

# Sasto Chavoripe – Social inclusion of Roma through Early Childhood Interventions

## Summary

### Background

This report is the result of a project funded by the European Union and by the Austrian Bundesgesundheitsagentur (budget dedicated for research of the National Centre for Early Childhood Interventions). The overall objective of the project was to carry out a Roma population centred study using participatory methods of investigation, trying to find out

- » whether the Austrian Early Childhood Interventions Programme in its current form is designed to reach and to effectively support the Roma population and, if not, what is required in order to better streamline the programme to the needs of the Roma families and
- » whether external attitudes towards Roma communities and the nature of public awareness in the health and social sector in Austria are a barrier for Roma families to participate in this programme.

### Methods

In a first step a systematic literature review was conducted. The literature search was carried out in January 2020 both with PubMed and by searching relevant websites. Further publications were identified either before (while drafting the project proposal) or after the literature research, partly with the help of the project partners.

In order to gain an insight in the current situation in Austria, in a second step from April to August 2020 interviews and focus groups were carried out, involving a total of 28 Romnja/Roma and 21 experts with different professional background working in the health or social sector in Vienna resp. the Burgenland region. In addition, to reach more health care professionals, an online survey was sent out to pediatricians throughout the country. 37 pediatricians from different regions answered at least parts of this survey, 30 completed the questionnaire, of which five had no experience with Roma families. So in total 46 health care professionals participated in this work package.

To find out about the experiences of Roma families around birth and in early childhood and the need for support that can be derived from this, in a third step, a total of 53 Romnja/Roma (mothers, fathers and grandmothers) and 11 people from regional Early Childhood Intervention Networks were interviewed individually or in focus groups between October 2020 and February 2021. In addition, some of the results of the online survey of pediatric specialists and focus groups with experts, which were conducted for the previous work package, were used for this analysis also.



## Results

The results of the literature review confirm the poorer health status of Romnja/Roma (adults and children) compared to the health status of the general population in many countries. This is due to the strained living conditions and more or less consistent with the situation of other vulnerable (socially/socioeconomically disadvantaged) groups. Discrimination is widespread and experienced on an individual, structural and on societal level. It is closely related to poverty and increased social exclusion. Romnja/Roma often live in poorer conditions (education, work, housing, financial situation) leading to poorer health – either directly or due to lack of health insurance and services. Experiences of discrimination have cognitive and psychological effects, which in turn are a barrier to accessing health services. A negative cycle is therefore described, including expectations of certain behaviour by the health services staff as well as by Romnja/Roma themselves.

As in many societies, Romnja are traditionally responsible for family health. The traditional role of Romnja focuses on parenting and housekeeping, so girls often drop out of school and become mothers at an early age. Men often have control over family planning, pregnancies are seen as positive, which leads to many children. For mothers, the health of their children is more important than their own. They often see themselves as highly competent in their parental skills, but at the same time follow traditions for example in the treatment of diseases that may not be effective.

Recommendations to tackle the situation include the training and use of health mediators (from Roma communities), low-threshold and outreach services, health literacy promotion, awareness-raising among health professionals and – most importantly – improving the living conditions of Romnja/Roma.

The results of the first focus groups with Romnja/Roma and experts with different professional background working in the health or social sector also confirm several obstacles mentioned in the literature, including the precarious living conditions Roma families often face. Direct discrimination of Romnja/Roma doesn't appear to be widespread in the Austrian health services, as far as the data from ZARA show and according to the focus groups and interviews with Romnja/Roma and professionals. Two reasons seem to be responsible for this: First, the good integration of the autochthon Roma community in the Burgenland region, which is a result of various activities since an attack on the Roma community in Oberwart in the year 1995. On the other hand, Romnja/Roma living in Vienna mostly have migration background, which is often associated with a difficult socio-economic situation and a lack of language skills. Their negative experiences are more often related to this immigrant background than to their membership of the Roma ethnic group.

Romnja/Roma in Austria do report negative experiences within the health and social sector, mainly not experienced by themselves but by others, like unfriendly behaviour of health care professionals or worse treatment than others. Reported problems usually relate to the financial feasibility of services and waiting periods and appear to be associated with a misinterpretation or false expectations regarding the usual entitlements and benefits, resp. are not specific for the ethnic group of Roma. In general, the interviewees show confidence in the Austrian healthcare system and refer to doctors as first point of contact in case of health problems. In addition, since the situation in Austria is perceived as much better than the situation in the country of origin, there seems to be little reason to complain.

Health care professionals also see obstacles like the problematic socio-economic situation, which is not specific for Romnja/Roma. Specific obstacles perceived are a widespread mistrust among Romnja/Roma, which takes a lot of time to build up trust, communication problems and the dominant role of the extended families. Health care professionals also do report negative experiences with Romnja/Roma patients, but these reports are sometimes contradictory. For example, while some mentioned the compliance of Roma families with medical recommendations as very good, others reported the opposite. This might be due to the negative spiral described in the literature: behaviours that are considered inappropriate reinforce each other (among Romnja/Roma and health care professionals). There seems to be no discussion about specific needs/requirements of Romnja/Roma within the health care system as well as no specific support to deal with this group. Nevertheless, the desire for support (in form of further trainings for themselves or their staff as well as mediators with Roma background) was mentioned by a few pediatricians in the online survey.

Additional questions on the children's health status and the cooperation with Roma families were asked in the online survey for pediatricians to provide a deeper insight into the situation. Specific differences in the health status of Roma children in Austria were reported, like a worse dental health, more frequent adiposity, more respiratory infections due to smoking in the apartment as well as neglect and maltreatment. As a consequence, Roma families often come in contact with the child and youth welfare. However, different observations are also made on the behaviour of the parents: while one pediatrician observes a high degree of indifference in combination with excessive demands, another perceives a special anxiety for the children.

From the perspective of 44 percent of the pediatricians who participated in the online survey, the Austrian programme of Early Childhood Intervention Networks seems to be a suitable form of support also for Roma families. Others were either unsure of this or assume that help from outside is not accepted by Roma families. In addition, lack of language skills, the non-permanent residence of some Roma families as well as the outreach character of the programme (home visits) are seen as possible obstacles. From the perspective of the other participants (interviews and focus groups) the Austrian programme of Early Childhood Intervention Networks is quite suitable, due to its design, basic principles and attitudes. However, it must be taken into account that Roma families may have had bad experiences with outreach services in their countries of origin or with the child and youth welfare in Austria. Experience shows that these obstacles can be overcome with the help of mediators and multipliers.

From the additional interviews and focus groups (with Roma mothers, fathers and grandmothers as well as family supporters from the Early Childhood Intervention Networks) it became clear, that many Roma families lack financial or other material support. Psychological stress and a lack of information are also reported. These burdens can accumulate and lead to excessive demands. Roma families therefore belong to the target group of Early Childhood Intervention Networks and should also benefit from this programme. However, a few specific aspects stand out: for example, mothers are often still very young when their first child is born and the family is a very important and self-evident source of support, if it is available. External support is sometimes considered unnecessary, although this does not necessarily seem to be in line with the reality of life. Various mechanisms were identified, which seem to be an obstacle for external support: The social environment but also previous experiences play a major role. Traditions and customs such as Babine (the first six weeks after birth with many visitors and certain gifts) are reported, especially by Romnja/Roma with migration experience. These are increasingly losing

importance though, especially among autochthonous Roma. An obstacle for the use of the regional Early Childhood Intervention Networks cannot be derived from this. However, they should be known and – if families consider them important – also taken into account in order to support the development of trust. A training program developed as part of the project on reflective and successful interaction with members of the Sinti and Roma community will be offered regularly in the coming years as advanced training for family supporters.

## **Conclusion**

Overall, it is evident that Roma families experience situations and burdens that are mostly not specific to them but are experienced by many families in this phase of life. Data from other European countries show a worse health status of Roma children. Although this kind of data is not available for Austria, pediatricians and other experts report worse health conditions of those children, they assume to belong to the Roma community. From the results of this project we can conclude that Roma families do belong to the target group of the Austrian programme of Early Childhood Intervention Networks and should be reached and supported comparably to other families. This programme follows a health in all policies approach and covers a broad range of issues. Therefore, if Roma families are supported by the programme, this can also contribute to their social integration in Austria. Contrary to the need, Roma families have so far hardly been reached by the Early Childhood Intervention Networks though.

The Romnja/Roma interviewed are not familiar with the programme, nor do the regional Early Childhood Intervention Networks have much experiences with accompanying Roma families. Different kind of barriers have been identified as well as various measures, that could contribute to an improved access of Roma families. These include raising the awareness of experts cooperating with the Austrian programme of Early Childhood Intervention Networks (about the need for, but also about culturally sensitive interaction with families), focusing on mothers/parents without an available extended family (or involving them), and using the flexibility of family support, which is already foreseen in the concept, in a targeted manner and aiming consciously for the following: initially focus within the individual family support on uncomplicated and quick help, thus preparing the ground for relationship work, paying a lot of attention to building trust, as well as offering alternatives to home visits for the beginning. A training concept was developed and tested with family supporters and kindergarten pedagogics. It turned out, that this training is also helpful for dealing with families with different kinds of cultural backgrounds.

There is also a need to raise awareness among Roma families by working with trusted key persons and providing appropriate information about the Austrian programme of Early Childhood Intervention Networks and its benefits. Complementary offers to promote health and parenting skills (e.g. in the form of group offers) seem necessary but require trust in the recommending or acting persons. As a first step a new leaflet explaining the programme was developed and translated in four – for the Roma community in Austria relevant – languages (Romanes, Romanian, Hungarian, Serbian). This material shall be distributed in the Roma community via key persons. An article on the project was published in the magazine of the association Romano Centro, which also addresses key persons of the Roma community.

## **Further information**

The main report as well as the literature report (both in German language) can be found here: [https://goeg.at/Inklusion\\_Roma\\_Fruehe\\_Hilfen](https://goeg.at/Inklusion_Roma_Fruehe_Hilfen)