

THESIS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY (PH.D.)

# **Effectiveness of Policies to Improve the Health and Social Situation of Roma Populations in the European Region**

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## **List of Abbreviations**

CEB, Council of Europe Development Bank  
EAFRD, European Agricultural Fund for Rural Development  
EAR, European Agency for Reconstruction  
EIB, European Investment Bank  
EPSCO, Employment, Social Policy, Health and Consumer Affairs Council  
ERDF, European Regional Development Fund  
ESF, European Social Fund  
EU, European Union  
IPA, Instrument for Pre-Accession Assistance  
JASMINE, Joint Action to Support Micro-Finance Institutions in Europe  
MICS, Multiple Indicator Cluster Survey  
NAP, National Action Plan  
NGO, Non-Governmental Organisation  
OMC, Open Method of Coordination  
OSCE, Organisation for Security and Cooperation in Europe  
PISA, Programme for International Student Assessment  
PROGRESS, Community Programme for Employment and Social Security  
UNDP, United Nations Development Programme

# 1. INTRODUCTION

I do not believe in the doctrine of the greatest good of the greatest number. The only real, dignified, human doctrine is the greatest good for all.

— Mahatma Gandhi

The Roma population, the largest ethnic minority group in the European Union (EU), is estimated at about 10 million (European Parliament, 2008) and increasing due to high birth rates. While their share in the overall population has traditionally been greatest in Bulgaria, the Czech Republic, Hungary, Romania, Slovakia, and Slovenia, the opening of borders following EU expansion in 2004 and 2007 has enabled increasing numbers of Roma to settle in other parts of the EU (Vermeersch and Ram, 2009).

Originating from northern India, the Roma<sup>1</sup>, a highly heterogeneous population with varied socio-cultural characteristics and traditions, arrived in Europe around the 14<sup>th</sup> century AD (Council of Europe, 2008). After the death of many during the Second World War, the Roma enjoyed some official protection from post-war communist regimes. However, they have since fallen victim to nationalist movements that emerged following the political transitions of 1989.

Although the integration policies of Eastern European communist regimes reduced their economic and social exclusion to some extent by providing them with employment and housing, they fell deeper into poverty and deprivation following the economic transitions of the 1990s (Barany, 1994, Vašečka & Radičová, 2001, Kertesi and Kézdi, 2011). Many Roma of Central and South Eastern Europe lost their jobs in heavy industry, and continue to remain economically vulnerable and socially excluded, manifested by their low levels of educational attainment and labour market participation and the widespread discrimination that they face. Available research suggests remarkable differences in life expectancy and health outcomes between the Roma and majority populations, particularly regarding the prevalence of

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<sup>1</sup> Throughout this thesis, the term *Roma* refers to groups of people who share similar cultural characteristics and a history of segregation in European societies, such as the Roma, Sinti, Travellers, Kalé, etc., as used by the European Commission (European Commission, 2008b).

communicable and non-communicable diseases (Ginter et al., 2001; Hajioff and McKee, 2000; Kosa et al., 2007; Koupilova et al., 2001; Sepkowitz, 2006; Zeman et al., 2003).

Over the past decades, a series of national and international policy initiatives have been designed to improve the situation of the Roma. The EU required, in the context of the 2004 and 2007 enlargements, the acceding states of Central and Eastern Europe, and more recently those in South Eastern Europe, to address Roma rights explicitly as a condition of EU membership. A number of measures to address the social and economic problems Roma people face have received support from several international agencies (European Commission, 2008a; UNDP, 2003, 2005).

Despite various policy initiatives, there has been limited progress in improving the situation of the Roma over the past decades in most countries in Central and South Eastern Europe (UNDP, 2006, European Commission, 2008a, 2010a, 2010b). In 2009, the Council of the European Union concluded, that ‘over the last two decades, the socio-economic situation of many Roma people has stagnated or even deteriorated in a number of EU Member States’ (Council of the European Union, 2009a). There is also concern that the current economic crisis may disproportionately affect vulnerable communities, including the Roma (World Bank, 2009) who also face threats from extremist political parties (The Economist, 2009).

Although the social and economic situation of the Roma population has been the subject of numerous studies over the past decades, little knowledge has been derived from these studies. Little systematic research has been done and even less knowledge has been derived regarding the extent to which the various policies and programs seeking to reinforce Roma integration in Central and South Eastern Europe have delivered expected social and economic outcomes.

To help fill this knowledge gap, the aim of the thesis is to a) better understand the underlying causes of the health and social inequalities between the Roma and majority populations; b) identify the factors that limit the effectiveness of policy initiatives aiming to improve their conditions and c) propose possible solutions to improve the situation of the Roma in an effective manner. The thesis takes an interdisciplinary perspective by embedding health in

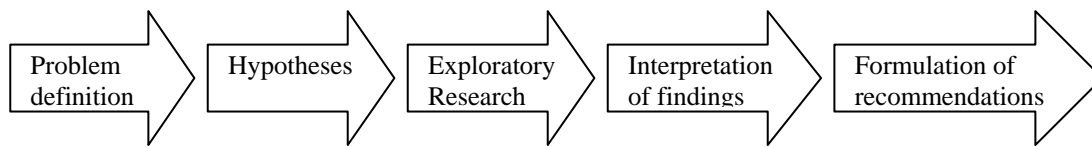
the context of a range of policies (education, employment, territorial, housing, economic policies) which are of direct relevance to improving health outcomes for Roma. While doing so, this thesis examines the following hypotheses:

- (i) Policies aiming at the social and economic integration of Roma people in Central and Eastern Europe have had limited effectiveness over the past decades, leading the Roma population to continue to face deep-seated and multiple social and economic disadvantages.
- (ii) A range of factors inhibits the effectiveness of Roma integration policies; some relate to broader framework conditions, including the availability of data, the nature of public policies, prejudices and discrimination, while others to the specific local contexts and realities in which Roma people live.
- (iii) Enhancing the effectiveness of policies require a number of intertwined policy steps, including strengthening the evidence base, incorporating Roma inclusion into mainstream policies, ensuring adequate budgeting and combating prejudice and discrimination.
- (iv) Although primary responsibility for Roma inclusion policies remains with national and regional governments, transnational policy frameworks can act as catalysts for change, and lessons can be drawn from examination of policies for the integration of vulnerable populations in other regions of the world.

The thesis is comprised of six chapters. Chapter 2 begins the examination by outlining the methods and identifying the key issues to be examined. Chapter 3 draws on existing literature reviewing the varied health, social and economic problems affecting the Roma and the existing national and international policies designed to address their adverse conditions. After, Chapter 4 presents the results by seeking to identify the factors limiting the effectiveness of existing policies and draws on lessons from review of the outcomes of integration policies implemented in other parts of the world. Based on analysis of the findings of previous chapters, Chapter 5 discusses possible ways in which the effectiveness of Roma integration policies could be enhanced; while chapter 6 formulates concluding remarks.

## 2. METHODS

This chapter outlines the methodology applied for the thesis. Figure 1 shows the main stages of the process, ranging from the problem definition to the interpretation of findings and the formulation of policy recommendations. All stages of the research process were interrelated and interdependent.



**Figure 1** Main stages of the research process

The problem definition was based on a systematic review of the published literature in relation to a) the main determinants of inequalities in health status between Roma and non-Roma people and b) policies that seek to improve the health, social and economic situation of Roma in Central and Eastern European countries. The databases searched were Medline, Web of Science, Elsevier and Google Scholar. The keywords comprised ‘Roma’ and ‘health status’ or ‘inequalities’ or ‘socio-economic factors’ and ‘Roma’ and ‘inclusion’ or ‘integration’ or ‘public policies’ or ‘effectiveness’. Papers were included after reviewing the titles and abstracts and, in some instances, the detailed content for relevance. 81 papers were identified in the initial search of which 59 have been included.

On the basis of the problem definition, the four hypotheses presented in the introduction have been formulated which formed the basis of the further work. The thesis also draws on empirical research conducted in Eastern Hungary comparing the health of the Roma and minority populations (Kosa et al, 2007).

Subsequently, exploratory research techniques were used seeking to understand the factors that enhance or inhibit the effectiveness of policy initiatives designed to improve the adverse



conditions of the Roma. These were based on two sources. The first was a review of policy documents from national and international organisations and non-governmental bodies. These comprised of reports, reviews and evaluations of policies and programmes in support of Roma. 158 documents were identified in the initial search, of which 112 have been included.

The second source was semi-structured interviews with national and international policy-makers and representatives of civil society. 10 policy makers at national level and 11 representatives from international organisations were interviewed including the World Bank, the European Commission and the European Parliament amongst other. 12 representatives of civil society were interviewed, including non-governmental organisations covering multiple countries including the Open Society Foundations as well those operating on a smaller scale for example Autonómia Alapítvány. The interviews sought to provide additional insights on why existing policy initiatives have not delivered the expected social and economic outcomes. The interviewees were selected on the basis of their expertise and with a view to addressing the multidimensional aspects of Roma inclusion.

The findings of the exploratory research complemented the problem definition, in particular on the underresearched aspects related to the effectiveness of policy initiatives, and contributed to the interpretation of findings and the formulation of policy recommendations.

### **3. REVIEW OF THE LITERATURE**

This chapter reviews the situation of Roma in Central and South Eastern Europe with particular focus on their demographic patterns, health status, and educational attainment. It also describes the labour market conditions that they face and the impact of geographical factors on their social and economic conditions.

#### **3.1. Health and Social Situation of Roma**

##### **3.1.1. Demographic Patterns**

Although estimates vary depending on the manner in which data are collected, the Roma population in the EU is estimated at 10 million (European Parliament, 2008). Table 1 shows the size of the Roma population in selected EU Member States and neighbouring countries. The Roma displays demographic patterns distinct from those of majority populations, with almost half of Roma under the age of 20 due to their high birth rate and low life expectancy (Fundación Secretariado Gitano, 2009). While fertility rates for majority populations are projected to remain below natural replacement (2.1 children per woman) in many parts of the EU, the Roma have an above-replacement rate, although projections indicate that it has started to slightly decrease in recent years (Hablicsek, 2007; Vano, 2002, 2004).

The vast majority of Roma in Europe are sedentary, although increasing numbers have started to migrate to other EU Member States as well as outside Europe<sup>2</sup> in search of better living conditions (Council of Europe, 2008). The reception of Roma in the Member States varies significantly; some receive support in accessing the labour market and public services, while others continue to face discrimination and exclusion. In some Member States, such as Italy and France, they have recently been subject to expulsion (European Union Agency for Fundamental Rights 2009b, EUobserver 2010). The Roma have suffered from discrimination and social exclusion for many decades. Many face discrimination on account of several personal variables, such as ethnicity, gender, age and disability. Surveys conducted by Eurobarometer found that 77% of European citizens believe that being Roma tends to be a

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<sup>2</sup> Roma citizens of some EU Member States (e.g. the Czech Republic and Hungary) have applied for refugee status in Canada (Euobserver, 2010).

disadvantage in their country and 24% would feel uncomfortable with having a Roma neighbour, in contrast to only 6% who would feel uncomfortable having a neighbour of a different ethnic origin (European Commission, 2007a).

**Table 1** Roma population in Europe

Country	Official statistics	Estimates	Total population
Albania	31,786	30,000-120,000	3,170,048
Bosnia-Herzegovina	9,864	40,000-60,000	3,781,274
Bulgaria	370,908	638,162-815,313	7,718,750
Croatia	9,463	30,000-40,000	4,442,000
Czech Republic	12,444	179,778	10,251,079
Hungary	205,720	520,000-650,000	10,090,330
Macedonia	53,879	135,490	1,607,997
Montenegro	2,601	20,000	620,145
Romania	535,140	1,500,000	21,623,849
Serbia	108,193	250,000-500,000	7,440,769
Slovakia	98,170	320,000-380,000	5,389,180
Spain	NA	650,000-700,000	43,038,035

Source: Open Society Institute, 2010, data based on the 2001 and 2002 censuses

### 3.1.2. Causes of the Poor Health Status of Roma

Reflecting the multidimensional nature of the concept, the World Health Organization (WHO) defines health as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’. The main determinants of health, including the social, economic and physical environment, provision of social support, health-related behaviours, genetics and access to services, have been well established (Mackenbach, 2006; WHO, 2008).

Researchers have documented increasing differences in health status across the globe both between and *within* countries across social and economic status, gender, ethnicity and place of residence (WHO 2008, Wilkinson and Pickett, 2010). The gap between the lowest and highest life expectancy at birth among EU Member States is 14 years for men and 8 years for women, while the gap between the lowest and highest socio-economic groups is 10 years for men and 6 years for women (European Commission, 2009a). Disparities are significant among regions and between urban and rural contexts as well.

The review of available research suggests that the Roma experience poorer health and substantially lower life expectancy, as well as suffer from a much higher prevalence of both communicable and non-communicable diseases, than do majority populations in Central and South Eastern Europe (Hajioff and Mckee, 2000, Mckee et al, 2004, Koupilova et al., 2001, Ginter et al., 2001, Zeman et al., 2003, Sepkowitz, 2006, Kosa et al., 2007, Gyarmathy et al, 2009). Research in Hungary comparing the health of those living in Roma settlements with that of the general population concluded that the self-reported health status of the former was much worse than that of the general population, finding that ‘for persons older than 44 years, 10% more of those living in Roma settlements reported their health as bad or very bad than did those in the lowest income quartile of the general population’ (Kosa et al., 2007).

A self-reported survey of the health of Roma in Bulgaria, Czech Republic, Greece, Portugal, Romania, Slovakia and Spain indicated the high prevalence of chronic diseases, such as migraines and headaches, hypertension, arthritis and rheumatism, among Roma adults and of asthma, chronic bronchitis and allergies among minors. Poor dental health and visionary and auditory disorders have also been identified as widespread among the Roma (Fundación Secretariado Gitano, 2009), while a study in Romania found a higher incidence of hepatitis B and C and HIV among the Roma living there (Council of the European Union, 2009b).

Women, children, youth and persons living with disabilities are particularly marginalised within Roma communities. Girls are especially disadvantaged, a fact manifested by the high rates of teenage pregnancy among the poorest communities with the lowest educational attainment (Durst, 2002; Neményi, 2005, European Network Sastipen, 2007). Low birth weight, premature birth and low use of contraceptive methods are common among the Roma (Bobak et al., 2005; Semerdjieva et al., 1998).

The poor health of the Roma can be attributed to a range of intertwined variables. In many countries the Roma are concentrated in socially and economically deprived regions, often living in segregated and overcrowded settlements characterised by adverse environmental conditions (Harper et al, 2009, Kosa et al, 2011). Poor social and economic conditions, such

as low education and employment and sub-standard housing particularly affect the health of Roma people (Puporka and Zádori, 1998, Fundación Secretariado Gitano, 2009).

A study of the poor birth outcomes among the Roma in the Czech Republic concluded that socio-economic factors were the primary factors responsible for these outcomes, especially lack of maternal education (Bobak et al., 2005). This conclusion was supported by research in Slovakia comparing Roma and non-Roma adolescents, which has shown the role of socio-economic factors in differences in health outcomes (Kolarcik et al., 2009). A recent study also concluded that the main determinants of inequalities in health status in Bulgaria, Hungary and Romania are education and wealth; while noted however that the role of ethnicity showed variations across countries (Masseria et al., 2010).

Research in Hungary has found that cultural factors as well as socio-economic conditions are primary factors in health-related behaviours (Neményi, 2005, Fónai et al., 2008, Vokó et al., 2009). The Roma have been found to have high rates of smoking and drug and alcohol consumption starting at a very early age. Inadequate nutrition, low fruit and vegetable intake and lack of physical activity results in high rates of obesity and poor health among Roma (Szilagy, 2002, Fundación Secretariado Gitano, 2009). A low level of health education is a further contributing factor to their poor health outcomes (European Roma Rights Center, 2006).

### **Access to health care**

Health disparities between the Roma and majority populations may also be explained by lack of access to or low utilization of health services by the Roma. This can be attributed to a range of factors, as supported by the conclusions of a study into access to health care among Roma children in Bulgaria, which noted, that access to health care cannot be isolated from other problems the Roma face such as poverty and restricted access to education (Rechel et al., 2009).

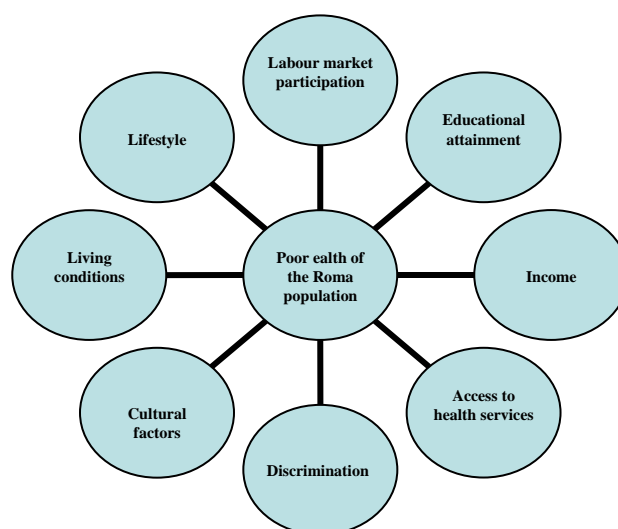
In some countries, many Roma are unable to join health insurance schemes, typically because they lack the necessary identification documents. In Bulgaria, about half of Roma do not

have health insurance, and those Roma who do have health insurance often claim that it does not adequately cover their medical visits. In countries where informal, out-of-pocket payments are common, Roma often face higher costs when accessing health care, making health care unaffordable for low-income Roma households (European Network Sastipen, 2007, Fundación Secretariado Gitano, 2009). The Roma also face problems in accessing transportation to health facilities from the remote areas where the majority live. Moreover, they face cultural barriers, such as traditional Roma beliefs and perceptions about health and disease, as well as continuing belief in the efficacy of alternative treatment methods (European Roma Rights Centre, 2006).

Communication problems between the Roma and health professionals are also common, primarily stemming from mutual prejudice and differences in evaluating the quality of health care provided. Reports of discrimination against Roma in accessing health care are widespread (European Roma Rights Centre, 2006; Fundación Secretariado Gitano, 2009; Kosa et al., 2007). Discrimination in health care access takes various forms such as refusal of care by general practitioners and health care institutions, verbal abuse and degrading treatment (European Monitoring Centre on Racism and Xenophobia, 2003).

The consequence of these challenges is that the Roma continue to face difficulties in accessing health care, especially specialist care, preventive services and public health programs. At the same time, the use of emergency services by the Roma is disproportionately high (Fundación Secretariado Gitano, 2009).

A range of factors thus contribute to the poor health of the Roma, which are synthesised in Figure 2. The following sub-sections will further discuss the social and economic determinants, in particular education, employment, geographical and contextual factors and the extent of prejudice and discrimination the Roma face.



**Figure 2** Major contributors to the poor health status of the Roma

### **Educational Attainment and Labour Market Conditions**

Although there has been progress in addressing the historically very low rate of primary education completion among the Roma, their educational attainment remains poor. Many Roma children enter primary school without having received early childhood education, and then go on to study at institutionally segregated schools, such as ‘special schools’ for children with developmental disabilities or segregated ‘Romani ghetto schools’ that provide low-quality education (Kertesi and Kézdi 2010, Havas and Zolnay, 2011). Denial of enrolment of Roma children into mainstream schools is reflected in the high rate of Roma attending ‘special schools’ (European Roma Rights Center, 2005).

The drop-out rate of Roma from secondary education is high, leading very few Roma to complete secondary education, and even fewer to complete tertiary education. For instance, in the Czech Republic, one in five Roma of working age is estimated to have completed at least secondary education, while only one in eight in Bulgaria and Serbia have done so (World Bank, 2008, 2010a, Open Society Institute, 2008). In Slovakia, 15% of Roma aged 25 is estimated to have completed secondary or higher education, while 2% of Roma in Romania aged 18 to 30 is estimated to have completed higher education compared to 27% of non-

Roma (European Commission 2009b). Various explanations have been proposed for the high drop-out rates, among them the expense associated with education, which deprives households of income which could have been generated in the form of child labour (Bogdanov and Angelov, 2007). The effects of stereotype threat might also come into play when explaining the low educational performance of the Roma.

Low levels of education, coupled with widespread discrimination in employment, exclude large numbers of Roma from the mainstream labour market (World Bank, 2008, European Parliament, 2009b, Fundación Secretariado Gitano, 2009, United Nations 2008). The World Bank suggests that employment rates for Roma fall well behind that of majority populations in a number of countries. According to their estimates, 29 % of the Roma in Bulgaria and 19 % of the Roma in Romania would need to find employment in order to raise the employment rate of Roma to the national average; in a context where national employment rates are already low reaching 60 % on average. At the same time, the Roma in Romania and Bulgaria earn 55% and 31% less, respectively, than do majority households while generally maintaining larger households (World Bank, 2010a).

Although short- and long-term unemployment levels among the Roma are significantly higher than in majority populations, many Roma are involved in the informal labour market. Despite this fact, a large proportion of Roma remains economically inactive and dependent on state transfers. This high rate of dependency on social assistance benefits is the result of a combination of factors, including inadequate attainment of skills and qualifications as well as the poor socio-economic context in which many Roma live (UNDP, 2007).

### **Geographical and Contextual Factors**

Geographical and contextual factors also play a key role in the poor socio-economic outcomes of the Roma. The Roma population tends to be concentrated in socially and economically undeveloped regions of Europe. Research from Slovakia has found that the highest concentration of Roma live in Eastern Slovakia, the least developed region of the country, where they suffer from high unemployment, and are the most dependent on social assistance among all populations in the country (Filcak, 2007). Similarly, research in Hungary has found that the highest proportion of Roma live in the lagging eastern and



southern regions (Hablicsek, 2007), with the greatest proportion concentrated in micro-regions suffering multiple economic and social disadvantages (Baranyi et al., 2003; Kosa et al., 2011). Figure 3 shows the results of a comprehensive environmental survey carried out in Hungary showing the proportion of segregated habitats of Roma compared to the county population. In Romania, although Roma communities are dispersed throughout the country, they are primarily concentrated in the southern parts of the country.



**Figure 3** Proportion of colony dwellers compared to the county population  
Source: Kósa et al, 2011

The Roma often live in segregated and overcrowded settlements in rural areas, in deprived residential areas in outskirts of urban sectors near industrial and waste sites, or, more recently, in camp sites in Western Europe (European Commission, 2008a-b; Scheffel, 2005; Steger, 2007; UNDP, 2003). Research in Bulgaria, Hungary and Romania has shown high levels of residential segregation of Roma in all three countries; while the the extent of segregation varied between the countries (Ladányi and Szelényi, 2002).

Roma settlements are often characterized by adverse environmental conditions and lack of access to basic infrastructure, such as sewerage, electricity, education, health and social services (OSCE/ODIHR, 2008). Moreover, transportation facilities from Roma settlements to sites where public services are located are often inadequate (European Network Sastipen, 2007). A comprehensive environmental survey of all Roma settlements in Hungary reported that ‘the most frequent environmental problems in the colonies were found to be lack of sewage and gas mains, garbage deposits, waterlogged soil and lack of water mains’ (Kosa et al., 2011).

Research in Slovakia into the multiple dimensions of living conditions, such as quality of housing, availability of drinking water, dependence on social assistance and level of indebtedness, has found that Roma households are in a poorer situation than those of majority populations. Roma households situated in segregated settlements have been observed to live in particularly poor conditions, while those situated in mixed Roma-majority population settlements have been observed living in relatively better conditions (UNDP, 2007). Analysis of data from the Czech Republic has indicated a dramatic increase in the number of segregated Roma communities over the last decade (European Commission, 2008b). Research in Northern Hungary has shown ghettoisation of Roma in remote socially and geographically isolated villages (Ladányi and Szelényi, 2004).

Although widespread discrimination has been reported to deny Roma access to housing, the number of official complaints of housing discrimination remains low, partly due to lack of knowledge among Roma about legislation prohibiting such practices. Forced eviction from municipal accommodations is also common, often without the provision of alternative housing or compensation (European Union Agency for Fundamental Rights, 2009c; Steger, 2007).

To what extent do location and living circumstances account for the poor health status of the Roma? The fact that poverty and deprivation are often spatially concentrated leads to the broader question of the relationships between geography and social exclusion and between individual and contextual dimensions. Researchers targeting Black, Hispanic and American

Indian populations have found that disparities in health and access to health care among rural racial/ethnic minority populations are generally more severe than those among their urban counterparts. These researchers suggest that these disparities should be understood as both collective (the concentration of disadvantaged individuals) and contextual phenomena (the broader economic and cultural context) (Probst et al., 2004).

As this brief review has explained, the Roma face multiple interrelated social, health and economic disadvantages. Low levels of educational attainment and labour market participation translates into poor health outcomes and perpetuates the inter-generational cycle of poverty. The following section examines the impact of the poor social and economic status of the Roma on the economies of the countries in which they live.

### **3.2. Economic Dimension of Roma Integration**

Integration of the Roma minority is not simply a matter of social justice and equity. It is also a matter of economic efficiency. As the EU continues to face the challenge of a rapidly ageing population, it cannot afford to ignore the marginalisation of several million of its citizens, who remain largely excluded from the mainstream labour force (McKee et al., 2009).

The Roma possess untapped potential in terms of human capital and labour. As education and health are integral to human capital, improving Roma outcomes can foster economic prosperity. Reducing inequalities in their health outcomes can relieve a significant economic burden manifested in absenteeism and loss of labour productivity, while enhancing their labour market participation is essential to increasing tax revenues and contributions to social security systems.

A study from the World Bank on the economic benefits of Roma inclusion in Serbia, the Czech Republic, Bulgaria and Romania concluded that closing the productivity gap for Roma would increase combined economic output by €9.9 billion annually for the four countries and yield €3.5 billion in fiscal benefits (World Bank, 2010b).

Bogdanov and Angelov estimated that the integration of Roma in Bulgaria over the next 10 years would yield benefits reaching approximately 22 billion leva (about 11 billion €) on average, while the cost of integration would amount to 1 billion leva (0.5 billion €). They also forecast that if current levels of education are increased within 3 to 5 years, GDP would increase between 0.8% and 1.9% beyond that in the baseline scenario within 25 years. Thus, the benefits of integration would largely outweigh the costs (Bogdanov and Angelov, 2007).

Marcincin and Marcincinova estimate that the indirect and direct costs of non-inclusion of the Roma represented 7% of GDP in 2008, and could represent up to 11% of GDP in 2030. They suggest that losses primarily stem from dependency on social assistance benefits, insufficient contribution to GDP, inefficient education spending and costs associated with criminality (Marcincin and Marcincinova, 2009).

In a study of potential gains in budgetary revenues from investment in bringing Roma education outcomes on par with majority populations in Hungary, Kertesi and Kezdi identified significant long-term benefits to the national budget stemming from increased tax revenues and decreased state transfers. Quantifying the benefits, they estimate that such investment would yield tax revenues of €30,000 to 70,000 per student according to present values (Kertesi & Kezdi, 2006).

There is also growing evidence of the long-term benefits of investment in early childhood development and pre-school education (Lynn et al., 2005), as well as the cost-effectiveness of integrating Roma children into mainstream schools and eliminating institutionally segregated schools (Levin, 2002). Case studies from Hungary have found that minimal levels of social integration and education (eight years of schooling) coupled with ties with higher status groups have a significant impact on the reproductive behaviour of spatially segregated minority groups (Durst, 2002).

In summary, the low socio-economic status and social exclusion of the Roma lead to significant economic losses for societies, while successful Roma integration could yield enormous economic, health and health equity benefits over the medium and long term. The following chapters examine current policy initiatives to improve the situation of the Roma in Europe and the obstacles that remain to achieving their complete fulfilment.

### **3.3. Policies for Roma Social and Economic Integration**

The review of the literature and interviews have shown how several international organisations have sought to promote Roma inclusion over the past two decades, including the EU, the World Bank, the UNDP, the Council of Europe, and the Organisation for Security and Cooperation in Europe (OSCE), the World Health Organization (WHO), as well as NGOs such as the Open Society Institute (OSI). At the national level, various governments have adopted strategies for improving the situation of the Roma (OSCE/ODIHR, 2008). After briefly reviewing the international policy frameworks, notably those of the Decade of Roma Inclusion and the EU, this section reviews the various national policies.

#### **3.3.1. Transnational Policy Frameworks**

##### *Decade of Roma Inclusion 2005-2015*

The launch of the Decade of Roma Inclusion<sup>3</sup> in 2005 represented the high-level political commitment of Central and South Eastern Europe governments and international organisations to Roma integration. It has since provided a regional framework for Roma inclusion policies until 2015.

In accordance with the Decade of Roma Inclusion, NGOs and Roma civil society have committed to ‘work towards eliminating discrimination and closing the unacceptable gaps between Roma and the rest of the society’ (Decade of Roma Inclusion 2003). Action plans

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<sup>3</sup> The Decade of Roma inclusion was originally signed by eight countries in Central and South Eastern Europe: Bulgaria, Croatia, the Czech Republic, Hungary, Macedonia, Romania, Serbia and Montenegro and Slovakia. Spain, Bosnia-Herzegovina and Albania later signed in 2008.

formulated by participating countries have prioritised the four sectors of education, employment, health and housing and the three cross-cutting themes of poverty, discrimination and gender mainstreaming. Most Decade countries have developed actions plans to improve the health of the Roma. Assessment of progress towards the attainment of goals has been conducted by Roma NGOs and activists.

Evaluation of the early years of the Decade, however, suggests varying progress in the implementation of policies across countries and sectors. Education appears to be the primary focus of governmental policies, followed by housing, employment and health (Decade Watch 2007, 2008).

At the midpoint of the Decade in 2010, there was general consensus among stakeholders regarding the value-added of the process. Government representatives have suggested that it has created a 'moving engine' for policy formulation and improved the institutional basis for Roma integration within countries. The weaknesses of the process, however, have also been recognised. Some representatives from national governments have suggested making monitoring, impact assessment and analysis of cost-effectiveness compulsory, while others have called for enhancing cooperation with the European Commission and establishing a fund for infrastructure projects.

Several civil society actors consider the Decade the most important initiative for increasing the visibility of the Roma within government structures (Decade of Roma Inclusion, 2010). As such, they call for strengthening monitoring and evaluation mechanisms and developing local action plans (Decade of Roma Inclusion, 2010, Open Society Foundations, 2011).

#### *Roma Policy of the European Union*

The European dimension of Roma integration has become increasingly recognised throughout the years. Roma are European citizens entitled to the same rights as majority populations of Member States, including the freedom of movement, which has led increasing numbers to move to other Member States. The social and economic situation of the Roma and the extent of discrimination that they face are similar across countries.

The requirements that the EU imposed on several of the acceding states of Central and Eastern Europe to address Roma rights as a condition of EU membership before 2004 continue to be discussed with candidate countries of South Eastern Europe. Although not specific to the Roma, the Charter of Fundamental Rights of the European Union enshrines the personal, civic, political, economic and social rights enjoyed by citizens and residents of the EU and stipulates the right to access to education and health care. The Race Equality Directive 2000/43/EC prohibits discrimination on the grounds of ethnic origin in employment, social protection, education, as well as access to goods and services, including housing (Council of the European Union, 2000). The Treaty of Lisbon underlines the values of respect, non-discrimination, tolerance and solidarity.

Apart from these forms of anti-discrimination legislation, the EU provides a range of financial instruments to support Roma inclusion and a platform for coordination of Roma integration policies. The following section briefly describes the evolution of Roma policy in the EU in recent years before reviewing the financial mechanisms supporting it.

#### *Evolution of EU Roma Policy*

In its conclusions of December 2007, the European Council, the highest political body of the EU, demonstrated strong political commitment to addressing Roma inclusion when it invited Member States and the Union ‘to use all means to improve their inclusion’ and called on the Commission ‘to examine existing policies and instruments and to report to the Council on progress achieved before end of June 2008’.

This commitment was reaffirmed in June 2008 when it invited the Council to take account of the Commission’s evaluation of existing policies in its examination of the revised Social Agenda (European Council, 2008). Exacerbated by debates over Roma expulsions in some Member States, the European Council announced that it will examine the possibility of elaborating a strategy for Roma integration (BBC, 2010; EUobserver, 2010), and more recently called on Member States to develop ‘national Roma inclusion strategies or integrated sets of policy measures within their broader social inclusion policies for improving the situation of the Roma by end 2011’ (European Council, 2011).

In June 2008, the European Commission called for a renewed commitment to non-discrimination and equal opportunities and reviewed existing Community instruments and policies for Roma inclusion (European Commission, 2008b). On 28 November 2008, the Justice and Home Affairs Council adopted a Framework Decision<sup>4</sup> on combating certain forms and expressions of racism and xenophobia by means of criminal law, and called on Member States to implement the Decision within two years (Council of the European Union, 2008b). The General Affairs Council of 8 December 2008 called upon Member States ‘to take account of the specific situation of the Roma when designing and implementing policies and make better use of the Community financing instruments’ (Council of the European Union, 2008a). The Council called on the Commission to report, in 2010, on progress made, provide analytical support and stimulate cooperation between relevant parties in the context of an ‘integrated European platform’ (Council of the European Union, 2008a) that provides a framework for inter-governmental consultation and exchange of policy practices aiming at Roma inclusion.

The European Parliament has also adopted a number of resolutions calling for strengthening Roma inclusion (European Parliament, 2006). In its resolution of 31 January 2008, it urged the EU and Member States to increase their efforts to achieve visible results, and requested the Commission to develop a European strategy for Roma inclusion (European Parliament, 2008). On 11 March 2009, it proposed a number of means of improving Roma access to the labour market (European Parliament, 2009b) and initiated a pilot project with a budget of €5 million over 2010-2012 in the fields of early childhood education, microcredit, awareness-raising and evaluation. On 25 March 2010, it reported that progress on Roma inclusion has been unsatisfactory and reiterated its call to develop a European Strategy for Roma Inclusion.

In its resolution of 21 February 2011, the European Parliament reported that the tools developed by the EU to strengthen Roma inclusion ‘are scattered across policy areas and their effect is hard to measure’. It reiterated its call for an EU strategy for Roma inclusion prioritising non-discrimination and human rights, education, employment, housing, health care and empowerment of Roma civil society, and called on the Commission to ensure its coordination, monitoring and reporting, as well as the use of structural funding for its

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<sup>4</sup> The Decision was initially proposed by the European Commission on 29 November 2001.



implementation (European Parliament, 2011). In July 2008, the European Economic and Social Committee underlined the need for mainstreaming Roma issues into all relevant European and national policies, as well as cooperation among civil society stakeholders and active involvement of Roma representatives in inclusion processes (European Economic and Social Committee, 2009).

The plight of the Roma also featured in the European Year on Equal Opportunities in 2007, the European Year on Intercultural Dialogue in 2008 and in the European Year on of Poverty in 2010, and has been included among the priorities of the European Union Agency for Fundamental Rights.

As this brief overview has described, there is broad consensus among European institutions of the need to support Roma integration. A number of EU policies promote Roma inclusion, including equal opportunity, employment, social policy, regional policy, public health, education and culture and enlargement policies (Andor, 2010). There is, however, scope for further mainstreaming Roma inclusion into all EU policies. At the same time, it should be noted that the legislative role of the EU is largely confined to establishing the guiding principles for these policies, while their actual implementation remains the prime responsibility of national, regional and local governments.

For these reasons, attention has focused on less formal initiatives, especially where the EU can use its convening power. In September 2008, the first of what is intended to be biannual high-level Roma summits was held in Brussels and generated calls for governments to act more systematically (EU Roma Policy Coalition, 2008). The summit was seen by the European Commission as beginning a policy dialogue (Barroso, 2008; Špidla, 2008).

At its first meeting on 24 April 2009, the Integrated European Platform for Roma Inclusion endorsed a set of Common Basic Principles for Roma Inclusion. These principles envision integrating Roma inclusion into a range of mainstream policies (employment, social inclusion, health, education, housing, youth and culture) with *explicit but not exclusive targeting* of the needs of the Roma. In other words, policy initiatives targeting the Roma

should not exclude other populations who share similar social and economic disadvantages. The Platform also emphasised the need to exchange information on evidence-based policies and involve Roma communities, regional and local authorities and civil society in the formulation and implementation of policies (European Commission, 2009c).

The Employment, Social Policy, Health and Consumer Affairs Council (EPSCO) of 8 June 2009 urged the Commission and Member States to take the Common Basic Principles into account when designing and implementing policies promoting Roma inclusion (Council of the European Union, 2009a). The Platform of 28 September 2009, which focused on specific problems faced by Roma in educational systems, underlined the ‘interdependence of economic, social and educational progress of Roma and majority society’ and rejected ‘using special needs schools as general solution for Roma children’ (European Commission 2009d).

In its first Communication dedicated specifically to the integration of the Roma in April 2010, the Commission assessed progress made and called for enhancing the effectiveness of existing instruments. To broaden the evidence base of effective policy approaches to Roma integration, it proposed developing a set of model approaches adapted to specific contexts that allow Member States to choose the policy mix most suited to the circumstances of their Roma populations (European Commission, 2010a, 2010b).

The second European Roma summit in April 2010 in Córdoba called for mainstreaming Roma issues into all relevant national policies and enhancing cooperation among national, European and international actors and drawing up a specific roadmap for the Platform. Acting on the conclusions of the summit, the EPSCO Council of 7 June 2010 called for mainstreaming Roma issues into relevant policies and instruments, including the existing Open Method of Coordination (prioritising education, health, housing and employment) and developing a roadmap to provide a framework for action (Council of the European Union, 2010b). On this basis, the Platform has committed to formulating concrete recommendations across policy fields and aligning its work more broadly to European policy development processes (European Commission, 2010e).

France's eviction of the Roma in summer 2010 prompted the Commission to set up an internal Task Force on Roma Integration to analyse Member States' follow-up in implementing the April 2010 Communication and assessing the effectiveness of the use of EU funding. The Commission has also called upon the Presidency to hold joint meetings of ministers of justice and social affairs to identify a more targeted strategy for using national and EU funding to strengthen Roma inclusion, supported by the holding of annual meetings at the ministerial level (European Commission, 2010h). The initial findings of the Task Force revealed bottlenecks at the national, regional and local level that limit the effective use of funding; weaknesses regarding the development of appropriate strategies and measures, know-how and administrative capacity; difficulties in providing national co-financing; and lack of involvement of Roma and civil society (European Commission, 2010j).

#### *Debate on the Direction of EU Roma Policy*

There has been ongoing debate regarding the direction that EU Roma policy should take, in particular regarding the extent of EU involvement in strengthening Roma inclusion. Some commentators have argued that existing mechanisms at the EU level offer sufficient opportunities to address the needs of the Roma. Others, in particular those representing civil society, the European Parliament and some international organisations, have suggested developing a European framework strategy for Roma inclusion. Such a strategy would encompass all European policies and enable a wide range of flexible measures. One model brought forward in this context was the EU strategy for Gender Equality (European Parliament, 2008; EU Roma Policy Coalition, 2007; Katsu, 2008).

Other actors have advocated greater use of the Open Method of Coordination (OMC), which monitors EU and national progress towards commonly agreed objectives. Since 2000, the OMC has provided a framework for information exchange and policy coordination among Member States. From the perspective of Roma inclusion, OMC operations in the areas of education, employment and social protection and social inclusion are particularly relevant. In the area of social inclusion, a set of multidimensional EU 'Laeken' indicators, namely the common European statistical indicators on poverty and social exclusion endorsed by the Laeken European Council in December 2001 (Eurostat, 2003), can be used to measure progress towards common objectives.

Within the OMC, consideration of the situation of ethnic minorities, including the Roma, is encompassed within the framework of low-skilled, unemployed or other disadvantaged groups (European Commission, 2008b). Some commentators have proposed that Roma inclusion be explicitly specified as an area of OMC operations. Doing so would require the cooperation of Member States in drawing up National Action Plans specifically for Roma inclusion with quantified targets and producing periodical reports on progress towards the attainment of these plans. Although doing so would offer the advantage of building on existing national strategies, it would go against the views expressed at the Integrated European Platform by treating Roma lack of inclusion as distinct from other forms of socio-economic disadvantage. It would also require making complex arrangements to avoid duplication of existing OMC mechanisms and creating parallel structures in the fields of education, employment, social inclusion and social protection.

Finally, some commentators have called for the establishment of a separate Community Action Program for Roma Inclusion (similar to the Progress program) or for better targeting of Roma in existing Community Action Programs, while others have called for the establishment of a crisis fund for Roma inclusion (Villarreal and Walek, 2008).

### *The Europe 2020 Strategy*

The fight against poverty and social exclusion features high on the agenda of the EU, as evidenced by the strong social dimension of its Europe 2020 strategy<sup>5</sup> (European Council, 2010a, European Commission, 2010c). Citing combating poverty as among five measurable headline targets, the European Council has called for ‘lifting at least 20 million people out of the risk of poverty and exclusion’<sup>6</sup> (European Council, 2010b). Its flagship initiative, the European Platform against Poverty and Social Exclusion, calls for formulating a series of policy actions for Member States and the Commission to pursue in order to reach the above

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<sup>5</sup> The Europe 2020 strategy, which will guide EU policies over the next ten years, stipulates five primary targets which Member States must translate into national targets in the fields of research and development, climate change education, employment and poverty, and puts forward seven flagship initiatives.

<sup>6</sup> Poverty and social exclusion is measured by three indicators: at-risk-of-poverty, material deprivation and jobless households.

goal. In the context of the situation of ethnic minorities, the Roma receive paramount attention (European Commission, 2010k).

### *The EU Framework for National Roma Integration Strategies*

As stated above, the EU Framework for National Roma Integration Strategies calls on Member States to develop national Roma inclusion strategies or integrated set of policy measures within their broader social inclusion policies with a time horizon of 2020, while developing specific targets related to access to education, employment, health care and housing by the end of 2011. In spring 2012, the Commission will report to the Parliament and the Council on the findings of its annual monitoring, as requested by the Parliament (European Commission, 2011a). Again, it will be critical to ensure that Roma inclusion is not treated as distinct from other forms of disadvantage and the principle of “explicit but not exclusive targeting” is being pursued.

Roma integration has also been featured among the key priorities of the Trio Presidency of Spain, Belgium and Hungary in the years 2010 and 2011 (Council of European Union, 2010a), which has increased attention to Roma inclusion at the EU level. During the Hungarian Presidency, several formations of Council of Ministers discussed the EU Framework, including the Justice and Home Affairs Council; the Employment, Social Policy, Health and Consumer Affairs Council; the Education, Youth, Culture and Sports Council; and the General Affairs Council. The EU Framework has received unanimous support by Member States (Hungarian Presidency, 2011, Council of the European Union, 2011). As the brief review has discussed, while the scope for specific EU-level legislation is limited, European initiatives can increase awareness of the need for greater Roma inclusion while financially supporting integration projects and facilitating exchange of knowledge and best-policy practices among Member States .

### *EU Financial Mechanisms*

Lack of funding has often been cited as an obstacle to the realisation of effective Roma inclusion policies. However, various financial instruments are available at the European level which can complement national resources used to support Roma inclusion. Candidate

countries receive pre-accession assistance (IPA)<sup>7</sup>, while Central and Eastern European Member States benefit from high allocations from structural funds. Mainstream Community programs, such as Progress, also benefit the Roma through supporting anti-discrimination and networking measures, while the Public Health Program finances research into and identification of effective policy practices to address health inequalities.<sup>8</sup>

The largest source of financing which can be used to support Roma inclusion is the structural funds, notably the European Regional Development Fund (ERDF) and the European Social Fund (ESF). These funds support the development of deprived regions through financing productive investments, infrastructure and measures to improve employability, education and skills. The Regulations governing the use of the funds ‘prevent any discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation during the various stages of implementation of the funds in particular, in the access to them’.

Among the main beneficiaries of structural funds, which follow a seven-year programming cycle and have been allocated a total budget of €277 billion for the 2007-2013 programming period, are Central and Eastern European countries. In the 2000-2006 period, the Community Initiative EQUAL financed projects to enhance employability and inclusion, while the European Agricultural Fund for Rural Development (EAFRD) has also supported area-based local development strategies. Table 2 shows the total allocation of EU funds with structural aims (ERDF, ESF and EAFRD) to selected EU Member States in 2007-2013.

**Table 2** Total allocation of EU funds with structural aims in 2007-2013

*in million euro*

<b>Countries</b>	<b>ERDF</b>	<b>ESF</b>	<b>EAFRD</b>	<b>Total</b>
Bulgaria	3.205	1.185	2.609	6.999
Czech Republic	13.709	3.774	2.815	20.298
Hungary	12.649	3.629	3.805	20.083
Poland	33.338	9.707	13.230	56.275
Romania	7.739	3.684	8.022	19.445
Slovakia	5.962	1.499	1.969	9.430
Spain	23.057	8.057	7.213	38.327

Source: European Commission

<sup>7</sup> The Instrument for Pre-Accession Assistance (IPA) was introduced in 2007 to replace several previous EU programs and instruments, such as PHARE, PHARE CBC, ISPA, SAPARD and CARDS.

<sup>8</sup> Other Community Programs, such as the Lifelong Learning Program, the Youth in Action Program and the Culture Program, may also benefit Roma.

Although the bulk of the structural funds are offered in the form of non-repayable grants, the share provided in the form of financial engineering instruments, such as micro-credit, venture capital and guarantee funds, has increased in recent years. A specific initiative named JASMINE<sup>9</sup> aims to improve access to financing for small businesses, socially excluded people and ethnic minorities (European Commission, 2007b). A more recent initiative developed in response to the recent financial crisis, the European Progress micro-finance facility, also targets persons facing social exclusion or are disadvantaged with regard to access to finance (Official Journal of the European Union, 2010). These instruments have been designed together with international financial institutions, including the European Investment Bank (EIB) and the Council of Europe Development Bank (CEB), which themselves provide loans to sectors key to Roma integration, such as health and housing.

Support for Roma inclusion from the Structural Funds showed an increasing trend during the 2000-2006 programming period and has continued to do so during the 2007-2013 period. Some Member States have earmarked specific amounts for Roma inclusion, while others explicitly mention Roma inclusion under several priorities. It should be noted, however, that the 2007-2013 period has seen a threefold increase in the amount of Structural Funds allocated to supporting Central and Eastern European countries<sup>10</sup> and the accession of Romania and Bulgaria.

The European Commission has been actively promoting Roma inclusion during negotiations with Member States on funding priorities for the 2007-2013 period (Špidla, 2009). Analysis of ESF support during the 2000-2006 period suggests that activities specifically supporting Roma inclusion benefited 3.3 million people in eleven Member States. Measures specifically targeting the Roma were supported by funding of €1.3 billion<sup>11</sup>, while measures in which they were among the beneficiaries were supported by a conservative estimate of €230 million.

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<sup>9</sup> Jasmine stands for Joint Action to Support Micro-Finance Institutions in Europe.

<sup>10</sup> The 2000-2006 period represented only a three-year programming period for the ten Member States that joined the EU in 2004.

<sup>11</sup> In the Czech Republic, Finland, Greece, Hungary, Ireland, Slovakia and Spain.

During the currently running 2007-2013 period, twelve Member States have been targeting Roma *among other vulnerable groups* in their ESF-supported activities with a total funding of €17.5 billion, which includes EU national public and private funds. Some Member States<sup>12</sup> have also dedicated €172 million to measures targeting the Roma *exclusively* (European Commission, 2010f). ESF support has focused mainly on fostering employment through counselling, training, providing opportunities for individual insertion paths and entrepreneurship, as well as improving education through preventing early school leaving, promoting adult education and supporting mentors. Anti-discrimination measures, such as media campaigns, have also received financing, as well as capacity-building of NGOs dealing with Roma integration.

Although financial inputs have been estimated, limited assessment of outputs and results of the projects benefiting Roma inclusion have been done, although there have been recent attempts to do so by national authorities managing the funds (European Commission, 2010g).

Among several initiatives that aim at enhancing the use of EU funding for Roma inclusion, a transnational network named EU Roma<sup>13</sup> performs peer reviews and facilitates the transfer of best practices among implementing bodies, while a recent initiative among local governments seeks to share experiences in addressing problems faced by Roma neighbourhoods<sup>14</sup>. The OSI initiative ‘Making the most use of EU funds for Roma’ supports participatory project-generation, awareness-raising, capacity-building, training and mentoring activities at the local level<sup>15</sup> (Open Society Institute, 2010a).

Recent findings from the European Commission however indicate that the effectiveness of the use of EU funds in support of Roma integration could be significantly enhanced (European Commission, 2010i, j). In order to identify the challenges facing Roma and make the most effective use of EU funds in support of their integration, the European Commission

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<sup>12</sup> Czech Republic, Spain, Poland, Romania and Slovakia

<sup>13</sup> EU Roma stands for European Network on Social Inclusion and Roma under the Structural Funds.

<sup>14</sup> The initiative is named Active Inclusion and forms part of the Urbact program funded by the ERDF.

<sup>15</sup> In 2009, it generated projects amounting to €3 million and benefited 12,000 (mostly Roma) individuals in the fields of health care, education and employment in Bulgaria, Hungary and Slovakia.



has convened a series of high-level visits in Member States involving national politicians, civil society, representatives of the Roma community and international organisations (European Parliament, 2010).

**Table 3** International policy frameworks and programs supporting Roma

<b>Policy frameworks/funding</b>	<b>Description</b>	<b>Progress in implementation</b>
Decade of Roma Inclusion 2005-2017	Eleven participating countries develop National Action Plans for four focal sectors: education, employment, health, and housing	Varying progress across policy areas, countries, implementation of commitments remains a challenge, limited funding
Roma Education Fund 2005	Project-based financing	Policy experimentation led to innovative approaches
European Union Open Method of Coordination in the fields of education and training (since 2001), employment (since 2001), social inclusion (since 2001), health care (since 2006)	National Action Plans addressing Roma explicitly (e.g. situation of Roma children, educational issues, Roma health, social assistance) and implicitly as part of disadvantaged groups	Implementation of commitments remains a challenge, limited funding, lack of clear focus on marginalisation due to ethnicity
EU Pre-accession framework European Cohesion Policy (ECP)	Pre-accession funds European Social Fund, European Regional Development Fund Program, project-based financing	Some good practice examples; challenges are commitment of public authorities to use ECP for Roma inclusion, sustainability of initiatives, need to enhance capacities at local administrations and among Roma
EU Community Action Program to combat discrimination 2002-2006, continued by Community Program Employment, social solidarity PROGRESS 2007-2013	Project-based financing (anti-discrimination strand)	Contributed to more visibility of discrimination against Roma; more emphasis placed on transferability, dissemination of results
EU DETERMINE 2004-2007 2007-2010	Consortium for Action on the Socio-economic determinants of health focusing on vulnerable populations	Identification of social determinants of health, pilot projects implemented on innovative approaches, public-private partnerships, social marketing
EU SASTIPEN Originated from project launched in 1995	Reduction of health inequalities between Roma and mainstream communities	Developed knowledge of NGOs, production of a <i>Handbook for Action on Health Services with the Roma 2005-2006</i> adapted to country circumstances; transfer of knowledge into policy practices remains a challenge

Source: Criteria Grupo de Evaluación, 2007, Decade Watch 2008, European Commission, 2008a, b.

Table 3 shows the various international policy frameworks and programmes supporting Roma. Coordination is provided through informal structures, such as that of the Informal Group of International Organisations on Roma, Sinti and Travellers comprising of representatives of EU, the World Bank, the UNDP, the OSCE and the Decade of Roma Inclusion, and civil society or the International Steering Committee of the Decade of Roma Inclusion (European Commission, 2010a).

### **3.3.2. National Policies for Roma Inclusion**

There are a number of national policies in Central and Eastern Europe benefiting the Roma. Anti-discrimination legislation reflecting the EU Race Equality Directive has been adopted by EU Member States, most of which have also adopted governmental programs to increase access to public services and improve the living conditions for minority groups, including the Roma. The adoption of national policies in support of Roma integration has largely been triggered by intergovernmental processes, such as the Decade of Roma Inclusion and the EU Open Method of Coordination (OMC), in the fields of employment, education, social protection and social inclusion. In most countries, however, Roma integration remains the prime concern of public authorities in charge of social affairs.

Assessing National Action Plans submitted by Member States within the framework of the OMC on social protection and social inclusion in 2009, the Council concluded that despite better recognition of the multiple challenges facing Roma communities compared to previous years, in most countries a *‘comprehensive policy framework is still lacking due to non-availability of data and an insufficient knowledge base’*. Governmental measures mainly focus on employment, education, health and housing. Although segregation in education and housing is considered one of the main obstacles to Roma inclusion, lack of data has prevented comprehensive assessment of progress and what needs to be done. For example, there are few available data on the participation of Roma in adult education, lifelong learning and vocational training (The Council of the European Union, 2009b, European Commission 2009b).

Although the National Action Plans often contain a list of standalone actions in support of Roma inclusion, they do not form an integral part of mainstream employment, education, health and housing policies (European Commission, 2008 c,d). A number of *pilot initiatives* have been launched for improving the situation of Roma localities; however, limited assessment has been made of the possibilities of scaling up initiatives that have proved successful in delivering expected outcomes. Member States that have experienced recent inflows of the Roma following the opening of EU borders generally lack strategies for or measures of Roma integration (European Union Agency for Fundamental Rights, 2009b). The findings of the assessments of the Decade Action Plans have arrived at a similar conclusion. The following sections examine the individual policy areas, in particular health policy, in more detail.

### **Roma Health Policies**

As equity in health has been identified as a fundamental value of the EU, particular emphasis is placed on reducing health inequalities within and among Member States and meeting the needs of vulnerable groups, including ethnic minorities (European Commission, 2007c, 2009a). Despite this fact, the European Commission recently concluded that a limited number of public health interventions have been evaluated for their differential effects on the health of social groups (European Commission, 2009a).

Central and South Eastern European countries have adopted National Health Action Plans within the framework of the Decade of Roma Inclusion process to be implemented between 2005 and 2015 (Table 4). However, the limited assessment data that are available suggest bottlenecks in their implementation. In most cases, the programs are mainstreamed within national policy frameworks with limited evidence of their effectiveness in terms of outreach to disadvantaged Roma (Decade Watch, 2008).

**Table 4 Health policies and programs supporting Roma under the Decade of Roma inclusion 2005-2015**

Country	Legislative action	Research, data collection and health monitoring	Public health program awareness raising	Training and employment in health	Sanitary controls, health checks	Access to health care services
Albania	Completion of legal framework of free health services, code of ethical communication		Educational programs on reproductive health, HIV/AIDS, vaccination campaigns		Hygienic-sanitary epidemiological controls in Roma settlements	
Bosnia and Herzegovina	Alignment of legislation to ensure Roma rights to health care exercised uniformly	Registration of newborns and Roma without birth records, database of insured Roma	Information campaign on right to health care, prevention education on HIV/AIDS, TBC immunisation	Training of professionals to fight prejudice, train Roma on health risks, train Roma medical staff	Medical check-ups	
Bulgaria		Early registration of pregnant women, registration of newborns, mechanisms for health assessment and monitoring	Vaccination campaigns Education of Roma about rights and obligations as patients	Training of health mediators, training on effective communication	Preventive health examination for Roma	Bring primary and specialised care to Roma communities
Croatia	Creation of conditions for basic health insurance for vulnerable groups		Vaccination campaigns, education family planning, reproductive health	Training Roma in health care profession	Hygienic-sanitary controls, rodent controls in Roma settlements	
Czech Republic				Training of health mediators in regions/municipalities		
Hungary			Raising awareness about patient rights and obligations, local health improvement plans to meet needs of Roma	Incentive schemes for Roma employment in health/social care. Training on fighting prejudice discrimination	Preventive health exam, sensomotoric maturity state survey of Roma and disadvantaged children	Incentives for better utilisation of health care, mobile exam stations in Roma areas
Montenegro		Survey of Roma health conditions for regular monitoring of variations in health indicators	Health education for Roma women and children; food/nutrition programs for children			
Macedonia	Implementation of legal obligations (e.g. sanitary control)		Health care education programs, awareness-raising about health insurance rights	Affirmative approach in employing Roma in health professions Training of health mediators	Regular check-ups for women and children	Open clinics, health centres in Roma areas, mobile health teams
Romania			Health education; programs in HIV/AIDS, TBC and cancer	Train health mediators, inter-cultural training for med staff		Establish health education centres
Serbia		Research on health of Roma, database compilation, mechanisms for registration	Public health promotion projects, reproductive health	Health mediators, culture diversity training	Hygienic and epidemiological analysis of Roma	

					settlements	
Slovakia	Research on Roma health status and awareness	Analysis of Roma health status, creation of database, monitoring of Roma re-vaccination rates	Information campaign on reproductive health, STDs and on health services	Training of health mediators		

Source: Decade of Roma Inclusion, National Health Action Plans 2005-2015, Kurt, 2010 and author

Most health measures cited in the Action Plans tend to relate to vaccination, reproductive health and training while other concerns including measures to improve access to health care including health insurance coverage are scarce (World Health Organisation, 2010). The sustainability of existing initiatives and implementation of planned actions also constitute a challenge. Many initiatives rely on external funding sources, facing the risk that once funding is terminated, they will be discontinued. Measurability of progress due to weaknesses in data collection and monitoring is a key limiting factor.

The health chapters of the recently presented national Roma integration strategies in the context of the EU framework referred to in chapter 3.3.1. show a broad continuation of measures included in the Decade Health Action Plans (European Commission, 2012).

As underlined in chapter 3.1, however, systematic obstacles to access to health care persist, including difficulty in accessing health insurance schemes due to lack of personal documents, the sporadic nature of health initiatives (Decade Watch, 2010) communication problems (European Network Sastipen, 2007) and the persistence of discriminatory practices (European Roma Rights Center, 2006). Additional challenges are the high underrepresentation of the Roma in the medical professions and the absence of a spatial dimension in most health policies and programs.

A recent assessment of the Hungarian Decade Health Action Plan found that previously initiated health examinations and programs aiming at the improvement of the health conditions of disadvantaged groups have continued. However, it also found that no information is available regarding the implementation of incentive schemes for Roma to enter medical professions and increase utilisation of health care in areas where Roma are concentrated (Kurt, 2010).

Several countries have established networks whereby members of the Roma community act as mediators between Roma patients and health professionals to facilitate for instance to obtain identification documents and health insurance and provide basic health education. However, in some cases the status of health mediators has not been regulated in an appropriate manner, nor their systematic employment been considered (Decade Watch, 2007; Open Society Foundations, 2011).

Several countries provide scholarships for Roma students to pursue medical studies. In Spain, the first national health survey of the Roma population was conducted to assess the extent of inequalities in health between the Roma and majority populations. The health of the Roma has also been mainstreamed as a policy issue into relevant policies, and a number of public health interventions have been implemented by NGOs, such as the Roma Health project of the Open Society Institute (Open Society Institute, 2005, 2009). Many initiatives are, however short-lived, sometimes one-off pilot initiatives and rely on external funding (EU PHARE or other donor funding), posing particular challenges for their sustainability.

Similarly, several initiatives launched to improve the living conditions of Roma remain limited in terms of both their scope and impact. Many policies lack however measurable indicators and timelines due to lack of comprehensive data on housing needs (European Union Agency on Fundamental Rights 2009c). Insufficient funding, the slow progress of the implementation of municipality development plans, utility of infrastructure projects in support of Roma also constitute limiting factors in their effectiveness (Decade Watch 2010, OSCE/ODIHR, 2008; Molnar et al, 2010). Subsidized housing for Roma does not always provide a long-term solution, since impoverished Roma communities also need to sustain the investment, while centrally planned constructions of housing facilities for Roma increase the risk of greater residential segregation rather than integration (Bogdanov and Angelov, 2007, Molnár et al., 2010). A recent study comparing predicted effects of health impact assessment of Roma housing policies and programmes in Central and Eastern Europe in light of completed subsidised housing project in Hungary has shown that initial predictions have not been realised in terms of ‘social networks, satisfaction with housing and neighbourhood and inhabitant safety’ (Molnár et al. 2012).

This sub-chapter reviewed the range of national and international policy initiatives aiming at Roma inclusion. The review has shown that despite a range of policy initiatives, limited progress has been achieved in improving the social and economic situation of Roma communities in Central and South Eastern Europe. While examples of good practices can be found, they remain sporadic, and few address the deep-seated social and economic disadvantages of the Roma people. Why is this so, and what more could be done?

## **4. RESULTS**

As public policies do not operate in isolation but within the context of broader social, economic and political realities and in interaction with other policies, their effectiveness is determined by a range of factors. Social and cultural values, public administration systems, governance arrangements, specific national and local contexts and decisions regarding policy priorities and resource allocation are key determinants of policy effectiveness (Potter and Harries, 2006). The role of place and territory in the effective delivery of public policies is also becoming increasingly recognised (OECD, 2009). Which factors are most significant in examining the effectiveness of Roma integration policies?

### **4.1. Key Factors Limiting the Effectiveness of Integration Policies**

Several intertwined factors are typically responsible for inhibiting the effectiveness of Roma integration policies. Some relate to broader social, economic and institutional contexts, while others are associated with the immediate micro-level environment in which Roma communities live. Key limiting factors relate to data collection mechanisms, the evidence base of effective policies, the embeddedness of initiatives into mainstream policies, prejudice and discrimination against the Roma, the magnitude and use of funding, and the monitoring and evaluation mechanisms used. At the micro-level, additional factors come into play, such as outreach of policies to specific local contexts and sensitivity towards the cultural values and behaviours of the Roma.

#### ***Broad Socio-economic and Institutional Context***

##### ***Evidence Base of Effective Policy Approaches***

The absence of a sound evidence base underpinning Roma integration policies, which can be attributed to the inadequacy of data-collection mechanisms and weaknesses in monitoring and evaluation, has been increasingly recognised (European Commission, 2004, Villarreal and Walek, 2008, Council of the European Union, 2009a).



### *Data Collection Mechanisms*

The major challenges in simply obtaining basic data on the Roma in many countries reflects the use of varying definitions and classification systems for race/ethnicity, as well as ethical and legal constraints (Kosa and Adany, 2007). There are different approaches to determining whether a person is considered to be Roma, including self-identification or definition by the external environment (Fónai, 2005). The paucity of basic data stratified by ethnicity and by age and gender represents a major obstacle for a thorough assessment of policies for Roma inclusion. The lack of data collected at the sub-national level and of longitudinal data (Fundación Secretariado Gitano, 2009) allowing for analysis of variations in the situation of the Roma across time and space also constitute a barrier to designing effective policies.

Although most countries have acknowledged the paucity of baseline data from the outset of the Decade of Roma Inclusion process, efforts to address it have been minimal. Among the reasons for such limited progress in data collection are lack of legislation, which impedes data collection or the overinterpretation of existing legislation, as well as underutilization of existing data sources and weaknesses in monitoring and evaluation (Open Society Institute, 2010). Reluctance of authorities to release sensitive data about the situation of the Roma have also be mentioned as a limiting factor during the interviews.

### *Monitoring and Evaluation Mechanisms*

Adequate monitoring and evaluation mechanism are preconditions for effective measurement of progress towards attaining pre-defined objectives and targets. Analysis suggests that institutional arrangements for monitoring and evaluation are underdeveloped in many countries, and that the use of qualitative methods, such as surveys, remain underexploited. Another challenge is the limited engagement of stakeholders in the assessment of policy initiatives, including that of the Roma themselves (Decade of Roma Inclusion, 2010, Kahanec, 2009). The lack of long-term initiatives also constrains efficient programme monitoring and evaluation, considering that the effects of initiatives, in particular health effects, take time to materialise.

As a limited number of evaluations have been conducted on the effects of policies and programs implemented in support of Roma integration, evidence from programs demonstrated to be effective remains scarce. The result of the paucity of data and weaknesses in monitoring and evaluation systems is a weak evidence base underpinning Roma integration policies.

### *Nature of Public Policies*

The lack of comprehensive integrated policies addressing the needs of the Roma constitutes a major barrier to their effective integration (Decade Watch 2007, Decade Watch 2008). This was emphasised by the interviewees. In many countries, integration policies remain the prime concern and responsibility of public authorities in charge of social affairs, although action to address the multiple disadvantages of Roma requires action across a range of policy fields.

This challenge is augmented by the paucity of reliable stratified baseline data on the Roma, which hinders effective policy planning and implementation, as well as the fact that goals are often defined in rather broad terms without measurable indicators or systematic data collection. Commentators from civil society argue that many policy initiatives lack long-term vision and plans for systematic action, and have not brought significant change at the community level (Decade of Roma Inclusion, 2010). The lack of binding mechanisms and accountability constitute a barrier for effective implementation of commitments and recommendations (Open Society Institute, 2010b).

### *Embeddedness of Initiatives in Mainstream Policies*

Another limiting factor is the disconnection which often exists between initiatives aiming at Roma inclusion and mainstream public policy processes. Many initiatives are short-lived, based on external funding sources and project funding cycles without being embedded in mainstream education, employment, health, social, economic development, housing and regional development policies. This was raised as a major concern at the 2009 Integrated European Platform. However, tackling the multiple disadvantages of the Roma requires action within a range of policy fields. As discussed in chapter 3.1, the major determinants of health inequalities between the Roma and majority populations lie outside the health care system, necessitating inter-sectoral action.

### *Prejudice and Discrimination against Roma*

The effectiveness of policy initiatives is also largely hindered by widespread prejudice and discrimination against Roma by the majority society. As underlined in previous chapters, the Roma continue to face persistent discrimination across many spheres of life, including education, employment, health care and housing. Some groups within Roma communities face discrimination on multiple grounds, such as ethnicity, gender, age and disability. The implementation and enforcement of the Racial Equality Directive and the Framework Decision on Racism and Xenophobia varies across countries.

### *Magnitude and Nature of Public Funding*

The magnitude of public funding and the way in which financial resources are used are key determinants of policy effectiveness. Assessments of policies on Roma integration in Central and South Eastern Europe often indicate insufficient budgets and lack of incentives to foster Roma self-reliance (Decade Watch 2007, 2008, 2010). Social assistance mechanisms have a key role in empowering communities to help themselves and develop self-reliance. However, they could also foster dependency rather than incentivise recipients to change their situation. Research from the UNDP has indicated a high rate of Roma dependency on social benefits for material needs as well as a high rate of Roma underutilisation of certain types of benefits, such as housing allowances or scholarships, for reasons such as not meeting conditions for claiming the benefit despite material need (UNDP, 2007). Badly designed programs can exacerbate this situation.

### *Use of External Funding*

Limited evaluation has been conducted to date on the outputs and results of projects financed by EU Structural Funds which benefit Roma inclusion. Available data, however, suggest that the effective use of EU funding for Roma integration is hindered by a range of factors, including weaknesses in strategic programming, insufficient coordination between the national and regional level, weak administrative capacity and monitoring arrangements and inadequate involvement of civil society and Roma communities themselves (European Commission d, h). Local administrations and organisations addressing Roma inclusion often lack adequate expertise and capacity to prepare quality applications and effectively implement them on the ground. Lack of regional and local

ownership of projects, together with insufficient involvement of the Roma in the planning and implementation of strategies and programs, is also a critical factor, as is insufficient awareness among stakeholders regarding funding opportunities.

Coordinating among the different EU Structural Funds to implement cross-sectoral interventions, as well as fluctuations in the staff of institutions managing the funds, are additional challenges. In some countries, national and regional authorities face difficulty in ensuring the necessary national co-financing to EU funds exacerbated by the crisis. Small NGOs face particular difficulties in accessing EU Structural Funds due to capacity constraints regarding human resources and administration for managing the funds, leading some to seek alternative international funding sources which can be deployed more flexibly (European Commission 2010a-b, European Commission, 2010g). Certain types of projects which could benefit Roma communities also show low levels of financial absorption (European Commission 2010d).

Central and Eastern European countries also show weaknesses in terms of governance and institutional and administrative capacity (University of Gothenburg, 2010), which also limits the effective use of domestic and external funds and their outreach to beneficiaries.

### *Self-Organisation and Participation in Political Decision-Making*

Growing civic activism among the Roma over the past decades has helped raise public awareness of their plight. However, many Roma lack personal documentation, such as birth certificates, identity cards and residence permits (OSI, 2006), as well as sufficient information with regard to their rights as citizens, which hinders their capacity to self-organise. Roma NGOs' activities have often been based on short-term project funding cycles. Additional challenges have been limited opportunity for coalition-building with mainstream and other Roma parties (OSCE/ODIHR, 2008) and lasting divisions and frictions within Roma political organizations.

## ***Micro-Level Environment***

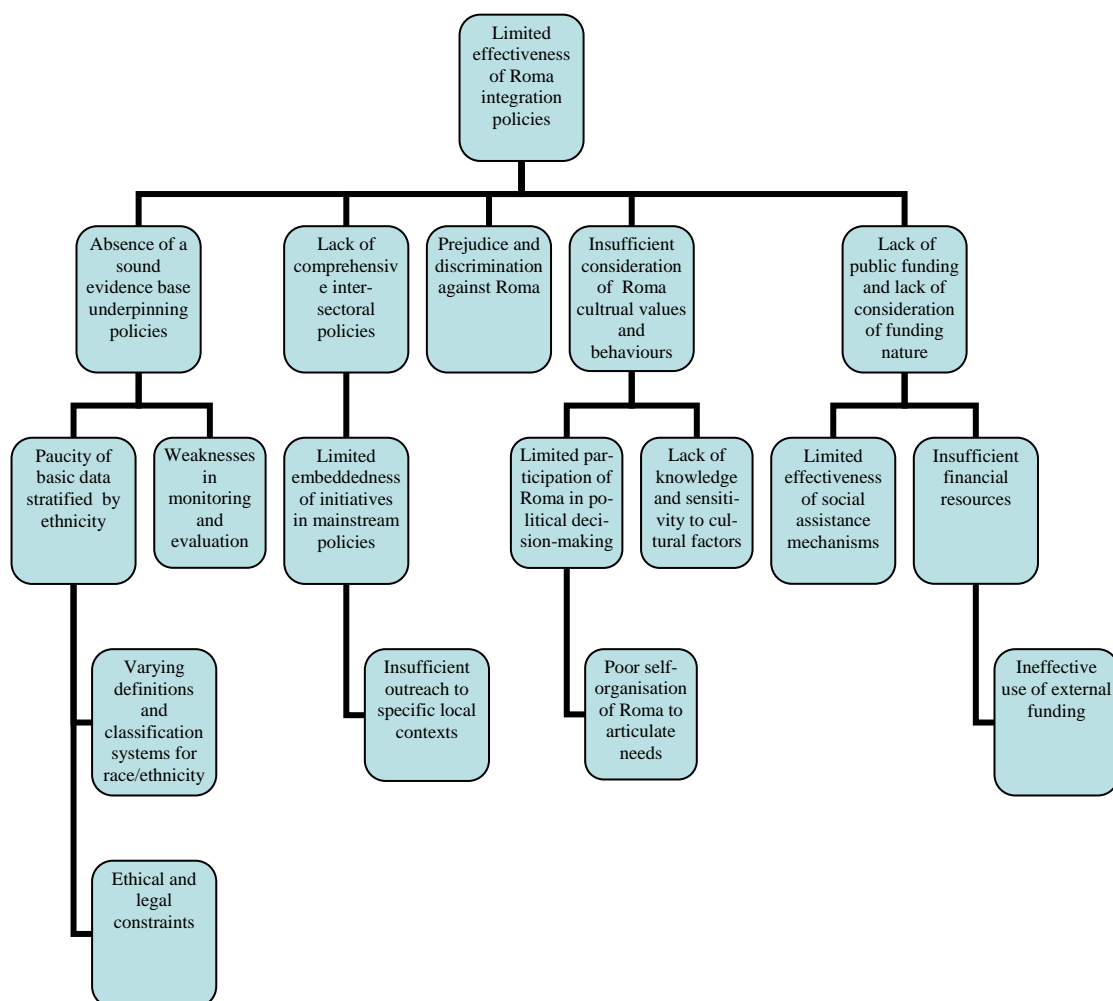
### *Regional and Local Context*

As the Roma live in very diverse geographical and socio-economic regional contexts, their local realities and circumstances differ vastly. However, as described in chapter 3.1.2., most live in deprived urban neighbourhoods or in socially and economically deprived rural regions. The regional and local levels have played an increasingly important role in the provision of public services with the increasing decentralisation on both a European and global scale. Assessment of national policies for Roma integration suggests that many policy initiatives have not adequately reached sub-national levels (Decade of Roma Inclusion, 2010). Reports from civil society have revealed cases of local resentment of and opposition to governmental policies (ERRC and ENAR, 2006). Adequately reaching the local level and ensuring regional and local ownership of policy priorities are necessary to ensuring the effectiveness of the EU Open Method of Coordination mechanism (European Commission, 2010d).

### *Family and Community Environment*

A further limiting factor in policy effectiveness is the implementation of policies and programs that do not sufficiently take account of Roma cultural values and behaviours. Interactions between children and their families and with the broader community play a particular role in human development (Bronfenbrenner, 1979). The immediate environments in which individuals live influence their approach to school attendance, educational attainment and uptake of health care services. Women play an important role in Roma family structures as caretakers. However, policies that do not adequately consider these Roma cultural characteristics risk not delivering expected outcomes.

This section has discussed the factors that constrain the effectiveness of existing policy initiatives aiming at Roma inclusion. Figure 4 synthesizes these factors. Most factors are interrelated and interdependent. The following sections present several examples of policy initiatives, including some which have proved successful yielding demonstrable positive outcomes; while also showing challenges and limitations that may constrain effectiveness.



**Figure 4** Limiting factors in the effectiveness of Roma integration policies

## 4.2. Evaluation and Impact Assessment Methods and Results

Although little ex-ante or ex-post evaluation of policies has been conducted, there are several recent examples of the use of impact assessments to understand the outcomes of policies for Roma inclusion in the Czech Republic (World Bank, 2008). An impact assessment in Hungary on the health effects of eviction in comparison with that of a replacement housing project for the Roma found that the ‘overall health benefit of a housing project clearly outweighed that of eviction’ (Kosa et al., 2007, Molnár et al., 2010).

There is evidence that integration of Roma children in mainstream schools and the elimination of institutionally segregated schools is cost effective (Levin, 2002). An evaluation in Hungary on an integrated elementary education program in which Roma and non-Roma students participated found that all students attained better educational performance, as well as that it is possible to promote the skill development of Roma and non-Roma students while reducing social distance between them (Kézdi and Surányi, 2009).

#### **4.3. Outcomes of Implemented Policies and Projects**

Despite the challenges that they have faced, several promising initiatives to Roma integration have enjoyed success. Several countries have established networks of social workers and health mediators, including those of Roma origin, to build links between the Roma community and educational and health service providers (European Network Sastipen, 2007), while others have tested mobile health screening services in remote areas. Yet others have focused growing attention on pre-school education, implementing projects aiming at developing Roma children's hygiene and general skills to prepare them for school entry, as well as focusing on Roma parents and the broader living environment (High Level Advisory Group on the Integration of Ethnic Minorities, 2007).

In Hungary, the OSI implemented the Sure Start pre-school education program with the involvement of Roma in planning and implementation, as well as scholarship programs encouraging Roma students to pursue medical and pharmaceutical studies (Open Society Institute, 2009). School mediators in other countries seek to increase the number of children enrolled into mainstream education and enhance school graduation rates by such means as employing school assistants of Roma origin and subsidizing nutrition, transportation and teaching materials for Roma children (OSCE/ODIHR, 2008).

Other countries provide tutoring and mentoring to Roma students, as well as outreach services to families and communities. Such initiatives can make public services more responsive to the needs of the Roma and increase their participation in education and health promotion programs. Although many housing initiatives have been successful (European Union Agency for Fundamental Rights, 2009c), several desegregation efforts have led to even stronger residential segregation and ghettoisation, especially where centralised planning is combined with low Roma involvement (Durst, 2010).

There are also examples of programmes using EU structural funds for Roma integration, which have shown demonstrable outputs. The ACCEDER program in Spain, which aims at improving Roma access to the labour market through providing individualised employment paths and tailor-made vocational training in thirteen Spanish regions, has obtained more than 35.000 employment contracts since beginning operations in 2000 (European Commission, 2010g). The promotion of strong partnerships at the national, regional and local level, close cooperation between the private and public sectors and the provision of personalised services have proved to be key factors in success. Recent concerns from civil society however point to the temporary nature of some of the employment provided noting that many involved low-skilled jobs in sectors such as construction, which were not sustainable on the long run.

Slovakia supports local development strategies for marginalized Roma communities in 150 lagging micro-regions through integrated investment in infrastructure, education, employment, social inclusion, health promotion and housing. The challenge however remains the definition of marginalized groups, the preparation of quality projects and the effective implementation of these projects on the ground (European Commission, 2010g).

Hungary has implemented a specific program for the thirty-three most disadvantaged micro-regions with a high proportion of Roma that supports investment in infrastructure, skills and employability in an integrated manner. Although the program has proved successful in bringing together stakeholders who had not previously interacted, coordination among the different funding sources (ESF, ERDF and EAFRD) has been a particular challenge for full implementation (European Commission 2010d). Projects have also been designed to increase the number of Roma working in the public administration.

A recent peer review of a pilot program implemented in the micro-region of Szécsény in Hungary concluded that the program generated results in terms of reducing child poverty and providing services to Roma children and their families but demonstrated weaknesses in terms of access to employment and income support (Fresno, 2010).



In Hungary, transfers of EU funding to local governments to finance public infrastructure projects has been conditional on incorporation of anti-segregation plans prepared by municipalities. In an amendment of the ERDF Regulation in May 2010, the financing of housing in favour of marginalised communities in rural areas was linked to the fulfilment of certain conditions. The regulation further proposed, 'Housing interventions for marginalised communities should take place within the framework of an integrated approach, which includes, in particular, actions in the fields of education, health, social affairs, employment and security, and desegregation measures'. Initial experience, however, suggests that the effective implementation of these provisions remains a particular challenge for national and regional authorities.

Greece has established socio-medical centres to increase the access of Roma to public services through primary care and counselling services at the local level. Evaluation of these centres has found that although small and flexible units can provide targeted services to the Roma, insufficient connection with hospital networks at the regional and local level, as well as the lack of an appropriate mechanism for recording health conditions, is hindering their effectiveness (European Commission, 2010g).

#### **4.4. Experiences of other regions in policy implementation**

Designing effective policies for integrating vulnerable populations into the mainstream society and economy remains a key challenge for policy-makers in Europe and worldwide. This section examines the experiences and outcomes of several integration policies implemented in other parts of the world to determine whether lessons can be drawn from them and applied to Roma integration policies in Europe.

##### **4.4.1. Community-Based Health Programs and Services**

The WHO Commission on the Social Determinants of Health has called for concerted action at all levels of government to effectively address the substantial health differences among countries and social groups worldwide (WHO, 2008). Available research suggests a high prevalence of communicable and non-communicable diseases among indigenous groups compared with non-indigenous groups across various locations.

Research into indigenous health programs in Canada, New Zealand, Australia and the United States concluded that improving community involvement in primary health care necessitates the incorporation of cultural values and behaviours of indigenous people into research methodologies and policy design. As indigenous beliefs hold that health largely depends on family involvement and community support, factoring in family values in the design of health prevention programs is particularly important. Designing specific programs for indigenous youth is also considered to be essential (Hurst and Nader, 2006).

In Canada, the Indian Health Service Transfer Policy has enabled First Nation and Inuit communities to design health programs and services and allocate funding according to the priorities of their own communities since its implementation in 1988. The available evidence suggests that First Nation and Inuit ownership of community-based health programs and services has led to improved health outcomes, as well as that early engagement of communities in program design and implementation are essential prerequisites in understanding and effectively addressing these groups' specific needs (Conn, 2004). Similarly, an extensive review of access to health care by a wide range of disadvantaged populations, including many indigenous groups, concluded that institutions that confer political voice are ultimately crucial (Healy and McKee, 2004).

The benefits of providing cultural diversity training for health professionals in health care delivery to meet the needs of particular ethnic minorities have been widely acknowledged (WHO, 2008). In response, Australia has added cultural awareness to the training of health professionals who work in aboriginal health care (Marc, 2010). New Zealand has remarkably improved the living standards of its Maori population using a multisectoral approach. Renewed interest in Maori culture by both the Maori and the majority population, active political representation and policies for increasing access to services have been important contributing factors in improving the Maori economic and social situation. New Zealand has also enhanced the employment of health providers of Maori origin who incorporate cultural values into service provision (Ringold, 2005).

#### **4.4.2. Conditional Cash Transfers**

Ensuring effective mechanisms for allocating social assistance benefits, such as the provision of income support to needy people, is a world-wide challenge. Growing evidence from Latin-American and African countries indicates the effectiveness of

conditional cash transfers in improving educational enrolment and the uptake of preventive health care. Indeed, Mexico and Brazil have experienced remarkably positive results in raising the school attendance of children from poor and socially excluded families through such means (Lagarde et al., 2007).

A report from the World Bank assessing the impact of conditional cash transfers on poverty, education and health outcomes in a range of countries concluded that such transfers ‘have been successful in reducing poverty and encouraging parents to invest in the education of their children’, but recognised that ‘even the best designed programs cannot fulfil the needs of a comprehensive social protection system’. Based on its findings, the World Bank concludes that conditional cash transfer schemes could provide the necessary incentive to increase schooling among young Roma children (Fiszbein and Schady, 2009).

Conditional cash transfer schemes have been recently introduced in highly developed contexts as well, including London, New York and Sydney (Katsu, 2008, Fiszbein and Schady, 2009). These schemes have the potential to link multiple sectors (the education, health and social sectors) and enhance coordination among various actors acting at different levels, including at the national, regional and local levels (Fiszbein and Schady, 2009).

#### **4.4.3. Early Childhood Development and Pre-School Education**

Recognition of the long-term benefits of investment in early childhood development and in pre-school education has led to the introduction of a number of programs worldwide over the last decades.

In the United States, the Head Start program has provided comprehensive education, health, nutrition and parent education services to low-income children and their families since 1965, as well as specific programs for several Native American tribes via Tribal Head Start. The results of evaluation of the overall program, however, suggest mixed results. Although it has yielded benefits in cognitive, health and parenting domains at early ages, these benefits have not persisted into primary school in all cases. Two notable findings are that while Black children experienced favourable impacts in terms of social and emotional development, if children in need beyond pre-school education are not provided with continued support, they risk falling behind in terms of educational

performance. Individualizing services based on the cultural and linguistic backgrounds of children has also been found essential (U.S. Department of Health, 2010).

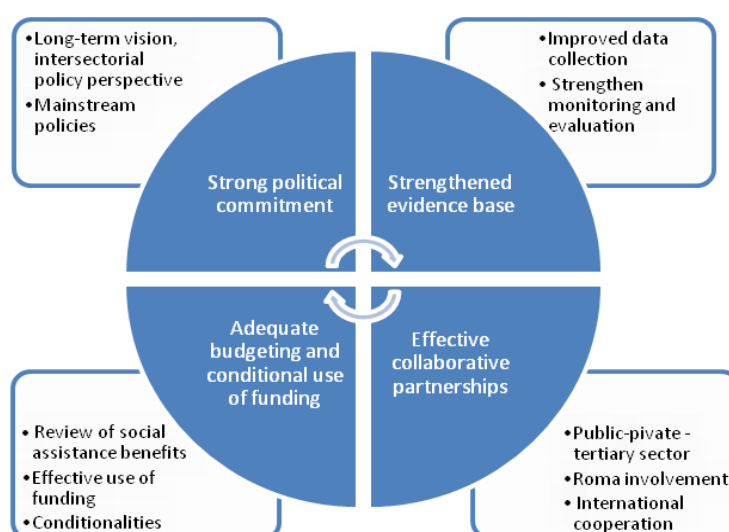
In 1999, the United Kingdom introduced Sure Start, a research-based early childhood program funded by the central government, to provide quality education to children in deprived neighbourhoods. The program has undergone a significant evolution throughout the years into a large-scale comprehensive community initiative providing a range of services in children's centres, including education, health, nutrition and social services. Research indicates that integrated service delivery and close collaboration among families, communities and schools have been key factors in its success, while the results of evaluation suggest that health services have been central to the success of early intervention, and should therefore continue to be a key element of children's services (Kats and Valentine, 2009).

Similar programs largely inspired by the UK and US models have been implemented in Australia, while Sure Start Children Centres, co-financed by EU Structural Funds and based on the UK model, was implemented in Hungary (Kurt Lewin Foundation, 2010). New Zealand has significantly increased the number of Maori students attending some form of early childhood education prior to entering primary school, as well as the age at which students leave school (Ringold, 2005).

This section has shown that there remains considerable scope for learning from the integration policies implemented elsewhere while remaining cognizant that evaluation of all policies and programs should consider the specific contexts involved. Review of the experiences of other regions has elucidated that the early engagement of communities, incorporation of cultural values and behaviours in policy design and implementation, provision of integrated service delivery, establishment of collaborative partnerships, ensurement of appropriate institutions and offering of adequate incentives are key factors in delivering positive outcomes.

## 5. DISCUSSION

There are a number of attributes of effective policy making. Figure 5 synthesizes the key attributes. These are increasing political commitment; strengthening the evidence base; and providing for comprehensive intersectoral policy perspectives, adequate budgeting, effective use of funding, measures to combat prejudices and discrimination against Roma and effective collaborative partnerships.



**Figure 5** Key attributes of effective policy making

### 5.1. Sustained Political Commitment

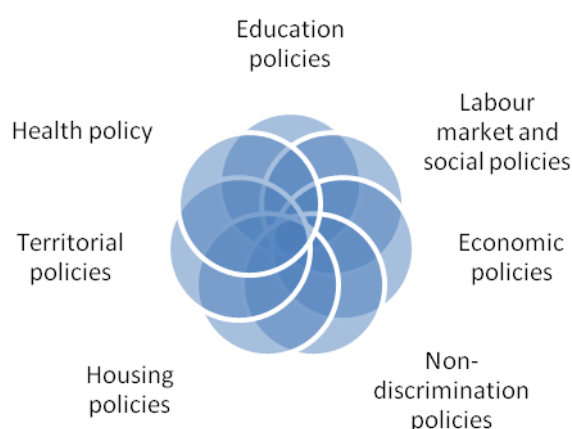
Chapter 3.2 explained that the medium and long-term benefits of effective Roma integration into economies and societies largely outweigh the costs involved in implementing the necessary reforms and policy measures. The economic benefits of effective social and economic integration of the Roma should not be underestimated (Zimmermann et al., 2007). Integration policies however still remain the prime concern and responsibility of public authorities in charge of social affairs in many countries.

The primacy of political will is unquestionable. A paradigm shift is needed to effectively address the multiple socio-economic problems of Roma minorities through a range of policy fields to achieve the ultimate aim of effectively integrating the Roma into broader

social and economic trajectories through mainstream public policies. Achieving this shift requires strong political commitment to sustained policy initiatives based on long-term vision, the ability to make difficult policy choices (OSCE/ODIHR, 2008) and the avoidance of fragmentation of policies around a few initiatives.

## 5.2. Comprehensive Intersectoral Policy Perspectives

The evidence reviewed in chapter 3 revealed that the Roma face a range of interdependent problems due to a range of intertwined factors. An effective policy for their social and economic integration must therefore take an *inter-sectoral perspective* encompassing varied sectors, including education, health, labour, housing and regional development (Figure 6); ensure close linkages among the different policy areas; and focus on effectively empowering Roma communities through providing resources and opportunities to ensure their exit from poverty and exclusion. Policy initiatives should be particularly sensitive to the specific needs of vulnerable groups within Roma communities, such as women, children, youth and people with disabilities. Roma inclusion policies should also be integrated into a number of mainstream policies and make use of targeted action that does not exclude other groups that face similar socio-economic disadvantages (Council of the European Union, 2009a).



**Figure 6** Inter-sectoral policy perspectives

Addressing the specific needs of the Roma requires integrating ethnic components into all phases of the policy cycle, including impact assessments, policy design, implementation, monitoring and evaluation. Specific mechanisms must be established to provide for continuous monitoring of educational outcomes and health conditions and the development of individualised services to provide for employment of Roma.

### ***Access to Education***

Educational policies should aim at eliminating institutionally segregated schools and increasing the participation of all Roma pupils in mainstream primary education while providing appropriate incentive mechanisms to encourage their continued participation into secondary and higher education. Intervention should start at early stages aiming to increase the number of Roma children enrolled in pre-school education. At the same time, investment should also be made in developing life-long learning opportunities to ensure the skill development of Roma adults (World Bank, 2010b). Measures to reduce educational segregation and enhance completion rates of Roma students for secondary and higher education should be incorporated in the context of broader educational reform, much needed in several countries.

Among the many proposals for increasing Roma educational achievement are extending compulsory school attendance until the age of 18, in accordance with the United Nations Convention on the Rights of the Child (UNDP, 2007); implementing school integration legislation that requires public authorities to eliminate the educational segregation of the Roma and other disadvantaged groups (ERRC and ENAR, 2006); implementing repeated diagnostic testing of children in special schools to enable their reintegration into mainstream primary schools (UNDP, 2007); enhancing the enrolment of primary school graduates in mainstream secondary education through providing specific measures ensuring their adaptation; achieving an appropriate racial/ethnic balance in the composition of classes and student associations (European Roma Rights Center, 2005); increasing the training and employment of qualified Roma teachers (Open Society Institute, 2006); developing culturally sensitive, individualised services for Roma parents and children; providing awareness-raising activities for both Roma and non-Roma parents; and ensuring transportation from Roma settlements to schools (Open Society Institute, 2006). Implementing and ensuring the success of such initiatives requires broad-

based collaboration among service providers, parents, local communities and public authorities.

### ***Access to Employment***

Economic and labour market policies have a key role in strengthening Roma inclusion. Several countries provide subsidized public work programs for Roma, as does Hungary, and/or organise job fairs, as do Romania and Bulgaria. However, many of the employment opportunities offered to Roma are temporary, low-skill positions in sectors vulnerable to changing economic conditions (Zimmermann et al., 2007), calling for the identification of long-term sustainable solutions to ensure long-term employment. Such solutions may encompass providing personalized counselling, job-placement services, mentoring and vocational training to disadvantaged Roma, in particular youth (World Bank, 2008).

Employment solutions may also encompass better engagement of the private sector. Some business-led initiatives and public-private partnerships have proved to be particularly successful in integrating Roma (High-Level Advisory Group, 2007), and implementation of corporate social responsibility programs could also increase Roma employment in the private sector (UNDP, 2007). There is also scope for further positive discrimination measures, for instance aiming at increasing the number of Roma in the public administration at national, regional and local levels.

There has been increasing focus on promotion of Roma self-employment via the provision of innovative financing methods, such as micro-credit schemes. However, existing initiatives in Central and South Eastern Europe are small-scale pilot projects that have had mixed results. The available evidence suggests that micro-lending works best with existing business entities and when accompanied by training and development of marketing and business skills (Ivanov and Tursalihev, 2006). Drawing lessons from existing initiatives is essential in developing appropriate micro-credit initiatives for Roma communities accompanied by adequate monitoring and evaluation mechanisms. Ensuring that Roma have access to business support services, such as practical advice and training, is also essential. While Roma entrepreneurs are likely to employ other Roma crossing the ethnic divide in the business world is also necessary in an increasingly interconnected economy.



### *Access to Health Care*

Policies seeking to improve health outcomes for the Roma should be based on a long-term vision and aligned with a range of other sectoral policies. Initiatives should aim at increasing the involvement of Roma in health promotion and disease prevention programs and inducing positive behavioural change. Public health programs should specifically target women, children and youth. Promoting preventive health care (e.g. child vaccination and gynaecological services), healthy eating habits, physical activity and dental health requires particular attention, particularly among Roma living in remote and segregated settlements.

Initiatives to design comprehensive development programmes, encompassing measures to improve the quality of public services and transportation, may also offer scope to improve geographical access to health services in deprived micro-regions where there is a high concentration of the Roma minority.

Specialised training for health service providers could be provided on inter-cultural sensitivity and communication with ethnic minorities to encourage better understanding of Roma. The provision of scholarship and other means of support for Roma to become health care professionals (nurses and doctors) is much needed, but will take time to show results (Open Society Institute, 2006). Building on the positive experiences of health and social mediators between the Roma and health services providers should be encouraged. However, for these initiatives to be sustainable on the long run, they must be embedded in the mainstream health system, rather than being seen as an optional extra with an appropriate legislative and regulatory basis (Decade Watch, 2008).

Given the low health insurance coverage of Roma documented in the literature in some places, national policies promoting Roma inclusion should give priority to ensuring health insurance coverage for Roma. It has been suggested that there may be scope for complementary health insurance schemes to support better Roma access to essential health services (World Health Organisation, 2010). Training of health professionals must also seek to address the high informal payments by Roma patients, although this is also a priority for general health care reform in much of Central and Eastern Europe.

Health care reforms can largely benefit the Roma provided they aim at enhancing access to health care through needs based resource-allocation and encompass incentives for

health professionals to achieve progress towards demonstrable health outcomes of vulnerable groups including the Roma. The potential of health care reform to improve the health of the Roma was also mentioned during the interviews.

Improving data collection mechanisms, including a mechanism for the systematic collection of specific health indicators for Roma, would allow for regular monitoring of the health status of Roma. Indicators assessing the possession of health insurance among the Roma, the registration at the general practitioner (Kahanec, 2009) or participation in disease prevention programmes can help measure progress in terms access to health care by Roma.

### ***Spatially Sensitive Policies***

Given the concentration of Roma in socially and economically lagging areas, integration policies should take into account specific geographical circumstances, as one-size-fits-all approaches will not deliver expected outcomes. Many public policies, however, fail to include a spatial dimension, which would allow for designing interventions tailored to specific needs and mobilizing a wide range of regional and local stakeholders. By such means, educational programs could be adapted to the future demands of the local economy using community-based, integrated approaches addressing multiple needs.

Minority groups are particularly visible at the regional and local level. Regional development policies can help to ensure that interventions are tailored to sub-regional and local contexts while mobilising relevant local actors. Local authorities, mayors and local councils could have a significant impact on the inclusiveness of their localities (High Level Advisory Group on Integration of Ethnic Minorities, 2007). Designing specific comprehensive development programs for socially and economically deprived areas where the concentration of the Roma population is particularly high is essential. Initiatives aiming at improved housing conditions for Roma need to be based on comprehensive assessment of housing needs and take account of the ability of the Roma to sustain investment in them.

These policies will only succeed if barriers to communication between the Roma and majority populations are overcome, which requires creating greater inter-cultural sensitivity, providing mediation services and promoting more positive attitudes among

public service providers towards Roma communities. Specialised training should be provided to public service professionals on communicating with ethnic minorities that encourages them to embrace diversity and difference in the functioning of educational and health systems and public administration.

### **5.3. Strengthening the Evidence Base**

The need for strengthening the evidence base regarding Roma integration policies is widely acknowledged. Developing a sound evidence-based approach to Roma inclusion requires removing obstacles to the collection of reliable data and improving analytical and evaluation capacity. Transfer of evidence-based policies on integration of vulnerable groups among Member States is also receiving increased attention (Council of the European Union, 2009a).

#### *Improving Data Collection Mechanisms*

Improving data collection mechanisms would allow for designing policies that rely on sound evidence and ensure comparability of indicators across time and space. Some commentators argue that there is a need to collect data disaggregated by ethnicity to develop effective policies for Roma inclusion (UNDP, 2007, European Union Agency for Fundamental Rights, 2009a). Among them, several suggest that the collection of such data be accompanied by appropriate safeguards laid down inter alia by the EU Data Protection Directive 95/46/EC (European Union Agency for Fundamental Rights, 2009c).

Yet others suggest that ethnic data components be incorporated into statistical surveys or that small-scale surveys be conducted (Decade of Roma Inclusion, 2009). Broad measures of ethnicity, such as ethno-cultural background, could also be considered (Kahanec, 2009), or indirect measures such as geographical location<sup>16</sup>. The involvement of Roma and local organisations in the collection, analysis, monitoring and evaluation of data collected by surveys of disadvantaged territories with a high proportion of Roma communities is essential (Decade of Roma Inclusion, 2009).

Among the examples of good practices in data collection is the United Kingdom's collection of disaggregated ethnic data to evaluate equality policies and Macedonia's

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<sup>16</sup> The European Parliament has also proposed conducting surveys in micro-regions to collect data on a number of social and economic variables and extending the Laeken indicators to the smallest statistical and administrative units (European Parliament, 2011).

collection of ethnic data pertaining to employment through local offices of central governmental agencies (Open Society Institute, 2010b). Serbia includes an ethnic component in its international surveys, such as the multiple indicator cluster survey (MICS) or the Program for International Student Assessment (PISA), to monitor the situation of Roma using widely recognised indicators (Baucal, 2009; Decade of Roma Inclusion, 2009). Experiences of other countries can provide valuable lessons, while considering the variations in terms of collection of ethnic data. While in some countries ethnic data is registered in statistics, in others there is much sensitivity surrounding such data.

There have also been attempts within the framework of the Decade of Roma Inclusion to improve the data collection and monitoring of Roma inclusion policies of participating countries. Several countries have conducted qualitative research with focus groups, while others have linked Decade of Roma Inclusion targets with other governmental strategies and have consulted with Roma NGOs (UNDP, 2009). With the support of the UNDP and the World Bank, a unified methodology has been proposed to track results across countries and time, together with an indicator system to monitor progress in the four focus areas. However, limited progress has been achieved in implementing the proposed methodology.

Many Central and South Eastern Europe countries conduct a population census in 2011 and 2012, which provides an opportunity to obtain more accurate figures on the size of the Roma population. Commentators have suggested a number of measures which could improve the chances of Roma self-identifying, such as involving Roma in census activities; explaining the differences between citizenship and nationality/ethnicity; providing multiple identity categories; or, following the example of Montenegro, establishing collection points in Roma areas (Decade of Roma Inclusion, 2009; Open Society Institute, 2010).

### *Strengthening Monitoring and Evaluation Mechanisms*

Developing adequate data collection systems and statistically sound indicators is a precondition for effective evaluation and monitoring. Evaluation of policies and programs can reveal why certain approaches have worked and others failed in delivering expected

outcomes. Developing indicators of multidimensional deprivation for groups at risk of poverty, such as the Roma, improving methods of evaluation and conducting both ex-ante and ex-post evaluation of policy initiatives are particularly essential.

There is scope to enhance the measurement of ethnicity in the evaluation of existing and planned initiatives. Several Decade countries have recently proposed improving monitoring and evaluation frameworks, identifying measurable indicators and making impact assessment and cost-effectiveness analysis compulsory (Decade of Roma Inclusion, 2009, 2010). Implementing these proposals would however necessitate effective political engagement.

There is growing recognition of the need for increasing the assessment of the social impacts of policy initiatives at the European and national level to better understand the effect of policies on vulnerable groups. A specific guidance of the European Commission for assessing social impacts of EU level policy initiatives - within the overall impact assessment system of the Commission - foresees the assessment of impacts on the most vulnerable groups including ethnic minorities, in particular as regards equal access to goods and services such as education, health and social services (European Commission, 2008d).

A review of the methodologies applied for the assessment of social impacts in Member States and at the EU level recommended the use of causal-chain analysis, which maps direct and indirect impacts and the interrelationship between them through qualitative methods such as surveys (Ecorys, 2008, European Commission 2009e), particularly where scope for quantification is limited. Micro-simulation models and quasi-experimental approaches can also be used to assess the differential impact of policy changes on different social groups (Ecorys, 2008).

The United Kingdom conducts equality impact assessments of the effects of policies and services on people with respect to disability, gender and racial equality. Such assessments seek to ensure that policies take due account of the needs of different groups of society, are exempt from discrimination and promote equality of opportunity (Department for Work and Pensions, 2009). Consideration of ethnicity has been incorporated into the guidelines governing social impact assessments in the United States as well.

Impact assessment of policies and programmes conducted at national level would also need to take into account the effects on the situation of ethnic minorities, including the Roma. Health impact assessments, assessing specifically the consequences of policies and programmes for the health of ethnic minorities, could also bring benefits (Fundación Secretariado Gitano, 2009). Recent examples of health impact assessments of Roma housing policies in Central and Eastern Europe concluded that health impact assessment was “more relevant when a specific policy with concrete actions was investigated at the implementation level rather than at the strategic policy level” (Molnár et al., 2010).

#### *Enhancing Policy Experimentation*

Experimentation is called for in developing new and innovative approaches to Roma integration within a wide range of policy fields, including health and education, as well as to encourage social entrepreneurship, build social capital, apply collaborative approaches in public and non-profit organisations, form public-private partnerships that foster the integration of minority groups (Bureau of European Policy Advisors, 2009) and increase the participation of the private sector.

#### *Scaling Up Existing Successful Initiatives*

As outlined in previous sections, a number of programs and projects have proved successful in supporting the social and economic integration of Roma communities. Much more evaluation and monitoring is however needed to understand the means of scaling up those initiatives found to be effective. Examination of the United Kingdom’s Sure Start Program for example reveals how short-term pilot programs can develop into a range of mainstream education and health services applied on a broader scale (Kats and Valentine, 2009).

### **5.4. Adequate Budgeting and effective use of financial resources**

Improving the effectiveness of public expenditures is of vital importance, particularly in times of fiscal constraints, as effective integration policies necessitate adequate financial resources. Long-term budget plans should therefore be established that take due account of the costs entailed.

### *Review of Social Assistance Benefits*

Welfare policies should incorporate incentives for Roma communities to foster self-reliance rather than dependency and avoid paternalism. Based on the evidence of their effectiveness discussed in chapter 4.2, the use of conditional cash transfers has also been proposed as potential tools to foster Roma integration (World Bank, 2008).

Several countries have attempted to link the receipt of social assistance benefits to the fulfilment of certain conditions; which however has produced mixed results. Slovakia has made certain social assistance benefits conditional upon ‘activation’, which, unfortunately, has not improved the employment situation of Roma in Slovakia. Reductions of benefits have actually worsened the living conditions for many Roma households (UNDP, 2007). In other countries, attempts to introduce conditionalities in social policy have been met with resistance from Roma representatives and civil society. In Bulgaria, benefits have been linked to compulsory employment and training in an attempt to reduce the length of time that recipients receive welfare benefits (Bogdanov and Angelov, 2007).

Social policy instruments should be designed in a manner that provides adequate financial incentives and opportunities to empower Roma communities to take part in mainstream policies. The receipt of social assistance benefits could be linked more extensively to behavioural change, such as educational attainment and uptake of preventive health care. The reasons for low uptake of certain social policy instruments, such as motivational scholarships for students in Slovakia, should also be identified (UNDP, 2007).

Financial incentives could also be used to attract educational and health professionals to socially and economically deprived areas (Daniels et al., 2007; European Parliament, 2009a), while implementation of proposals to link teachers’ salary to educational performance could improve learning outcomes in these areas (Bogdanov and Angelov, 2007). Possible measures for educational performance could be for example successful admission of Roma students to secondary and higher education.

### *Effective Use of External Funding*

The effectiveness of funding for Roma inclusion needs to be increased. Programming of EU funds, which offer increased opportunities for Member States and regions to finance actions benefiting the Roma, should be embedded in mainstream policies and ensure the sustainability of initiatives after funding has been terminated. Strong collaborative partnerships should be established among the national, regional and local levels, as well as with the private sector.

Within the programming framework of the EU Structural Funds, it is essential to provide scope for delivering integrated approaches through investment in infrastructure, aiming at improving access to quality public services and developing skills and employability. The implementation of community-based approaches should be facilitated for specific areas through simplifying access to the different funds (ERDF, ESF and EAFRD) and ensuring greater harmonisation among the rules and procedures governing them. The urban dimension of structural funding investment should also be reinforced to address multiple forms of deprivation in cities with direct involvement at the local level.

Strengthening the capacity and expertise of organisations addressing Roma inclusion to prepare quality applications and effectively implement them on the ground is critical. Doing so calls for enhanced focus on project generation activities, capacity building, guidance and training, for which technical assistance schemes could be applied. There is also scope for enhancing conditionalities at regional and local level linked to EU funding.

Funding disbursement could be made conditional upon the embeddedness of projects within mainstream policies which incorporate Roma inclusion, including consideration of action plans and timelines, and linked to integrated policy approaches and desegregation measures, as is currently the practice for housing interventions. Recent proposals from the European Commission for the structural funds legislative framework for the 2014-2020 period foresees specific conditions for Member States to embed the funds in the context of strategies aiming at Roma inclusion. The proposals also allow for implementing integrated territorial investments drawing on different funding sources, which may allow for implementing integrated and multi-sectoral development approaches (European Commission, 2011b).



Closer alignment of different funding instruments available at both the European and national levels would be essential in this effort. Incentives could also be introduced, such as providing more flexible deployment of funding to specific action plans and covering a wider range of eligible activities for financing than is generally the case.

### **5.5. Combating Prejudice and Discrimination against Roma**

Overcoming prejudice and discrimination against the Roma in mainstream society is the prerequisite of successful integration policies (European Union Agency for Fundamental Rights, 2009a). Policies aiming at the inclusion of Roma should respect and realise the core values of the EU, which include human rights, dignity and non-discrimination (Council of the European Union, 2009a).

Effective implementation and enforcement of EU anti-discrimination and equal opportunities legislation is essential. Much work remains to be done at the national and regional levels to ensure adequate protection of Roma against violations of their rights, including denial of access to public services and forced eviction, as well as to raise awareness among Roma of the legal protection and complaint mechanisms available to them (European Union Agency for Fundamental Rights, 2009c). Providing anti-discrimination training to public officials and private actors and effective sanction mechanisms for abuses is also necessary (Open Society Institute, 2006).

Local initiatives based on collaborative partnership approaches involving NGOs and educational, cultural and religious institutions have proved particularly effective in mobilising public opinion against racism (High Level Advisory Group on Integration of Ethnic Minorities, 2007). Diversity training and cultural-awareness raising for non-Roma populations that sheds light on the extent of discrimination faced by the Roma can bring important benefits. The media has a vital role to play in shaping perceptions both within the Roma community and mainstream society. In Romania, an initiative under the Decade of Roma Inclusion has been remarkably successful in transmitting anti-racist messages and reaching out to Roma children to encourage school participation through sport (Decade of Roma Inclusion, 2008).

Current mechanisms can also be adapted to counter existing discrimination. The Racial Equality Directive 2000/43/EC of 29 June 2000 allows for the adoption of specific

measures ‘to prevent or compensate for disadvantages linked to racial and ethnic origin’. Positive action that provides Roma with additional opportunities across a range of policy fields, from education to the labour market, can take various forms, such as granting places for disadvantaged groups at universities<sup>17</sup> or monitoring health care effectiveness by ethnicity (European Commission, 2007d).

## **5.6. Roma Involvement**

The effectiveness of Roma integration policies is strongly influenced by the extent of Roma involvement in their implementation (Council of the European Union, 2009a; Open Society Institute, 2006). It is particularly essential that policies reflect understanding of Roma needs, concerns and aspirations. In many Roma policy initiatives, the Roma play a very limited role in policy design and implementation despite the fact that their participation is essential at all levels, including the European, national, regional and local levels. The involvement of prominent figures from the Roma community, such as community leaders and role models, can bring important benefits in terms of shaping community perceptions and expectations. Key challenges remain the effective engagement of civil society, including both Roma and non-Roma organisations, and ensuring adequate cooperation and collaboration among NGOs.

More effective participation and representation by the Roma in political decision-making processes, both at the national and local levels, would enable them to better articulate their specific needs. Doing so also requires increasing the capacity of Roma civil society to self-organise and overcoming existing limiting factors, such as lack of information among Roma with regard to their rights as citizens, social marginalisation, inadequate skills and divisions within Roma society. Training in advocacy and political leadership, particularly of the emerging young educated Roma generation who could play a particularly important role in policy-making and advocacy, as well as effective engagement of Roma women, is also necessary (Open Society Institute, 2006).

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<sup>17</sup> In Romania, students of Roma origin are granted additional educational places in universities. In Hungary, a special program supports employment of Roma in public administration and the judiciary by providing wage subsidies for Roma (European Commission, 2010g).

## **5.7. Effective Collaborative Partnerships at All Levels**

### *Effective Engagement at the Regional and Local Levels*

Ensuring the success of policies requires forming effective partnerships at the European, national, regional and local levels. The implementation of many policies key to Roma integration fall under the provenance of sub-national authorities, such as education, health care and housing policies. Regional and local actors have a key role in implementing governmental policies and programs. At the same time, bottom-up approaches involving civil society actors, non-governmental organisations, social and economic partners and universities, can bring important benefits.

### *Effective International Policy Frameworks*

The EU should develop comprehensive, long-term approaches to Roma inclusion aiming at improving their social and economic conditions and combating prejudice and discrimination. Effective enforcement of the application of the Common Basic Principles in designing and implementing policies for Roma inclusion should be pursued, as should an enhanced focus on improving the situation of Roma within the framework of existing coordination mechanisms in the fields of education, employment, and social protection and inclusion. Roma inclusion policy should be effectively mainstreamed into all relevant European policies and accompanied by adequate and regular monitoring and evaluation mechanisms.

There is also a need to strengthen alignment between EU policy initiatives and the Decade of Roma Inclusion. Both pursue similar objectives and prioritise four sectors: education, employment, health and housing. Building on the existing work of the Decade regarding policy development, monitoring and evaluation could bring important benefits. Establishing common quantifiable indicators and harmonising methodologies for measurement of progress towards attaining them should also be considered (Fundación Secretariado Gitano, 2009), as should associating all Decade member countries with the work of the European Platform for Roma Inclusion.

## **6. CONCLUSION**

The successful social and economic integration of the Roma minority is a precondition for sustainable growth and social progress in many countries in Central and South Eastern Europe. Despite the launch of various policy initiatives, overall progress in addressing the plight of the Roma over the past decades has been limited.

The economic crisis is expected to hit vulnerable populations especially hard, and create a high degree of uncertainty regarding employment opportunities in Europe in the coming years. Pressure on public finances will put a further strain on the capacity of national and regional authorities to deliver quality public goods and services, and raise new concerns regarding economic and social cohesion. There is an undeniable urgency to act.

Developing a sound evidence-based approach to Roma inclusion policies requires removing obstacles to the collection of reliable data and improving analytical frameworks and evaluation mechanisms. There is scope for integrating an ethnic dimension in policy design, implementation and evaluation. Much work is needed to better identify opportunities to scale up those existing initiatives that have proved effective. Impact assessment of policies must ensure the evaluation of the effects of policies on marginalised groups, including the Roma.

Sustained political commitment is necessary to develop and support multisectoral and policy approaches based on long-term vision. Health policies seeking to reduce health inequalities between the Roma and majority populations should be aligned with education, economic development, labour market, housing, environmental and territorial development policies. Integration strategies should not be designed and implemented in isolation but incorporated in the context of national public policies and aim at inserting the Roma into the broader economic and social development processes.

Public policies also need to reach out to specific regional and local contexts in which Roma live, an effort that requires enhancing the spatial dimension of national policies, ensuring local ownership of policy priorities and providing culturally sensitive and services for Roma.

Adequate budgeting and effective use of funding is also essential. Social assistance mechanisms could be used to provide adequate incentives and opportunities for Roma communities to help themselves. Providing scope for implementing community-based

approaches in specific areas, as well as strengthening the conditionalities linked to EU funding and the capacities of organisations working with Roma, is also necessary.

The formation of broad-based collaborative partnerships among service providers, Roma children, families and local actors is a key factor in success. Increased alignment of the tertiary sector, universities and the private sector may bring substantial benefits. More effective empowerment of Roma civil society to self-organise and participate in political decision-making at the national and local levels requires overcoming existing limiting factors and providing for the active involvement of Roma in policy design and implementation.

However, none of these initiatives will produce the intended outcomes if they are not accompanied by measures combating prejudice and discrimination, including effective enforcement of anti-discrimination and equal opportunity legislation, widespread cultural awareness-raising and diversity training across the public and private spheres.

The heightened political interest in Roma inclusion, coupled with the existence of a number of transnational policy frameworks, provides an opportunity to increase the effectiveness of Roma integration policies in Europe. Although the prime responsibility for Roma inclusion remains with national governments, transnational policy frameworks can act as catalysts for strengthening political commitment, exerting peer pressure and fostering knowledge transfer among countries. They can also create an opportunity for the Roma community to make its voice heard. Strengthening alignment and coordination among the policy initiatives is necessary, as is drawing lessons from analysis of the outcomes of integration policies implemented in other regions of the world.

## **SUMMARY**

The Roma constitute the largest ethnic minority of the European Union and remains overrepresented in the economically and socially vulnerable sections of the society in a number of Central and South Eastern European countries. Available research suggests remarkable differences in health outcomes between the Roma and majority populations. The Roma Over the past decades, a series of policy initiatives have been designed to improve their health and social, which however have had limited success.

The thesis seeks to better understand the underlying causes of inequalities between the Roma and majority populations and identify the factors that limit the effectiveness of existing policy initiatives and propose solutions to overcome them. The thesis takes an interdisciplinary perspective by embedding health in the context of a range of policies which are of direct relevance to improve the health of Roma people. The thesis is based on a structured review of the literature and exploratory research involving review of policy documents and semi-structured interviews with policy-makers and civil society.

Evidence-based policies, strong political commitment, inter-sectoral policy coordination, measures to overcome prejudices against Roma, adequate and effective use of budgets, increased alignment of the private sector and the involvement of Roma in policy design and implementation can be identified as key preconditions for success. Developing a sound evidence-based approach to Roma inclusion requires removing obstacles to the collection of reliable data, improving analytical and evaluation mechanisms and examining possibilities to scale up initiatives which have proved to be successful.

Health policies seeking to reduce health inequalities between the Roma and majority populations should be aligned with education, economic development, labour market, housing, environmental and territorial development policies. Integration strategies should not be designed in isolation but incorporated in the context of general public policies aiming to insert the Roma into broader economic and social development processes.

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## PUBLICATIONS

### Publications in peer-reviewed journals

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