

*Improving health and
housing conditions of Roma
Good practices from Eurodiaconia members*

Eurodiaconia is a **dynamic**, Europe wide **community** of organisations founded in the **Christian faith** and working in the tradition of Diaconia, who are committed to a Europe of **solidarity, equality** and **justice**. As the **leading network of Diaconia in Europe**, we connect organisations, institutions and churches providing **social and health services and education** on a Christian value base in over 30 European countries.

We bring members together to **share practices, impact social policy** and **reflect on Diaconia in Europe today**.

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October 2018

Eurodiaconia  Connecting faith
and social justice
through action

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This publication has received financial support from the European Union Programme for Employment and Social Innovation “EaSI” (2014-2020). For further information, please read <http://ec.europa.eu/social/easi>. Eurodiaconia is a network of social and health care organisations founded in the Christian faith and promoting social justice.

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Introduction

Eurodiaconia is a network of over 45 organisations in 32 countries, founded in the Christian faith and working in the tradition of diaconia. Representing over 30.000 local organisations, Eurodiaconia members provide social and healthcare services and promote social justice. Based on the principle to support the most vulnerable of our societies, many of them provide services and run specific projects to empower Roma¹ communities on the local level. They work with autochthonous Roma communities, as well as with Roma who have been moving from Central and Eastern Europe to Western and Northern European countries, hoping for a better life.

The Roma people are the largest ethnic minority in Europe, with about 10 to 12 million Roma living on the continent, out of which approximately 6 million live in the European Union (EU)². Despite living in Europe for hundreds of years, they face particular high levels of discrimination, social exclusion and poverty³.

Eurodiaconia has been actively involved in the promotion of Roma inclusion across Europe since 2010. The networks' work is based on its members' experience with the provision of social and healthcare services to vulnerable individuals, including Roma, through initiatives ranging from shelters and housing support, afterschool educational programmes to vocational training and community-building activities. Based on their members' experience and

observations, Eurodiaconia has published a policy paper on Roma Inclusion in December 2017, with concrete recommendations to the European Commission and Member States in the areas of education, employment, housing, health, gender mainstreaming, antigypsyism and involvement of civil society⁴.

During the year 2018, Eurodiaconia conducted a mapping of its members on projects implemented to improve the health and housing conditions of the Roma communities. This publication summarizes the results of the mapping and features eight different projects from six European countries.

Why this mapping?

Improving health and housing conditions of Roma people across Europe are two of the objectives of the EU Framework for National Roma Integration Strategies (NRIS)⁵, next to improving education and access to the labour market. However, according to the mid-term review of the EU Framework for NRIS, published in August 2017, there have been no significant improvements in the areas of health and housing of Roma⁶. Eurodiaconia member organisations active on the ground in different countries across Europe, share this analysis. This shows that a lot needs to be done to have Roma communities effectively access adequate healthcare and housing. Eurodiaconia has also stressed this need in its recent policy paper on Roma Inclusion⁷ and has made

¹ Eurodiaconia uses the term "Roma" as umbrella term, as suggested by the Council of Europe. "It refers to Roma, Sinti, Kale and related groups in Europe, including Travellers and the Eastern groups (Dom and Lom), and covers the wide diversity of the groups concerned, including persons who identify themselves as Gypsies." (Council of Europe (2012), Descriptive glossary of terms relating to Roma issues, Strasbourg)

² Fundamental Rights Agency: <http://fra.europa.eu/en/theme/roma>

³ Fundamental Rights Agency, The Situation of Roma in 11 Member States – Survey, [http://fra.europa.eu/sites/default/files/fra_uploads/2099-FRA-2012-Roma-at-a-](http://fra.europa.eu/sites/default/files/fra_uploads/2099-FRA-2012-Roma-at-a-glance_EN.pdf)

[glance_EN.pdf](http://fra.europa.eu/sites/default/files/fra_uploads/2099-FRA-2012-Roma-at-a-glance_EN.pdf)

⁴ Eurodiaconia, [Promoting Roma Inclusion](#), Policy Paper, December 2017

⁵ European Commission, An EU Framework for National Roma Integration Strategies up to 2020 (COM(2011) 173 final): <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52011DC0173&from=EN>

⁶ European Commission, Midterm review of the EU framework for national Roma integration strategies (COM(2017) 458 final): <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52017DC0458&from=EN>

⁷ Eurodiaconia, [Promoting Roma Inclusion](#), Policy Paper, December 2017

several recommendations to the European Commission and Member States for concrete actions.

It should nevertheless not be overlooked that several Eurodiaconia member organisations are running projects which are aiming at improving access to healthcare and adequate housing for Roma. This mapping aims at showcasing the successful work of diaconal organisations in those areas in different regions of Europe. It aims at inspiring other civil society organisations, public authorities of all levels, decision makers and strategic partners to support Roma people in accessing better health and housing.

The projects implemented, and actions carried out by our member organisations, vary depending on the specific needs of the Roma communities they are working with. As a matter of fact, even if autochthonous Roma communities and migrant Roma communities both face discrimination and are at high risk of poverty, they live in very different circumstances, facing different challenges and therefore have different needs. In consequence, the projects carried out by our members vary significantly, depending on the group of Roma they are working with. Therefore, this publication has been organised in two parts. The first one will focus on projects for and with autochthonous Roma communities, while the second one focuses on projects for and with migrant Roma.

Main messages:

Despite the diversity of national contexts and specific situations in which our members operate and provide support to individual Roma and Roma communities, a number of challenges are similar for all. Support activities, while being designed and adapted to specific local situations, share some commonalities in their approach. The following paragraphs summarize some common points that can be found across the projects of this mapping.

- The challenges faced by Roma are most of the time closely interlinked. Antigypsyism can entail more difficult access to public services and employment, while bad housing conditions and poverty can lead to bad health conditions to only name two examples. As a result, many projects address several issues together to best support their beneficiaries. They might therefore combine education with health activities, or housing with health, as well as addressing antigypsyism.
- Through their support activities, our member organisations reach out to vulnerable Roma communities and people, which are often not reached by public authorities. Increased efforts by member states at national and local level are needed to address the complex needs and vulnerabilities of Roma communities, especially to fight antigypsyism.
- The empowerment of the benefiting Roma family or community is a key element of many projects. Therefore, projects often chose to base their activity on a partnership approach between social workers and beneficiaries. Through close involvement in the process, beneficiaries take ownership and feel responsible for what they are doing. Like this they are not

only beneficiaries but become also actors. This is valid as much in house upgrading projects as in health education activities.

- Counselling and awareness raising activities play also an important role, especially in the health area. Part of the bad health conditions of Roma can already be solved through better information and increased health and hygiene awareness. Therefore, many of our members provide health counselling or awareness raising activities.
- Linking health awareness activities with other support measures, allows for a better outreach to beneficiaries. This is why most of our members link the health and hygiene activities to other measures, such as school projects (addressing schoolkids, but also their parents), but also to house upgrading activities or shelters.
- Many projects presented in this mapping are operating with relatively small budgets and have still a big impact. Through careful design of the projects and activities, as well as a strong focus on empowerment of the beneficiaries, the projects can run at low costs and result in high returns.
- Good cooperation with local authorities is key for the success of the projects, as administrative procedures can be very lengthy and complicated. This applies to a wide range of activities, such as the legalisation procedure of houses, the provision of access to basic services such as water, sewage and electricity for Roma communities or the provision of documents such as

birth certificates, IDs or residence permits.

- Upscaling to a national level is the ambition of some of the bigger projects, especially in Romania and Serbia. Therefore, political will is needed at the level of national governments to take over the methodology of the successful pilot projects and scale them up to reach out to vulnerable Roma (and other) communities throughout the country. Funding could be supported through structural EU funds.

Autochthonous Roma – improving housing and access to healthcare

High levels of poverty and segregation

Autochthonous Roma are generally understood as Roma who settled in Europe hundreds of years ago and can be defined as national ethnic community settled in a specific territory for generations. They are citizens of the country in which they live and therefore have the same rights than the rest of the population. Due to the prohibition of collecting ethnic data in several countries, it is hard to have precise data on the autochthonous Roma population in Europe. In some countries (e.g. Serbia, Czech Republic), however, Roma are a recognized minority and official data on the size of the community exists, as ethnic census is also allowed. In Serbia according to the census of 2011, the Roma population is estimated to 147 604. However unofficial sources estimate that many Roma don't disclose their ethnic origins and expect the number of Roma in Serbia to be around 250 000 to 500 000⁸ representing between 3.5 and 7% of the Ser-

⁸ European Roma Rights Centre, "Serbia, A report by the European Roma Rights Centre", p.7. http://www.errc.org/uploads/upload_en/file/serbia-country-profile-2011-2012.pdf

bian population. In the Czech Republic, the Roma population is estimated to be around 250 000 which represents about 2-3% of the population⁹. Many Eurodiaconia member organisations work for and with autochthonous Roma. This mapping includes best practice examples from Romania, Czech Republic and Serbia.

Despite being legally entitled to full citizen rights, many autochthonous Roma cannot fully enjoy their rights and face antigypsyism. In the Czech Republic, Romania and Serbia, Eurodiaconia members observe very similar situations: most of the Roma are experiencing poverty, social exclusion and live in segregated areas. Their social and economic situation is far below the average of the general population. Eurodiaconia member in Serbia, **EHO (Ecumenical Humanitarian Organisation)** points out that Roma are the most vulnerable and marginalized community in their country. Indeed, the absolute poverty rate among the Roma population is 30%, compared to 8% of the total population, and 78% of Roma are at risk of poverty compared to 35% when one takes the total population¹⁰. Similarly to Romania, where 59% of Roma live in segregated neighbourhoods¹¹, 65% of Roma in Serbia live in segregated neighbourhoods¹² with limited access to basics services (drinking water, electricity etc). As regards the Czech Republic, Slezska Diakonie estimates that around 100 000 out of 250 000 Roma people in the country are experiencing social exclusion often leading to poor living and health conditions. This is reflected by the fact that Roma in Czech Republic have a 10 years lower life expectancy than the average Czech population¹³.

Housing context:

Poverty, social exclusion and segregation experienced by autochthonous Roma lead to severe housing conditions. The majority of Roma do not live in the streets, they do have a house or at least a roof. However, the housing conditions are very poor. Often, they find themselves living in substandard conditions, overcrowded houses and living in slums. Many live in segregated neighbourhoods and settlements at the periphery of villages or towns and do not even own the ad hoc shacks or the land on which they have built them, which makes them very vulnerable to expulsions. When the houses do not comply with legal standards, legalisation is therefore the first step needed before anything else can be done. In those segregated areas, the houses are often not connected to the basic infrastructures meaning that many houses do not have tap water, shower and electricity. For instance, in the Czech Republic 4% of the Roma population have no electricity at home and in Romania the share of persons who do not have drinking water at home, is 72% for Roma, compared to 52% for the non-Roma population¹⁴.

Health context:

Poor housing conditions deeply impact health conditions. In the settlements, the health environment is disastrous and without any access to basic sanitation the Roma communities easily find themselves in poor health conditions. Therefore, improving housing conditions will lead to better health conditions as well. Yet, poor health conditions are not only due to the bad living conditions. According to

⁹ European Commission, Roma and the EU, Roma integration in the Czech Republic: https://ec.europa.eu/info/policies/justice-and-fundamental-rights/combatting-discrimination/roma-and-eu/roma-integration-eu-country/roma-integration-czech-republic_en

¹⁰ Decade of Roma Inclusion Secretariat Foundation, Roma Inclusion Index 2015, p.60-63: <https://www.rcc.int/>

<romaintegration2020/files/user/docs/Roma%20Inclusion%20Index%202015.pdf>

¹¹ Ibid, p.59

¹² Ibid, p.63

¹³ Ibid, p.43

¹⁴ Ibid, p.58

HEKS/EPER Romania Foundation, despite the full right to access health care services, most of the time autochthonous Roma are not aware of their rights to medical services or to health insurances. In Romania, only 52% of the Roma population has access to health insurance, compared to 81% of the total population¹⁵. Therefore, there is a deep need for information and support for registration. Finally, the lack of trust in services due to discrimination in accessing them is also a widespread cause of poor health conditions in Roma communities.

In most countries, the governments lack the capacity, the resources, and as it seems, also the willingness to meet the needs of the Roma communities. **EHO (Ecumenical Humanitarian Organisation)**, regrets that improving the conditions of Roma settlements is far from being a priority for the government.

To face this situation and meet the needs of autochthonous Roma communities, Eurodi-

aconia members in Serbia, Romania and the Czech Republic, as providers of social and health care services have developed several successful projects for and with Roma to improve their housing and health conditions, which will be presented in the next paragraphs.

Case studies - Improving housing conditions

Ecumenical Humanitarian Organisation (EHO), Serbia

Dweller Driven Model (DDM) – Participatory Housing Approach

Project aim: The Dweller Driven Model (DDM) is an innovative, comprehensive and participatory approach to upgrade the houses Roma are already living in. It includes incentives for building basic infrastructures if they are missing, connecting the houses to existing infrastructure, building sanitation, upgrading



¹⁵ Ibid, p.59

the houses and solving legal issues related to housing. Roma are full stakeholders of the process and participate in the decision-making. This approach has been used by **EHO** for 11 years in Serbia and is part of **EHO**'s wider activities aiming at improving social inclusion and the living conditions of Roma and other marginalized people in Serbia.

Project description: The Dweller Driven Model has been developed by **EHO** and its Swiss partner **HEKS/EPER** (Swiss Church Aid) and was first running from 2007 to 2017 and extended until the end of 2018. With the DDM approach, the Roma have a key role as they actively participate in the different phases of the project, from the planning to the execution. This involvement is a way to empower them to take decisions which can change their lives.

The DDM is developed around five different and combined activities. The legalisation process of individual houses in the Roma settlements is the first step. Indeed, many poor Roma families in Serbia have built their houses without the necessary permits or certified contracts. When the houses are not in line with legislation other housing rights cannot be fulfilled, as for example having a legal address is a pre-condition for demanding official documents. Therefore, the legalisation process is primordial. Then, the houses must be connected to basic infrastructure, for instance water and electricity. If this infrastructure does not exist yet in the settlement, **EHO** will help to get access to this basic infrastructure (mainly water supply systems). To achieve this, cooperation with the relevant local self-government is needed and sometimes advocacy activities are developed.

Once the legalisation of the houses has been achieved and access to basic infrastructure could be ensured, the proper upgrading, reha-

bilitation or adaptation of the house can start. Many of those houses don't have a bathroom and are in poor conditions. This is why a lot of the upgrading work consists in building bathrooms ("bathroom for all") to the house and making repair works. Linked to this, **EHO** develops workshops on health and environment protection issues for its beneficiaries. Those workshops are often closely related to the house upgrading, for example, when a family receives a bathroom, the workshop will address the correct use and maintenance of a bathroom.

If Roma families have to be resettled from risk zones to a new location which is not covered by urban planning, then an appropriate urban planning document is needed. **EHO** helps Roma families and local authorities to cooperate in developing this urban planning document, which defines the position of houses and infrastructure connections (water, electricity, sewage). The plan can also include contents for further development of the settlement (other houses around, playground, green areas). Once the Urban Plan is agreed between residents and competent authorities it is easy to be adopted and later implemented by the local authorities.

The implementation of the DDM approach by **EHO** has led to significant results over the past 11 years. 1068 new bathrooms have been constructed and the same number of houses have been repaired. Furthermore, 60 houses have been deeply repaired and 37 "core" houses have been built. In total, through this project, **EHO** has collaborated with 17 local self-governments and have supported 5300 marginalized persons located in 94 locations in Serbia.



Challenges: **EHO** and **HEKS/EPER** aim at institutionalizing the DDM model throughout Serbia. This remains the biggest challenge of the project. On the one hand, the state needs to set a legal basis and to allow the legalisation of houses and basic infrastructures. On the other hand, **EHO** needs to modify the DDM approach to make it fit into the relevant national laws. Another challenge for the project is linked to the State bureaucracy. The administrative procedures for obtaining appropriate documents such as building permits, or for the adoption of new documents, are so complex that they can postpone or significantly slow down the project activities or even jeopardize the whole project.

Funding and future development: During the last 11 years, 5 million euros have been invested in improving housing conditions for 5300 marginalized persons. The project partners and EHO have invested 2.23 million euros, while the State, the Provinces and local self-governments have contributed 2.11 million euros and the Roma themselves have contributed through labour force worth 0.6

million euros. The project is largely funded by Swiss Church Aid (HEKS-EPER), the Swiss Agency for Development and Cooperation (SDC), the Swiss State Secretariat for Migration, Norwegian Church Aid and the Ministry of Foreign Affairs of Norway. Funds are secured until the end of 2018 and a new project cycle is planned from 2019 onwards.

EHO hopes to receive future funding through the EU Fund IPA (Instrument for Pre-Accession Assistance) in order to upscale the project. Furthermore, they stress the importance of including the DDM approach into Local Action Plans for Roma inclusion, set up by the local self-governments, and to allocate the necessary budget for the continuation of the programme.

HEKS/EPER Romania Foundation, Romania

Social inclusion and improvement of living conditions for Roma and other vulnerable groups (I)

Project aim: The overall goal of the project is to improve the living conditions and the social inclusion of the Roma communities and other vulnerable minorities in 7 Romanian counties: Mures, Cluj, Bihor, Alba, Covasna, Salaj and Harghita. To achieve this goal, the project develops a holistic approach through various interventions in different fields: education, health and social assistance, employability, and improving living and housing conditions. In this publication we will only address the housing and health components of the project. While this section focuses on the housing activities, the projects work in the field of health will be described in the section dedicated to health projects. **HEKS/EPER Romania Foundation** estimates that the Roma population is between 60 and 80% of their beneficiaries. The project especially targets Roma children, young adults and women. It has been

launched for a period of 5 years from June 2013 to June 2018 and extended for an additional year to last until June 2019.

Project description: The **HEKS/EPER Romania** Foundation adopts a similar approach than **EHO** in Serbia, as they are both funded by the Swiss Church Aid (HEKS-EPER). In Romania, the process is called “owner driven house up-grading”. Roma take over the responsibility and initiative to improve their housing conditions as full stakeholders in the projects. They take part in the decision-making and in the implementation by doing the construction work themselves. The project partners provide mainly technical assistance and the necessary construction material. In addition to this, lobbying activities at municipal level are developed. **HEKS/EPER Romania Foundation** advocates for equal access to public infrastructures (roads, water, electricity, sewage) and for the legalization of the settlements and houses.



Challenges: One of the main challenges are the delays coming from the local authorities in providing basic infrastructures. As a reaction, the **HEKS/EPER Romania Foundation** has decided to only install sanitary materials and heating sources after the local administrations finishes their work of providing current water, canalization and electricity. In addition, there is now a preference to prioritising localities for the implementation of the project, who have already access to water and sewage connections.

Funding and future development: **HEKS/EPER Romania Foundation** plans to extend the project for one more year, until June 2019. All the project partners will try to continue the activities and to find additional resources. The 5 years project has been funded by the Swiss-Romanian Cooperation Program, HEKS Switzerland and funds from local public authorities, and the total budget (including also the education strand) is around 6 million euros.



Case studies - improving Roma health

HEKS/EPER Romania Foundation, Romania (II)

Social inclusion and improvement of living conditions for Roma and other vulnerable groups (II)

Project aim: This is the health-strand of the **HEKS/EPER Romania Foundation**. As described before, the project aims to improve the living conditions and the social inclusion of the Roma communities and other vulnerable minorities in 7 Romanian counties: Mures, Cluj, Bihor, Alba, Covasna, Salaj and Harghita. It follows a holistic approach through various interventions in the areas of education, health and social assistance, employability, as well as improving living and housing conditions.

Project description: **HEKS/EPER Romania Foundation** develops different activities to improve the health conditions of autochthonous Roma in the 7 counties. Despite having the Romanian citizenship, some Roma do not have ID cards or birth certificates, which are necessary to access health care services. One of the first steps of the intervention is therefore to help them getting properly registered. In addition to this, health specialists provide various counselling services and awareness raising activities on several health issues such as health prevention, hygiene promotion, healthy food, pregnancy, childcare, family planning, as well as access to medical and social services.

HEKS/EPER Romania Foundation has also developed an innovative approach to improve the health conditions of the Roma communities with "Home care services provided by Roma for Roma". With this model, Roma home care givers are integrated into the Diakonia Home care service and provide medical home care to people without insurance. As a matter of

fact, when Roma people find themselves unemployed they do not have access to health services (except emergency aid) as they do not pay insurances fees, which for employees is deducted from the salary. In developing this approach, **HEKS/EPER Romania Foundation** reaches out to the Roma population excluded from the labour market, while at the same time enabling other Roma to have a job.

Challenges: One of the biggest challenges the project faces, is burn-out and demotivation within the staff. As a matter of fact, for **HEKS/EPER Romania Foundation**, the results of the activities can only be seen in the long term which is challenging for the staff. Demotivation has led to a high level of fluctuation of staff, putting the intervention at risk as the relation with the target groups can no longer be based on trust and stability. **HEKS EPER Romania Foundation** stresses that investing in their staff through training is required to maintain good spirits and avoid burn-out. Another need is the involvement of other specialists beside the social workers such as psychologists, specialized doctors, lawyers to have multidisciplinary teams.

Funding and future development: As mentioned above, the project has been extended until 2019 and is funded by the Swiss-Romanian Cooperation Program, HEKS Switzerland and funds from local public authorities.

Christian Foundation Diakonia, Sfanty Gheorghe, Romania

After school program and day centre in Valea Crisului – improving the health conditions of Roma children

Project aim: The **Christian Foundation Diakonia** runs an after-school programme and a day centre in Valea Crisului in Covasna Coun-

ty an under-served region in terms of infrastructures and with a poor economic situation. The overall goal of the project is to provide services to marginalised and isolated minority groups with most of them being Roma. An after-school programme and day centre support 42 children and facilitate their inclusion in mainstream school as well as their integration in the village. A specific aim of the project is to empower children by access to a variety of social and leisure activities, as well as creating greater awareness of hygiene, health and nutrition, social inclusion, cultural understanding and a sense of identity.

Project presentation: Through their participation in the after-school programme, the children participate to a wide range of simple activities improving their health conditions. They can access daily nutritious food and learn how to wash their hands and brush their teeth. Games are developed around hygiene rules and good manners. The programme also links education with good health as the children can participate to hygiene promotion classes as well as sexual and reproductive health classes. In addition to those, some activities are also focusing on mental health. A volunteer psychologist is available to provide small-group counselling sessions.

A major element for the success of the programme is the involvement of the parents. Teachers of the after-school centre visit children's families to inform them about their child's progress and encourage them to implement the practices learned at home. The parents can also participate in special seminars and activities and are encouraged to become volunteers for the project.

Challenges: The main challenge for the project is its financing, as they are facing a high demand for participation, which cannot be met because of limited resources.

Funding and future development: The budget for the project afterschool project is 76000 euros. The **Christian Foundation Diakonia, Sfantu Gheorghe** plans to develop new after school classes to meet the high demand.

Slezska Diakonie, Czech Republic

Social activation services for families with children

Project aim: Slezska Diakonie started its social activation services for families in Ostrava in 2004 and developed it then in 8 other towns throughout the Czech Republic. The project description below focusses on the project in Ostrava and Bohumin. The goal of this service is to support families at risk of social exclusion in improving the healthy development of their children. More than half of the families supported by the project are from Roma communities, and they are experiencing poor housing conditions, financial problems and have difficulties accessing health care services.

Project description: The poor living conditions in those families make it difficult for the children's upbringing. The families targeted by the project are under the control of the Child Protection Department which is run by the state. To make sure that the children can stay with the parents and are not taken away within the child protection system, the families should engage with social activation services. Since 2004 **Slezska Diakonie** provides some of those services aiming at the healthy development of children. The contact with the families is established either via the contact with the Child Protection Department or directly with the families. As the healthy development of children has a broad meaning, the support does not only focus on providing health care services but also in encouraging paren-

tal responsibilities and competences. The interventions of the social workers take place directly in the family households. Social workers provide counselling, such as support and information on social benefits and on solving debts, and practical help on issues such as providing good, healthy and nutritious food for children or basic health gestures. They also provide support and motivation to communicate and cooperate with institutions, medical institutions, schools, and accompany the families when needed. An important element of the project is that the social workers act as partners of the parents, they provide counselling and accompany them, but the responsibility itself stays in the hands of the parents.

Challenges: The project faces different challenges. Some staff suffer from burn-out syndrome because they put a lot of energy into solving the families' situation and the effects are not immediate. Furthermore, social workers manage to help families to keep a certain level of living conditions but in many cases the system, housing conditions, the segregation, the difficulty to find a job etc, makes it difficult to significantly improve their living conditions. To this adds up the amount of administrative work, including the reporting to authorities.

To better support the staff, activities are organised for the social workers including team building activities and sharing of experiences. Furthermore, meetings with external experts have been developed to reflect the work done, discuss the methods used and potential improvements.

Funding and future development: **Slezska Diakonie** runs social activation services in 8 different towns. For one social service providing help and support to families in the towns of Ostrava and Bohumin, the budget for 2017 is around 105 000 euros. The project is co-financed by the regional authority office of the

Moravian-Silesian region (75%) and by municipalities (25%).

Migrant Roma - meeting emergency needs

A harsh context for migrant Roma

In Europe, migrant Roma are mostly Roma having moved from Central and Eastern Europe to Western and Northern European countries hoping for a better life. This movement was facilitated through the accession of the central and eastern European countries to the European Union (EU), as this gave them the right to free movement within the EEA (European Economic Area). Therefore, they are often referred to as EU mobile citizens, in order to distinguish them from migrants coming from countries outside the EU. It is, however, not a new phenomenon and it is not limited to intra-EU migration as many Roma are going until Norway. Despite their right to free movement (if they are EU citizens), Roma most often can't access social security and healthcare systems, except emergency healthcare, if they are not working in formal employment. In several countries, complex registration procedures can pose significant barriers to entering the formal labour market. Many migrant Roma coming from non-EU countries or going to a non-EU country such as Norway, use their right to legally stay up to 90 days without registering, engaging in what is called circular migration. As they are not in formal employment, they are also not entitled to any social security or healthcare (except emergency healthcare). In this context, most migrant Roma Eurodiaconia members work with, are destitute migrant

Roma, who try to earn some money through informal work, such as selling newspapers, collecting bottles or begging.

This publication features the work of Eurodiaconia members in Norway, Sweden and Finland with migrant Roma. The number of migrant Roma in Scandinavian countries have increased since 2008 due to the economic crisis and the desperate living conditions in Romania and due to the accession of Romania and Bulgaria to the EU in 2007¹⁶. However, it is almost impossible to have precise data on migrant Roma as they are not in the population census and are mostly living in the streets. In Norway, Sweden and Finland Eurodiaconia members report that migrant Roma in their countries are living in disastrous situations. In those countries the huge majority of migrant Roma live below the poverty threshold and are socially excluded. **The Church of Sweden** stresses that it is nearly impossible for them to access the labour market due to their low education, but also because of administrative hurdles and they are therefore reduced to beg in the street trying to earn some money. In Sweden and Norway, our members reported that political and media discourse towards migrant Roma and migrants in general was negative. In Norway, since 2013 media have picked up the issue of migrant Roma begging in the streets, describing them as criminals. In Sweden, the government has become harsher against migrants in general and therefore also against migrant Roma. **Helsinki Deaconess Institute**, Eurodiaconia member in Finland stresses that migrant Roma are experiencing violence, hate speech and expulsion from public spaces.

¹⁶ Britt Djuve Anne and al, "When poverty meets affluence. Migrants from Romania on the street of the Scandinavian capitals", Rockwool Foundation. <https://www.rockwoolfonden.dk/app/uploads/2016/02/When-poverty-meets-Affluence-WEB-VERSION.pdf>

Emergency aid in response to urgent needs

It results from the situation described above, that the basic needs of those migrant Roma are not met. Against this background, migrant Roma have urgent needs in terms of housing, basic hygiene and health care services. Not being able to access the housing market they are mostly living in the street and need a place to sleep for the night. Sleeping outdoors means that they have difficult access to cooking equipment and therefore to food, don't have safe places for their belongings during the day and are hardly able to sleep without being disturbed¹⁷. Furthermore, sleeping outdoors often leads to health problems and many of them need medical care and assistance. Excluded from the health care services, they are looking for places to access primary basic health care. Therefore, the interventions needed for migrant Roma are rather emergency actions, than long-term inclusion support, which is reflected in the projects developed by Eurodiaconia members.

Case studies - providing emergency accommodation

The Church City Mission Oslo, Norway

Emergency accommodation for people without rights in the Norwegian Welfare

Project aim: The Church City Mission Oslo runs one night-shelter in the city and also carried out a pilot project with an additional smaller shelter. Both aimed at providing a safe, quiet and warm place for one or more nights for



persons without a right to social protection in Norway and living in the street. The shelters are open to all kind of vulnerable migrants but most of them are migrant Roma.

Project description: The shelter run by the Church City Mission Oslo is located in a former elderly centre. The beneficiaries can stay only for a night between 6pm and 7am. This shelter is composed of 17 rooms for couples and two dormitories with 45 places only for women. In addition to a place to sleep the users can have access to showers and toilets but there is no proper kitchen. The staff members can also provide the beneficiaries with some advice to places where they can get food, clothes and health care. The Church City Mission is also in close cooperation with the Red Cross which is running the only other shel-

¹⁷ Report: When poverty meets affluence. Migrants from Romania on the street of the Scandinavian capitals", p.89-90.

ter, opened only for men. Therefore, the social workers of the Church City Mission send men in need of a shelter to the Red Cross shelter and vice versa.

The Church City Mission Oslo also ran a pilot project with a smaller shelter where people could stay for a longer period with more support through social workers. The social workers from other shelters referred persons with extra needs to the small shelter, for example when they had special needs related to mental or other health issues. Generally, the beneficiaries stayed two weeks in the shelter, they could have an individual room and access to a kitchen and showers. This shelter was set up to respond to an important need among the population coming to the shelters, but the funding ended in May 2018. The Church City Mission is now looking for funding to continue this pilot project.

The aim is to re-open the shelter in January 2019.

Challenges: One of the biggest challenges the **Church City Mission Oslo** faces, is the integration of the project in the neighbourhood and city. There is a strong negative public discourse about migrant Roma and migrants in general and people opposing the idea of shelters are very vocal and try to force the shelters to close. Furthermore, the lack of places in the shelters creates an additional problem, as people who can't stay in the shelter, tend to stay in the neighbourhood at night which is negatively perceived by the population. Nevertheless, the **Church City Mission Oslo** thinks that the silent majority rather supports the idea of shelters.

To raise the acceptance by the general population, the staff of the shelters organises regular meetings with people from the neighbourhood and with the district to explain the project and its necessity. In the shelter, activities are developed for migrant Roma to explain what it is

possible or not possible to do in the neighbourhood. For example, the workers try to explain that they cannot eat in front of the shelter while they are waiting for the shelter to open, and that if they have no place in the shelter they cannot sleep in front of it.

Funding and future development: The shelter is funded by the State, the municipality and the **Church City Mission Oslo**. 8 million Norwegian Kroner (around 820 000 euros) are required for running the project for one year. The shelter is a long-term project and aims at running as long as there is a need. If additional funding can be secured, the **Church City Mission Oslo** would like to reopen the smaller shelter to support people with special needs and also develop its service to serve food in the evening, when the users arrive at the big shelter.

Helsinki Deaconess Institute, Finland

Emergency night shelter for Roma EU citizens and others non-registered people

Project aim: Helsinki Deaconess Institute (HDI) has been running an emergency night shelter in Helsinki starting with 2016. The shelter provides a place to sleep for migrants who didn't receive residency rights in Finland, particularly Roma from Bulgaria and Romania but also others. The shelter operates in synergy with other actions of HDI, which means that guests can also receive support to find employment, deal with legal issues or access health services and support.

The motto of the shelter is: 'no one remains outside tonight'.

Project description: Roma EU citizens coming to Helsinki cannot access housing and shelter services for residents, and therefore often



become homeless. The lack of shelter exposes them to violence, evictions, loss of goods, affects their health and mental condition and reduces their chances of finding employment and participating in the Finnish society.

The shelter run by HDI is opened approximately eight months a year, during autumn, winter and spring, from 9pm to 8 am. The shelter provides around 130 beds, but the capacity can be extended since the aim is to leave no-one outside. The sleeping is organized in dormitories, while the residents can also use essential facilities such as showers and toilets and have a warm tea and snack in the evenings. The Roma migrants can stay as long as necessary at the shelter throughout the cold season. In practice the periods of stay vary, as some travel to the home countries for some periods of times. The staff members are trained professionals, while also the Roma migrants are actively engaged in planning and organizing the life at the shelter. At times activities such as cooking or breakfasts are organized by volunteers.

HDI delivers also other employment, education and community building opportunities through

other projects, which can be accessed by the shelter's visitors, to support well-being and possibilities to have a meaningful experience in Finland.

Challenges: The shelter is run only during the cold season, which means that Roma migrants in Helsinki face harsh sleeping conditions outdoors for about four months. The shelter provides emergency support but doesn't address the root causes of Roma people's poverty and discrimination in their countries of origin. However, HDI is engaged in advocacy work in Finland and abroad to provide longer term sustainable living opportunities.

On a more practical note, HDI faces difficulties to rent premises for the shelter because of refusals by neighbours and buildings associations. Therefore, HDI decided to use its own premises for the shelter. Nevertheless, neighbours complain and insult staff members or users, because they don't like that the Roma migrants gather around the shelter before the opening of the shelter.

Users would like to have longer opening hours and an open shelter during official holidays. They also would like to have the possibility to have a warm meal but there is no proper kitchen in the building.

Funding and future development: The shelter is funded by the City of Helsinki, while HDI contributes also with some costs. The funding has to be renewed annually which limits the possibilities of having a long-term perspective.

Case studies - meeting basic health needs

The Church City Mission Oslo, Norway

Health Centre for undocumented migrants

Project aim: The goal of this other project run by the **Church City Mission Oslo** is to provide health care services to everyone, regardless of legal status or resident permit. The project is open to anyone without resident permit in Norway and many of their users are migrant Roma.

Project description: The Health Centre for undocumented migrants opened in 2009. It provides free and interdisciplinary health care for anyone without resident permit. Most of the staff such as the doctors and the nurses are volunteers. Therefore, the beneficiaries can have appointments with doctors, nurses, dentists, psychologists, physiotherapists and even midwives for free. Mental health groups and group activities for social support are also organised in the Centre. For example, two volunteer physiotherapists are running a group for women doing exercises to reduce stress after a long day of begging in the street.

Challenges: One of the major challenges is linked to the marginalised life of migrant Roma. Most of them are living in the street and it can be hard to provide them with facilitated health care. The language barrier is an additional chal-

lenge to the provision of health care services. Finally, a big challenge is the high demand for limited places. Indeed, the Health Centre run by the **Church City Mission Oslo** is one of the very few places where migrant Roma can get health care.

Funding and future development: 4.5 million Norwegian Kroner (472 000 euros) are required for running the Health Centre for a year. The Centre is funded by the **Church City Mission Oslo** and the Red Cross.

The Church of Sweden, Parish of Vaxjo, Sweden

Digniti Omnia – empowerment and social inclusion of migrant Roma

Project aim: The overall goal of the project is to provide assistance for vulnerable EU-citizens in order to strengthen their self-empowerment and their social inclusion. The project supports over 175 vulnerable EU citizens with a majority of them being migrant Roma.

Project description: Digniti Omnia means dignity for all and is a project run by the **Church of Sweden** for a period of 3 years from October 2015 to December 2018 in four different localities across Sweden. The activities and actions are developed around four areas where vulnerable EU-citizens are socially excluded and lack self-empowerment: health care, language skills, digital communication and knowledge of their civil rights. In terms of health care, Digniti Omnia focuses on health education. The **Church of Sweden** realized through their work with vulnerable EU citizens, that many of them are lacking knowledge in the health field. Therefore, they developed a toolkit with presentations (power point, videos) on different health topics such as basic knowledge of the body, dental health or reproductive health. The presentations are available in Swedish but also in the

beneficiaries' languages (Romanian and Bulgarian). For the sensitive or taboo topics, the beneficiaries are divided in small groups that might also be divided by gender.

Challenges: There are no particular challenges as the project is mostly well-received.

Funding and future development: The project is financed by FEAD (Fund for European Aid to the most deprived) for 1 million euros from October 2015 to December 2018. **The Church of Sweden** would like to take this project as a basis for the next FEAD project call which will cover the period 2019-2020.

Helsinki Deaconess Institute, Finland

Hirundo drop in centre, City of Helsinki, Helsinki Parish

Project aim: Hirundo is a community centre in Helsinki which provides Roma EU migrants with a place of support, community and feeling of being welcome. Most Roma EU migrants are not registered and therefore treated as non-residents in Finland and therefore have poor access to community services. On the other hand, since they face poverty and marginalization, they need places to get support and to have contact with the other people living in Helsinki.

Project description: Hirundo started its operations in 2010. Between 100-150 Roma migrants use the service daily. The centre works holistically to improve the wellbeing of the participants and participation through different offers. The **Community centre** is opened five days per week, four hours, offering a place to rest, to relax, warm food and access to computers. The support provided at the community centre helps to improve the hygiene and health situation of the users, as they have access to showers, can wash their clothes, have a warm meal and receive support to access healthcare services. Almost every day there is also a warm

soup made of recycled and donated food products. Staff and volunteers are also providing guidance and translation with accessing health services, social services and other necessary issues. Most staff members speak Romani, Romanian or Bulgarian, with a background in community work or as 'experts through own experience'.

Furthermore, workers and volunteers at the centre support users in their job search and organize several activities and workshops to foster a feeling of community and belonging.

The centre is based on a cooperation between the city of Helsinki and Helsinki Parish of the Evangelical Lutheran Church of Finland. This cooperation was crucial to overcome the political resistance and general racism against Roma migrants. The cooperation with the city guarantees a good coordination and referral to the municipal and state services. Now, Hirundo also cooperates with private business and other NGO's and institutions.

Challenges: The biggest concerns of Hirundo users is the difficulty of generating income in Finland, which keeps them trapped in poverty and social exclusion. There has been progress with short term employment and selling street magazines, but there are little opportunities for regular and full employment. Many Roma migrants face a limbo situation since they often do not have ID papers in their home countries Romania and Bulgaria and therefore they cannot register and receive social and health insurance in Finland either.

Funding and future development: The project is funded by the City of Helsinki, the Helsinki Parish and HDI with an annual budget of 280 000 euros. In the future, the centre wants to further develop its efforts in the area of income generation, education and employment, as well as developing actions against antigypsyism.

Conclusion

This mapping has shown the diversity and, at the same time, similarity of Eurodiaconia members' work across Europe with Roma in supporting access to adequate housing and healthcare. Despite the very different living situations of autochthonous and migrant Roma, adequate housing and healthcare are essential needs, which many struggle to access. Therefore, as providers of social and health care services, many Eurodiaconia members, who are committed to the support the most vulnerable in our societies, have set up projects to improve the housing and health conditions of Roma people.

Depending on the situation and needs of Roma in their countries, they either help autochthonous Roma in legalizing and upgrading their houses and accessing regular healthcare services or provide basic shelter and emergency healthcare to migrant Roma who live in the streets. This publication showcases the successful work of diaconal actors in Serbia, Romania, Czech Republic, Norway, Sweden and Finland. While adapted to the different needs of the Roma population they are working with, Eurodiaconia members are all working toward the same goal: improving the housing and health care conditions of Roma.

The best practices presented in this publication show that the empowerment of the Roma people and their communities and good cooperation with the local authorities are key elements of the success of the projects. Secure funding is of course also essential, although all projects are running with low costs and manage to yield important results, presenting a high return on investment.

Improving the access to adequate housing and healthcare for Roma across Europe, are two of the key objectives of the European Framework on National Roma Integration Strategies (NRIS) of 2011. The mid-term review published in 2017 has shown that hardly any progress has been made on those two specific topics and thus efforts need to be increased. Civil society organisations such as Eurodiaconia member organisations are already active on the ground for years, implementing successful projects. This mapping aims at showcasing the successful work of our member organisations with the ambition to inspire other civil society organisations, public authorities of all levels, decision makers and strategic partners to join their efforts.



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Eurodiaconia is a federation of 45 social and health care organisations founded in the

Christian faith and promoting social justice.

Eurodiaconia is a registered asbl in Belgium. This

publication has received financial support from the

European Union Programme for Employment and Social

Innovation "EaSI" (2014-2020). For further information,

please consult: <http://ec.europa.eu/social/easi>. The

information contained in this publication does not

necessarily reflect the position or opinion of the European Commission.

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