduced only in reference to the city centre (centralisation indices).

### 2.2.3.2 The role of methods of spatial analysis

Keeping in mind the limits to the abovementioned classical indices of segregation, it is interesting to move on to the methods and indicators employed in spatial analysis. Research groups are currently involved in this area<sup>33</sup>. In effect, spatial analysis developed a series of indicators whose objective it is to characterise spatial distribution (Pumain & Saint-Julien 1997):

- Indicators of principle value (average and mean points) that sum up a spatial distribution;
- Dispersal indicators that recognise the dispersion in relation to the average point (distance standard) or among all the points of the spatial distribution;
- Indicators of distance and of dispersal of a spatial distribution in relation to a particular point in space.

The former two categories of indicators allow us to summarise and, therefore, compare, spatial distributions of different population groups, while the indices relating to a particular point in space can be used in order to find distances and the dispersal in relation to certain place-specific resources (work, facilities, etc.). Calculated for many population groups, they allow for the measurement of the degree of access to these resources.

With the indicators from the spatial analysis, the relative position of population groups in urban space, a central element to the measurement proposed by the classical indices of segregation, is no longer the object of analysis. Recourse to spatial indicators operates off of a displacement of the approach to the segregation process: from reasoning in terms of equal shares and residential mixity towards an analysis focussed on an urban structure defined not only in terms of social composition but also in terms of location of urban resources. We thus move from a reading in terms of social divisions of urban space to a reading centred on the spatial configuration of each population group, seen from two complementary angles:

- The form of residential spaces of these population groups ('absolute' location of population groups in urban space) (see Section 2.1; Malheiros & Vala 2004);
- The distance to place-specific resources: work, facilities and transportation networks (location being relative to population groups).

Recourse to the spatial indicators is triply advantageous: it explicitly considers the effect of distance and proximity; it does not refer to any model of urban spatial organisation; and it allows for reasoning in terms of differential accessibility for social groups to urban resources. Complementary to the classical indices of residential segregation, they offer the opportunity to advance towards an approach to social integration that considers different levels of inhabitants' spatial practices. In terms of international comparison, the combined usage of these indicators - classical and spatial - would allow for three types of questioning to be included: where do different groups of inhabitant reside, particularly immigrants? What are the social compositions of these

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<sup>33</sup> This is particularly the case with UR013 (Mobilités et recompositions urbaines) at the IRD (Institut de Recherche pour le Développement). Applications of spatial analysis via the analysis of urban segregation were the subject of a paper presented at the Atelier 'Analyse spatiale' ('Spatial analysis' workshop) that took place on 11 June 2003 at the IRD in Bondy (Dureau 2003).

different neighbourhoods/districts/housing segments in the city? What kind of access do these groups have to place-specific resources? It would, therefore, allow us to consider social divisions taking place in residential spaces as well as the segmentation of spatial practices at the heart of these spaces.

### 2.2.3.3 Measuring accessibility to resources

It is first important to understand why and how to consider the role of accessibility in the issue of integration. Accessibility is generally defined as the degree of ease in getting from one place to another (Chapelon 2004). It is, in this sense, a tool that can be used in spatial analysis whose variation allows us to measure the degree of exclusion of certain areas and, thus, of their inhabitants to local resources. While we should not reject qualitative approaches on the access to resources (observation of discrimination and racism in daily life, for example, that may limit or block access to a certain resource), the use of accessibility can bring us new, complementary information as a quantitative tool of measurement of socio-spatial segregation.

How then can we measure the degree of accessibility? Such a measurement implies beginning with a starting place, a trajectory and a destination: an individual leaves one location in order to access another. Accessibility corresponds, therefore, to a relationship in a given space between population distribution and resource distribution, separated by a distance greater than or equal to zero (Grasland 1998). This distance may be measured in kilometres (Euclidian) but may also correspond to distance-time or distance-cost (Johnston 2000). In that way, the transport system to which an individual is restricted for his/her trajectory should equally be considered, characterised by the structure of the network, the quality of the infrastructure, topographic constraints, restrictions in force, technical characteristics of vehicles, traffic variability, and, in the case of public transportation, the schema of service (network, frequency, schedules) and vehicle fuel rates (Chapelon 2004). These different elements interact with one another, making for variation in time and space of the degree of accessibility to spatial resources. Yet, it is possible to act concretely on most of these elements, and encouraging coordination between transport policies and the distribution of resources may contribute towards the fight against inequalities that are produced by the lack of accessibility (Moseley 1978).

In analysing accessibility, we can also consider the relationship between the distribution of the population groups and the resources they need (for example, between the residential distribution of immigrant populations and the distribution of education and health services). An analysis of the needs can be done, according to the desired proximity of resources (Smith 1980), that allows for the creation of a measurement tool between desired distance and effective distance. This can be completed by the use of threshold of tolerable distance (Thériault et al. 2003). A multivarious analyse on resources can also help to determine what resources are more or less important in residential choices, and then to relativise the variations of accessibility (Knox 1995). Moreover, we should integrate the population information, in order to understand which populations live in the areas in which accessibility to resources is weak. It becomes then possible to analyse the socio-demographic conditions of these populations in order to determine the relationship between the needs of the population and accessibility to resources.

Finally, the trajectory itself should equally be taken into consideration, given that the duration and cost vary in accordance with the mode and system of transportation available. The idea here is *to consider mobility as a resource*, and to analyse the lack of access to mobility as a cause of exclusion. Indeed, access to mobility differs for instance in function with the individual's access to various modes of transportation: travelling by car, public transportation or by foot does not require the same abilities and budget. That access is by consequence a factor of exclusion, especially when considering women, children and the elderly, the more often touched by that lack of mobility (Moseley 1978). Moreover, each one of these modes gives access to a *spatio-temporal prism* (Hagerstrand

1974, in Moseley 1978) that is more or less spread out, thus limiting individuals' living spaces and their access to distant resources, strongly linked here with their access to mobility. Mobility is therefore a particular resource, the one that opens access to other resources, and can be analysed for example through the local levels of car ownership (Knox 1995) but also with more detailed analysis to show the access to the family vehicle within households.

#### 2.2.3.4 An example of accessibility measurement: access to hospitals in the city of Tampere (Finland)

Here we would like to illustrate how measuring accessibility allows for an understanding of exclusion from accessing certain areas with an example of access to hospitals by bus in the Finnish city of Tampere. A study was undertaken by Asselin, Bonneau and Meknassi-Selime (2004) with the help of GIS (using Arcview 3.1 software) in order to show how spatial value can be measured by examining accessibility to services. The choice was voluntarily limited to one type of service, being that provided by hospitals, considered to be a basic service necessary for all people, and one main type of transportation, being the bus (plus walking), considered to be the most accessible mode of transport to all people in terms of cost and restrictions (no age requirement/limit for its use).

Data for the length of time of the journey between a series of points in the city and the two hospitals were gathered with the help of two other GISs proposed for the city of Tampere: the mapping service<sup>34</sup> for tracking a series of points and the journey planner<sup>35</sup> provided by the city's transport company in order to measure the length of time of the journey. The distance-time was measured with the two hospitals, recording only the shortest length of time for the journey at two times of the day, during a non-peak hour (10 a.m.) and during rush hour (5 p.m.), according to the model described in Table 1.

**Table 2.2.1 - Sample of an analytical table on accessibility**

Shape	Id	Address	Time necessary to access a hospital at 10 a.m.	Time necessary to access a hospital at 5 p.m.	Time necessary to access a health centre	Time necessary to reach school	Time necessary to access Service X at Hour H
Point	1	Rauhaniementie 20	29	29	.	.	I
Point	2	Juvankatu 14	41	42	.	.	J
...	...	...	...	...	...	...	...
Point	n	Address	To be calculated	To be calculated	To be calculated	To be calculated	To be calculated

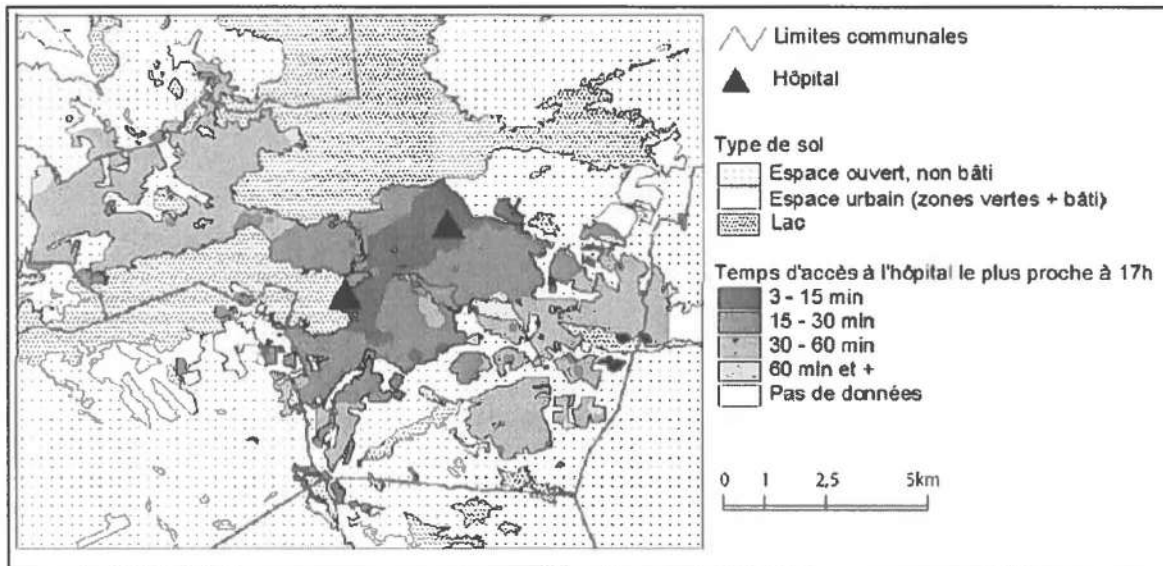
Source: Asselin et al. 2004

This model presents certain limits: the problem occurs when the number of services multiplies and many journey times must be measured in order to find the shortest time, increasing the data collection period (without prejudice to its quality, which depends on the quality of the GIS measuring the journey time). What is interesting about this model, however, is its ability to integrate the data from amount of services (X) that one wishes at the time (H) that one wishes as well as to integrate as many points (n) as are necessary for a more precise analysis.

<sup>34</sup> Mapping service provided by the City of Tampere: [[http://www.tampere.fi/ytoteto/kartta/index\\_en.html](http://www.tampere.fi/ytoteto/kartta/index_en.html)] (15/04/2004).

<sup>35</sup> *Repa Reittiopas*: The City of Tampere's urban transport company [<http://atlas.triplanner.fi/tkl/fi/>] (17/11/2004)

**Map 2.2.1 Amount of time necessary to access a hospital by bus at 5 p.m. in Tampere (Finland)**



Source: Asselin et al. 2004

The isopleth map of accessibility to hospitals in Tampere at 5 p.m. (Map 1) was obtained with close to 250 tracking points, illustrating the variation in accessibility to the city's hospitals, where access is clearly better for neighbourhoods near the hospitals than for those farther from them. The distribution of the points by address will allow for an integration of the population data that depends on the spatial scale of the data (tracking points would then be regrouped according to the areas in which the population is being measured). This information will then make measuring accessibility possible in function with the distribution of individuals and population groups, thus calculating their degree of exclusion.

This very detailed reference to the case study has as its main objective to illustrate, in conceptual and empirical terms, how to undertake an analysis of access to urban resources by groups and neighbourhoods located in a metropolis. It is a reference point that can contribute to the design of a concrete methodology that could perhaps be incorporated in a comparative analysis that includes several groups in different cities.



### 3. EQUITABLE EDUCATION & IMMIGRANT INTEGRATION

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#### 3.1 Introduction

Education is one of the most important tools that we have for the transmission of the facts, attitudes, and skills, which aid integration into social structures; so important, in fact, that it is considered essential for integration. It is also an element of social cohesion, which, in its very existence, leads to the building of a common project. Because of this, every day it becomes clearer that future fractures in society will arise as a result of differences in opportunities linked to unequal educational processes.

Faced with the growing number of immigrants in the student population, the educational systems of European countries are finding it necessary to seek answers to the significant percentage of students who come from diverse backgrounds, with levels of education that differ greatly and, in many cases, with little or no knowledge of the local language. Because of this, in recent years, integration of immigrants into society has indeed become a major concern for policy-makers in Europe, and most member states have implemented new legislation enforcing equality and anti-discrimination. Educational policy-makers are faced with the difficult task of transforming the cultural diversity into an asset for everyone concerned, whether immigrant or native pupils, teachers or parents (Eurydice<sup>36</sup> 2004). This development is fostered by EU directives and regulations (Eurydice 2004; EUMC<sup>37</sup> 2004).

Nevertheless, there are big differences between the EU countries regarding the number of immigrants. The situation varies enormously from one country to the next. In particular, there are big differences between countries with a colonial past and early experience of foreign workers (e.g. France, the Netherlands, UK,), countries that recruited 'guest-workers' in the second half of the last century (e.g. Austria, Belgium, Germany, Sweden), and countries with more recent immigration (e.g. Spain, Finland, Greece, Ireland, Italy, Portugal and, to some extent, Denmark) (EUMC 2004:12). Because of this, experiences of education vary greatly: 'Some such countries already have long-standing experience of policies for the integration of immigrant children in schools. Others have acquired this experience more recently or, where immigration is very recent indeed, have just begun to debate how their education systems should be adapted accordingly' (Eurydice 2004:3).

In general, important advances in the schooling of immigrant populations have been achieved. Even so, higher levels of absenteeism, failure and prematurely leaving school continue to be seen in these young people (EUMC 2004; Eurydice 2004; OCDE & UNESCO

<sup>36</sup> A study that took place in 30 countries that are members of the Eurydice network, including member countries, countries that are candidates, those within the free trade agreement: Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovenia, Slovakia, Spain, Sweden, the United Kingdom.

<sup>37</sup> Study that took place in the EU-15: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, the Netherlands, Portugal, Spain, Sweden and the United Kingdom.

2003). For instance, overall, migrants and minorities tend to enrol in schools with lower academic demands. They are over-represented in vocationally orientated programmes and in special education, and they finish school earlier and have higher dropout rates. However, differences exist between ethnic minority groups, some of which even surpass the majority populations on certain educational levels. There are also differences in educational attainment between migrants who arrived more recently and the second generation, the latter showing a somewhat better performance in several countries (EUMC 2004).

This chapter is focused on the educational integration of immigrant pupils. It is organised in five parts. The first part focuses on the role played by equitable education in the processes of integration, social justice and social cohesion. From this perspective, education is considered to be a common good, with benefits both for the individual and for the community (Sen 1999). Intercultural education is presented as well as the main research topics in this field. The second part deals with the perspective on integration through mandatory education programmes for migrants in different European countries. The third part gives a description of the educational situation of immigrant pupils in Europe from a social justice point of view. The analysis is organised with respect to the four levels of equity: opportunities, access, treatment within the educational system, and results (Marchesi & Martín 1998). This section includes descriptive aspects and a summary of the academic debate on the principal factors that influence integration in schools. Further on, the principal educational measures for the integration of immigrant pupils from a social cohesion perspective are discussed. Yet, 21<sup>st</sup> century education cannot be centred only on the school system, nor can it be focused on the first stages of the life cycle (Faure 1973; Delors 1996; UNESCO 1997a, 1997b, 1997c). For this reason, two final portions of the chapter deal with the issue of the education of adult immigrants.

### 3.2 Education in a plural society: equitable education, intercultural education

The economic and social transformations taking place at the moment contribute to the growing value given to education, and its being considered as a link, which permits the reconciliation of growth, equity, and participation (CEPAL 2000a; Hopenhayn & Ottone 1999; PNUD 2004; Sen 1999; Tedesco 2002). However, the role of education in the construction of a more just and equitable society is not obvious. For many, educational topics and topics concerning social justice belong to two different spheres (Connell 1993). On the one hand, education is related to the school, the institute or the university, whereas social justice is all about income, pensions or housing. Local and national governments also tend to have different departments for these two areas, which accentuates the vision of separation. The division seems to be more evident for those from privileged backgrounds or, at least, those without difficulties in this respect. Nevertheless, the two are closely related issues, and not only for disadvantaged groups, since - together with other aspects of public importance, such as housing, the health system and the world of work - they contribute to, or impede, the processes of integration.<sup>38</sup>

From the perspective of *equity*, the universalisation of education is defended, with the hope of increasing levels of equality of opportunity and, through this, the reduction of inequality between the individuals living in a country (Marchesi & Martín 1998; Woodrow et al. 1997). This is about the need for a fundamental indicator to measure the quality of human development given that, through not making their presence felt, people will deprive themselves of many alternatives, and socio-occupational mobility and social, political and cultural participation, among others, will be reduced (CEPAL 2000a; 2000b; Leonard & Griffith 2003; PNUD 2004; UNESCO 1997a). In this case, an equitable education constitutes one of the most important instruments for the transmission of content,

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<sup>38</sup> See Chapter 1.

attitudes and skills that facilitate integration into a social structure (Figure 1). In addition, it is an element of social cohesion that necessarily determines the construction of a common project.

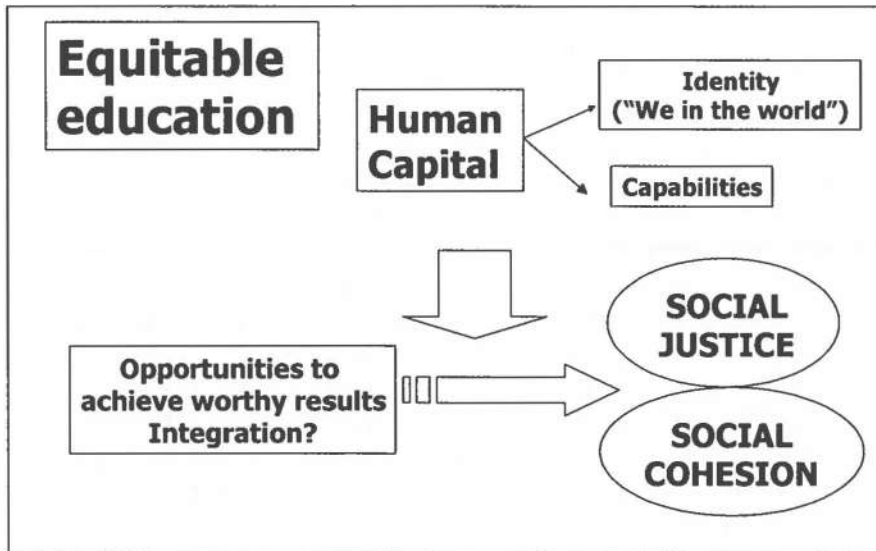


Figure 3.1 Equitable education and social integration

Consequences are not only related to society and work, but also to the transformation of expectations, which deepen the difficulties of the social insertion of certain groups. Because of this, in a significant review of transversal and longitudinal studies, Janosz and LeBlanc (1996) affirm that teenagers with problems adapting at school are susceptible to developing more problems related to unspecific adaptation problems in the future, such as criminal behaviour, use of illegal drugs, attempted suicide, running away from home or leaving school. Dealing with this, the Ford Foundation identified academic performance as a factor of psychological well being as important as productivity (Ensminger et al. 1996).

However, it should not be forgotten that this debate on education, equity and integration carries with it certain internal conflicts. Institutional education appears to have a twofold effect on the situation of migrants and ethnic minorities. On the one hand, education offers the opportunity to get ahead in society. Special programmes (e.g. language instruction and intercultural programmes) can facilitate learning and foster the integration process by building bridges between communities and individuals from diverse backgrounds. Following an analysis of the situation in 13 countries<sup>39</sup>, Cushner (1998: 364) agrees that: 'it is clear that public education (often in combination with social service or other community or government agencies) can play a critical role in building societies that are inclusive of all people, no racist, and ultimately proactive in addressing some needs of new immigrants, refugees, indigenous people and cultural minorities'. On the other hand, the research shows that education runs the risk of continuing certain discriminatory processes, especially with relation to inequality in the level of education offered. This is such that, despite the increase in access to education, certain dynamics of economic,

<sup>39</sup> Participant countries included Australia, New Zeland, Malaysia, Netherlands, Britain, Spain, Romania, Nigeria, South Africa, Ghana, the United States, Canada and Mexico.

political or social discrimination are maintained (Banks 1997; Blyth & Milner 1996; CEPAL 2000a, 2000b; Cushner 1998; Eurydice 2004; EUMC 2004; Grant & Lei 2001; Kincheloe & Steinberg 1999). For these reasons, it is very important that higher levels of educational equality are reached among the most disadvantaged groups.

In addition, in the case of immigrants, the challenge is especially important because of their vulnerable situation. Empirical data point out this dilemma, which is visible in the over-representation of migrants and minorities in schools with lower academic demands or in special education programmes, high (early) dropout rates or the absence of positive developments in the educational performance of minority groups over generations (EUMC 2004). This means that educational research involving immigrants tends to focus as much on factors dealing with the risk of exclusion as on measures to facilitate educational integration. In most western societies, academics have developed various models in the last thirty years or so and have to envision them by taking into account the issues of inequality. The most popular approaches employed have been multicultural education (Woodrow et al. 1997).

However, the relationship between cultural diversity and education has become an area of increasing controversy. In fact, there is a considerable degree of confusion regarding terminology and conceptual clarity. In general, multicultural education is restricted to individuals from cultural and ethnic groups outside the mainstream. According to Banks and Banks (1995), the inspiration began in 1800 with African American scholars who were dissatisfied with the quality of education experienced by most blacks. It refers to unrelated juxtapositions of knowledge about particular groups without any apparent interconnection between them. The liberally orientated Canadian multiculturalism policy has been a model of this tendency. In other situations, it is seen as crucial for all members of a society.

Nowadays, the term multicultural education has been brought into question. Some critics have argued that discussion about the effect of power within multicultural education is either absent or silent. Another important fact, in the circulation of multicultural discourse, is that the right to be different seems to be opposed to the narratives of inclusion (Grant & Lei 2001). Furthermore, some educators found that this understanding lacked the necessary components for social change. They use terms such as 'critical pedagogy' or 'teaching for social justice' to emphasise a more critical approach and to develop an education that eliminates prejudice and stereotypes (Banks 1997; Cushner 1998; Grant & Lei 2001; Kincheloe & Steinberg 1999).

Although multicultural education is currently preferred in the literature of North America, Great Britain and Australia, more recent concepts reflect the implications of intercultural education. In Europe, intercultural education is more often used (Lestinen et al. 2004). The UNESCO thesaurus suggests that 'intercultural education' is preferable to 'multicultural education' as this term implies comparison, exchanges, cooperation and confrontation between groups. It is more proactive and action orientated. To expand information about this topic, a sampling of supportive resources are available. Some international journals, such as *Intercultural Education*, *International Journal of Intercultural Relations*, *Journal of Language, Identity & Education*, *Journal of Peace Education*, *Race, Ethnicity & Education* and websites of international organisations (UNESCO, the Council of Europe and the European Union<sup>40</sup>) disseminate information concerning these issues. Finally, internationally organised disciplinary and multidisciplinary research associations' web pages include information on activities and research, such as the European Association for International Education (EAIE); the Society for Intercultural Education, Training and research-Europe (SIETAR) and the International Academy for Intercultural Research (IAIR).<sup>41</sup>

<sup>40</sup> [www.education.unesco.org](http://www.education.unesco.org); [www.coe.int](http://www.coe.int); [www.europe.int](http://www.europe.int)

<sup>41</sup> [www.eaie.nl](http://www.eaie.nl); [www.sietar-europa.org](http://www.sietar-europa.org); [www.watervalley.net/users/academy](http://www.watervalley.net/users/academy)

The specific measures which are presented below follow the four dimensions of intercultural education developed by Banks (1997: 69), to which a fifth transversal dimension has been added, relating to the training of teaching staff:

- *An equitable pedagogy*: As has been seen previously, equitable education is one of the main strategies for the building of justice and social cohesion. A unit based on equality of opportunities, of access, in treatment and in results obtained. For Banks (1997), achieving this equity requires not only political and administrative measures but also that teaching staff modify their methods in order to facilitate the academic achievement of students from diverse racial, cultural, ethnic and gender groups;
- *Prejudice reduction*: Although some writers recognise that the influence of education is limited, they recognise the effect it has in reducing racial prejudices, working with the knowledge of diversity and the development of greater intercultural skills (Boom 2000; Center of Intercultural Competence 2003; Crawshaw 2002; Cushner 1998; Fantini 2000). This research shows diverse international experiences, which work with attitudes and values (Keogh 2000; Vogt 1997; Witenberg 2004). On occasion, successful co-habitation between equals has been used as the basis for attitude changes (Halvorsen 1995; Karcher & Nakkula 1997) and training in intercultural conflict resolution (Williams 1996), given that it has been shown that working on an emotional level is as important as working on a cognitive one: 'A pedagogy for effective intercultural education requires that we move beyond the mere identification and transmission of information at the cognitive level. Effective intercultural education demands that people have well-structured, extensive, and repeated affective and behavioural (real) encounters with others, and that knowledge gained about others as well as the self is made evident to all parties involved in the interactions' (Cushner 1998: 369). The need for this type of programme has led to the editing of best practice guides such as that of the EUMC (2004). Finally, the importance of working on this with the whole of society should be mentioned, especially with professionals in contact with these groups such as teachers, psychologists, educators, social workers, etc. (APA 2003; Banks 1997; Kincheloe & Steinberg 2000);
- *Empowering school culture and social structure*: Education can provide the basis for what one may need in order to acquire that sense of strength and power over self. 'Power and strength provided through the acquisition of skills and knowledge contribute to feelings of independence and control of one's life and future' (Baker 1994:27). At an individual level this means helping individuals reach their full potential. Because of this, a number of different programmes have been set into motion which focus on the improvement of immigrant children's self-images (Green 2003) or their capacity for artistic expression (Rousseau et al. 2004). The methodologies used also vary, such as a school newspaper (Casanove & Vandrick 2003) or research involving participation, so as to be able to get to know the pupils' own cultures in depth (Baldwin 1997). On a group level, school structure can be incorporated into daily life with key elements of other cultures, such as timetable changes, behavioural standards and dress. For example, the school calendar tends to be formed with respect to days important to a particular culture or religion. In the same way, some curricular activities such as sport or music tend to adapt themselves and they can bring about change due to their special elements. If we know that it is difficult to live with all these cultural symbols, it is also important not to focus only on changes that are apparent, as is indicated by Banks (1997: 71): 'The search for quick solutions to problems related to race and ethnicity partially explains some of the practices often called multicultural education that violate theory and research, such as marginalising content about ethnic groups by limiting them to specific days and holidays';
- *Training of teaching staff and other professionals*: There is a transversal measure that has been alluded to in previous points, referring to the training of teaching staff and

other professionals involved with schools. There is a growing demand for teachers and other professionals to support immigrant pupils in school, teaching the local language, teaching the mother tongue and about the culture of origin, and developing an intercultural approach for the whole classroom. The challenge posed by an intercultural approach in education inevitably means that teachers will have to develop new skills, and what is important for the training of teachers seems to be one of the main issues of in-service training (Banks 1997; EUMC 2004; Woodrow et al. 1997). In virtually all European countries, topics associated with the intercultural approach are included in curricula for initial teacher education or in provision for in-service training. The only exceptions in 2003/04 are Estonia and Bulgaria. In Estonia, however, a pilot project to provide teachers with training in this educational approach is currently being implemented. In the German-speaking Community of Belgium, Lithuania, Malta and in Sweden, training in the intercultural approach is primarily part of initial teacher education' (Eurydice 2004: 64).

### **3.3 Integration perspectives and new routes in education and immigrant training (mandatory integration programmes for migrants)**

Recently implemented or currently elaborated integration programmes aim at fostering the integration of immigrants through specific programmes (mainly language tuition, orientation/ introduction courses, professional labour market training), the trend in the last years being of compulsory nature.

#### **3.3.1 Major components of integration programmes**

The current discussions at the EU level concerning integration requirements reflect the political importance that Member States assign to this subject. A major area of debate concerns the nature of integration programmes and the kind of integration measures that should be provided. National integration programmes generally consist of three main components: language tuition, orientation or introduction courses and professional labour market training.

Language skills and the improvement of educational attainment are identified as key challenges. EU Member States seem to be focussing more on immigrants' language abilities, and an increasing number of countries are providing specific language tuition for newly arrived immigrants and refugees.

Increasing emphasis in Member States has been put on civic education or orientation for new immigrants, such as information about fundamental rights and obligations, including equality of men and women, basic norms and values of the host society.

However, a number of Member States are in the process of developing specific integration courses or programmes targeted at immigrants and refugees.

The definition and content of integration policies differ widely in terms of scope, target groups and actors. Some Member States are combining both actions targeted specifically on migrants and a mainstreaming approach; others have a less comprehensive, more fragmented strategy, which is often project-based. For long-term resident immigrants, ethnic or national minorities and asylum seekers, the policies carried out differ significantly from one Member State to another.<sup>42</sup> For newly arrived immigrants and refugees, policies are more similar and are generally based on national introduction programmes consisting of three main components: language tuition, civic orientation and education, and professional labour market training.

<sup>42</sup> European Commission, COM (2003)336 Annex 1 Synthesis report on national integration policies.

- *Language tuition for newly arrived immigrants is gaining in importance:* Language skills and the improvement of the educational attainment are identified as key challenges, not just to ensure integration in the labour market, but to integrate into society at large. Generally Member States seem to be focusing more on immigrants' language abilities and an increasing number of countries are providing specific language tuition for newly arrived immigrants and refugees. Germany for instance is proposing 600 hours of language training in their anticipated national integration programme. At the same time the focus has increased in some countries on the responsibility of the immigrant to integrate and learn the language of the host society. In the Netherlands an increased responsibility on the newcomers for his or her integration is envisaged by placing the cost of the introduction programme on the newcomer and requiring an integration exam.
- *The provision of civic education to new immigrants is growing:* Member States have highlighted the increasing need for providing civic education or orientation to new immigrants, such as information about fundamental rights and obligations, including equality of men and women, basic norms and the core values of the host society.<sup>43</sup> Finally, it is of interest in this regard to have a look at the recent Integration Policy Conference Conclusions of the Dutch Presidency of 11 November 2004, where amongst others integration programmes were described as following:
  - 'a. Introductory programmes are an essential first step in an integration trajectory that is dynamic and based on mutual accommodation by all immigrants and residents of Member States. Information provision is essential, both for the newcomer and for the host society. Newcomers must understand unambiguously what is expected of them upon entry and the host society must commit to the elimination of obstacles to full participation. Both the newcomer and the host society, however, must understand why these measures are necessary. Introductory programmes should start as soon as possible and, if the Member States so choose, in the country of origin.
  - b. Introductory programmes should be directed towards economic and social self-sufficiency and the promotion of shared citizenship - a focus on ties that bind us and on solid respect for difference. The needs and concerns of both the newcomer and of the host society must be addressed in attempts to foster shared citizenship in diverse societies. Shared citizenship is rooted in the knowledge and practice of liberal democratic values and requires active involvement in and engagement with society.
  - c. Local government, civic society, community leaders, and the private sector must all be involved in the process of creating a sense of shared citizenship by concentrating on public education to dispel myths on all sides, and on solutions that empower and strengthen the roles that different groups can play in society'.

### 3.3.2 The use of sanctions - making integration obligatory

Another key issue is whether these integration programmes should be obligatory or not, and the effect which non-compliance might have in terms of legal and financial consequences. Whether or not non-compliance with obligatory measures should lead ultimately to the revocation of a residence permit is an issue that is playing an increasing role.<sup>44</sup>

In connection with the debate on integration policies a major issue therefore is the question whether these measures should be obligatory or not. Voluntariness of the

<sup>43</sup> European Commission, Communication from the Commission, First Annual Report on Migration and Integration, (COM (2004)508), Brussels, 16.07.2004.

<sup>44</sup> European Commission, Communication from the Commission on immigration, integration and employment, (COM (2003) 336), Brussels, 30.06.2003.

respective programmes might lead to a situation where large parts of the targeted groups do not get involved at all. On the other hand voluntary measures might prove - at least in some cases - to be more effective in meeting the migrants' needs due to their flexibility and quicker reaction towards a changed environment.

The introduction of integration courses of mandatory nature was and is certainly subject of controversial discussion. Much of the current debate in Europe on integration courses is on their enforcement. Why force adult people to take courses? Most of them are only too eager to improve their language abilities. Forcing them to do so may leave an impression that they are unwilling. Yet, one of the main arguments or justification put forward for making integration courses mandatory was that their mandatory nature makes it easier to reach all migrants, including those who would not be reached otherwise, particularly vulnerable categories of newcomers.

When courses are mandatory, there must be sanctions that apply to those who do not fulfil their obligations. Most countries have opted for a - usually fairly modest - fine for those who fail to attend. In some cases reductions on social security benefits are applied. The overall pattern, however, is that enforcement is not very strict. First, practical arrangements, such as transportation, childcare, etc. are often insufficient, which makes enforcement and fining difficult. Secondly, many participants in the courses have low incomes. Reducing these incomes even further by imposing fines may be inappropriate (Entzinger 2004). As an alternative, discussions have been raised in several countries to reward newcomers for their participation in the courses, rather than charging them a fee. The ultimate sanction for not attending mandatory courses is extradition. In practice this sanction is rarely applied. It is generally seen as disproportionate to the offence.

Besides, in many situations extradition is impossible, for example in the case of refugees or of family reunion. Sanction enforcement remains a delicate issue in integration courses, particularly when it is not the immigrant's efforts that count, but when the results of the final testing are decisive for a person's future situation. For newcomers with low educational qualifications, including those who are illiterate, even the minimum final level may be too high to reach (Entzinger 2004).

Nevertheless, in those Member States where national integration programmes exist, compulsory elements are generally entailed. In Austria for instance immigrants are required to enter into and comply with an 'integration agreement' (if the migrant successfully follows the national integration course they will be able to comply with this agreement). Failing to meet the requirements stipulated in the agreement has negative consequences for renewal of the residence permit. In Austria the immigrants have to bear the cost of the integration programme and up to 50 per cent may be reimbursed by the Government if the migrant complies with the integration agreement within 18 months.

Other countries also link the failure to follow the programme with negative consequences for renewal of the residence permit, while in others the successful attendance at an integration course may serve positively for naturalisation, e.g. shorten the period.

Sanctions for not participating in the integration programme exist generally in those countries where immigrants are entitled to social assistance during the programme, sanctioned with a reduction in these entitlements or - in the case of migrants who are self-supporting - with an administrative fine.<sup>45</sup>

Indeed as just mentioned, in a growing number of cases integration courses are mandatory. Certain categories of newcomers are obliged to attend. It is their mandatory nature in particular that requires the public authorities to play a role in the development of the courses and in their implementation. Under these circumstances the question arises how to define public responsibilities in more precise terms, particularly in relation to the contents of these courses. In other words: it is not only the modalities of the courses that

<sup>45</sup> European Commission, Communication from the Commission on immigration, integration and employment, (COM (2003) 336), Brussels, 30.06.2003.

matter, and their organisational set-up, but it is also their contents that must be defined. This requires a certain degree of common understanding of what new members of a society should know about that society, and how they are expected to behave (Entzinger 2004).

Implementation of compulsory integration measures dates back only a brief period and therefore evaluations of the impact of these policies and statistical data are not always available yet.

### 3.3 Why have the programmes been set up?

In different European countries and particularly in France, the Netherlands and Germany, integration programmes have been presented as a solution to the 'integration crisis' that has been perceived from the 1990s onwards and mainly been attributed to a deficient, i.e. too compliant and vague integration policy in the 1960s, 70s and 80s (Michalowski 2004a). Hans Mahnig (2001) isolates four principal factors to explain why the presence of migrants has become an overall political issue in the 1990s: 1) economic recession led to the perception of migrants as a financial burden for the state 2) especially in France and the UK, urban riots where many young second generation migrants took part led to the fear that migrants might endanger social peace 3) racist attacks against migrants that have taken place in all Western European countries caused the same fear 4) news on the dramatic situation of some migrants have been perceived as a public scandal. Large debates on 'the failure of integration'<sup>46</sup> came up in the Netherlands and furthered the breakdown of the Dutch multicultural consensus. In Germany, the integration of immigrants has not been considered a success either. In the 1990s, the debate on immigrant integration has crystallised around violent racist attacks on foreigners, the changes in German nationality law, the refusal of double nationality, the claim for a German *Leitkultur* and the government's plans to introduce a point system for regular labour immigration which have finally been rejected by arguing that the country was not able to integrate further immigrants (Böcker & Thränhardt 2003). In France, public debates on integration have focused on the urban crisis (schools, housing, violence), the religious confrontation with the Islam and on the influence the extremist right-wing party *Front National* with its leader, Jean-Marie Le Pen, may obtain.

Discussions about the crisis of the welfare-state including calculations on the 'costs and gains' of immigration are another important reason why the integration programmes have been created.<sup>47</sup> A central idea is that the integration of migrants has turned into a problem, because of economic recession and the modification of the labour market. It is generally argued that because of changes in production processes, more qualified workers are needed. Immigrants, however, were often not qualified for the needs of the national labour market and would therefore run a greater risk of unemployment and ultimately dependence on the welfare state. At the same time, however, the welfare system is already suffering from important cutbacks and further social benefit recipients would only make the situation worse.<sup>48</sup>

Integration programmes planned and organised by the state have been chosen as a policy measure by different EU Member States for mainly three reasons (Michalowski 2005):

<sup>46</sup> A couple of years later, in 2003, the parliamentary commission *Tijdelijke Commissie Onderzoek Integratiebeleid* (the so-called 'Commissie Blok') investigated 'the reasons why integration has failed in the Netherlands'.

<sup>47</sup> Especially in countries like France where the *Front National* repeatedly warns against 'immigration into our social systems', this kind of analysis is very delicate.

<sup>48</sup> These are, of course, highly polemic issues which have been discussed from many points of view with quite different data as a means of evidence at hand.

- Better control of individual trajectories: As a response to the debate about the need for qualified labour force, the programmes should help to gain a general view upon the new immigrants' human capital: Who are they? What are their qualifications? What are their individual capabilities of integration? This knowledge should first of all help setting up an individual integration programme tailored to the newcomer's needs and second serve as a basis for any further control of such individual trajectories;
- Better control of input and output: In a period of (claimed) austerity a better control of input and output is at stake. So far, integration policy in different member states could be described by an extraordinary diversity and multitude of activities. In small as in bigger cities public and private educational institutions, migrant organisations, NGOs, churches, charity organisations and municipal services worked for the reception and integration of newcomers and settled migrants. This diversity may have been an adequate response to local needs but it did not allow for centralised overview (Michalowski 2004b). This lack of central control has been a subject of French ministerial circulars from 1973 until far in the 1990s when it was repeatedly underlined that nobody had an overview on the activities financed in the field of integration, let alone of their outcomes. The German Süßmuth Commission (Unabhängige Kommission Zuwanderung) made a similar statement on the German situation. Contrary to this, the programmes offer a clear view of the amount of money invested, the number of migrants who participate, the objectives that shall be reached, the number of migrants who have reached the settled objectives and the number of those who have not done so;
- Prevent the 'costs of non-integration': From a political and an economic point of view, Loeffelholz and Thränhardt (1996) demonstrated that the 'costs of non-integration' that may arise at a later stage outweigh the costs of early integration. The idea that prevention is better than ex-post intervention also served as a basis to the programmes which are constructed upon the idea that a well-prepared reception and an early integration are crucial for a successful later integration process.

### 3.4 Education of young immigrants and immigrants children (situation, access, best practices-quality of the system)

Equity between the individuals of a country is not a question of altruism and good will, but one of investing in greater social cohesion. It aims to give opportunities to all citizens for the development of their potential and to achieve greater self-realisation in the future (Hopenhayn & Ottone 1999). Within the area of educational equity, up to four different levels have been identified, which can be understood more as distinct and unconnected typologies and as historic moments in a process that begins with a less demanding concept of equity that go on to evolve into including more demanding and committed elements (Marchesi & Martín 1998; Tomlison 2001):

- *Equality of opportunities / Formal equality / Rights recognised in legislation*: On a basic level, equity is described as the need for guaranteeing that all people have the possibility of choosing any option from within the education system;
- *Equality of access / Real access to school*: From this point of view, the aim is to guarantee true access to all pupils, passing through any covered selection processes that exist;

- *Equality of treatment within the educational system / Educational models and measures:* It incorporates the development of a common and integrated curriculum which attempts to overcome differences and inequalities between educational centres;
- *Equality of outcomes obtained:* In this final, and most demanding section, equity is understood as the equality of pupils from different social, cultural and sexual situations. In other words, it deals not with achieving homogeneity of results, but rather with assuring that differences are not due to social or cultural factors.

In this section, the situation of immigrant students in Europe is discussed from these four levels, as well as factors influencing integration or failure in school, along with the main educational strategies developed in this field.

### 3.4.1 Equality of opportunities / Formal equality: Rights recognised in legislation

Equity understood as equality of opportunities is the first and most basic level of equity. It also deals with a declaration of good intentions, a commitment on the part of the social and educational structure to recognise education as a fundamental right and, as a result, to guarantee it, offering free education for all citizens without distinction along lines of sex, culture or social origin (Marchesi & Martin 1998; Tomilson 2001). An approach towards valid basic rules on an international and European level, as well as on an individual level in each member country, allows the profiling of a general panorama of the situation of immigrants and minorities in education.

International legislation has recognised the right to education at least up to the end of its being obligatory for every human being, regardless of their status, for example, in Article 26 of the *United Nations Universal Declaration of Human Rights* or in Article 28 of the *United Nations Convention on the Rights of the Child*. Additionally, other international conventions exist that refer specifically to the rights of immigrants, such as the *International Convention on the Promotion of the Rights of all Migrant Workers and members of their Families*, and the *ONU General Assembly Resolution 45/158 December 1990*, where a series of rights are specified both for adult immigrants as well as younger family members. Specifically, in Article 45, it states that receiving countries, in cooperation with the countries of origin, should facilitate integration into the educational system for the children of immigrant workers, favouring the learning of the local language as well the language and culture of the country of origin. The right to education for adults is also recognised. 'These rights of migrants to education and adult learning play a vital role in transferring basic skills for integration and survival' (UNESCO 1997b: 8). However, these conventions are far from being fully applied. Migrants often become a source of conflict and negative reaction within national populations and host governments.

On a European level, we find the first legislative measure of the European Commission on educational material for immigrants in the *Directive of 25 July 1977 concerning the education of the children of immigrant workers in member states*. In this directive, the right to receive an education adapted to the specific needs of the pupil, such as the right to receive education concerning the pupil's mother tongue and other key elements of the culture of origin is recognised. Eurydice (2004), in its report '*Integrating immigrant children into schools in Europe*' presents a synthesis of the documents produced by the European Union, as well as the European Council on the education of immigrant children. European rules deal with the right to education of the children of asylum seekers and of children from third countries with long-term resident status. This right to receive education and the same treatment as any other citizen of the country is recognised for the former group from January 2003, and for the latter, from November 2003. Nevertheless, this right can be restricted depending on the level of knowledge that the minor has of the language of the receiving country. On the other hand, it is important to bear in mind that undocumented immigrant children are not included in these European rules.

The specific situation in each member state from the 30 analysed in the Eurydice study (2004: 33-36) varies according to the situation of the minor (whether legal or illegal), the length of residence in the receiving country and his/her condition as an asylum seeker. The criterion that appears to produce the greatest variance is related to the undocumented status of minors. Some countries allow access to their schools, and declare this explicitly (Belgium, Czech Republic, Greece, France, Ireland, Italy, Luxembourg, Netherlands, Austria and Portugal). To this list of countries can be added those countries that, without explicit declaration, do not impede participation and access for these children (Germany, Estonia, Spain, Cyprus, Latvia, Hungary, Malta, Slovenia, Finland, the United Kingdom, Bulgaria and Romania). However, Denmark, Lithuania, Poland, Sweden and Iceland have no obligation to permit them access without previously establishing their status as residents.

In conclusion, it can be stated that international and European rules are increasingly more sensitive to the situation of immigrant minors, and, as a general principle, recognise education as a basic and fundamental right. This education should be, at least while it is compulsory, free of cost. In addition, it is recommended that all necessary measures be taken for adaptation to the situation of the pupil, such as offering the right to an education in the culture of origin and teaching the mother tongue. Given that some rules go further than the recognition of the right to education and establish measures that need to be adopted by the receiving countries, they overcome the equity understood as equality of opportunities and reach the concept of equity as equality in treatment within the educational system or as equality of results. But limitations can also be put forward, in that this general principle of the right to education for immigrant children can suffer under international and European legislation as a result of minors' undocumented situations, the duration of their stay in the country or their condition as asylum seekers. These three criteria can *de facto* limit the commitments adopted by member states, given the precarious and illegal situation of many immigrant children.

### 3.4.2 Equality of access for immigrant pupils: Real access to school

From this point of view, it is not enough to guarantee possibilities for access, but it is necessary to guarantee true access for students of different social provenances, overcoming any selection processes (Marchesi & Martín 1998). The percentage of pupils from different social provenances reaching each level of the education system is used as an indicator. As a result, this section looks at enrolment trends of migrant pupils. This information is based mainly on two recent reports produced by European agencies: Eurydice (2004) and the European Monitor Centre on Racism and Xenophobia (EUMC 2004). A summary of the main points of this research follows.

First of all, it should be mentioned that several problems complicate direct data comparison between European countries. These methodological problems come from the different groups' categories for collecting data and the varying education systems (number of years of schooling, age for starting school, etc.). Most countries distinguish groups on a basis of citizens (Austria, Belgium, Finland, France, Germany, Ireland, Italy, Luxembourg and Spain). Others use other categorisation as nationals and non-nationals of the country of residence (Denmark, Greece, the Netherlands, Portugal, Sweden and the UK) (EUMC 2004: 16-18).

School enrolment figures offer insight into a variety of issues. Concerning *primary school*, significant variations in relative and absolute numbers exist between countries regarding the size of migrant and ethnic minority groups. Luxembourg is the country with the highest percentage of primary age pupils of immigrant origin (40 per cent among six year-olds), followed by Germany, Austria and France (around 12 per cent among four year-olds). Other countries have lower percentages (Spain and Italy at around three per cent for six year-olds), with Finland having the lowest percentage (2.4 per cent among nine year-

olds). Which nationality and ethnic minority groups are largest also varies from country to country. However, some similarities exist between certain countries. For example, Austria and Germany have a large primary school population of Yugoslavian origin. There are many Turkish citizens in Austrian, French and German schools. Belgium, France, and Portugal have a large African student population (EUMC 2004).

Another interesting issue is that of the *concentration* of immigrant children in particular schools: a) concentration in urban areas, b) concentration in the context of low socio-economic levels, and c) concentration within the public network. They tend to be congregated more in areas of high urban density. In only a handful of countries (Czech Republic, Greece, Spain, Ireland, Bulgaria, Northern Ireland (UK) and Romania), the proportion of native pupils in towns or cities of over 100,000 inhabitants is relatively greater than that of immigrant pupils (Eurydice 2004: 27). Not all groups have a similar situation in this respect. In England, Burgess and Wilson (2004) found high levels of ethnic segregation particularly among pupils of Indian, Pakistani or Bangladeshi origin, but segregation was found to be weaker among pupils with black Caribbean or African heritage.

With respect to the second type of concentration, in Spain, for example, centres with a high level of immigrant pupils, close to or higher than 30 per cent, are found in contexts with lower socio-economic levels (Defensor del Pueblo 2003). Similar situations appear in other European countries (Eurydice 2004; ESRC 2003). This statement allows us to put forth the hypothesis that at least some of the problems arising in centres that educate immigrant pupils originate in the reduced socio-economic level of their situation, more than in the presence of such pupils in the classroom (Defensor del Pueblo 2003).

As well as geographic variability, the type of establishment has been seen as important in Spanish studies (Defensor del Pueblo 2003). Most of these students study at public establishments (78 per cent), with around 20 per cent attending private ones. This disparity of distribution means that certain schools need to encourage a higher number of immigrant students to attend, while others are chosen by the local population. This means that the risk exists of segregating different groups and forming 'ghetto' schools.

To conclude, the issue of concentration of students is complex but very interesting, as it helps us to better understand the integration of different groups given that its analysis requires the integration of variables such as place of residence, parental choice, management of the school, educational policies etc. (ESRC 2003: 16). This aspect of the issue is closely related to the other chapters in this report, especially those related to spatial mobility (see Chapter 2).

Concerning *secondary schools*, there is a breakdown of the population of 15 year-old students according to their family's origin. The situation varies from one country to the next. In French-speaking Belgium, Germany, France, Latvia, Sweden and the United Kingdom, immigrant pupils account for over 10 per cent of 15 year-old pupils (Eurydice 2004: 26). Specific secondary school enrolment data show different school types that are attended by minority groups. Migrant pupils often tend to enrol in secondary education establishments that are less academically challenging, of shorter duration and often more vocationally oriented. However, general data lead to the erroneous assumption that particular migrant groups attend academically orientated schools with a longer duration at a high rate (e.g. pupils of Chinese and Indian origin in UK or pupils from the Russian Federation, Poland and Croatia in Germany) (EUMC 2004: 22).

Over-representation of pupils with immigrant backgrounds in *special education* appears to be a common phenomenon in many countries of the European Union (EUMC 2004: 30). This issue is of particular concern, because attendance at special education schools negatively affects the educational and future employment opportunities of the pupil. This is much more likely among male migrant pupils than female. Nevertheless, this tendency is common to all students and does not only affect immigrant students. Referrals of migrant pupils to special education establishments are often determined by culturally biased test results and low teacher expectations due to pupils' language differences and

different socio-cultural models of behaviour, rather than learning difficulties and disabilities (EUMC 2004: 31).

To summarise, analysis of levels of schooling for foreign students in Europe shows that the group is much more represented at a primary level than at a secondary level. On the other hand, the percentage of pupils in special schools is higher than it should be for the demographic percentage of the population made up by this group. University figures, in general, do not distinguish immigrant students.

### 3.4.3 Equality of treatment within the education system / Educational models and measures

Once the right to education has been guaranteed and, as a result, the right to compulsory and free education, at all levels, for all children, including immigrants, the third level of equity refers to equality in treatment or education on offer to these children, in a way that differences between those who have attended one or another educational establishment become non-existent.

According to the report produced by the European Eurydice agency (2004: 37-49), we can identify two significant strategies or models for acting that have been adopted by the different education systems of different countries, according to the knowledge of the local language that the immigrant children have:

- *A model aiming for integration:* This model gives priority to the immediate integration of children into the general education system, so that they are in contact with autochthonous children right from the start. Immigrants are integrated into the typical dynamics of the system, with children of their own age or younger. In addition, support measures are adopted, as much within school hours as without, aimed at the acquisition of the second language, although some measures are also included that deal with more general learning difficulties. Out of school hours (in the evening, in the summer or at any other time when school is not in session), immigrant children generally receive information in their mother tongue, concerning the culture of their country of origin.

The problems that arise with this model are related to the very real possibility that these children will have difficulty in taking part in normal classroom dynamics in an unknown language, and at the level that is expected of them. This means that, given the fact that these children often have a lower general standard of education than others of their age, they often find themselves studying with children who are younger than them. In reply to these problems, there exist two solutions: direct integration into the classroom with support measures provided, or direct integration but with regular time outside the classroom to provide the support necessary for any specific needs that have been identified;

- *A model aiming for separation:* This model can also be looked at in two different ways:
  - Temporary separation during a transition period:* Not knowing the language of a receiving country, or having little knowledge of it, can make it necessary to remove these children from 'normal' classroom settings for a limited period of time, but in the same buildings as other children, so that they can receive an education adapted to their needs, without this being an obstacle to their attending certain classes.
  - Medium/long term separation:* Specific groups of immigrant children are formed, according to their linguistic competence. This measure can be in place for a number of years.

Of the 33 European countries or regions (regions being classed as Belgium or the United Kingdom due to their make-up as states), we can see that the measure most adopted is that of direct integration with support within the classroom (in 26 cases), followed by a temporary separation period as a transition (in 17 cases). Of the 26

countries that choose direct integration, only one country (Italy) uses it as its only strategy. The rest resort to other additional measures. With less frequency, they resort to extracurricular support, integration into the normal education system but with some time away from the classroom, and long-/medium-term separation in 11, five and five cases, respectively. Finally, only four countries do not adopt any support measures in schools for immigrant children.

The current situation in each country makes it clear that these measures are not compatible unless they are frequently revised. In reality, many countries, instead of opting for one or other model exclusively, treat them as if they were a part of a process, starting with a temporary separation, preparing the students for the transition to a later model of integration. The first phase of the temporary separation tends to last up to one school year.

Besides these two models of treatment, we can identify some *specific measures within the education system that deal with the immigrant group*. The integration of this group into the daily life of the receiving country needs, in the first place, the immigrants to have sufficient information about the system, as well as previous knowledge of the language, as basic conditions.

- *Means for orientation and provision of information*: This concerns advice on access to establishments, and access to information needed for making decisions and choices relating to the education system. Among these are found: information on the school system written in different languages, provision of interpreters for parent/teacher meetings, provision of other assistance such as cultural mediation, social workers, municipal orientation assistants or informational meetings specifically for immigrant families and information on pre-primary activities (Eurydice 2004).
- *Teaching of second languages*: One of the main problems involved in the integration of immigrant minors into the education system is the lack of knowledge of the language of the receiving country. Language is a basic communication tool without which integration and participation in the school system are difficult. Because of this, on arriving in the receiving country, education systems generally provide intensive teaching of the second language for six months to two years, independent of the integration model for which they have opted (Eurydice 2004). This issue has been the subject of a great number of studies in countries with significant immigration, such as the United States, Australia, Israel and the United Kingdom.
 

In some countries the main objective is that these children acquire the second language and, as a result, they provide intensive teaching so that the pupils can reach the highest possible level in a short amount of time. Countries like Finland, Sweden, Norway, Estonia, Cyprus and Latvia offer bilingual teaching, so that some subjects are taught in the local language and others in the mother tongue of the immigrant children. Despite the importance of the issue, several countries, such as Ireland, Italy, Luxembourg, Portugal, Spain, Italy, Wales and France, report a lack of programmes or insufficient programmes (EUMC 2004: 86).
- *Support of the mother tongue and of the culture of the country of origin*: As has already been stated, language as an instrument of communication is one of the most important issues to be dealt with when discussing immigration. In some countries the acquisition of the maternal language is also seen as fundamental for the development of other learning skills in general, and the acquisition of a second language. In addition, this allows pupils to maintain a sense of identity and culture. Recognising the culture and language of minority groups is of vital importance in preventing the disappearance of minority languages (Cushner 1998), along with direct assimilation in the classroom (Urrieta & Quach 2000), and allowing a return to the country of origin in order to get to know the native culture of the pupil first hand (Maruny 2002).

In the majority of cases, the teaching of the mother tongue is a voluntary programme provided out of school hours, but in France, Luxembourg, Austria, Finland, Sweden and the United Kingdom (England and Wales), learning the mother tongue is an option within the compulsory education curriculum (Eurydice 2004). Nevertheless, according to a EUMC study (2004: 78-79), there were no reports on native language school programmes from Ireland, Italy, Portugal and the United Kingdom. Apart from the teaching of the Autonomous Communities' languages in different regions in Spain, there were also no reports on native language instruction for migrants and ethnic minorities.

This same study (EUMC 2004:78-79) sets out the three difficulties that must be overcome. The first one has to do with the fact that recently some countries, such as the Netherlands and Denmark, restricted their offers of native language instruction. For example, in Denmark, municipalities are no longer obliged to offer native language instruction to third country nationals, only to children from EU/EEA countries or to those from the Faroe Islands and Greenland. Secondly, there is a lack of training programmes for native language teachers, which often results in the recruitment of foreign teachers. Finally, no evaluation reports are mentioned that research the effectiveness of native language programmes.

- *Support for learning in specific areas of the curriculum:* Differences in achievement levels in specific areas of the curriculum, such as reading, writing and mathematics, are often overcome through individual support or in small groups apart from the classroom setting. The reduction of the total number of students per classroom to 15 pupils per group also helps.

#### 3.4.4 Equality of outcomes obtained

Leaving school before the end of obligatory secondary education dramatically reduces opportunities in life, especially for poor teenagers and those belonging to minority groups. This group has fewer opportunities for entering into the working world, a higher level of unemployment, and lower salaries, given that young people who leave school prematurely and reduce their educational capacity can find themselves at risk of marginalisation and social exclusion. Studies relating to this describe the process in which young people from socially unfavourable backgrounds become involved. This begins with receiving worse academic results in comparison with those from higher social levels, continues with a lower proportion of continuation to and achievement of post-school qualifications and ends with the student having great difficulty in joining the working world (Aloise-Young & Chavez 2002; CEPAL 2000a; Davinson et al. 1999; Eurydice 2004; EUMC 2004; Fry 2003; National Center for Education Statistics 2001, 2003a, 2003b; OCDE & UNESCO 2003; PNUD 2004; Rosenthal 1998).

Different governments and international institutions have encouraged research in this area, recognising the fact that the results are necessary for the development of social and educational policy. Following the revision of the most recent research (OECD 2001; OCDE 2003; OECD & UNESCO 2003), two suggestions stand out on an international panorama:

- An increase and improvement in the level of education in the population as a whole;
- A reduction in premature school leaving, although the data will continue to be closely examined.

If these data are optimistic, it can be useful to analyse them in depth given that, as has previously been mentioned, a percentage of the pupils who do not continue with their studies constitutes a group at risk of social exclusion. The amount of pupils leaving school early can be put at between 20 per cent and 30 per cent, depending on the definition of leaving that is chosen and on the way of collecting data that is used (OECD 2001, 2003). In

the U.S., the percentage of young people leaving school between the ages of 16 and 24 is placed at 10.5 per cent when dealing with the total population, but this rises to 18 per cent among the children of second-generation immigrants, and 27.6 per cent among young first generation immigrants (Child Trends Databank 2002).

In Europe, these tendencies are also present. Immigrant pupils obtain lower academic results in comparison with majority populations in all EU Member States. Although some ethnic groups achieve results significantly above average or even outperform majority pupils on some educational levels (e.g. pupils with Chinese and Indian backgrounds in England), others are very much behind (EUMC 2004). The figures show many other interesting conclusions (Eurydice 2004; EUMC 2004):

- Despite lower success ratings, there are positive developments reported by some countries regarding the starting performance of pupils with foreign backgrounds (e.g. in the Netherlands);
- Second-generation migrants, in most cases, do better than new immigrants. Studies also show that these pupils often attain higher educational levels than their parents (e.g. in Germany);
- Across all ethnic groups, female pupils tend to achieve better school results than males;
- There are regional differences regarding the academic performance of migrants and ethnic minorities, which in part depend on the difference in educational systems and differences in the ethnic composition of the population (e.g. in Germany and Spain).

Faced with the panorama that has been described, it would appear logical that one of the lines of educational investigation should be centred on the study of *risk factors leading to leaving school early* (Ensminger et al. 1996; Gleason & Dynarski 2002; Janoz et al. 1997; Jimerson et al. 2000; Marchesi & Martin 1999; Rosenthal 1998). Leaving school early is seen as a multi-determinate phenomenon, due to the fact that no risk-causing factor, when taken individually, is enough for the identification of those who will leave school early from the group of secondary students. From this statement the need for establishing a plan organising the main factors of risk can be derived. Without a shadow of doubt, Rosenthal (1998) has produced one of the most interesting studies on the subject of leaving school early, dealing with risk factors associated with this phenomenon on a global level. This research revises the literature in existence that has brought together the results of 37 studies, systematising more than 125 variables in 12 groups of non-school-related variables that are related with leaving school early. His study broke down Bronfenbrenner's systemic and ecological approximation in such a way that three main levels have been created: macro level, medium level, and micro level.

Among these risk factors of macro-social levels, the true condition of the minority can be seen. This is to say that belonging to a racial or ethnic minority constitutes a risk factor for early leaving of the education system (Rosenthal 1998). The use of a mother tongue different from that in the receiving country can explain this phenomenon (Booth 1996; Eurydice 2004; EUMC 2004; Gleason & Dynarski 2002). The risk of discrimination on the basis of attainment or 'presumed ability' provides another aspect. In secondary schools, some pupils are excluded from parts of the curriculum because of their categorisation as being in need of language support (Booth 1996). On the basis of this categorisation they were placed in lower numbered sets and their chance of mobility between sets was more restricted than for pupils categorised as having 'special needs'. As Booth (1996: 34) mentions, this stigmatisation could be a natural part of the organisation of schools; it 'provides an unchallenged screen on to which other forms of devaluation can be projected and then their origins obscured'. The other side of the coin is that the academic achievement of migrants and low income students can be increased when teaching strategies and activities are built upon the cultural and linguistic strengths of students and teachers have cultural competency in the cultures of their students (Banks 1997:70). In addition, Schargel and Smink (2001) of the National Dropout Prevention Center

show the existence of '15 efficient strategies' for facing up to the problem of leaving school early in this group. Although they can be looked at individually in programmes for preventing leaving school early, they are frequently related to one another. They are grouped around four points: the basic core strategies, early interventions, making the most of instruction and making the most of the wider community.

In relation to leaving school early, another complementary aspect on a linguistic level is the *ability to read*. It has been shown that a relationship exists between reading ability and integration into the working environment, in that people with greater ability to read have a greater probability of finding employment and earn more (OECD & UNESCO 2003). Yet, according to the Pisa report, only 10 per cent of the world's population reaches the maximum reading ability. In addition, a high percentage of young people who do not reach the minimum level of reading ability come from disadvantaged backgrounds and, as foreigners, experience language difficulties (OECD & UNESCO 2003). As a result, language knowledge appears to be one of the factors associated with low achievement in school that can be seen in these groups. Results from Ireland, where non-native pupils managed to surpass the average score of native pupils and from Denmark and Belgium, where non-native pupils performed better than native-born pupils with a foreign background, have to be treated with caution because of small and unreliable study samples (EUMC 2004).

Another cause of premature school leaving is the very *experience of failure* linked to a lack of vision for the future that pupils perceive in the educational establishment and in their own families. The devaluation of groups of pupils undermines attempts to reduce exclusionary processes in schools. 'Excluded pupils have experienced feelings of alienation and isolation as a result of more subtle psychological processes that can occur within the schools and class-room, of which the teacher may be unaware. ...The feeling of exclusion starts in certain lessons and grows until the individuals no longer feel that they have a part to play in the social and academic life of the school. In anticipation of the final sanction they may choose voluntarily to withdraw themselves and reject their part in school altogether' (Cullingford & Morrison 1996: 148). In addition to this, young people and their families had a passive awareness of powerlessness and economic deprivation which they believed could not be remedied by attending school regularly (Cullingford & Morrison 1996; Marchesi & Martin 1998). The lack of motivation and of expectations among these groups may be rooted in uncertainties and cultural perceptions. It should be mentioned that, among recently arrived teenagers, expectations of integration into the working environment motivate much more than the idea that expectations of the future can be improved through receiving academic qualifications, a very prevalent idea (Santibáñez & Maiztegui 2004). Different views on culture held by families and the world of education are at the root of these differences. This situation means that immigrant children and teenagers experience a contrast between the beliefs and ways of life that they see in their families, and those predominant in the society to which they have moved.

### 3.5 Adult education

The second UNESCO Education report (Faure 1973) was focused on the time available to the new, informal space alluded to by Combs (1967, 1985). That is to say, the development of the concept of education extends not only to other contexts but also to other age groups. This implies that learning is not limited to the school context and to school-aged people but rather extends throughout the 'development of individuals' and leads to the conclusion that education is not only aimed at the stages of childhood or adolescence, but also to adulthood and old age. This means that each individual can have the possibility of learning throughout his or her life, as lifelong education is necessary in a globalised and ever-changing world.

During the Fifth International Conference on Adult Education (CONFINTEA) held by UNESCO in July 1997 in Hamburg, the importance of adult learning for advancing minority rights and inter-community relationships was examined. At this moment, 'for first time the right to be different was acknowledged as an important right in adult learning policies' (UNESCO 1997c). In civil society, adult learning empowers all communities as it enhances chances for participation in society and for economic survival. As has been said in previous sections<sup>49</sup>, integration policies for the immigrant population bring with them educational programmes for adults, which include topics seen as vital for the integration of the immigrant community into the receiving society, such as language and professional aspects. On the other hand, the majority of educational research has been focussed on the first few stages of life. This section only shows a few methodological recommendations in this area, as adult education is an example of under-researched topic.

As in the case of compulsory education, the education of adults must address broad questions of peace and mutual respect and reflect the minority community's needs, rather than serving to assimilate minorities into the norms and values of the majority community. 'Adult education must help minorities to practice their right to identify with their own tradition and livelihood systems, rather than inculcate imposed characteristics' (UNESCO 1997c: 4). In addition, adult learning inculcates values, attitudes and patterns of behaviour that are relevant and appropriate to the culture of the learner. It also plays a vital role in the creation and consolidation of personal, collective and national identities. All these aspects of adult learning are crucial for sustainable livelihoods and the development of viable societies (UNESCO 1997a: 8).

As has been noted in previous sections, lifelong education is now a democratic imperative (Nadal 1999: 78). If the educational system were to decisively promote this, it should also place special emphasis on the groups of immigrant origin whose principal motivation is to improve their living and working situations. The Fifth International Conference on Adult Education and researches carried out with adult education recommends:

- *At the decision making level*, adults should participate in the design of their learning opportunities and materials. Their ways of learning are an intrinsic part of the programme offered. They should also be involved in monitoring and evaluation. In this sense, teachers should become aware of their attitudes towards this group and let them make their own decisions, give the opportunity of being more autonomous and to let them become their own instructors (Auerbach 1998; Lunenberg & Volman 1999). This will help prevent ineffective or inappropriate programmes. Hence, 'Minorities have their own traditional learning systems based on out-of-school learning processes. Minority learning systems often build on local wisdom rather than book-based knowledge, are inextricably linked to livelihood systems, and passed down from one generation to the next' (UNESCO 1997c: 8);
- CONFINTEA pointed out some *formal and informal methods* of intercultural adult learning, particularly extracurricular activities such as guided tours, literature, museums, music and art. 'Songs and music as well as other aspects of the culture of minorities often play an important role in motivating minorities to learn about themselves, their environment and the social and political context in which they exist. Adult learning systems should therefore acknowledge such informal learning systems for promoting minority cultures and identity' (UNESCO 1997c: 8). The influence of Paulo Freire's proposals and his psychosocial methods in this area should be mentioned here, as it constituted a conceptual and pedagogical milestone that has inspired many educational practices, as well as the training of advisors, adult educators and social workers (Williamson & Montecinos 2001);

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<sup>49</sup> See point 2 in this chapter.

- *Regarding languages:* Basic educational competence in the mother tongue but also the national languages and languages of international importance should be a fundamental entitlement. While imparting basic educational competence in the mother tongue is key to promoting cultural identity and personal development, it is equally important to promote global languages of communication as well as the national or official languages, 'so they have access to the opportunities offered by globalisation' (UNESCO 1997a: 15). Some experiences show how immigrant and refugees become adult instructors in their own communities using language of origin as a resource to teach/learn the host community language (Auerbach 1998);
- *Women education and family education:* Some studies stress the role played by women in social integration of themselves and of their families. For example, in the USA, some women live the paradox of being the best English speaker in their family and of failing in their English classes (Smoke 1998). Other studies carried out in Belgium (Timmerman 2000) show how education influence in girls' decision making regarding a more secular nationalism instead of a more religious nationalism. Finally, last but not least, women played a crucial role in the family education, how they deal with and solve problems (Olmedo 2003), how they learn about children's rights and needs (Sue & Sue 2003) and how to be able to cope with cultural shock (Deen 2002).

In relation to the integration of immigrants into society, the change of image of certain groups is seen as a vital element. For this, it 'may be necessary to develop new strategies such as 'intercultural dialogue' and constructive confrontation between cultures. These strategies could be helpful in identifying distinctive types of logic, different visions of the world, and distinctive knowledge and forms of learning. This would enable adults to develop critical attitudes towards their own culture, and help in the selection of cultural contents' (UNESCO 1997a: 14). Many initiatives have already been put into place with this in mind, as co-habitation between equals, especially taking part in common tasks in an environment of respect and living together, supports precisely this kind of intercultural dialogue, through courses in indigenous languages, seminars, conferences and cultural programmes. There also exists the need for majority communities to be informed about the other communities and their rights.

### 3.6 Higher education

The presence of ethnic minority groups in European societies has proven to be permanent the last couple of decades. Consequently, a group of young, second generation migrants has emerged over the last ten to fifteen years, educational success of ethnic minority groups has become an increasingly more important measure of migrant integration success in the host society. The topic of foreign background and ethnic minority students in higher education is a fairly new field of research in most European countries, mainly because the numbers of these students have been very low. However, the situation is changing rapidly and the growing ethnic diversity of student population raises important questions on how well both students and higher education institutions are prepared for each other.

The interesting thing about this theme is that it contradicts public opinion in Europe. While ethnic minority communities are generally seen as poorly educated, sometimes even illiterate, low skilled and are associated with topics like unemployment, criminality and societal isolation, higher education is seen as prestigious, opening doors to almost unlimited opportunities. What happens when these two 'worlds' collide? How accessible are higher institutions for members of these communities? And once they entered institutions of higher education: how well do they perform? Do they fail or do they excel? And what does failure mean? Do ethnic minority students not fit into the higher

education design or, conversely, are higher education institutions failing in serving this new group of students in a proper way?

### 3.6.1 Data on foreign background students in different European countries

#### *Problems of definition and data*

A first possible step to identify the position of foreign background students in higher education in different European countries is to look at the available statistical data. A first important finding is that the current data of European countries are based on such different definitions and criteria of 'foreign background' that a cross-national comparison is not possible. For example, comparing data gathered by different national higher education institutions such as the National Agency for Higher Education in Sweden, Statistics Netherlands and Statistics Norway show that Sweden, Norway and the Netherlands define their foreign background students by country of birth or country of birth of their parents. However, in Norway and Sweden students are of foreign descent when both parents are born abroad, while in the Netherlands the country of birth of only one parent is enough to label a student as a foreign background student. In the UK self-definition is used to categorise ethnic and/or racial group. The German definition is based on nationality. *Bildungsinländer*, for example, are students with a non-German nationality or stateless students, who have the disposal of a German entry qualification for higher education.

#### *Representation and access*

**Table 3.1 Representation of foreign-background students, 2001**

	Definition foreign	Per cent of total population	Per cent of all first year students cohort 2001
Sweden (same age groups)	Both parents foreign-born	15	15
The Netherlands (age 17-22)	At least one parent foreign-born	22	15
		Total population	First generation immigrants (both parents foreign-born)
Norway (age 19-24)	% in higher education	26	14
			Persons born in Norway and both parents foreign-born
			20

Sources: Sweden: National Agency for Higher Education 2003a; The Netherlands: Statistics Netherlands (total population), IBG/IMES (student population); Norway: Statistics Norway  
 In the Swedish data entrant students are divided into several age groups. These groups are compared with the same age groups in the total population (National Agency for Higher Education 2003a).

Although, for the moment, we refrain from a cross-national comparison of the representation of foreign background students on basis of the available data, we can look at separate national data. Table 1 shows that Sweden has equal representation (15 per cent of the persons in both the total and the student population are of foreign origin). In the Netherlands there is a seven per cent point difference between the share of foreign background persons in the total Dutch population in the age group 17-22 and in the population of first-year students of the same age group. In Norway relatively more 19-24

year olds of Norwegian origin are studying in higher education than persons of non-Norwegian background in the same age group. Germany has no national data on access of students of immigrant descent. However, there are indications that this group of students is underrepresented in German higher education. Nine per cent of the Bildungsinländer who ended their secondary education in 2000/2001 gained the general higher education entry qualification (Abitur), while among German pupils this percentage was 24.

Foreign background students form heterogeneous groups that (can) differ in access rates. The Norwegian figures show a lower HE-participation of first generation immigrant students compared to the HE-participation of second-generation immigrant students, a phenomenon we also see in the Netherlands. Access differences are also identified on basis of ethnic origin. In Sweden, for example, Iranians and young people from western European and Scandinavian countries are well represented in higher education, while 'immigrant groups from African countries are markedly underrepresented' (National Agency for Higher Education 2003b: 11).

Differences in access rates and representation raise the question how these differences can be explained. On the national level the education system plays an important role in the accessibility of higher education. Selection procedures in secondary - and even primary- education in some countries are such that a disproportionate number of foreign background pupils end up in tracks that require more efforts to enter higher education or even make this transition impossible (Crul & Vermeulen 2003). Also, financial barriers to enter higher education differ between countries. Some countries do not charge tuition fees (Germany, Norway, Sweden), while others do (the Netherlands, UK). In addition, the financial study support system differs from country to country. A third distinguishing factor between countries is the recognition of foreign qualifications. This especially hampers the access of refugee students without documents (of education) (Thomas & Quinn 2003). Fourthly, selection criteria on the level of higher education institutions differ from country to country. For example, a Dutch pre-higher education qualification grants access to every higher education institutions in the Netherlands (which are mainly public institutions), while in the UK, in general, higher education institutions are allowed to set their own selection criteria. Finally, different countries use different admission procedures for coping with over-subscriptions for courses. These procedures influence access to these courses. For example, in some cases students are selected by a proportionate lottery-type draw (the Netherlands) in other cases students are selected by marks in school-leaving exam (Norway) and/or other criteria such as university aptitude tests (Sweden) and/or interviews (UK).

Another group of explanation for differences in access rates can be found in the match between characteristics of higher education systems and of groups of foreign background students. For example, in Sweden, where foreign background students are equally represented in higher education, 62 per cent of the foreign population is of Western origin. In the Netherlands, where foreign background students are underrepresented, this concerns 47 per cent of the foreign population. When we look at the group of non-Western origin, communities originating from former colonies are, by history, more acquainted with the host society and its educational options and may experience fewer language barriers than labour migrant communities. Therefore, differences in access between ethnic groups may be caused by familiarity with higher education (Thomas & Quinn 2003). Social class also seems to account for access differences between groups. The first generations of labour migrant communities are for a large part a low-income group with no higher education experience. As a result, these communities deliver fewer candidates for higher education than other, more affluent migrant communities.

It is clear that many factors influence the higher education access of foreign background students. The list above is not exhaustive, but is meant as an illustration. It shows the complexity of explaining national access rates. It is challenging to fit these and

other factors into a (theoretic) model in order to understand the separate and joined contribution of these factors to access rates.

### *Retention*

European retention data of foreign background students are scarce on the national level. The only available national data are from Sweden and the Netherlands. In Sweden, study achievements of Swedish students are better than of students from non-Swedish origin. Almost 25 per cent of the Swedish students have less than 120 credit points after eight years of study, just as 35 per cent of the foreign background students.<sup>50</sup> These figures strongly suggest higher dropout rates among students from non-Swedish origin. Further analysis shows a large overlap of ethnic background and social class (Forneng 2003).

The Netherlands has a binary higher education system consisting of (research) universities and institutions of higher professional (vocational) education (HBO). Students require higher qualifications to enter university than HBO. Of the new entrants' cohorts of 1997, 1998 and 1999, an average of 27 per cent of the migrant HBO-students drops out in the first two years of study. For students of Dutch origin this average is 21 per cent. Differences in dropout rates at the university level are rather small (nine per cent for native Dutch versus eight per cent among foreign background students). The data demonstrate that in general dropout among foreign background students is higher compared to dropout rates of Dutch students, but dropout rates differ by type of higher education. Further analysis shows also dropout differences between and within ethnic (minority) groups (Crul & Wolff 2002).

There are no national retention data from the UK, Germany and Norway. However, in the German case some evidence suggests lower retention rates for foreign background students. For example, Bildungsinländer seem to have a weaker financial position, which may have a negative effect on retention and success (Thomas & Quinn 2003). In the UK, Thomas (2002) signals a tendency in the UK to relate the assumed rise of non-completion rates to the increase of HE-entrants from non-traditional, under-represented groups, such as ethnic minority students.

We conclude that retention and study completion of foreign background students appears to be problematic in different European countries. In some cases this is clearly supported by data. In other cases there are some indirect indications that suggest higher dropout rates for foreign background students.

### **3.6.2 Academic and social integration: explaining retention**

Retention data put forward the question how the higher dropout rates of foreign background students can be explained. One can state that a relative large part of these students are poorly equipped to be successful in higher education, for example because of language problems. On the other hand one can also question whether higher education institutions are equipped well enough to serve these students.

A good starting point to study retention of foreign background students in Europe is the work of Tinto, one of the leading scholars in the field of retention and dropout in American higher education. His ideas are based on Van Gennip's theory on 'rites of passage' and Durkheim's suicide theory. In Tinto's view someone entering higher education goes through a transitional period from pre-higher education period into the higher education system. This transitional period require certain skills to get used to and to adapt to the higher education system and culture. This seems most problematic for non-traditional students, such as students from a low-economic background, students who are

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<sup>50</sup> Study results of at least 120 credit points equals three years of study, which in Sweden generally offers enough employment opportunities without graduation.

the first of their families to go to higher education and non-white students. If a student manages to integrate into the system, chances increase to complete the study successfully. On the other hand, students who feel alienated at their course program or institution are more inclined to step out of the system, which is relatively easy to do in the case of higher education since it is non-compulsory: it is the own choice of students to attend higher education course programs. The largest dropout can be found in the first year of study. According to Tinto, this can be explained by the notion of transition.

Tinto approaches retention from an interactionists' point of view, which is illustrated by his central concepts of academic and social integration. (Tinto 1993, 1998). Academic integration refers to the process of learning. Students are academically integrated when they are engaged with and committed to their studies and are inquisitive and motivated to excel. It is particularly the faculty and student support staff that can promote this form of integration. Social integration refers to the process of making friends and refers mainly to contacts between fellow students. Students are socially integrated when they and their fellow students have built up such a friendly bond that they collectively go over the learning material and help improve each other's study skills. Students that are well integrated in both areas, and therefore are concerned about their studies and have good contacts in their education stand a better chance in successfully completing their studies. Conversely, students who are barely or not at all integrated academically and socially nearly always drop out. One major critique on Tinto's ideas is that students themselves are blamed of dropout: they lack the skills to integrate into the system of higher education institution. However, Tinto states that it is the responsibility of institutions to do everything they can to keep their students within their walls. That is why he promotes the creation of networks among students and between students, teachers and student support staff in order to enhance the social and academic integration of students.

A qualitative research of Wolff and Crul (2003) seem to confirm Tinto's model in the case of foreign background students in the Netherlands. The researchers compared higher education experiences of both students and former students who dropped out of higher education without graduating. To a certain extent both groups meet the same study problems and obstacles. However, successful students tend to have better networking skills and are more willingly to search and find support among fellow students, faculty and student support staff while having study problems than dropout students. In other words, students with better networking skills are socially and academically more integrated at their course and institution and are therefore less likely to dropout.

Some factors are general factors but seem to be strengthened among foreign background students (socio-economic background, (wrong) choice of subject, networking skills). Other factors are specific for foreign background students, such as the migration history (first generation immigrant students) language difficulties and contacts between foreign background students and autochthon faculty, student support staff and in particular autochthon fellow students. These contacts range from innocent observations of 'ethnic-cultural differences' to cases of racism and discrimination.

## 4. THE ROLE OF HEALTH IN INTEGRATION

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### 4.1 Introduction

#### *Why is health an important aspect of integration?*

Migrants who are burdened or handicapped by health problems are hampered in the task of integration. The problems in question do not have to be their own: they can also be those suffered by people upon whom the migrant is dependent, or people who depend on him/her. Illness exacerbates marginalisation and marginalisation exacerbates illness, creating a downward spiral.

At the same time, integration is a prerequisite for effective health care delivery, which is often impeded by inadequate access. Access to effective health care should be seen as no less important than housing and education for the well-being, and thus the integration, of migrants. Portraying the state of the art in this aspect of migrants' integration demands an understanding of the relationship between health and migration/integration policies. An interest in migrants' health, both in terms of academic research and professional practice, goes hand in hand with the development of a policy framework for integration.

Some authors, indeed, have argued that public policies on health and migration follow the same phases of development as integration policies (Wicker 2003). The path towards integration involves issues of access, which, in the long run, can imply the extension of citizenship rights and welfare regimes to include migrants. Haenzel et al. (1968) claimed that the longer migrants stay in the host country, the more closely migrant and autochthonous behaviours and lifestyles tend to resemble one another. Other authors (Van der Sytuft et al. 1989; Stronks et al. 2001) attribute this more to acculturation than to length of stay as such. The latter may not be a reliable measurement of integration, since cultural and socio-economic conditions of groups and individuals do not necessarily fade out over time.

Following this line of argument, migrants' integration in the area of health could be measured using the same types of concepts used to measure structural and cultural integration (classically defined as equality of access, allocation of resources and participation). In this way, migrants' state of health and migrant health care policies might be used as an indicator of integration and integration policies. Put concretely, this would imply that successful integration in the field of health could be measured in terms of equality of access to health care, health information, etc., and the same incidence of health risk factors within immigrant and autochthonous groups after a certain length of stay in the host country. However, the relation between health and integration is not as straightforward as this notion implies. Acculturation does not necessarily lead to better health: for instance, some forms of health-threatening behaviour, such as over-eating, smoking and alcohol abuse, are associated with a 'Western' life-style.

Integration plays an important role in health care service delivery because good communication and mutual understanding is essential for effective help. However, since integration (as opposed to assimilation) is a two-way process, the development of this good relationship is not only the task of the migrant. The health care system also has to adapt its services to users' varying needs and expectations. The paradox here is that to provide

the *same* care for everybody is actually to provide *inferior* care to groups who differ from the majority. A state-of-the-art survey must also pay attention to the attempts made in different countries deal with this paradox.

### ***What topics does the area include?***

The three major issues that we have identified are:

- i. Migrants' state of health, how it can be monitored, and what factors influence it.
- ii. Migrants' rights and access to health care
- iii. Care delivery - the nature of 'good practice' in this area, measures taken to improve the quality of care for migrants

### ***The state of the art: what is the level of knowledge, professional practice and policies?***

Until very recently the topic of migration and health has been seriously neglected. Within migration studies, attention for health has been negligible. Researchers have perhaps not realised how the scope and importance of health care have increased in the last 50 years - how broad the Western concept of 'health' has become and what an important part health care agencies play in modern industrial societies.

The notion of health has been broadened to include many issues that would previously have been regarded as social, moral, political or existential. Nowhere is this more visible than in the field of mental health, a sector that has expanded enormously in the last half century. The *Diagnostic and Statistical Manual* of the American Psychiatric Association listed 60 categories of abnormal behaviour in 1952, 145 in 1968, 230 in 1980 and 410 in 1994. Sales of this manual worldwide are estimated to earn the Association some \$60 million per year. Today, problems of juvenile delinquency, for example, are regarded as the province of 'developmental psychopathology'. Conflicts on the work-floor, 'burn-out', problems in personal relationships, family conflicts and intergenerational problems all fall nowadays under the umbrella of 'health problems'. Whether one is for or against this far-reaching 'medicalisation' and 'psychologisation' of human problems, it is a fact of modern life. We may note, however, that there are differences between European countries both in the extent to which this process can be observed and in the form that it takes.

### ***Obstacles to research***

To the extent that research has been carried out at all on the health of migrants, it has mainly been done within the health sciences rather than migration studies. Here too, however, there has long been a systematic neglect of migrants and ethnic minorities, although this situation is rapidly changing. Traditional medical and psychological research is notorious for excluding subjects from ethnic minorities. Graham (1992) showed that 96 per cent of the studies published in the 1970s and 1980s in four leading journals of the American Psychological Association excluded African American subjects. To some extent, this was linked to the legacy of racism and assimilationism, but there are also pragmatic reasons for this practice (which still continues). Statistically speaking, the most powerful test of an experimental effect is obtained with a sample that is as homogeneous as possible. In medical research, such considerations have led to a state of profound ignorance about the effectiveness of treatments on ethnic and cultural minority patients.

Another obstacle to research is that clinical records frequently fail to record the ethnicity or origin of patients. Sometimes this is a matter of principle, because some health workers feel the practice is discriminatory, but mostly it is an oversight or a

question of laziness: sometimes there is simply no code available which really fits the patient. Moreover, no single coding system exists which is ideal from every theoretical point of view, and the large number of different classification systems used is a serious obstacle to comparative research.

In any case, if we are interested in a group's state of health, clinical records give only a very indirect assessment of this: the data only concern those who seek treatment, and say nothing about those who do not find their way into the care system. Moreover, they only register how much treatment was given, but they cannot tell us whether this treatment was really appropriate for the problems presented.

Ideally, research on the health of populations should use epidemiological surveys, but these are expensive because new data have to be collected. Moreover, serious methodological obstacles lie in wait here for the researcher of migration. How to locate subjects and ensure an adequate response rate? How to be sure that the standard questionnaires and tests are cross-culturally valid? More development of measurement instruments and greater discussion of them are necessary for progress in this field (Stronks 2003).

Another obstacle to research is that since host countries do not aim at the integration of certain categories of migrants (e.g. asylum seekers, provisionally admitted migrants and undocumented migrants), these groups tend to be ignored in health monitoring. Yet another problem in this area is that many valuable studies are confined to the 'grey' literature - internal reports and unpublished documents - which makes it difficult to locate research.

### *Migrant health and paradigms of health care*

The particular models dominating health care also influence the amount of attention paid to topics such as social inequalities and cultural differences. Health care cannot respond to the challenge of diversity if it is dominated by models which make no allowance for social and cultural factors. Most insensitive of all, of course, are reductionist biological or psychological approaches. Medical care that is based on a purely technological, symptom-oriented approach pays little attention to cultural diversity and the social context. The same is true of the standardised diagnostic procedures and treatment protocols that are increasingly imposed to meet the demands of 'managed care'.

Attention for migrant health has traditionally been confined to certain disciplines.

- The roots of *tropical medicine* and *ethnomedicine* lie in the colonial past, when data were ordered according to categories of 'race' and the basic assumption was that non-whites differ radically from whites. In descriptions of illness, the accent lays on the exotic or bizarre nature of the disorders non-Europeans displayed. In the post-colonial era, these disciplines have modified their assumptions, but their paradigm still has limitations when it comes to analysing the situation of migrants (see, e.g., Gentilini et al. 1986);
- *Public health* and *social medicine* have traditionally been concerned with such matters as the risk of contagious illnesses being imported through migration ('import diseases'). In recent years they have also focused on the effects of social deprivation and other migration-related factors on the health of various groups (see for example Brücker et al. 1989; Gentilini et al. 1986; Lévy 1994). In addition to this very significant shift in focus, traditional receiving countries have also moved towards less restrictive entry policies for potential immigrants with diseases identified as public health risks, such as HIV/AIDS and tuberculosis (IOM 2000);
- *Psychiatry* has had a long interest in racial and cultural differences. Nineteenth-century psychiatry tended to adopt the racialist assumptions noted above in tropical medicine and ethnopsychiatry, focusing on the bizarre and the extra-

ordinary. However, the German psychiatrist Kraepelin, often regarded as ‘the father of modern psychiatry’, broke with this tradition in 1904 when he proposed extending his universal classification model to all races. This universalistic approach formed the basis of the extensive programmes of epidemiological research carried out by the World Health Organisation in the 1950s and 1960s. From the 1970s, a more relativistic approach (dubbed the ‘new transcultural psychiatry’) has arisen, influenced by anthropologists such as Arthur Kleinman (e.g. Kleinman 1981);

- *Ethnopsychiatry* refers to an older tradition, particularly active in Germany, France, Italy and the U.K., which is rooted in the study of non-European peoples. Like ethnomedicine, it concentrates on health and illness in the countries of origin, but again there are obvious limitations to this approach. Of course it is useful to know how people in immigrants’ countries of origin become ill, and how they solve their problems. But we must recognise the heterogeneity and dynamic nature of these cultures and not foster any myths about ‘the Moroccan (Turkish, Surinamese, etc.) culture’. Moreover, a migrant is by definition someone with a foot in two or even more cultures: we have no way of knowing, simply on the basis of a person’s country of origin, how to classify their culture (see, for example, Fassin 2001). A second limitation is that ethnopsychiatry usually focuses on patients and their illnesses. It does not usually analyse the (Western) service provider, or the social position of the migrant in the host country;
- In *nursing* there have been systematic attempts since the 1970s (largely in North America and Australia) to highlight the need for ‘cultural sensitivity’ (see, e.g., Carrillo 1999; Zust & Moline 2003). A December 2004 conference on ‘Migrant Friendly Hospitals’<sup>51</sup> points to new interest in the issues concerning in-patient care. Care for the elderly (both residential and home care) is now also confronted by the problems of looking after migrant groups with non-standard needs and expectations.

Today, generally-speaking, greater interest by researchers is developing in the field of migrant health, as evidenced by the emergence in recent years of several academic and professional journals, such as *Journal of Transnational Nursing*, *Journal of Immigrant Health*, *Ethnicity and Health*, *Tropical Medicine and International Health*, and the IOM *Migration and Health* newsletter.

#### *Growing attention to migration issues*

The past twenty years have seen an increase in specific attention to migrants, both in research and in health care practice. The *amount* of attention is related to the size of ethnic minorities in a given society and the importance attached to their rights. Australia, where 25 per cent of the population is foreign-born, and Canada (20 per cent) head the field in this respect. In most Northern European countries, where the percentage is around 8-10 per cent, there is moderate interest. In many Southern European countries, where immigration is a comparatively recent concern, attention is very slight. Attention for migrant health is also related to the health risk which immigrants are seen as posing, e.g. in relation to the HIV epidemic (Haour-Knipe 1999).

The *type* of attention paid - the issues addressed and the way they are problematised - shows a relationship with each country’s immigration history. Firstly, the degree to which migrants’ rights are taken seriously will depend on the prevailing ideology concerning citizenship and diversity (cf. Kirmayer & Minas 2001). An explicit policy of multiculturalism will stimulate the adaptation of services to the needs of migrants; a ‘monocultural’ or assimilationist policy, by contrast, will discourage this.

<sup>51</sup> <http://www.mfh-eu.net/public/home.htm>

Secondly, the way migrant health is problematised will depend on the groups which are most salient. In Sweden, for example, recent immigrants have been mostly refugees, and the concept of 'traumatisation' figures prominently in discussions about migrant health. In the U.K., with its substantial ex-colonial immigration, the issue of racism dominates discussions about inequalities in health care. In The Netherlands, where concern is focused on labour migrants from Morocco and Turkey who started arriving in the 1960s, racism is hardly considered to be a factor and the main preoccupation is with 'cultural differences'. Indeed, so intense is the Dutch preoccupation with culture that they have coined the term *interculturalisatie* to describe the task of improving the accessibility and quality of services for migrants.

Surveying all these attempts to deal with the question of migrant health, it becomes apparent that in many countries the work is being carried out by isolated individuals, professional groups or service providers, without much coordination or contact with each other. Each discipline can illuminate one aspect of the puzzle, but none is concerned with 'the big picture'. The same fragmentation of effort can be observed between countries. Partly because of language differences, but also because there are few international organisations or initiatives in this field, people in each country struggle to re-invent the wheel, in relative ignorance of what is going on in the rest of Europe. As a result, approaches may be adopted which experience in other countries has shown to be inadequate, while other approaches which might be more successful are not be considered because they are unknown.

There have been some attempts to provide an overview of migrant health (care) in Europe. Watters (2001) undertook a preliminary 'mapping' of care provisions in selected countries. The EU-project *Salute per tutti - Health for all*<sup>52</sup> also carried out in-depth surveys of certain countries. Other comparative projects (e.g. Watters et al. 2003) have been oriented towards refugees and asylum seekers, but have revealed much about migrant care in general. In June 2004, an international conference was held at the Erasmus University in Rotterdam on *Migrant health in Europe: international conference on differences in health and in health care provision*.

However, there is still an urgent need for international and multidisciplinary cooperation to promote the sharing and exchange of knowledge and expertise on migrant health. An important aim of future activities within IMISCOE could be to synthesise and stimulate developments in this area at a European level.

### ***Notes on the concepts to be used***

#### ***The need to keep definitions broad***

Surveying this field shows the importance of considering *all* aspects of health care, including those which border on social care: e.g. social work, care of the elderly, home care services, residential institutions, rehabilitation, youth services, preventive and public health provisions. It also suggests the need to adopt a broad definition of 'health problems' so as to include the functioning of families, parent-child relationships, acculturation stress, problems arising in the workplace, and problems of adjustment not serious enough to qualify for a psychiatric diagnosis (so-called 'psycho-social' problems).

In addition, what emerges from recent work is that it is not enough to stick to the categories used by service providers and the host society: the categories and concepts used by migrants themselves must also be considered. For example, most Western health services make a sharp distinction between physical and psychological problems, and between 'internal' and 'external' ones. Religious problems fall outside the official care

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<sup>52</sup> [www.salutepertutti.org](http://www.salutepertutti.org)

system altogether. Different agencies, often functioning in total isolation from each other, deal with each of these types of problems. Many migrants, however, are not accustomed to these ways of categorising problems and have difficulty presenting their difficulties in a way the service provider regards as 'appropriate'. There may be a mismatch between their habits of problem construction and those of the service providers. They may not adhere to the clear-cut dualisms used in the West, or they may define category boundaries differently, or they may use quite different dualisms (including 'supernatural' categories).

For all these reasons, medical anthropologists in particular have urged that not only the perspective of the caregivers, but also that of the service users, should be taken seriously by researchers and service providers. The object of study should be not just 'disease' (the starting-point of most epidemiological research) but also 'illness'. In Kleinman's words, '*Disease* refers to a malfunctioning of biological and/or psychological processes, while the term *illness* refers to the psychosocial experience and meaning of perceived disease' (1981: 72). This suggests that in addition to the usual 'top-down' approach, in which research, diagnosis and treatment is guided by official categorisations, a 'bottom-up' or phenomenological approach needs to be used in which the users' perspective is the starting-point. This in turn suggests an important role for *user involvement* in the design of effective care services for migrants.

### *The need to distinguish between migrant groups*

Even though migrants might have different health backgrounds and different health states as discussed below, these differences are increased by the fact that they have different rights according to their permit of stay which may have consequences for health (differences in possibilities to stay, access to work and access to health care).

A survey of the work carried out to date makes clear that it is misguided to try to produce generalisations about the health needs of migrants in general. Migrants' health and medical experiences have varied considerably across space and time (Marks & Worboys 1997), as well as across different groups. There are crucial differences between groups related not only to country of origin and level of education but also to the type of migration concerned. At the very least, it is necessary to pay separate attention to post-colonial migrants, 'traditional' labour migrants, secondary migrants, refugees and asylum seekers and undocumented migrants. In addition, distinctions should be made between generations (first, second, etc.) and between males and females, old and young.

## 4.2 Migrants' state of health

In this section we describe some of the issues that arise when researchers wish to establish the state of migrants' health and to explain the differences that may be found. Traditionally (e.g. Nazroo 1998), there are three main ways of explaining differences in health between ethnic groups:

1. Genetic differences
2. Cultural differences
3. Socio-economic position

Stronks et al. (1999) propose adding two other factors:

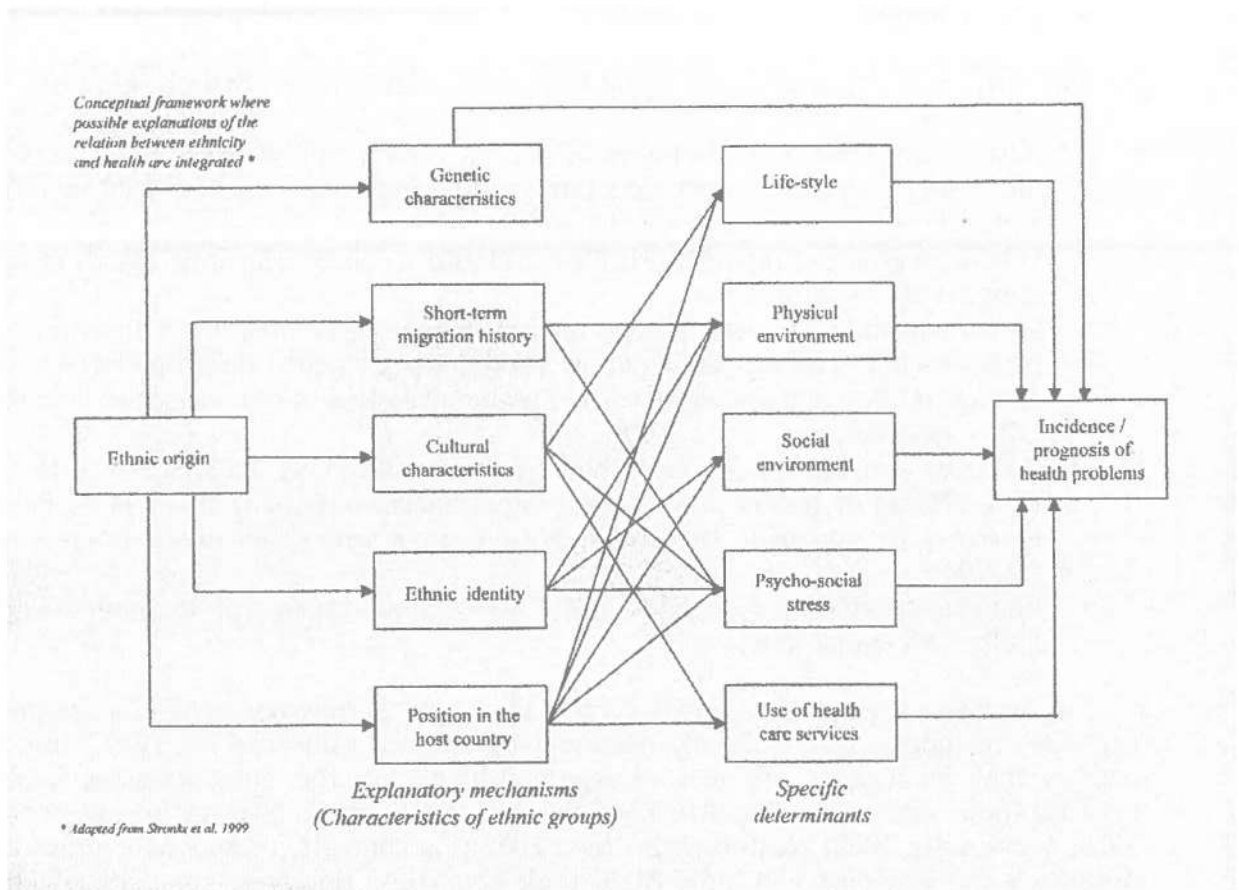
4. Short-term migration history
5. Ethnic identity

In addition, these authors propose a two-step explanatory model, in which the above five factors are regarded as 'explanatory mechanisms' which operate via five specific sorts of determinants:

- a. Life-style

- b. Physical environment
- c. Social environment
- d. Psycho-social stress
- e. Use of health care services

The following diagram summarises the model of Stronks et al. (1999):



It is important to note that migrant health can sometimes be *better* than that of the host population, e.g. through selection processes (the ‘healthy migrant effect’, see below), or if religious beliefs proscribe alcohol consumption. While some illnesses might be common to both ‘foreign’ and ‘autochthonous’ populations, ‘their clinical manifestations and statistical frequencies differ quite notably’ (Fassin 2001). Other illnesses may be common to migrants of a specific origin, due either to genetic or environmental factors. However, these should not lead us to a ‘racialisation of difference’ simply because of an association between health and ethnic origin, since diversity is equally common among citizens of the same country (Fassin 2001), where similar differences can be observed between different categories of people: men and women, blue collar workers and service employees, rural and urban residents. The living conditions in the host country also play a crucial role; poor living conditions, bad quality housing, heavy jobs in unsafe environments and for long working days might sometimes be the root causes of particular health problems that apply to migrants in general or to specific groups.

## Risk factors

Some general factors that affect virtually *all* migrants are:

- ‘acculturation stress’
- loss of familiar environment and social support system, difficulties encountered in recreating these
- discrimination

Beyond this, particular problems may be associated with different migrant groups:

- Post-colonial migrants: Problems of access to care can be fewer because of better integration. Problems can concern racism and neglect of special needs (e.g. culturally appropriate care for the elderly);
- Labour migrants: Problems are often related to socio-economic disadvantage and poor access to care;
- Secondary migrants and second or third generation migrants: In these groups problems may concern for example reproductive health, developmental problems among children and adolescents, and problems linked to discrimination and strained ethnic relations;
- Refugees and asylum seekers: This group is traditionally assumed to suffer mainly from effects of traumatic pre-flight experiences, but today there is an increasing tendency to emphasise the problems they share with other migrants (see Ingleby, ed. 2004);
- Undocumented migrants: Here there are acute problems of (a) poor health, (b) limited access to care.

We have already mentioned the so-called *healthy migrant effect*, a controversial concept and phenomenon already observed by Raymond-Duchosal in 1929. This notion implies that immigrants are on average healthier than the autochthonous population because those who are less healthy have a lower propensity to migrate (see Wanner et al. 2000; Manfellotto 2002; Westerling & Rosén 2002); by contrast, those who migrate tend to be among the youngest and most fit in their countries. However, comparisons between immigrants and the autochthonous population in other cases bring controversial evidence. Irish migrants in Britain appear to be the group with the worse state of health not only compared to indigenous white British, but also to other ethnic minority groups, and this has been maintained over generations (Greenlade et al. 1997). In Switzerland, Loutan Bischoff *et al.* (1997) showed that migrants have a worse state of health, corresponding to a higher prevalence of infectious disease within immigrant groups, in particular asylum seekers. It seems, therefore, that there is no single pattern and there is great diversity in health statuses, profiles and types of illness.

## 4.3 Access to care

### *Migrants’ integration and European health systems*

‘Everyone has the right of access to preventive health care under the conditions established by national laws and practices’, begins Article 35 of the European Charter of Fundamental Rights, agreed at a meeting of the European Council in October 2000 and approved at the Nice Summit at the end of that year. Although the charter does not oblige national governments to embrace its provisions, it explicitly states that *access to health* in particular depends on national policy frameworks (Warnes 2003). As migrants in a given

receiving country are faced with specific institutions and structures, the satisfaction of their health needs depends on the health system of the host country.

Public health care, however, together with insurance and pension schemes, constitute the core of welfare systems in Europe, so the question of migrants' health becomes an aspect of migrants' inclusion in welfare. The welfare of migrants is connected to the existing social policy framework and the whole set of institutions, measures and provisions constituting the social state in the host country, on the one hand, and to the specific policies aiming at the integration of migrants, on the other. To these, we should add the immigration policy framework, which defines the criteria of entry, work and settlement of immigrants in a given country, thus determining the conditions of access to welfare services. Restructuring processes and policies of reform that result in a paradigm shift in the approach towards services users increasingly challenge European welfare regimes, despite national variations and different definitions and practices. In respect to health care, this trend is aimed at transforming 'patients' into 'customers' or 'consumers'.

Within this context, national health systems face a dual dilemma. On the one hand, they have to ensure that the needs and specificities of already present migrant populations and ethnic minority groups are effectively satisfied; on the other, they have to deal with newcomers who are often subject to ambivalent statuses (e.g. undocumented migrants and asylum seekers) and may have particular problems. To the extent that national health systems fail to address the needs of the former and to include the latter, despite recent positive steps and examples of 'good practice', some of the gaps are covered by either the private market sector, which is clearly beyond control / monitoring and does not apply to all, or by non-governmental initiatives (e.g. charities and NGOs), which have limited infrastructure and capacity. In the long run, any exclusionary framework has proven costly and inefficient and causes chronic problems to the systems, as, for instance, emergency services are overloaded by simple cases, being the only national health system units available to all.

It should be noted that 'access' is a broad and ambiguous term. The first component of 'access' concerns the question of whether an individual has the *right* to help (legal rights, financial ability). A second component has to do with whether an individual is able to come in contact with the caregiver. Many factors will affect this, some related to the person seeking care and others related to the service provider. A third component concerns the question, when an individual has reached the caregiver, of whether they can access their helping and healing powers: in other words, is the help given effective *for them*? We have chosen to treat the latter aspect separately and to deal with it in the next section. However, when a service provider has the reputation - justifiably or not - of being ineffective, this will constitute a barrier to access. Therefore, the issues of 'quality' and 'accessibility' are linked.

Factors that can impede access include lack of knowledge about the health care system, the situations in which it can help, and the procedures for getting this help. Mistrust may spring both from unwarranted and warranted beliefs. It is a myth that 'mental health services are only for the insane'; but parents who hesitate to approach social services or family support systems because they are worried a child may be removed from their custody, may have good grounds for their fears. For undocumented migrants, the risk of detection has already been mentioned. There may also be cultural barriers to access: an excessively 'all-white' image, insensitivity to minority customs, preferences, and conventions (e.g. disregard for religious holidays, diet, rules of interaction relating to men and women). A primary challenge is assisting immigrants in gaining awareness of and confidence in the health care system of the receiving country as well as realising the importance of preventive health care. Immigrants may only turn to doctors and hospitals in the case of an emergency or when illnesses are already in advanced stages because of mistrust (see Manfellotto 2002). Providing health care for immigrants requires cultural interpretation and sensitivity to cultural nuances (Carrillo et al. 1999).

Because some immigrants may have never been treated in Western medical facilities in the past in their countries of origin, they may be unfamiliar with and mistrustful of Western medical approaches. Some may have little experience with immunisations, routine general check-ups, dental and oral maintenance or women's reproductive health check-ups. Carlsten (2003) observes that, 'Immigrants' health care is directly affected by the socio-political climate in their countries of origin. Poor accountability and infrastructure leads to the waste of funds intended for vaccination, screening for common cancers, infectious disease, etc. Immigrants import these accumulated health care deficits'.

Mistrust in and barriers in access to the public health care system (e.g. lack of insurance coverage) - when not successful in dissuading people from seeking solutions elsewhere - can lead to the creation of alternative strategies for accessing health care, involving self-medication with prescription drugs from the country of origin and traditional folk remedies, turning to other immigrants with health care backgrounds unable to practice in the receiving country and traditional healers, or seeking health care in the country of origin or other third countries (see Alhberg et al. 2003; Stronks et al. 2001; Messias 2002; Zust & Moline 2003).

Mistrust in and barriers to health care can also lead migrants to suppressing and hiding their health problems, as the following example illustrates. In some receiving countries, a large proportion of new HIV cases are immigrants. In order to keep HIV positive immigrants from entering, some receiving countries have imposed new restrictions on them. In France, for example, immigrants - mostly from Sub-Saharan Africa - made up fully one-third of the 1,700 new HIV cases in 2002. As a result, the French government, which previously offered immigrants rights of residence 'if the health situation call[ed] for urgent medical treatment, and they cannot obtain treatment in their countries of origin', stopped being so hospitable. It has been found that immigrants, who were just starting to be more willing to be tested for STDs (thus leading to the development of more accurate monitoring of these diseases) are increasingly distrustful and apprehensive of being tested, out of a real fear of persecution and deportation. They try to hide their illness and consequently do not get the health care they need. 'The result is that a high number of people dying from AIDS are immigrants, while French people with the condition have easy access to therapies and medical treatment' (Godoy 2003).

### *Measurement problems*

As we have discussed in the Introduction, measuring the accessibility of care is highly problematic. Often, comparisons are made of the rate of 'care consumption' by different groups: if there are no significant differences, researchers often conclude that there are no inequalities in access. However, this assumes that the needs of all groups are equal, which is a highly questionable assumption. To quantify accessibility one has to know not only the rate of care consumption, but the prevalence of problems (i.e. the level of need): this can only be established by epidemiological surveys. Such surveys traditionally omit migrant groups, while including them brings with it serious methodological problems.

However, information about problems of accessibility which migrants experience can also be collected using qualitative methods. Such research does not indicate whether accessibility is 'better' or 'worse' for migrants, but it does enable us to pinpoint the obstacles to care provision and the 'pathways to care' which migrants use. An example of such an anthropological study has been carried out among the Cape Verdian community in Rotterdam (see Bruijnzeels 2004: 50).

#### 4.4 Improving the quality of care

In this area, too, methodological problems have hampered the collection of data. Although treatments are nowadays supposed to be 'evidence-based', there is hardly any statistical evidence about the effectiveness, in terms of clinical outcomes, of the health care provided to migrants. However, other indicators of quality of care are available, such as the satisfaction of both clients and professionals with the treatment. This can either be studied quantitatively or qualitatively, by interviewing both parties or by observing interactions. Another indicator of quality is the number of contacts, which is often lower for migrant patients. This could of course reflect higher effectiveness of treatment - but when the reason for discontinuation is investigated, it usually turns out to be 'drop-out' (Bruijnzeels 2004: 49).

The biggest obstacle to effective diagnosis and treatment is often a language barrier. In many countries, schemes are in place to provide professional interpreters, or make interpretation facilities available by telephone. However, immigrants often face severe communication problems, which can prove to be problematic and even life threatening when it comes to pursuing health care. Some immigrants put off seeking health care entirely, through fear that they cannot communicate with health care professionals effectively, or embarrassment about their language abilities. Linguistic barriers serve to hinder immigrants from learning about their rights and recourses, not to mention explaining or understanding their own health needs. Misinterpretations, lack of linguistic equivalence for medical terms and conditions, and interpreters' own biases contribute to complicate communication and diagnosis (Ku & Freilich 2001: ii). Furthermore, patients' interpretations of what they hear are shaped by their 'gender, authority, socio-economic status, family/community role, ethnicity, education, previous contact with industrialised society, folk beliefs, and familiarity with Western medicine' (Carlsten 2003).

Given the dearth of bilingual health care and mental health professionals and interpretation services available throughout countries that have significant immigrant populations, many immigrants rely on alternative ways to communicate, by turning to family members or close friends that are bilingual. This can create embarrassment on behalf of the patient and the interpreter and may in fact be counterproductive because of inherent biases and power relations involved. Some research has been done on translation and its impact on the health care professional / patient relationship (see Canadian Council for Refugees and City of Toronto Public Health 1999; Carlsten 2003). NGOs and immigrant associations may prove to be very useful in assisting immigrant patients and health care professionals, by disseminating outreach information about health care and health issues in immigrants' native languages and providing transport to medical facilities, in addition to interpretation services.

A problem from the side of the professional is often inadequate knowledge about the background and culture of the person being treated, or the specific nature of their problem. The need is widely recognised for systematic *development of expertise* to remedy this. Such expertise must consist of more than simply the dissemination of stereotypical notions about different migrant groups. 'Intercultural competence' involves skills in listening and understanding, as well as awareness of one's own biases, prejudices and frame of reference.

In the last three decades, much work has been carried out (much of it pioneered in the USA, Canada and Australia) to develop 'culturally sensitive' or 'culturally appropriate' care (see Carrillo et al. 1999; Zust & Moline 2003). Health care workers need to be aware of cultural differences in the forms which problems may take, as well as the way they are manifested ('idioms of distress'). Doctors sometimes complain, for example, of excessive

'somatisation' of complaints by migrants, when insight into cultural differences could suggest a different interpretation.

In a dialogue, both parties need to appreciate each other's underlying assumptions, concepts and expectations. This issue is often formulated in terms of 'matching' or being 'on the same wavelength'. The importance of 'matching' in health care is that the user usually has to cooperate actively with the treatment. If the treatment is experienced as irrelevant or inappropriate and does not make sense to the user, there is a high risk of 'non-compliance' (e.g. not taking medicine) and eventually of dropout. Kleinman's (1981) notion of 'explanatory models' is widely used to explore the issue of inadequate 'matching' between users and service providers.

When there is a lack of mutual understanding between patient and professional, the following measures may be resorted to in order to 'bridge the gap':

- Attempts to modify the client (providing more information about the professional's view of what is wrong and how it should be put right);
- Use of an intermediary (a member of the client's own cultural group who can explain each party's standpoint to the other, often called a 'cultural consultant');
- Ensuring a more diverse cultural background among professionals (personnel policy);
- Training of staff in intercultural communication, providing more time for consultations with migrant patients;
- Modifying treatment methods in order to meet the expectations and beliefs of the client ('matching');
- Using 'traditional' methods of help, e.g. referring the client to a traditional healer.

Other measures which are regarded as necessary to improving multicultural care include:

- Attention to this topic in the basic education and training of professionals. At present this takes place to an extremely limited extent;
- Registration and monitoring of ethnic and cultural differences. In some countries there has been progress in this area in recent years;
- Systematic policies on monitoring quality of care;
- Policies on user representation and the involvement of migrant groups;
- Facilitation of cooperation between different agencies and institutions.

An important role for IMISCOE could be to monitor developments in Europe concerned with improving health care for migrants and facilitating contacts between those involved in different countries.

#### 4.5 Country surveys

For the purposes of this State of the Art Report, brief surveys of the following countries have been carried out: The Netherlands (David Ingleby), Switzerland (Milena Chimienti), Greece (Panos Hatziprokopiou) and Portugal (Meghann Ormond and Cláudia de Freitas). These surveys describe briefly the background situation regarding migration (4.5.1), then go on to examine the three issues discussed above: (4.5.2) Migrants' state of health; (4.5.3) Access to health care, both the *legal framework* of access and *access in practice*); (4.5.4) Quality of care. Finally, (4.5.5) conclusions are offered.

## 4.5.1 The Netherlands

### 1. Background

To arrive at a proper understanding of the 'state of the art' concerning migrant health in The Netherlands, it is necessary first to examine briefly the context.

Firstly, concerning **numbers of migrants**: 9.6 per cent of the Dutch population in 2002 was foreign-born. Since the Second World War, immigration has mostly involved ex-colonials and labour migrants: at present the largest ethnic minorities are those originating from Turkey, Surinam, Morocco, the Antilles and Aruba. Since the 1970s, Dutch policy on admitting non-Western labour migrants has been restrictive, but during the 1990s the country was a major receiver of refugees. However, since 2000 there has been a sharp fall in immigration from this source. During the 1990s 'sender' countries became much more diverse and a major city today may harbour some 150 different nationalities. Estimates of the number of migrants living without documentation in the Netherlands are in the range 60-100,000. The recent tightening-up of asylum procedures, together with the threat of deportation hanging over the heads of 26,000 unsuccessful asylum seekers, will undoubtedly increase the size of this group.

Secondly, concerning **social attitudes and government policy** on diversity, The Netherlands has a significant - though somewhat idiosyncratic - tradition of tolerance, which can be traced back as far as the 16<sup>th</sup> century. This tradition was reinforced by the experience of German occupation in 1940-1945, which strengthened hostility to racism and ethnic persecution. The Dutch government formally adopted 'multiculturalist' policies during the early 1980s, though it is interesting for us to note that these policies scarcely made any reference to health issues.

However, as in other West European countries, opposition to cultural pluralism has been increasing. In The Netherlands this started in the early 1990s, though it did not become a major political theme until the end of that decade. '9/11' and the assassination of Pim Fortuyn in 2002 contributed to a hardening of public attitudes and a renunciation of multiculturalism by the government. In November 2004, the murder of the controversial anti-Islamic writer and filmmaker Theo van Gogh by a young Moroccan extremist fanned emotions to a new pitch of intensity.

A third relevant feature of the Dutch context is the high level of *health and social care provisions*. In surveys, Dutch people rate health to be the most important concern in their lives. Health care is based on a mixed system, run partly by the state and partly by private organisations. The general practitioner plays a central role in Dutch health care since he or she is the point of referral and provides access to other parts of the health care system. The mental health care system has been strongly influenced by American models of 'community care'. Care provisions in the Netherlands are characterised by a high degree of professionalisation. The counterpart of this is a much lower level of user involvement - in particular, from migrant groups - than in, for example, the UK.

As noted above, the issue of health received hardly any attention in the multicultural policies introduced from the beginning of the 1980s. However, a small but highly active group of concerned professionals has been calling attention to the problems of service provision for migrants and ethnic minorities since the late 1970s. This movement is particularly active in the field of mental health. Many initiatives have been sent up, mostly on a short-term, local, project basis. At the present time, the realisation that important problems exist in this area is fairly widespread, especially in the four major cities (the Randstad) where more than half of the young adult population consists of first- or second-generation immigrants. However, it is only recently that these problems have begun to receive *structural* attention in the form of education, research and policy changes.

In 1997, the Dutch Scientific Foundation (NWO) set up a working party on culture and health, and a programme to stimulate research and care innovations in this area was

launched. In 2000, the Council for Public Health and Health Care (RvZ) published two highly critical reports (RvZ 2000a, 2000b) highlighting the health problems of migrants and ethnic minorities, as well as the problems of accessibility and quality in service provision. In response to these criticisms, the Minister of Health set up a Project Group to work out a strategy for 'interculturalising' health care. In these plans, emphasis was placed on mental health - the sector which had campaigned most vigorously for improvements. A four-year Action Plan for intercultural mental health was approved, to be supervised by the coordinating agency for mental health services (GGZ Nederland). At the same time an 'intercultural mental health centre of expertise' called MIKADO was set up, with financing guaranteed until 2007. Another important event was the publication by the central body for medical research (ZonMw) of a report summarising 163 projects which had been set up under the programme 'Culture and Health' (Van der Veen et al. 2003). In 2004 two major conferences took place: one on the Action Plan for Intercultural Mental Health (see GGZ Nederland 2004), and another on 'Migrant Health in Europe' (see Bruijnzeels 2004).

Few European countries can match this level of systematic attention to problems of migrant health, but there is currently a danger of these initiatives stagnating. The 'Culture and Health' programme and the Action Plan both ended in 2004, and the present government has distanced itself from the active policy on interculturalisation announced by the previous Minister of Health in 2000. Two reasons lay behind this decision:

- Interculturalisation conflicts with the government's new approach to integration, in which the onus is placed on migrants to adapt to the host society and not vice versa;
- Central government involvement is incompatible with the reduced role that the current administration envisages for itself in health care, in which the responsibility for the quality and accessibility of care devolves on to service providers and individual consumers.

## *2. Migrants' state of health*

As described in the Introduction to this chapter, numerous problems confound attempts to quantify the state of health of migrant groups. The most readily available statistics are those relating to the amount of care given, but these do not say anything about the underlying need.

This is particularly a problem in the area of mental health, where the consensus of opinion in The Netherlands suggests that migrants are often less inclined to seek and/or be referred for treatment. There are hardly any epidemiological studies relating to migrant mental health. Very little is also known about the health of older migrants, which is particularly worrying as this group is steadily increasing in size. Another problem is that most available data concerns the four major groups of 'old' migrants (Turkish, Surinamese, Moroccan and Antillean or Aruban), with little attention for more recent migrants from very diverse origins.

What is known about the prevalence of illness among migrants and ethnic minorities suggests in general a negative picture, but there are some exceptions to this pattern:

- When asked about their level of happiness and contentment, migrants score lower than native Dutch. This is particularly true for non-Western immigrants of the first generation (CBS 2004);
- When asked about their experienced state of health, 79 per cent of the native Dutch population describe this as 'good' or 'very good', compared to 71 per cent for first-generation Western immigrants and only 63 per cent for first-generation

non-Western immigrants (CBS 2004). However, the cross-cultural validity of such self-report measures is unknown (Bruijnzeels 2004: 89);

- Rates of perinatal mortality are higher among migrant groups, especially those from non-Western countries, in whom the risk is 30 per cent higher. In the latter group, the risk of a stillbirth is 40 per cent higher (CBS 2004). Among people of Turkish and Moroccan descent, risks are also increased in the second generation, whereas the second generation of Surinamese migrants shows no increased risk relative to the Dutch population (Bruijnzeels 2004: 13);
- The life expectancy of older Moroccan-born men is 3.5 years *longer* than for Dutch natives, while that of Turkish and Surinamese-born men is 1.5 years shorter. The explanation for these differences is not clear (RIVM 2002). Up to the age of 40, Moroccan men are more likely to be affected by infections and accidents (Van der Veen et al. 2003). Total rates of avoidable mortality are higher among migrants, especially those of Surinamese and Antillean origin (Bruijnzeels 2004: 16);
- Findings concerning healthy behaviour are complex. The eating habits of migrant groups are healthier, they smoke less, and they are less prone to excessive alcohol consumption. However, they are more likely to use hard and soft drugs and have unsafe sex, and less likely to exercise and take part in sport. There are, however, big differences between ethnic groups: Turkish men under 35 have particularly unhealthy life-styles, Moroccan women particularly healthy ones (RIVM 2002). Moreover, data concerning healthy behaviour should be treated with caution, because studies have indicated that the pattern which emerges for migrants depends on the research methods used (Bruijnzeels 2004: 11, 47);
- Diabetes mellitus is found more often among migrants (*ibid.*: 68) and this is especially true in deprived urban areas (*ibid.*: 20);
- Population studies of mental health and psychosocial problems among migrants are extremely scarce. One study (*ibid.*: 31) shows no general pattern of increased incidence, though other studies have shown higher levels of behavioural and emotional problems among certain ethnic minority youth groups. (Once again, caution is necessary here concerning the cross-cultural validity of the instruments used, which are usually Western.) Within these groups, a relation is found between psychosocial problems and family stresses, boredom, and experienced discrimination or harassment (*ibid.*: 32);
- Higher rates of schizophrenia are diagnosed among migrants in psychiatric treatment, but it is not known whether this corresponds to higher rates in the population. One theory suggests that it reflects biased diagnoses. Other theories suggest that the particular social stresses experienced by migrants lead to a higher incidence of psychosis (*ibid.*: 95);
- Migrants are more likely to be overweight and to have high blood pressure, though less likely to have high cholesterol levels (RIVM 2002). However, inadequate or inconsistent registration of data hampers research on this area. One study (Bruijnzeels 2004: 66) found that Creole and Hindu men and women of Surinamese origin had higher systolic and diastolic blood pressure than Dutch natives;
- Refugees and asylum seekers tend to show elevated rates of post-traumatic stress disorders, depression and anxiety. There are few systematic data on physical disorders, but the results of a new epidemiological study will be published in December 2004.

### 3. Access to health care

#### *Legal framework*

Medical insurance is both a right and an obligation for all persons legally residing in The Netherlands. About one-third of the population is insured with private companies, the rest

being covered by compulsory state insurance schemes. Legally speaking, then, there are no differences in the right to access health care. These rights also extend to asylum seekers.

However, undocumented migrants have no medical insurance and are only entitled to 'medically necessary' care, defined as life-threatening situations or ones involving the risk of permanent injury, as well as care during pregnancy and childbirth. Undocumented children may not be refused medical care, though the law does not specify what *level* of care must be provided. Illegal residents are also not excluded from preventive care, including vaccinations. Some doctors and health care organisations provide free services to undocumented residents which go beyond these legal restrictions, and a national network of care providers ([www.lampion.info](http://www.lampion.info)) gives specialist advice to those helping this group.

### *Access in practice*

Twenty-five years ago, the question of access was seen in The Netherlands as the most important problem in migrant health care, though today it takes second place to the question of quality of care. At that time, many migrants simply did not know which services were available and how to access them. Efforts were made to disseminate this information within migrant communities and to make available folders in languages other than Dutch. These efforts seem to have borne fruit, because in many sectors help-seeking behaviour has increased in the last twenty years.

- Attendance at well-baby clinics is at the same high level (around 95 per cent) for both native Dutch and immigrants (Van der Veen et al. 2003).
- Consultations with the GP are *more* frequent among migrant groups, although specialist services are used less often. This corresponds to the pattern found among low SES groups when their medical condition is controlled for (RIVM 2002). Visits to the GP are especially frequent among the Turkish community, often for colds, 'flu and headache, and the GP is more inclined to send such patients away with a prescription.

However, other evidence on hospital admissions questions these findings about the relative under-use of specialist care by migrant groups. After adjusting for age and sex, patients of Moroccan, Turkish or Surinamese origin are more likely to be admitted to hospital. Turkish and Moroccan patients are also more likely to receive out-patient care, especially if they are female and of the first generation (Bruijnzeels 2004: 7).

Some findings indicate possible problems of access:

- Migrant women make less use of perinatal aftercare services (Nivel 2004). They receive more care from their own network, but they know little about the services, have low expectations of them, and are concerned about language barriers;
- Older migrants make less use of care services for the elderly (NIVEL 2004). Here, the same factors probably play a role;
- Youth services often fail to reach the very groups that need them most (Bellaart 1997). In particular, Moroccan youth are under-represented in the 'lighter' forms of care (counselling, family guidance) but over-represented in 'heavy' measures such as probation or detention. Obstacles to seeking help may be formed by parents' anxieties about losing custody of the child or by low expectations of the youth services' ability to help;
- Although migrants (especially those of Turkish, Moroccan or Surinamese origin) are more likely than native Dutch patients to be prescribed medication by the GP, the self-reported consumption of medication among these groups is actually *lower* (Bruijnzeels 2004: 10). A possible explanation is in terms of lower compliance, i.e. that migrants are less likely to take their medicine. In another survey, migrants

complained that they are stereotyped as patients who 'only want pills' (NIVEL 2004), which would fit in with this interpretation;

- Home care and preventive care services are less often used by migrants (NIVEL 2004). However, vaccinations are sought equally often (Van der Veen et al. 2003);
- In mental health care, Surinamese, Antillean and Aruban patients are more likely to end up in intramural care. This may be related to a higher rate of diagnosis of psychotic disorders in this group, but it may reflect stereotypes concerning the most appropriate form of treatment (e.g. 'psychotherapy is a waste of time') (RvZ 2000a);
- Concern has frequently been expressed about the access of asylum seekers and refugees to health care. During the 1990s, primary health care was provided in asylum seeker centres, and there were some complaints that the symptoms of patients were not taken seriously. From 2000, the care for asylum seekers was integrated into the regular health care system, but the fact that they were dispersed throughout The Netherlands often meant that they were treated by professionals totally unaccustomed to dealing with migrant patients.

A recurrent point of concern is that many migrants are still not well informed about the different kinds of care available, the situations in which they can be of help, and the way to access them. They are thus often perceived by professionals as making inappropriate, incoherent or ill-formulated requests. Viewed from the perspective of the migrant user, the professional often fails to understand the nature of the problem, does not take the patient seriously, and proposes solutions which are inappropriate or irrelevant. Such problems affect *both* access *and* quality of care.

The main conclusions in this field seem to be firstly, that the ease of access to different kinds of care varies considerably between ethnic groups, and within these groups between young and old, male and female, first and second generation etc. In other words, a global comparison between migrants and the rest of the community is of little heuristic value. The second conclusion is that knowledge is actually very scant. Areas such as mental health are seriously under-researched, and very little is known (for example) about older migrants. The volume of research on migrant health in the Netherlands may seem impressive, but this should not blind us to the fact that there is still little systematic insight into the problems.

#### 4. *Quality of care*

In the Introduction to this chapter we have described a series of measures which may be applied to improve the quality of multicultural health care. All of these measures have been experimented with and elaborated in The Netherlands during the past 20 years. However, studies on service provision show that the extent to which these measures have systematically been put into practice is still very limited. More measures tend to be taken in the major cities, but in spite of much high-quality research and many publications, conferences and workshops, the necessary structural changes are taking place only very slowly. Involvement of migrant groups, for example, is found only to a very limited degree in The Netherlands (Bruijnzeels 2004: 27).

#### 5. *Conclusions*

In the past two decades, there have been many concrete achievements in The Netherlands concerning the health of migrants, but much work remains to be done and the policy of the present government does not bode well for the future.

## 4.5.2 Switzerland

### 1. Introduction

During the 20<sup>th</sup> century, Switzerland became a major country of immigration, with one of the highest foreign-born population rates (around 20 per cent). However, both the Swiss population and the government did not acknowledge this fact and migration was perceived as a temporary economic-based phenomenon. From this perspective, the Swiss authorities did not work at integrating its immigrants until the 1990s. As a consequence, immigrants' specificities regarding their health needs were not considered either by the state's intervention services (e.g. hospitals) or by research examining the differences between immigrants and the autochthonous population, as in other countries, only according to the social class (Townsend & Davidson 1982).

In the field of health, such attitudes towards diversity made it so that immigrants were seen as a potential vector of illness, promoting, for example, systematic screenings at the border. However, immigrants' health problems had less to do with infections and more to do with difficult work conditions in the host country. During this period, health providers began to consider a medical approach geared towards immigrant workers that would include 'exotic' psychic illnesses of Southern European immigrants (Risso & Böker 1964) and typical somatic problems they experienced due to hard labour conditions.

Only with the multicultural movement of the 1980s did a demand occur in Switzerland for recognition of ethnic specificities and communitarian skills as pertains to immigrants' own resolution of the problems. Consequently NGOs created services in order to answer to the specific needs of immigrants, especially those of refugees, as it was thought they were in greater need of specific psychosocial and psychiatric assistance (Miserez 1988). As a result, the disparities between state of health and health behaviours were explained more in terms of ethnicity than socio-economic situations (Nazroo 2001).

Since the 1990s, specialised services taking into consideration immigrants' needs began to be integrated in national medical institutions and less delegated to the realm of NGOs. In 2001 the Swiss Confederation financed a Delphi study in order to identify the priority actions. The 'Migration and Public Health Strategy 2002-2006' is the result of a broadly based expert investigation (Chimienti et al. 2001) and extended consultation process. It was developed by the Swiss Federal Office of Public Health (SFOPH), in cooperation with the Federal Office for Refugees, the Federal Office of Immigration, Integration and Emigration and the Federal Commission for Foreigners, and was approved by the Federal Council in July 2002. Migration entered not only the political agenda but also the research agenda in the 1990s, receiving funding from the administration and the Swiss National Science Foundation (SNF). Many of the projects dealt with health issues. Their results were summarised and discussed by Weiss (2002) and the interventions in the field of health and migration realised by the state, were evaluated by Efionayi-Mäder et al. (2001). A national research programme, 'PNR 39: 'Migration and Intercultural Relations' containing three studies on health issues, was also carried out during this period (see Wicker et al. 2003).

### 2. Migrants' state of health

In spite of its recent expansion, the amount of scientific literature on migration and health remains limited in Switzerland, especially regarding quantitative data (mostly from non-representative surveys). Because of this lack of scientific knowledge, the causal link between migration and health is difficult to understand. On the one hand, much research has shown that immigrants are, on average, healthier than the population of the host country and of the country of origin because of the selection of healthier people for migration (healthy migrant effect - see Wanner et al. 2000). On the other hand,

comparison between immigrants and the Swiss population has shown that the former have a worse state of health (Bischoff et al. 1997). These differences are especially rooted in a higher prevalence of infectious disease among immigrant groups, particularly those with an asylum background.

Different studies have noted a higher prevalence of tuberculosis among asylum seekers and refugee groups (Zelwegger et al. 1993; Loutan et al. 1994; Bischoff et al. 1997). Although the prevalence of HIV-infected immigrants is similar to autochthonous rates overall, some important differences exist between countries of origin. There is a higher prevalence among those hailing from African countries, mostly of asylum background, than others (Wanner et al. 2000; Zuppinger et al. 2000). Other infectious diseases, such as hepatitis B, malaria and intestinal parasites are more often diagnosed in asylum seekers from Asia and Africa (Loutan et al. 1994).

A number of studies concerning infectious diseases have highlighted significant differences. Diabetes, inflammatory and allergy problems (Loutan et al. 1994) and stomach cancer (Wanner et al. 2000) are diseases diagnosed more often among immigrant than among autochthonous groups. Causes of these diseases are often linked to risky health-related behaviours, such as unhealthy nutritional habits, tobacco and alcohol consumption as well as lack of exercise (Wanner et al. 1996).

Although mortality is a common indicator in the monitoring of populations' state of health, few studies have used this indicator in order to compare immigrants' and autochthones' state of health. The scarce research about this topic is based on statistical causes of death and national census data. That which has been done has observed that Southern European immigrants are characterised by lower mortality rates in terms of cardio-vascular problems and lung and colon cancers and higher mortality rates in terms of stomach cancer (Wanner et al. 2000; Wanner 2001). However, the authors stress that mortality is not a good indicator as most diseases diagnosed among immigrant groups are not lethal. Furthermore, immigrants who suffer from a fatal disease generally tend to return to their country of origin (return bias).

The results of infant mortality are clearer and contain less bias. Ackerman-Liebrich (1990; 1998) and Lehman et al. (1990) showed that immigrant women, when compared to their autochthonous counterparts, encounter a higher risk of premature birth, which is often caused by heavy working conditions and a lack of follow-up during the pregnancy. Infant mortality is also higher among foreign women, especially those from the former Yugoslavia and Turkey that arrived recently in Switzerland (Wanner 1996).

The results of the last two Swiss health surveys (Vranjes et al. 1996; Abelin 2001) showed that immigrants'<sup>53</sup> (Italians') subjective well being is worse than the subjective well being of autochthones and that they often encounter an episode of illness. However, Testa et al. (2003), analysing the data of the psychiatric consultations in a Tessin hospital in the framework of the PNR 39, found that the percentage of asylum seekers consulting ambulatory psychiatric services is 40 per cent higher than that of Italians. Other studies found similar rates of psychiatric consultations for asylum seekers in other regions (Wicker et al. 1999). This means that asylum seekers have not only replaced labour immigrants in the labour market but also that they have re-produced the same psychological disturbances (Wicker 2003).

Most of the studies on immigrants' mental health are focused on asylum seekers. The authors assume that, because of difficulties experienced in the country of origin and during migration, people with an asylum background encounter more psychological disturbances. An empirical survey showed that 25 per cent of the refugees living in Switzerland have been tortured (Wicker 1993), while another described the mental consequences particularly problematic for them (Wicker 1993; Moser et al. 2001).

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<sup>53</sup> For a description of the different Swiss health surveys and their possible use for migration issues, see Bischoff and Wanner (2004).

Other studies deal with the difficulty of screening psychological disturbances. The study of Gilgen et al. (2003) in the framework of the PNR 39 with a sample of 146 patients (with 36 were refugees from Bosnia, 62 immigrant workers from Turkey and 48 Swiss 'intern migrants') found that 41 per cent did not mention their most important problem spontaneously. They declared a somatic trouble first, while they in fact suffered from psychological disturbances.

The difficulty in rapidly screening for mental disturbances is problematic as an important number of refugees who have experienced traumatic events suffer from psychological disorders (Subilia 1995; Wicker 1993). The long term consequences and the lack of immediate treatment of these disturbances are still unknown because of the lack of cohort studies.

Although many studies agree that immigrants are often involved in low-skilled work that entails health risks, little research has analysed the occupational accidents of immigrants as compared to autochthones. Egger et al. (1990) showed that this rate is significantly higher among immigrant than autochthonous groups. Using the results of several European studies, Bollini and Siem (1995) concluded that the duration of stay leads to health degradation among some immigrant groups because of their poor living and working conditions, which they termed the 'exhausted migrant effect'.

Most of the research concludes that better integration and access to health information and care could decrease the health differences between migrants and autochthones, as briefly discussed in the section below.

### 3. Access to health care

#### *Legal framework*

Since 1996, all residents in Switzerland have had the right to access to health insurance and are also obliged to obtain their own insurance coverage. However, in practice, researchers estimate that between 70,000 and 180,000 people living in Switzerland have neither social insurance nor health insurance (the 'undocumented people' - see Achermann & Efnay-Mäder 2003).

Other studies focusing on other categories of immigrants showed that, even for documented migrants, the modalities of health care are different. For example, as there is a system of gate keeping for asylum seekers, they do not get the same general medical assistance as the autochthonous population receives (Blöchliger et al. 1994; Toscani et al. 2000). This access also differs according to the region of residence, as illustrated by Efnay-Mäder's 1999 study comparing social assistance for immigrants in different parts of Switzerland, which revealed great disparities.

#### *Access in practice*

In practice, health care access depends on many other factors: legal permit to stay, information and knowledge about health care services, trustful relationships between health care providers and recipients, recipients' economic situations, beliefs and health knowledge.

A recent research (ICMH, forthcoming) showed that 86 per cent undocumented migrants (from 235 interviewed) do not know where to go in case of a health problem and 74 per cent are afraid that health providers might inform the police about their undocumented patients.

Much Swiss research has already demonstrated the impact of economic level on integration and the economic disparities between immigrants and the autochthonous population (Wimmer & Piguet 1998; Kamm et al. 2003). However, the exact role of socio-economic factors on health access and on health-related behaviours (e.g. preventive and risk-related practices) is still insufficiently explored in Swiss literature, though there is much information on this issue for the autochthonous population in Switzerland and for immigrant populations in other host countries (Nazroo 2001).

There are a few examples, however. Wanner et al. (1996) analysed census data regarding food, tobacco and alcohol consumption and preventive attitudes towards health (preventive consultations). Domenig et al. (2000), in the framework of a qualitative study about Italian immigrant drug addicts and their family members, conclude that immigrant drug addicts are doubly stigmatised. Consequently, immigrants encounter taboos prohibiting them from talking about their or their family members' addiction, leading to immigrants' under-representation in specialised services and to many seeking to treat their problems within the family milieu.

#### 4. Quality of care

Although access to health care is still problematic for the reasons mentioned above and especially so for certain categories of migrants (e.g. undocumented migrants), the question of quality of care has become a priority with the right and obligation to all residents to be insured since at least 1996. Whereas access to health care is less problematic, many barriers compromise the quality of care. Some of these problems have been analysed both by 'isolated' qualitative and quantitative research, though none of them have been able to properly evaluate the effectiveness of health care.

Concerning the interaction between medical doctors and patients, Salis Gross et al. (1997) identified the major difficulties of this relationship and some stereotypes on behalf of both. Stuker (1998) demonstrated that communication difficulties reduce the time of anamnesis. Gilgen (2003) concluded that migration history and integration levels fundamentally influence the 'experience' of disease.

Most of the current studies about the topic of migrant health concern communication difficulties and the question of translation in the field of health. Bischoff (2001), in several empirical studies, describes language barriers between immigrant patients and health providers and their effects on care. Weiss and Stuker (1998) explored the current use of interpreters in the field of health. Singy et al. (2003), in the framework of PNR 39 research, revealed that the demand for interpreters by health providers increased by the end of project. The research also demonstrated that the use of interpreters depends not only on health providers and patients, but also on the institutions. Dahinden and Chimienti (2003) analysed what would be the positive and negative effects, in terms of integration, of using interpreters. Beyond language barriers, Domenig et al. (2001) studied the construction of 'transcultural' skills in health institutions.

Turning now to analyse the concrete interventions which have been undertaken, we see that some regional NGOs, such as the association *Appartenances*<sup>54</sup> (co-founded by Dr. J-C Metraux in 1993), have worked for many years to enhance the quality of care, fighting against communication barriers by training interpreters and offering an interpreter service to organisations working with migrants, providing psychotherapeutic consultations, creating a meeting and exchange centre for immigrant men and women and courses to promote 'transcultural' skills, etc.

At the national level, the longer-term objective of the 'Migration and Public Health Strategy 2002- 2006' is the creation of a healthcare system that addresses the needs of a society and a clientele that have changed as a result of migration. In order to improve access to the healthcare system and to provide specific services, measures are to be implemented in five defined fields of intervention (listed below in order of priority). The Strategy is to be implemented in cooperation with federal agencies and organisations affected by this issue. At the federal level, an inter-institutional accompanying group is to coordinate and support the various plans (Spang 2004).<sup>55</sup>

<sup>54</sup> <http://www.appartenances.ch/>

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<http://www.suchtundaids.bag.admin.ch/themen/migration/strategie/index.html?language=en&schriftgrad>

*Education (basic education, advanced training and continuing education)*

- Promotion of practice-oriented, qualitatively standardised training programmes for officially recognised certification of professional interpreters
- Promotion of basic, advanced and continuing education to develop migration-specific expertise for healthcare professions

*Public information, prevention and health promotion*

- Infectious diseases: HIV/AIDS prevention among Sub-Saharan migrants
- Sexuality, pregnancy, birth and neonatal care: National coordination centre for reproductive health
- Occupational safety / Workplace health promotion: Participation in the national forum for workplace health promotion
- Substance abuse: Migration-specific outpatient substance abuse project; national feasibility study of the 'Migration and dependency' pilot project
- Health promotion: Support for projects to promote the health of the migrant population; analysis of migrant network resources with regard to the 'Migration and Public Health' Strategy
- Health care system: Health information materials for the migrant population; distribution and updating of the 'Health Guide Switzerland'

*Health care provision*

- Removing barriers to access: Migrant-Friendly Hospital (MFH)
- Coordination services: 'Integration and Health' Service (East Switzerland)
- Use of interpreters and cultural mediators: In collaboration with the FCF: definition of requirements to agencies for interpreters and cultural mediators

*Therapy for traumatised asylum seekers*

- Promotion of specialised and decentralised facilities for traumatised persons with longer-term stays in Switzerland: For the period 2003 - 2005 there are concrete plans for an outpatients unit in Zurich, offering similar therapies to the outpatients unit in Bern. Similar contacts in Western Switzerland will be used to achieve further decentralisation
- Basic care and treatment facilities for traumatised persons with unclear stay perspectives: On the basis of initial results, the decentralisation of facilities for the period 2003 - 2005 is being sped up
- Besides the Federal Government, the Cantons, health insurance schemes and specialised organisations will participate in the implementation of measures

*Research (basic research, evaluation and monitoring)*

- A recent study sought to respond by identifying the priority areas and related issues of basic problem-oriented research needing to be addressed in Switzerland (Maggi 2004)
- From 2004 to the end of 2005, various studies have been financed by the migration service of the Swiss Office of Public Health: firstly, a monitoring of immigrants' health (including asylum seekers who are absent from the Swiss health surveys); secondly, some ten studies aimed at studying categories of immigrants about which little is known (e.g. asylum seekers and undocumented migrants) and unexplored topics (e.g. health-related behaviours, perception of risk and migrants' strategies of health)<sup>56</sup>

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<sup>56</sup> More information about these projects can be found at [www.miges.ch](http://www.miges.ch).

## 5. Conclusion

From this overview of the Swiss literature on migration and health, we can see that in spite of its recent expansion, the amount of scientific literature on migration and health remains limited to non-representative surveys. Thus, many questions are still unanswered. Regarding the field of intervention, the Federal Council finances the implementation of the strategy until 2006 and it is currently evaluated. Following this period, the projects' continuation will mostly depend on the Cantons (regional entity).

### 4.5.3 Greece

#### 1. Background

As in the rest of Southern Europe, the Greek experience of immigration is a very recent phenomenon. Immigration peaked in the early 1990s, with extensive clandestine arrivals, mainly from neighbouring Albania. The vast majority of immigrants in Greece remained undocumented until the first amnesty of 1997-98 and succeeding regularisation programmes in the 2000s. The 2001 Census recorded nearly 800,000 foreign nationals living in Greece, comprising 7.3 per cent of the total population: more than half are from Albania and another 16.2 per cent are from Central and Eastern Europe and the former USSR. Estimations take this figure up to one million, counting also recent arrivals and ethnic Greek migrants (who are subject to different legal status). The majority of migrants work in construction, agriculture, manufacturing and various low or semi-skilled services (in tourism, catering, domestic service, care taking, etc.). Partly because of the exclusionary legal framework and partly due to the structural characteristics of the Greek labour market, the big bulk of migrant labour has been absorbed by the underground economy and informal employment remains widespread for large shares of migrant workers even after legal status is achieved. By mid-2003, about 580,000 immigrants were legalised (Fakiolas 2003).

#### 2. Migrants' state of health

The state of the art regarding health issues of migrants in Greece remains poor and under-researched, reflecting the novelty of the phenomenon and the recent development of academic literature on the field. An early report of the World Health Organisation stated only conventional assumptions about the specific disease patterns and health needs of immigrants, resulting from environmental, behavioural and genetic factors, but also from their poor living conditions and marginalisation (WHO 1998).

More recently, the Doctors Without Borders of Greece reported that four per cent of the 6,297 cases of migrants seeking medical treatment from their Athens-based open medical centre between May 1997 and May 1999 was for psychological or psychiatric support. The principal groups among them were immigrants from Georgia (37 per cent), followed by Russians and Albanians, and the major diagnoses were somatic disorders (45 per cent), stress (29 per cent), mood disorders (14 per cent), schizophrenia (seven per cent) and alcoholism (two per cent). As only eight per cent of the cases had a history of psychological disorders (schizophrenia) before emigrating, the study concluded that 'uprooting', difficult conditions in the host country, racism and the dissolution of dreams are the main causes.

Another issue is that conditions of mobility and socio-economic disadvantage are not only factors of high health risk, but may also result in post-operation disorders. Tatsioni et al. (2001) studied biopsies of surgical material from appendectomies performed during 1994-99 in six hospitals in the Greek region of Epirus, near the Albanian border. It

was found that Albanian immigrants in Greece are at high risk for negative appendectomies, and this is explained on the basis of 'socio-economic, cultural and language parameters underlying health care inequalities' and of the high mobility of the subject population.

Another risk factor is related to the types and conditions of work: the daily press often reports on 'occupational accidents' of migrants at work. According to data from the 'Labour Watch Service' of the Ministry of Employment, the number of immigrants dying in occupational accidents in construction and manufacturing rose from 20 in 2000 to 39 in 2001 and to 40 in 2002, due to the nature of the jobs performed, the limited safety measures undertaken by employers and the low skills migrant workers generally have (Eleftherotypia 18.01.04)

Finally, Emke-Poulopoulos (2001) refers to the consequences of trafficking for sexual exploitation and their implications for both physical and mental health, including psychological trauma, the risk of early pregnancy and its dangers, HIV/AIDS and other sexually transmitted diseases (e.g. trichomoniasis, chlamydia, gonorrhoea, syphilis).

### *3. Access to health care*

#### *Legal framework*

Although (documented) immigrants have been entitled to equal access to health care as Greek citizens, the issue of migrants' health only entered the policy agenda in the 2000s. The recent Immigration Bill (Law 2910/2001) has granted officially equal rights regarding National Insurance and social protection for foreign nationals legally resident in Greece, as they apply to Greek citizens. However, it was only in 2002 that the government launched for the first time a set of measures aiming specifically at integration: the 'Action Plan for the Social Integration of Immigrants 2002-2005' includes provisions on the health care of immigrants.

Formal access to the free services of the National Health System (NHS) has been dependent on registered employment and regular status, which was not the case for the majority of Greece's immigrants throughout the 1990s. In July 2000, the Ministry of Health and Welfare issued a Circular on the 'medical treatment and hospital admission' of nationals of countries outside the EU and the EEA. Accordingly, regular immigrants may have access to the national health system as long as they possess a health book issued by the Insurance Fund they are registered with. In any other case only emergency cases are accepted, and the same applies to undocumented 'aliens'. The only exception is for foreign patients with HIV or other infectious diseases, who can benefit from free medical care and hospital admission, provided that the appropriate treatment is not available in their country of origin; they are also entitled to temporary stay and work permits (Law 2955/2001). Ethnic Greek migrants, on the other hand, can also benefit from the public health services if they are able to present the necessary documents, which include, for those not insured, a health book for low-income people eligible for a special welfare programme. In either case, the member of the household who is insured or benefits from special welfare programmes covers dependent family earners.

#### *Access in practice*

In the absence of regularisation measures until 1998, exclusion from formal access to the National Health System was a de facto situation resulting directly from the migrants' legal status. Legalisation is a recent development for the majority and, even so, the share of those without insurance is high enough, at about 40-50 per cent, as recent empirical studies reveal (Labrianidis & Lyberaki 2001; Hatziprokopiou 2004b). Lack of insurance means that migrants themselves have to pay in full for medical treatment, which is clearly too costly for most. Current trends, however, reveal a gradual improvement in the position of immigrants, as increasingly more acquire legal status and find regular employment, thus securing legal access to the National Health System: by the early 2000, nearly 213,000

immigrants were registered with the three main Greek Social Security Funds (Eleftherotypia, 03.03.02), thus guarantying access to health services for themselves and their families.

Nevertheless, during the period previous to the regularisation campaign, there was space for access to basic welfare services. Despite the lack of relevant provisions, many migrants have been able to benefit from certain public services, due to specific legal provisions but mostly due to gaps in the practical implementation of the policy framework and, to an extent, of informal practices and of the positive role of social networks. There are many examples of unofficial help from both doctors and administrative staff at public hospitals or even in the private sector (Hatziprokopiou 2004a).

Various additional strategies have been observed. Some found out about, applied and have been eligible for special welfare programmes (Pronoia) offering access to health services and other benefits to low-income people. Obviously, this is not a viable choice, as it does not apply to everyone (only immigrants of ethnic Greek origin are eligible). A rather common practice among undocumented migrants for accessing public hospitals was the use of emergency services: recent unpublished research shows that the share of foreign patients using the emergency services in a major Thessaloniki hospital was as high as 58.8 per cent among those insured and reached 88 per cent among those without insurance (Hatziprokopiou 2004a). This strategy was so widespread that the 2000 Circular provided for special (border) police units to patrol public hospitals, after medical and administrative staff objected to informing the authorities about undocumented patients.

There are no signs of systematic discrimination or exclusion, and cases of maltreatment by doctors or hospital staff should be considered as rather rare and isolated events. Such events do exist, however. Research by Psimmenos and Kasimati (2003) points to the problems of extending health services to newcomers at a period of welfare transition, with persistent national identity considerations by health care officers and practitioners who see immigrants as a 'threat' to the existing structures. More important as barriers to access, however, appear to be bureaucracy, overcrowding, inadequate infrastructure and other chronic problems of the Greek health system, which affect negatively the quality of the services provided (Hatziprokopiou 2004a). Finally, a lack of relevant information or of access to information, due to language difficulties, for example, limits immigrants' knowledge of procedures and excludes them from the use of certain benefits and rights to which they might be entitled. Communication barriers seem to be important, not only regarding access to health as such, but mostly in respect to information, negotiation and communication with health care administrators and providers (IAPAD 2002).

#### *4. Quality of care*

At the level of practice and health care delivery, an important step has been the foundation of a Special Desk for Moving Populations and Travel Medicine, part of the Centre for Control of Special Infections (KEEL), responsible for planning actions for migrants. Other initiatives show the way forward. The Aeginion Psychiatric Hospital of Athens runs a special intercultural health unit for migrants twice a week. The programme 'Psychadelfia', dealing with mental health problems and drug abuse, also addresses migrants. Several NHS units and local authorities' social services offer consultancy on health issues. However, most of the services geared towards migrants are also the same as those that apply to Greek citizens (IAPAD 2002). There is a need for coordinated measures to combat bureaucracy, to diffuse cultural sensitivity among practitioners, to train informed and language-competent staff, and to ensure the availability and accessibility of information on health issues, etc.

The charity and volunteer sectors have offered an alternative path to migrants in need of medical treatment. Well-established branches of international NGOs such as Doctors Without Borders, Doctors of the World, ACT UP, the Red Cross and others are

active in providing health care services, as well as counselling and information on health issues and psychological support. The three former NGOs run health units in the main cities aimed at providing free medical treatment to low-income people, including immigrants and refugees irrespective of their legal status. However, the vast majority of immigrants are not necessarily aware (linguistic barriers are crucial in this respect) and the capacities and infrastructures of such initiatives are not able to address large numbers of potential recipients of their services. Therefore, alternatives to the NHS should be further encouraged and supported, yet cannot solve problems alone.

## 5. Conclusions

Informality has been the basic characteristic of recent immigration to Greece, regarding migrants' legal status and employment, but also their own integration strategies; similarly, informality appears to be the main feature of migrants' pathways of access to the NHS. Although the number of undocumented immigrants has been considerably reduced, the share of those working informally - and thus lacking insurance - remains high. Hence, any policy addressing issues of migrant health and access to care would not alone be enough; there is a need for a coherent set of policies to address a series of conflicting issues, including labour market regulation.

In the field of research, there is a need for targeted investigation, both medical and social, to cover the gap on migrants' health in Greece. Recent initiatives are expected to contribute to the knowledge on the neglected topic of migration and health in Greece (IAPAD 2003; Laubacher- Kubat 2003).

### 4.5.4 Portugal

#### 1. Introduction

Immigrants currently comprise five per cent of Portugal's population (500,000) and the number of undocumented migrants is estimated at between 50,000 and 100,000. Portugal's position as a recent country of immigration has meant that immigration policy is still in its early stages of development. This is reflected in a lack of awareness of and interest in migrants' state of health, health care needs and actual use and degree of satisfaction with health care services. Little data exists that can shed light on these issues. Indeed, the dominant discourse among those in the health care field is generally limited to migrants' legal access to health care. However, some of the available studies show that migrant users experience various barriers to adequate health care within the public health system. The following seeks to provide an account of the state of the art of migrants' health in Portugal to the extent to which current existing data allows.

#### 2. Migrants' state of health

There is a considerable lack of research and epidemiological data regarding migrants' state of health and the analysis of this matter remains incomplete. However, it appears that the first efforts on studying this subject are now being set in motion. A report by Fonseca et al. (forthcoming) shows that, according to health care providers, immigrants tend to generally experience health problems and care needs similar to those of the autochthonous population at the time of arrival. Nevertheless, some health problems and risk behaviours appear to affect immigrants to a higher degree. Among these are poor nutrition, at-risk pregnancies, depression, alcohol abuse, domestic violence, risky sexual behaviour, work-related accidents, intra-community violence, etc.

Nutritional problems are particularly present among immigrants who live in poor urban areas, and they affect children the most. Hunger is commonplace in these areas.

Charity organisations and schools' meal programmes are used to provide immediate, short-term responses to what is typically a chronic problem. Immigrants of African origin are one of the most affected groups, and the incidence of diabetes among their children is on the rise.

An increase in birth rates can be observed among first-generation Eastern Europeans, Asians and Brazilians as a result of family reunification and intermarriage. Immigrant women are exposed to greater pregnancy-related risks because they appear to request and receive less health care during and after pregnancy.

Depression and other psychological problems appear to affect a substantial number of immigrants during their first years of residence in Portugal, regardless of their gender or origin. Comorbidity of depression with alcohol abuse has been identified among Eastern Europeans throughout the country and often leads to unemployment, homelessness and fear of returning to the country of origin. Asylum seekers and refugees are also reported to experience severe mental distress.

Domestic abuse has been observed among immigrants of all origins, often linked to alcohol abuse. According to health care professionals, abused women tend to remain with their abusive spouses/partners due to legal and economic dependency. Some of these women attempt to commit suicide.

Portugal has the highest rate of HIV/AIDS in the EU, with 10 per cent of those infected being immigrants (84 per cent of African origin) (Faria & Ferreira 2002). Although the primary manner of transmission is via intravenous drug use, existing prevention programmes focus more on the sexual transmission of the disease. There are a few local programmes in Northern and Southern Portugal - areas in which many prostitutes are immigrant women - that target sex workers. Vans with doctors, nurses, psychologists and social workers move throughout areas most connected with prostitution, offering psychological support and anonymous HIV and STD testing. The SNS provides free STD testing and health care to all patients regardless of their legal status.

### 3. Access to health care

#### *Legal framework*

Legislation providing for migrants' access to health care started to emerge shortly after the beginning of the heavy migratory influx to the country at the very end of the 1990s. Policy-makers have not recognised any need for nationwide multicultural care programmes like those existing elsewhere in the EU. Only since 2001 has Portuguese legislation guaranteed that 'All immigrants who are in Portugal and who feel ill or need any kind of health care have the right to be attended in a National Health Service (SNS) Health Centre or Hospital (for emergency cases) without these services being able to refuse to treat them on the basis of any reason connected with nationality, lack of economic means, lack of status or any other' (ACIME 2002: 3). Refusal to provide health care to anyone in both public and private establishments is punishable by law under anti-discrimination legislation.

An immigrant with legal status must submit proof of his/her legal status to the health centre in the area in which he/she resides to receive the required SNS Card that allows a user to gain access to the SNS and to a family doctor. Undocumented migrants do not have the right to the SNS card but to temporary SNS registration. To receive the temporary SNS registration that permits access to the SNS, they must present a document issued by the local borough council confirming their residence to their local health centre. Some borough councils have refused to issue the document, prompting the High Commissariat for Immigration and Ethnic Minorities (ACIME), a governmental body under the tutelage of the Ministry of the Presidency of the Republic, to publicly announce to all borough councils that they must cooperate by law.

Legal foreigners making social security deductions and their respective families pay the same amount as Portuguese citizens for medical appointments at SNS health centres

and at hospitals, while those not making social security deductions pay more for medical appointments at these facilities.<sup>57</sup> However, each individual's socio-economic situation is to be taken into account when deciding the cost of treatment. Populations exempt from payment, regardless of their social security status and their legal status, include: children (0-12 years of age); pregnant women and women in the 60 days postpartum; unemployed individuals registered for work in job centres and their respective dependents; individuals who, due to their given situation, are the recipients of welfare provisions from an official body; and individuals with certain legally recognised chronic diseases (ACIME 2002: 5; see also Lamara & Djebarat 2003). Vaccinations considered under the National Vaccination Programme are available free of charge to all, regardless of legal status.

### *Access in practice*

While legal immigrants are more likely to be registered at health centres and to use them for consultations, undocumented migrants are far less likely to use these services, turning to the hospital emergency ward only when their state of health is truly threatened (de Freitas 2003). Seeking emergency care at public hospitals allows for migrants with irregular status to receive treatment that is far more anonymous in nature. Undocumented migrants will at times use pseudonyms and false addresses in order to avoid any sort of follow-up contact by health care professionals, with many simply disappearing after their consultations (Fonseca et al. forthcoming).

Despite lawful entitlement to health care, undocumented migrants are many times denied care at health centres. Health care professionals mention some migrants' difficulties in paying the fee for medical care when not contributing to and/or covered by the national social security system. In some cases, health centres simply waived it or allowed for patients to pay at a later date, essentially assuming 100 per cent of the cost. In other cases, especially those in which Romanian gypsies begged for free medical care, migrants were simply turned away from some health centres because they would not pay for the treatment they sought to receive. Some health centres were not aware that basic nursing care and vaccinations were free services, while others knew and assumed it as a daily practice (Fonseca et al. forthcoming).

Several health care professionals note that the greatest challenge to providing adequate and responsive health care for immigrants stems from a general lack of awareness about immigrants and sensitivity to diversity throughout the professional spectrum, from doctors and nurses to social workers to managers and receptionists (Fonseca et al. forthcoming; see also De Freitas 2003). Given the dynamic nature of immigration legislation in Portugal, its possible impacts upon health care access for immigrants sometimes go unnoticed by health care professionals, resulting in improper handling of cases involving immigrants. Furthermore, due to linguistic barriers and difficulty in accessing information about the national health system, immigrants sometimes experience difficulty in attaining information regarding their health care rights and the measures they may take in order to respond to unfair treatment (Ormond 2004).

### *4. Quality of care*

While public health centres and hospitals have a variety of health campaigns and programmes, such as child immunisation drives, anti-substance abuse programmes and sexual education awareness campaigns, they are geared towards the community at large. No public programmes or campaigns target immigrants in particular, but rather encompass immigrants indirectly. However, there are a handful of private and not-for-profit programmes that do. ACIME issued an informational brochure in 2002 in Portuguese,

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<sup>57</sup> For an economic account of how immigrants' health needs in Portugal affect the national annual budget, see D'Almeida, 2003.

Russian and English on health services and main health issues, though its availability is limited. The Comissão Nacional Luta Contra a SIDA (CNLCS) has also released brochures about HIV/AIDS for most of the main immigrant communities in Portugal (Africans, Eastern Europeans and Chinese, with the latter two available in Russian and Chinese respectively). Several NGOs and local governments are directly or indirectly involved with immigrant health through local initiatives, such as Semear para (A)Colher<sup>58</sup> and CAVITOP (Centro de Apoio às Vítimas de Tortura em Portugal)<sup>59</sup>.

Localised efforts are also being made in a handful of municipalities with elevated immigrant populations. Miguel Bombarda Hospital (Lisbon) has a team of professionals that are launching a project, with the cooperation of immigrant associations, to provide special mental health care consultations for migrants and ethnic minorities. The Tropical Diseases Clinical Unit of the Institute for Tropical Hygiene and Medicine (Lisbon) has established EPIMIGRA (Centre for the Epidemiological Study of Infectious Diseases in Migratory Populations), a three-year project that provides free initial medical check-ups for immigrants and refugees arriving recently. Finally, the Sintra and Loures<sup>60</sup> municipal governments recently sponsored information sessions and workshops on migrant health for health care workers from public health centres and hospitals, focussing on legal access to health care.

## 5. Conclusions

While the legal framework concerning migrants' access to health care is significantly developed, problems have been detected when it comes to the enforcement of the law. One such example is the denial of care to undocumented migrants even if the law states they are entitled to that care. Specific health care programmes for migrants exist only out of the initiative of not-for-profit organisations. So far, little data exist that can provide us with a clear overview of migrants' health, their access to care and possible problems arising at this level. Nevertheless, some segments of the migrant population appear to experience greater health risks when compared to the native population and some barriers to access health care have been identified.

This situation calls upon the need for further quantitative and qualitative research which can better document migrants' state of health, identify help-seeking patterns and actual use of care and evaluate the perceived quality of the treatments received. Taking upon the experiences in other European countries, it should be kept in mind that differences are prone to arise accordingly with the migrant groups researched. Given the scarce data available, it appears much too risky to make any sort of evaluation of the quality of care for migrants at this point. For this reason, we have not included this matter in the sections above.

### *Relevant legislation*

Order in Council no. 995/2004 of 9 Aug. 2004; Decree-Law (DL) no. 67/2004 of 25 Mar. 2004; DL no. 173/2003 of 1 Aug. 2003; Decree-Order no. 25 360/2001 of 12 Dec. 2001; DL no. 111/2000 of 4 Jul. 2000.

<sup>58</sup> The project unites the Portuguese Red Cross, IOM, Movimento de apoio à problemática da SIDA (MAPS) and the Department of Social Security, among others.

<sup>59</sup> The centre's activities are geared towards torture victims (migrants, refugees and asylum seekers) and is staffed by doctors and mental health specialists.

<sup>60</sup> Two of the municipalities comprising the Lisbon Metropolitan Area, home to a high population of people of immigrant origin.

#### 4.5.5 Conclusions from country surveys

The four brief surveys that we have carried out have revealed a number of general findings, as well as making possible some comparisons. Obviously, given that the surveys could not aim to be systematic or exhaustive, these conclusions must be regarded as tentative. The choice of these four countries was arbitrary, based solely on the ease with which the authors could obtain data about them; nevertheless, the sample showed a useful amount of diversity.

##### 1. Amount and type of migration

There are wide differences in the percentage of foreign-born residents, ranging from about 20 per cent in Switzerland and 10 in The Netherlands to around eight per cent in Greece and five in Portugal. In the former two countries, although this fact was not officially recognised until much later, immigration has been taking place since the 1960s. In the latter two, hardly any significant immigration occurred before the 1990s. It is therefore hardly surprising that much more attention is paid to migrant health in the former countries than the latter ones. Also relevant is the fact that the development of the economy and (in particular) the welfare state is more advanced in Northern European countries than in Southern ones.

Nevertheless, even in Switzerland and The Netherlands, attention to migrant health is a comparatively recent phenomenon. Most of the research on this topic dates from the last 15 years, while attempts to improve health care for migrants are in a rudimentary stage. In Switzerland, most of the pioneering work up till now has been undertaken by NGO's, though central government has now launched its own programme of initiatives. In The Netherlands, a movement for the 'interculturalisation' of health care has existed among professionals since the end of the 1970s, but this has never enjoyed sustained support from central government.

##### 2. State of migrants' health

On the basis of these data it is not possible to make systematic generalisations or comparisons, since there was no standardisation of the questions asked or the categories and methods used. Indeed, these are recurrent drawbacks in the field of migrant health research in general. Nevertheless, some tentative conclusions can be drawn.

The first of these is that patterns of illness and unhealthy behaviour are related to specific groups, rather than general categories such as 'immigrants' or 'natives'. There is also no simple tendency for immigrants to have worse or better health than non-immigrants. Some problems relating to alcohol and tobacco use or over-eating are less in certain migrant groups, but because migrants generally enjoy a less advantaged social position, many of the problems they have are those generally associated with relative poverty, marginalisation and heavy forms of labour. Their subjective well-being has been reported to be less than that of non-migrants and higher rates of perinatal mortality and sexually transmitted diseases are reported in some groups.

Asylum seekers and refugees are often reported to have higher rates of post-traumatic stress disorder, depression and anxiety, though there is a general bias towards assuming that these problems are the result of their pre-flight experiences rather than their situation in the host country.

In general, however, because of the shortage of epidemiological data it is impossible at present to make many generalisations about the state of migrant health.

### 3. Access to health care

#### *Legal framework*

In all countries surveyed, health insurance is compulsory and there is entitlement to State-subsidised insurance for those who cannot afford private schemes. However, not all residents of a country actually have health insurance, and this applies in particular to undocumented or irregular migrants. While this group is generally entitled to emergency care, the threat of identification often deters them from seeking help until it may even be too late to intervene effectively.

#### *Access in practice*

There are many reasons why those entitled to health care in theory may not receive it in practice. In some cases, as mentioned in the report on Portugal, service providers may not know about the entitlement or may arbitrarily deny it. More often, however, the obstacles lie in lack of knowledge about the existing services, the situations in which they can be of help and the pathways to care. Language difficulties present a barrier at every stage, up to and including the actual giving of care. In addition, there may be mistrust of the services or a lack of confidence in their ability to provide effective help.

These sorts of problems have been identified in all the countries surveyed, though there is evidence that they are less marked among second-generation migrants and those who have had more opportunity to familiarise themselves with the system. Access to health care can be regarded as an aspect of integration, though it should be noted immediately that this is a two-way process in which the onus also lies on service providers to make care more accessible.

A frequent indication of poor accessibility is the tendency among migrant groups to receive 'heavy' (e.g. intra-mural) or 'acute' forms of care, rather than 'light' or 'preventive' ones. This has been found in mental health care in The Netherlands, especially in the case of ex-colonial migrants and youth. We have also mentioned the tendency of undocumented migrants to seek emergency rather than first-line care because of fears of detection.

### 4. Quality of care

The adaptation of health care to the needs of migrants is a process that is still in its infancy. Most initiatives are found where the concentration of immigrants is high (e.g. in the Randstad in Holland). In some cases, NGO's may lead the way in providing accessible and effective services. Efforts focus on the improvement of 'matching' between the giver and receiver of care, which involves dealing not only with language differences but also with possible discrepancies in perceptions of illness and assumptions about care. However, systematic research and training programmes on health care delivery for migrants are much less in evidence in Europe than in, for example, Canada or Australia.

## 5. CONCLUDING REMARKS - KEY NOTES & IDEAS FOR FUTURE DEVELOPMENT

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Discussions at the workshops held in Lisbon (16-17 July 2004) and in Coimbra (4-5 December 2004) and the literature review made in the previous chapters are essential steps towards finding a common operative definition of social integration. This task is fundamental to defining the research field of this Cluster and establishing an adequate state of the art framework, identifying and discussing the limits of the key concepts, suggesting relevant areas lacking research, finding common threads between cluster members' research interests and developing sustainable international comparative research in the three dimensions (segregation/housing, education and health) covered by the Cluster (comparing countries, cities and ethnic communities).

The conclusions associated to the work developed in the first nine months of the life of Cluster B5 (Social Integration and Mobility: Education, Housing and Health) is organised in three parts. The first addresses the relevant overall commonalities, combining ideas coming from the contributors of all sections. The second part is dedicated to identifying key points associated to the debates and conclusions presented in each thematic section (housing/ segregation, education and health). The final part will summarise some proposals for future developments for the network activities of B5, namely the creation of conditions (conceptual, methodological, etc.) for the development of sustainable cross-comparative research.

The debate on the cluster's key notion of integration enabled the discussion of the American perspectives on assimilation since the 1920s Chicago School as well as the analysis on the multiculturalist approaches that developed after the Second World War and made their way in the academic and policy fields, especially, in the 1970s and 80s. As far as integration is concerned, it becomes clear that, in the view of the generality and some indefiniteness of the concept (the reference point is frequently unclear and debatable; it fails to incorporate the dynamics of the society, tends to address a process but frequently focuses on the end result of that process), its use should be avoided, unless we specify the concept, downsize it and make it more operative, in order to support the process of finding answers to research questions.

Keeping this in mind, Lindo (see Chapter 1) stresses the multidimensional character of integration and proposes a relational focus on the social environment in which individuals and groups interact. 'Our focus of research should not be any category or group of people, but the relations of interdependences between individuals and groups, and their development over time', concludes Lindo.

In order to make the concept more operative, the Cluster could start with the dimensions of social integration identified by Esser (2001): cultururation, placement, interaction and identification, but should bear in mind:

- The existence of different process levels: 1) purposive behaviour of individuals, 2) collective behaviour between and within formal and informal groups, and 3) the 'invisible hand' of institutional developments that often transgress the horizons of the life-world of individuals and face-to-face groups;
- The relevance of the context (xenophilia and xenophobia principles, existing regulatory mechanisms allowing the participation of foreigners in the different fields of social life - labour market, housing market, political sphere, etc.);
- The need to incorporate a clear spatial dimension in the concept of integration. As mentioned by the Migrinter team (see Section 2.2), this could be based on two issues: the discussion of i) access to urban resources and ii) the analysis of the role of immigrants in the process of production and transformation of urban spaces. This

could complement the more classical perspective of integration (socially-oriented - based on the ideas of social relations, participation in society) with another one, centred on the notion of 'construction of place', encompassing physical production, social practices and relations, identities and symbolic meanings.

A cross-comparative overview of the analysis developed in the three thematic chapters (housing/segregation, education and health) leads us to stress three preliminary issues:

- A number of theoretical approaches and models of analysis (identifying patterns, addressing root causes, processes, etc.) developed both in Europe and North America do exist in the three research fields. However, conceptual doubts (on the content of segregation, on the notion of ghetto, on equitable education and intercultural education strategies, on the 'healthy immigrant effect' theory, just to mention a few) prevail in all fields. Two other caveats must be added to the conceptual one. Firstly, the theoretical and conceptual discussion is clearly more advanced in the fields of spatial segregation and, eventually education, than on the field of health, where research has developed more recently. Secondly, with few exceptions, theory-building strategies take references from the North American experience as well as from the experience of Northern and Central European countries. The debate about the application of these theories to new immigration countries (e.g. Spain, Portugal, Greece, Finland, etc.) still needs to be further developed;
- Empirical cross-comparative research at the European level has been identified (and summarised) in the three thematic sections.<sup>61</sup> However, comparison problems have been identified in several sections (conceptual problems - different meanings for equivalent words; classificatory limitations - what is meant by 'immigrant', 'foreigner', 'ethnic groups', etc.; methodological queries, data limitations), a situation that requires further development in terms of establishing robust cross-comparative conditions for analysis that would lead to sustainable conclusions for the European countries and their regions and cities. In addition, the aforementioned limitation concerning some deficit in the systematic presence of case studies coming from the new immigration countries should be compensated. It is important to enlarge the scope of research in order to incorporate more evidences coming both from Mediterranean, Northern (e.g. Ireland and Finland) and Eastern 'peripheries';
- Interestingly, the pleas for new research developments in the three fields have stressed the need to follow humanistic approaches (phenomenologism, ethnographic observation methods, etc.) in order to get the perspectives and experiences of immigrants and ethnic minorities in terms of evaluation of spatial concentration and segregation of the group, perception of school situation and education trajectories or design of more effective care services.

Looking in more detail at the analysis in each of the thematic chapters, a set of very rich ideas has been discussed (both at the theoretical and empirical levels) and the contours of some concepts have also been established.

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<sup>61</sup> In the case of health, the number of cross-comparative studies is more limited. Therefore, the authors' option has led them to incorporate short case studies that describe the situation in four countries (The Netherlands, Switzerland, Greece and Portugal), stressing the three key domains that were identified in the Chapter's main text: i) migrants' state of health, ii) access to health care and iii) quality of care. As far as integration programmes are concerned, a set of case studies is also provided. Because this corresponds to a very new and concrete issue, there was no other possibility of illustrating the findings in this domain. The only limitation here corresponds to the absence of examples coming from the new countries of immigration.

As far as segregation is concerned, the assumption that it corresponds to a specific multidimensional and universal phenomenon of residential concentration and differentiation that arises for particular groups in specific time-space contexts makes it harder to identify a kind of comprehensive universal perspective. However, we may say that segregation occurs when the spatial (residential) distribution of the members of a certain group is very distant from the spatial distribution of the majority population (see Section 2.1). Kohlbacher and Reeger, in their very complete discussion of segregation issues, have identified the following factors as 'generators' of segregation - socio-economic status, housing market status, regulatory mechanisms of the host society (legal frameworks, access to property and to public housing regulations, etc.) and ethnic affiliation. In the past, the interpretation of the spatial concentration of immigration was largely based on the analysis of the mechanics of local state markets associated with the dynamics between groups. Nowadays, globalisation of economic and migratory flows as well as the dynamics of urban spatial structures plays a major role in the interpretation of the process.

The advantages and problems associated with the spatial concentration of ethnic minority groups are also discussed and the authors stress that segregation is not necessarily a problem. However, because certain theories state that higher levels of segregation are indicators of low integration with consequences over the construction of a cohesive society (higher residential concentration hampers the social mobility of residents with weak social positions), the policy discourse and practice has incorporated the goal of residential dispersal of non-western groups associated with the building of socially- and ethnically-mixed neighbourhoods. Even assuming there are some virtues in mixed ethnic neighbourhoods (higher inter-group interaction, greater possibilities for the development of non-xenophobic feelings, etc.), the authors criticise both the simple relationship between spatial segregation and integration and the supposed virtualities of social and ethnic mixing policies. On the one hand, limitations to the social mobility of populations living in ethnic neighbourhoods seem to be weaker in cases of moderate segregation levels and/or strong welfare intervention. On the other hand, it is impossible to define clearly what is meant by an ideal 'ethnic and social mix' that can be used as a reference. Furthermore, dispersal principles are supposed to be applied in the cases of lower class and non-western immigrant neighbourhoods but not in cases of upper middle or upper class neighbourhoods, even if they register high concentrations of Japanese or British nationals (living abroad).

Kohlbacher and Reeger also discuss classifications of ethnically segregated areas. The notion of ghetto deserves particular attention and the definitions and identification criteria advanced by Marcuse, Wacquant and Peach are used as benchmarks for the debate. The ideas of enforced (by forces external to the segregated group) and extreme spatial concentration of a certain ethnic group are fundamental for the identification of a ghetto. Authors such as Peach introduce additional ideas of negative and threatening images or permanent conditions. Keeping in mind this definition of ghetto, the authors state the emergence of ghettos and the phenomenon of ethnic ghettoisation is relatively limited in the case of European cities. It is true that neighbourhoods in social and urban decline frequently display an over-representation of minority ethnic groups. However, these groups are normally diverse and frequently mixed with poor strata of the majority population. Therefore, notions such as 'ghetto of the poor' or 'ghetto of exclusion' seem to be more popular in Europe, although they also merit deeper theoretical discussion.

Even though we endorse a multidimensional view of integration, as presented in Chapter 1, the focus of our research is on its *spatial* dimension. Consequently, the second section of Chapter 2, authored by Olivier Asselin, Françoise Dureau, Matthieu Giroud, Abdelkader Hamadi and Yann Marcadet, provides a series of clues of a conceptual and operative nature that allow for a new reading of the social integration of immigrants. Within this analytical framework, the conditions for spatial mobility and for access to urban resources by various individuals and groups play a fundamental differentiating role

with regard to socio-spatial integration. Focusing on spaces as the locus of developing interaction, the dynamics of urban change introduce changes to the relative position of the various parts of the city, thereby influencing the degree of mobility and access to urban resources (e.g. employment, education, health, athletic and leisure facilities, purchase of various goods and services, personal relations, etc.). Thus, the integration of each individual (in this case, each immigrant) is influenced by the socio-spatial structure of the city, while, at the same time, individuals' appropriation of urban space contributes to changing the places in which they live or in which they interact.

To sum up, the MIGRINTER group highlights the fact that '[I]nhabitants are not passive but rather truly active, with their practices carved into space and/or time, whether these practices are individual, collective or individual but occur collectively, etc. To view integration according to this paradigm is to recognise the role of individual immigrants as actors in the production of that which is urban (and not only by way of structures connected to that which is called "governance" or "participative democracy"), in the processes necessary for accessing certain resources and in circumventing certain urban planning and social solutions'.

One last issue deserving remark corresponds to the discussion of the methods that enable the measurement of segregation, including their limitations. Keeping in mind the problems identified by Sections 2.1 and 2.2, *it is important to create a robust methodology that will enable effective cross-comparative conditions*. This methodology should:

- Be based on a notion of segregation that combines coercion, spatial concentration, inter-group interaction and mobility capacities, namely in terms of access to key spatial resources (to be identified);
- Be applied at the micro-level, because evidence shows that segregation in European cities is not very evident at district level;
- Prefer multi-group indices that take into consideration the MAUP problem;
- Combine multi-group concentration indices with interaction indices and measures of access to place-specific resources;
- Be associated to a humanistic research approach, aiming to understand the perspective of immigrants on group spatial concentration and segregation.

As mentioned by Concepción Maiztegui, Rosa Santibáñez, Haleh Chahrokh, Ines Michalowski, Elisabeth Strasser and Rick Wolff, education, following equitable principles, is a powerful instrument to transmit contents, attitudes and competencies to facilitate integration of newcomers and their offspring. In this sense, intercultural education<sup>62</sup> becomes a relevant element in the process of constructing a cohesive society.

According to the literature, the most frequent problems for immigrant children in schools are high levels of absenteeism, dropout and school failure. These problems, particularly school dropout, are caused by a set of integrated factors that incorporate belonging to minority groups with deficits in host country language, placement in low sets of society and a devaluation of the school as a relevant resource (Rosenthal 1998). In reality, school failure may lead both to lower levels of employability and to higher levels of deviant behaviour (e.g. suicide, petty crime, drug use, etc.).

It appears that increasing the school success of immigrants' offspring depends upon the development of strategies of educational equity that comprise equal opportunities, equal access, equal learning treatment and equal results (as independent as possible of

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<sup>62</sup> The notion of intercultural education is preferable to multicultural education, since the ideas of inter-group interaction, cooperation and confrontation are implicit in the former. Moreover, it is more proactive and action orientated.

variables such as social, cultural or sexual features). In terms of policy strategy, this means the implementation of a set of measures in the fields of guidance counselling and information provision, learning the host country's language, support to the language and culture of origin and eventual support to some specific curriculae domains. It is interesting that some countries recently adopting neo-assimilationist policies (e.g. Denmark and The Netherlands) tend to withdraw or at least reduce the support to the training in the language and culture of origin. In addition to these measures targeting immigrants themselves, there are broader measures (e.g. the conveying of values such as peace and tolerance, teacher training for mediation, etc.) geared towards establishing a model of intercultural education.

The complexity and diversity of international migrations in the era of globalisation, together with the growing ethnic diversity of the European population, pose important dilemmas to both policy decision makers and to countries receiving greater pressure from international migrations. The responses to be formulated will have a decisive effect in the formation of societies and in the organisation of future territories from the global to the local scale. The relevance of this issue is clearly illustrated by the debate unfolding about the mandatory or optional character of some programmes that include, namely, language tuition, orientation/introduction courses and professional labour market training.

The authors of Chapter 3 stress that the concept underlying the most recent integration programmes is one of a more efficient instrument for controlling the immigration. However, based on the results of the research carried out by Loeffelholz and Thränhardt (1986), they argue that, from a political and economic point of view, these policies seek to curb the 'costs of non-integration'. Hence, these programmes are based on the premise that a well-prepared reception from an early stage is an essential condition for a successful integration process.

Considering the links between immigrant schooling and (spatial) segregation, the authors of Chapter 3 discuss the role of immigrant concentrations in urban areas, in deprived neighbourhoods and in public schools. This leads to the stigmatising of certain schools and to the emergence of segregated institutions. As far as higher education is concerned, it is recognised that research is less advanced. In order to reduce this lack of research, Wolff proposes the theoretical and conceptual bases for a cross-comparative study that focuses particularly on access/representation and retention.

Concerning the issue of migrant health, the authors of Chapter 4 stress three major topics: 1) migrants' state of health, 2) migrants' access to health care, and 3) systems of care delivery. David Ingleby, Milena Chimienti, Panos Hatziprokopiou, Meghann Ormond and Cláudia de Freitas describe a number of factors that have led to a shortage of research data concerning migrant health. Firstly, clinical records frequently do not mention patients' origins. This may be due to lack of interest or a well-meaning (though unfortunate) desire to avoid discrimination and stigmatisation. Secondly, where data regarding patients' origin is available, divergent categorisations may be used which make comparisons impossible. Thirdly, most data relate to patients in care and do not reveal anything about the state of health of the rest of the population. Only epidemiological (population-based) surveys can fulfil this need, but these are seldom available.

Whereas the field of migration and health has long been characterised by neglect, an increasing number of studies related to migrants' health has appeared in recent years. These suggest that the state of health of immigrants should be analysed differently for various immigrant groups (e.g. post-colonial migrants, labour immigrants, asylum seekers, etc.). According to Nazroo (1998) and Stronks et al. (1999), differences in the state of health of immigrants depend on a combination of the following factors: genetic, cultural, socio-economic position, short-term migration history and ethnic identity. In addition to general risk factors, various immigrant groups display specific risk factors (e.g. problems concerning racism and neglect of special needs in the case of post-colonial migrants; poor

access to care among recent labour immigrants; or post-traumatic experiences in the case of some asylum seekers).

Concerning the problems of access and quality of care, the authors identify and discuss several barriers to good care such as lack of knowledge about the health care system, the situations in which it can help, and the procedures for getting this help. There may also be cultural barriers to access: an excessively 'all-white' image, insensitivity to minority customs, preferences, and conventions (e.g. disregard for religious holidays, diet, rules of interaction relating to men and women). A primary challenge is helping immigrants to gain awareness of and confidence in the health care system of the receiving country, and to realise the importance of preventive health care. Barriers to access, including mistrust of the public health care system, can lead to the creation of alternative strategies for accessing health care, involving self-medication with prescription drugs from the country of origin or traditional folk remedies. Sometimes, other immigrants will be consulted who have health care backgrounds but are unable to practice in the receiving country. Migrants may also return to their home countries (or other third countries) to seek health care that they regard as more appropriate to their needs (see Alhberg et al. 2003; Stronks et al. 2001; Messias 2002; Zust & Moline 2003).

In the final part of their analysis, the authors discuss problems that can hinder effective diagnosis and treatment of migrant health problems. Language barriers and lack of understanding of the basic elements of the immigrants' culture are only two examples of factors that can impede communication between foreigners and health personnel. To overcome these, some initiatives have been undertaken by agencies in several countries that include the use of intermediaries, training of health professionals, and the provision of information to the clients in order to change their views and strengthen their understanding of the health system and its professionals. However, these steps to improve migrant health care are not as advanced in Europe as in traditional immigration countries such as Australia or Canada.

### §§§

The working programme of Cluster B5 for the next year should follow six basic guidelines:

1. Clarify key concepts in the three components of the Cluster. Consider operationalisation possibilities;
2. Specify research foci in each component and key research questions. Take on-going research already being developed in each centre as a reference;
3. To create cross-comparative conditions and methodological tools (grids of analysis, research instruments, etc.) that may be applied by researchers to different situations or case studies (following research foci and research questions);
4. Identification of case studies or at least of strategies to identify case studies;
5. Development of the first cross-comparative analysis, assuming both a spatial perspective - comparison between several countries or cities - and cross-sectional perspective over time of the evolution of an immigrant group or a set of immigrant groups in a specific city or in a set of cities). The exploratory work will be based on ongoing research, framed by the methodologies developed in point 3 above;
6. Construction of common research proposals.

Keeping in mind the conceptual queries expressed throughout this document as well as the researchers' interests and the research suggestions, we propose the following possible concrete developments for 2005:

## 1. Housing and segregation

- To develop a common methodology to analyse spatial segregation in European cities, associating classic segregation indices with measures of neighbourhood interaction and accessibility to urban resources (especially in the domains of education and health). This methodological design will try to combine both the technical and theoretical queries identified in previous chapters of this report and the empirical limitations to cross-comparative studies that come out from the specific features (immigrants' and foreigners' classifications, spatial organisation, data availability, etc.) of each city. A set of cities (from Northern and Southern Europe, including both older cities of immigration and newer cities of immigration) will be selected in order to test methodology, framed in common research denominators. The comparative analysis of the recent evolution of the socio-ethnic segregation patterns will take the specific housing, planning, social and immigrant policies developed in each city into consideration. Immigrants will be considered an element of the urban dynamics and not a mere product of the interaction of external elements.
- To test a neighbourhood-level approach with the purpose of identifying the perspective of several population groups (immigrants and non-immigrants) in relation to spatial concentration, segregation and group interaction. Experimental research conducted in Vienna, Lisbon and Amsterdam seems to point to low levels of group interaction in certain neighbourhoods as well as to divergent perspectives in relation to the perception and the meaning of the spatial concentration of immigrant groups. This research package aims to create a methodology that combines extensive (questionnaires) and intensive (focus groups, in-depth interviews) techniques with the purpose of identifying the different meanings attributed by the various groups living in the same neighbourhood, to spatial concentration and group interaction. An *a priori* typology of neighbourhoods will be build in order to support the selection of the neighbourhoods that will function as case studies for this sub-package.
- To study the processes of social and spatial mobility of the second generation (link with Cluster C8). Because immigrants' descendants face specific problems (in terms of housing mobility, social progression, etc.) and the issues of spatial and social mobility are frequently interwoven, this issue will be subject to a specific approach. During the next nine months, the methodological approach will be designed and eventually pre-tested in one or two cities.

## 2. Education

- To contribute to the neighbourhood-level approach by incorporating a specific methodology geared towards the analysis of spatial accessibility to education resources. The notion of 'spatial accessibility' must be broadly defined so as to include the tangible elements (e.g. distance to housing concentrations, organisation of transport systems, etc.) as well as the intangible ones corresponding to the perception of the integration pathways and institutional prejudice, the quality of teaching, namely in terms of language training, the perception of the group relations at school, etc.
- To create methodologies and to identify information sources in order to develop cross-comparative research in some of the following topics: 1) children and youth education: a) integration pathways versus drop out and b) prejudice reduction: stereotypes and staff training (service provision and quality); 2) adult education - a) lifelong learning (perspective of time on education) and b) informal education: the

empowerment of immigrant; 3) higher education: student's experiences in an ethnically diverse student population. The first empirical testing of cross-comparative methodologies developed is expected to take place over the next nine months, but only in some of the afore-mentioned fields. To maximise the comparability of international data, the same groups in different countries/cities will be studied, as much as possible. This implies the need for similarity between migrant groups (former colonial and/or labour migrant communities) and educational levels (in higher education, preferably students in the same field of study).

### 3. Health

- *Comparative study concerning migration and health in European countries*  
 The country surveys already provided for Switzerland, The Netherlands, Greece and Portugal will be taken as the model for surveys covering as many European countries as possible. Suitable authors (individuals or groups) will be located in each country on the basis of proven expertise. The surveys will be summarised in the form of a matrix. This will be analysed to identify the major recurring patterns in the three domains surveyed [health situation, access to care, quality of care]. We will try to make *typologies* based on these patterns and to formulate some hypotheses concerning the *mechanisms* underlying the patterns found.  
 These surveys will form the basis of a publication which will provide the first Europe-wide survey on migration and health. A provisional version will be presented in August 2005 and any gaps will be filled subsequently.
- *Projects to be prepared*  
 In collaboration with other groups within IMISCOE, and others, we will collect information, ideas and contacts relating to the following topics which our work to date has identified as theoretically central and/or under-researched: 1) the methodological problems of migrant health research; 2) the health of children and youth; 3) sexuality, reproduction and family life; 4) older migrants; 5) the access of illegal/undocumented migrants to health services; 6) user involvement in the design and provision of services; and 7) transnational issues, concerning the trade-off between the health systems of the countries of origin and the health systems of the host countries, mediated by the expectations and health beliefs of migrants. Topics 2-4 will also provide focal points for our collaboration with Cluster C8.

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