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Roma MATRIX: Good Practice Guide

7. Roma Women Community Health Mediators

ROMA MATRIX

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P1 Introduction

This good practice guide is about Roma health mediators and, in particular, the role that Roma women are playing in that role as they work to improve knowledge of key health issues and access to health services within Roma communities.

This is one of nine good practice guides which have been produced as part of a suite of materials that have come out of the Roma MATRIX project. Roma MATRIX is a project that aims to combat racism, intolerance and xenophobia towards Roma and to increase integration, through a programme of action across Europe. With 20 partners across 10 countries, it is one of the largest Roma inclusion projects in the European Union.

The good practice guides are intended as a resource for municipalities and civil society practitioners and field workers to refer to on a range of themes that discuss the barriers and challenges Roma face across Europe.

This guide explores the reasons why health mediators are required to help tackle the serious health inequalities suffered by Roma communities across Europe. It reviews current practice in the use of health mediators across Europe and looks at the particular activities of Roma MATRIX partners involved in health mediator activities. In the light of this experience a number of key lessons are drawn out for the development of Roma women health mediators.

Across Europe, Roma have poorer health and worse access to health services than any other ethnic group. Fewer Roma are vaccinated, they have poorer than average nutrition and experience higher rates of low birth weights, perinatal mortality and tuberculosis.[1] Across Europe Roma life expectancy is lower and child mortality higher. These multiple health inequalities present major barriers to Roma inclusion, integration and citizenship.

Poor health among Roma populations is closely linked to the social determinants of health, a key one being knowledge of and access to health services populations.[2] Roma fare worse than other ethnic groups with respect to the use of health care facilities and are more likely to experience discrimination in the medical system.[3] This lack of access to health care exacerbates their poor health status.

Number of health mediators

Across Europe, the use of health mediators to tackle the above challenges has become increasingly widespread. Across Macedonia, Romania, Serbia, Slovakia and Ukraine, for example, it was estimated that there would be close to 650 health mediators working in 2012, and in Bulgaria in 2010 there were 380 Roma health mediators practicing.[4]

Role of health mediators

A health mediator is an intermediary who facilitates access to health and social services for vulnerable groups of the population, with focus on ethnic minorities including Roma. Many of these health mediators are women. Indeed, most applicants for Roma health mediator positions are female.[5]

The specific things that health mediators do include:

- Assisting individual clients in obtaining personal documentation and health insurance.
- Assisting (and encouraging) individual clients to go to the doctor.
- Assisting local health authorities with particular health campaigns
- Referring clients to relevant health, social, and educational services.
- Conducting health education sessions in the community.
- Providing targeted health assistance.
- Providing legal referrals for Roma who have experienced discrimination or other human rights violations in health care settings.

Women health mediators

Some countries employ only female Roma health mediators, others employ both males and females. Some programmes seek to empower Roma women through Roma health mediator training and employment programmes. In these cases the Roma women can serve as role models for other Roma women in their communities. Another attraction of having Roma women in a mediator role is that female clients may prefer to discuss their health concerns with other women. In many communities it is the women that take the main responsibility for the health of children and other family members. Thus, having women working as Roma health mediators can mean that larger numbers of women and their families can be reached and connected with health services.

A key role for Roma women health mediators (and health mediators generally) is to increase the vaccination uptake rates which are

typically lower among Roma groups. Roma populations face a high risk of outbreaks of diseases such as measles and rubella, both of which can lead to serious complications, especially where access to health services is weak. There is a great need for information and tailored immunisation campaigns and interventions for Roma populations.[6] At a European level, efforts to eradicate diseases such as measles and rubella are unlikely to succeed unless vaccine uptake in hard-to-reach communities like Roma is dramatically increased.

Many of the common concerns about vaccines in Roma populations are similar to those in the wider community. For example, parents worry about side effects and under-estimate the risk posed by vaccine-preventable childhood diseases. However, in Roma communities, these views are compounded by other fears and suspicions, for example, that vaccination could cause sterility. More so than other excluded communities, Roma need more health information about vaccines and how they work.

Many Roma children also miss out on getting vaccinated either because their parents do not have health insurance and have fewer contacts with health services as a result or because the children are not registered with GPs. The World Health Organisation's Regional Director for Europe has said tackling Roma children's health is essential and that the WHO Europe has made the reduction of health inequities one of its 'Health 2020' goals.

Roma are disconnected from health services

Access to health care by people from the Roma community is a complex issue. Lack of access to health care may be due to Roma lacking identity cards or other documents required to obtain health insurance. They may not have the money to pay for transport to health facilities or other healthcare related costs. Or they may have been put off by their experience or what they have heard about discrimination in health care settings.

Roma women and men are needed in health mediation work

While most Roma health mediators are women, who also advise Roma men on health issues, there is a need for Roma men to carry out a mediator role. Within Roma communities, women may lack the authority to make decisions about contraception or to tackle domestic violence. So there is a key role for Roma men to work in conjunction with Roma Women health mediators when dealing with issues such as reproductive health, domestic violence and gender inequality if change is to be brought about.

There are limitations to what mediators can do to tackle discrimination and protect Roma rights

There are limitations to what Roma health mediators can achieve, particularly when confronted with discrimination towards Roma by health services and the denial of Roma rights. Providing rights-based and anti-discrimination training to health mediators is important. But they still have little formal mandate to deal with situations where Roma rights are not being observed. There is, therefore, an issue about how far health mediators can be expected to go in advocating for Roma rights as opposed to referring cases of discrimination to

NGOs or other bodies.

Roma Health Workers' supervision and support in the workplace varies

Across Europe, the pattern of supervision for Roma health mediators varies. Mediators can be supervised by NGO staff or, where they are formally part of the governmental system, by health service or local authority staff. In some cases Roma Health Workers report that they have had little or no contact with the workers allocated to them to be their supervisors. This means that there is a lot of opportunity being missed to increase health mediators' knowledge of how the health services work and how Roma can better access them. It also means that other health practitioners do not get the opportunity to better understand the needs of Roma communities and what health services need to do to become more people-centred and culturally sensitive.

Posters about medical visits in the streets of Athens

The use of Roma health mediators is widespread across Europe. In some countries, Romania and Bulgaria in particular, national programmes of health mediation are well established and the profession recognised by government.

Roma MATRIX practice

Roma MATRIX partners are contributing to the growing body of work being carried out by Roma health mediators (see the following 'Good practice from Roma MATRIX' section). The partners have been involved in a variety of activity. This ranges across running conferences and workshops; developing the skills and qualifications of mediators; putting in place mentoring support; and outreach work within Roma communities that engages Roma women in learning environments where they develop their knowledge about key health topics; local health services and how to access them.

Some examples of other useful insight and innovative practices from outwith the Roma MATRIX network:

Bulgaria

In Bulgaria the model of the health mediator is well established and has been in use since 2001. In 2007, Roma health mediation was recognised by the government as an official profession and The National Network of Health Mediators was established in 2007.

The Network now has over 140 Roma health mediators working in Roma communities across the country. In 2011, the Roma health mediators contributed to the provision of 10,000 vaccinations and 12,706 prophylactic examinations to Roma.

In 2011, a professional association 'Zurale Romnia' was created for health mediators. Its objectives include defending the rights and interests of the mediators and improving their working conditions, developing partnerships with similar professional bodies for the transfer of good practices, ensuring professional and personal development for its members, and pursuing activities to improve the health situation of Roma in Romania.[7]

Greece

The Medical Centres for Roma implemented during the National Roma Action 2001-2008 have employed Roma health mediators as a means of facilitating the communication process between Roma and healthcare providers. In future these centres will be renamed Medical Centres for Roma and Socially Vulnerable Groups. They will facilitate a holistic approach to health access and provision, not approaching the issue as an exclusively Roma problem, but perceiving Roma as one of a number of vulnerable groups that will benefit from initiatives that bring the whole community together.

Italy

A specific programme aimed at mediation with a national dimension is ROMED, a joint initiative of the Council of Europe and the EU, which aims to train members of Roma communities as mediators in the areas of health, education and social affairs/employment to improve communication between Roma living in certain areas and the local authorities.

The National Roma Inclusion Strategy (NRIS) also plans a programme of training and mediation coordinated by the Department of Civil Liberties and Immigration of the Ministry of Interior to train about 500 people in Southern Italy (in the regions of Calabria, Campania, Puglia and Sicily) with a view to possibly replicating the training modules in other regions. In implementing training courses on mediation, it plans to enhance Roma women's participation and occupation by targeting at least 100 Roma women. This would be financed by the Department for Equal Opportunities.

Poland

In Poland, where Roma do not constitute a homogenous community, mechanisms facilitating mediation should be considered in the context of both Roma and non-Roma relations. Community mediation programmes are not well known in Poland and have not been strongly institutionalised at the local level.

Recently initiatives were put forward by Roma NGOs to train and employ 'social mediators'. Although still in the experimental stage, positive feedback has already been received from projects implemented in Kamienna Góra in Lower Silesia[8] and initiatives run by the Polish Roma Association Szczecinek in Western Pomerania. Social mediators are persons of Roma origin who are supposed to aid Roma families by providing assistance during access to healthcare and social insurance, as well as job searches and the collection of welfare benefits. The position is still not officially recognised by the Polish authorities, yet a growing number of Roma groups and regional offices train and incorporate social mediators in their programmes and projects.

Romania

Romania has the longest running and most institutionalised Roma Health Mediation programme in the world. The Romanian Ministry of Labour added Roma health mediator to the official list of occupations in 2011 and in 2010, 145 Roma health mediators formed a professional association.

In Romania, the national health mediation programme and network of Roma education mediators is a good example of how economic and health objectives can be tackled simultaneously. The '*Health Mediation Programme: Opportunity for increasing the employment rate amongst roman women*' was funded by the European Social Fund's Sectorial Operational Programme for Developing Human Resources 2007–2013 and implemented by SASTIPEN Roma Center for Health Policies.[9]

The main goal of the project was to raise the employment rate among Roma women and facilitate their access to the labour market in order to avoid social exclusion and foster a society based on the principle of equal opportunities. At the same time, the women informed and educated Roma communities about their health rights, disease-specific problems, and prevention. The project supported the implementation of the national health programme with two significant improvements:

- Developing a strategic and innovative instrument necessary for supporting the health mediation program by way of creating a Center for Training and Authorising health mediators, and
- Developing a Unit for Technical Assistance, Monitoring and Evaluation to assess health mediators' activities in the context of decentralising public health services in Romania.

Slovakia

Slovakia's state health mediation programme, administered by the regional Offices of Public Health between 2007 and 2011, involved 30 mediators acting as intermediaries between the health system (especially GPs) and Roma families living in settlements. With only 30 mediators, the programme was hugely insufficient given the number of excluded localities and, due to difficulties in allocating state funding, the programme was put on hold until 2013.

In 2013, the state started the implementation of the Healthy Communities Project, expanding the number of health mediators to 108, with another 12 coordinators targeting 102 localities. The first phase of the project lasted from June until November 2013 and involved the training of the mediators.

Roma health mediators are trained and supervised by their local Office of Public Health (OPH), spending one day each week at the OPH recoding what they have done over the previous week and planning for the next. They also spend up to two days delivering health education sessions and meeting clients in local Roma community centres.

The main task of the Roma health mediators is to deliver health education in the community and to facilitate communication between Roma patients and doctors. The aim is to identify leaders within Roma communities and target them to be champions of healthy behaviour change.

As part of the Roma MATRIX project, partners from the UK, Greece, Bulgaria and Romania have developed Roma women community health mediators' activity to better connect Roma communities with health services, improve immunisation uptake among children and generally improve the health of Roma communities.

Training and support for the Roma women mediators has been a feature of the project and conferences have also been held in each country. The training has covered a range of topics such as: how to deal with discriminatory practices by health practitioners; the importance of regular consultations for pregnant women; improving the uptake of ante and post-natal care by pregnant women; how to encourage healthier lifestyles, including nutrition and physical activity; promoting smoking cessation; and overcoming barriers to accessing health services.

In all of the partner areas, the health mediators have provided an important link between Roma communities and health professionals. The training provided by the Roma MATRIX partners has increased the confidence of Roma women health mediators and empowered the women to make changes to their own lives as well as improving health access and information for the whole community.

The case studies below draw on the good practice applied by the Roma MATRIX partners and highlight how that good practice has had a positive impact.

Good practice includes using informal approaches to promote positive messages, tackle discrimination and encourage understanding amongst young people; the use of real life stories to encourage greater mutual understanding between Roma and non-Roma; and mediation to resolve and/or avoid ongoing conflicts.

Reducing discrimination and helping Roma women access ante and post-natal services across Bulgaria

In Bulgaria, The National Network of Health Mediators includes many Roma women, who are well acquainted with the specific needs and problems of Roma women and their families within local communities.

Two Roma women health meditators who participated in the training supported by Roma MATRIX were working in the small town of Blagoevgrad, in the three neighbourhoods where 3,000 Roma live. Here they were supporting Roma women who had no health insurance. Many had not visited a doctor for years. Pregnant women rarely visited a gynaecologist because they lacked the funds to pay for check-ups, consultations and examinations. Their pregnancies are therefore not followed by a doctor. They turn up at the hospital only when they go into labour, or have their babies at home with no medical assistance, with high risks to their own and their baby's health.

In 2012, a new regulation was introduced that allowed access to ante and post-natal care for pregnant women, and made funding available under the Regional Health Insurance Fund. Regulation №26 provides midwife assistance for health uninsured women and the carrying out of examinations out of the scope of the obligatory

health insurance for children and pregnant women.

Despite this, improvements were not being implemented on the ground and Roma were still being denied access to services. Gynaecologists refused to receive health uninsured pregnant women because they felt there was no guarantee that the check-up would be paid for.

Empowered by the training they had received, the health mediators made a visit to the jurist of the fund who undertook the case personally. She clarified to the health mediators the procedure and prepared an instruction for the gynaecologists that the health mediators could communicate to them. The jurist described what should be done by the gynaecologists in order for their payments to be made under the fund.

The training that the health mediators had received on discrimination and how to spot it, and on the legislation and funding available, had helped them. As a result, they have been able to increase the number of Roma women accessing ante and post-natal care. Between three and four pregnant Roma women each month now succeed in seeing a doctor and having an antenatal examination.

The impact of what the two Roma women health mediators achieved is now being felt in other Roma communities across Bulgaria. There has been an important demonstration effect. Through the national network, information and practice is being widely disseminated among health mediators who are, in turn, empowering many more Roma women to improve and make changes in their own lives. In many other communities, Roma women with no health insurance are

Antonia, a young Roma woman is making a difference as a health mediator

now accessing basic antenatal check-ups that they would not have been able to in the past.

The Roma health mediators continue to investigate how the new regulation should work and how it can be applied in more local clinics. The National Network of Health Mediators has said *"next time we advocate for legislative changes, we are going to follow up closely the implementation and practice on the ground."*

"The responsibility for the health of our society lies in the hands of the health specialists as well as in the hands of each one of us. We, as health mediators, have to ensure easier, more effective and more trustful access to health care for the pregnant women and their children. Each victory in this respect is a huge victory. Each step in this direction means better life for each one of us and better healthcare."

(Roma woman health mediator from Blagoevgrad, Bulgaria)

"Mothers and children have the special protection of the state – that's written in our Constitution, but is it true in practice? … Yes, this is the first step but the inactivity of the institutions in applying these regulations is staggering. The successes of the health mediators who have to fight on daily basis with bureaucracy and clerks that don't execute their duties is very important and have to be recognised because without their efforts the pregnant women from vulnerable Roma communities stay outside the scope of the health services. The health mediators trace the way and make it easier for both doctors and patients. They ensure access, simple access for the most vulnerable people and are able to share their knowledge and practices with the rest of their more than 150 colleagues within the country."

(Physician in Emergency Department, Blagoevgrad, Bulgaria)

Supporting women health mediators starting work by linking them with municipal mentors, Bulgaria

In order to practice, health mediators (both women and men) working with The National Network of Health Mediators are required to pass through a 14 day training course at a Medical University. Here they are acquainted with the social and health legislation, socially significant and infectious diseases, contraception and family planning and other topics related to their daily work in Roma neighbourhoods. After graduation they receive a certificate giving them the right to be appointed as a health mediator by the municipality.

In the beginning of their work as municipal servants, health mediators face unfamiliar and sometimes hostile environments. In many municipalities the health mediator is the only Roma working in a team of Bulgarians or Turks. They also need time to get acquainted with the requirements imposed by the public institution (etiquette, reporting, hierarchy). They cannot count on assistance and advice of a colleague and had to learn from 'trial and error'. Being of Roma origin is often a barrier and there can be difficulties in communication and joint actions.

The National Network of Health Mediators has used the Roma MATRIX project and its activity 'Mentoring in public institutions' to try to overcome these problems when health mediators start to work in municipalities through attaching three health mediators to mentors from the municipality's staff. As a result, the following impacts have been forthcoming:

- Better and faster reception of new Roma health mediators in institutions.
- Better trust in health mediators working on behalf of Roma because of the support of the mentor.
- More cooperative institutions and easier solving of cases because of the personal engagement of the mentor.
- In a very short period of time health mediators start effective work in Roma neighbourhoods and assist people to better access health and social services.
- Overcoming of the negative attitudes towards Roma health mediators from some institutions representatives.

"My biggest satisfaction is that I help people. When I am not able to cope with the difficulties alone I turn to my mentor – the deputy mayor Mr Nenov. He provides me assistance and I can count on him because if I could not manage to solve an issue alone he can help me. In this way he builds up my authority before institutions and people and helps me to feel stronger as a health mediator, to have high self-esteem because my work is needed."

(Ganka, health mediator in Tvarditsa)

Training new Roma migrants in how to access the health service and address a range of key health issues, UK

The Roma Women's Health Champions project run by the Big Issue in the North of England was designed to recruit and train a number of female community Health Champions from within local Roma communities in Yorkshire and the Humber. The Health Champions aim to help overcome existing cultural barriers within the national health service or within their own communities, and to access key health services for themselves and their communities.

The project ran a series of health training sessions across Yorkshire and the Humber region to train Roma women to become community Health Champions. The training increased their knowledge and awareness of local health services as well as improving their understanding of the particular health needs of their community and how to address them.

The training involved a range of sessions covering topics such as: midwifery/health visitors; health promotion; serious health conditions; healthy living/eating; stop smoking; stress, tiredness, mindfulness; domestic violence; physical exercise.

Participation far exceeded expectation with 69 women attending and 21 attending all of the sessions. Many of the participants agreed that it was difficult for Roma coming to the UK to know how to use the health service because they didn't understand it.

Following the sessions, the women reported an improvement in their knowledge of existing health services available. They were especially happy to learn how to access dentists and GPs and the role of midwives and health visitors. Meeting health professionals also dispelled some of the myths that appear to be entrenched in the Roma community. In addition to having a better awareness of services, by the end of the sessions the participants reported improved knowledge of how to recognise health conditions such as heart disease, asthma and stress. The women also reported that they now feel more confident about accessing services and giving this information to others in their community.

Roma women participating in health training in the UK

Some women also reported that they are now more likely to address unhealthy ways of life, such as unhealthy eating, smoking and lack of exercise. A certificate given to the women was reported by them to have made to make a positive impact on their social wellbeing and their employment chances.

The participating health professionals also showed an increased awareness and sensitivity in dealing with Roma communities following their involvement in the project.

"…Czech women are very worried about giving birth in the UK. They often go back to their own country to have a baby. They worry about the language barrier, that the doctors aren't as good, and that they will be misunderstood. Being able to tell them about how midwives work and that they provide interpreters will be a comfort to many women…"

(Marie, a 31 year old woman from the Czech Republic woman who has been living in Wakefield for 3 years and who attended the Wakefield Roma Women Health Champions project)

"…I have learnt that there is more that I could do at home to take care of my own and my family's health. After every session I tell my friends and family about what I've learnt and encourage others to take better care of their health… The sessions have changed my life. I now have more knowledge of how to look after myself, my son and others. Also, the certificate of attendance will be good for my job as care worker..."

(Zsuzsanna, Roma woman who attended the Roma Women Health Mediators project in Mirfield)

"The sessions have really made a difference to me. I have now registered with a Stop Smoking clinic which also offers swimming and a free gym. I've been smoking for 20 years so this is a big step for me."

(Irena, a 39 year old mother to five children who was a regular attendee at the Roma Women Health Champions project in Leeds)

Other Roma MATRIX practice

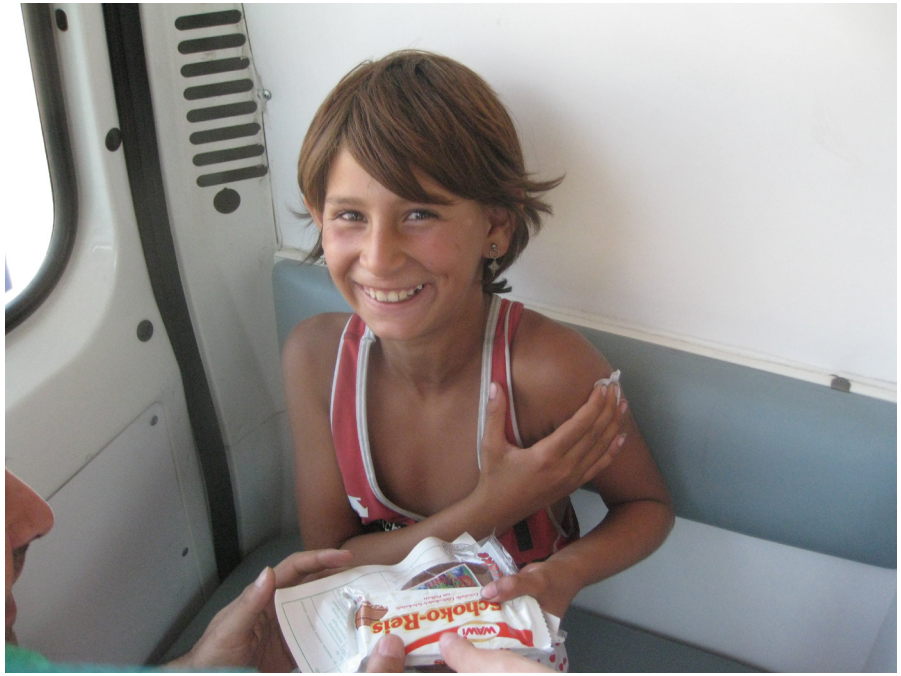
In **Greece**, training was provided to three Roma women on how to deal with imminent health problems and provide information on hygiene issues and gynaecological problems. Working with the Red Cross, the health mediators helped support gynaecological testing for 100 women. The women also supported outreach work in Roma camps by a dentist and a paediatrician. Guidance was also given on how to access health institutions.

In **Romania**, Roma Women Association in Romania (RWAR) conducted a series of cross-community visits and meetings to identify areas where mediation would be helpful. RWAR found that a number of Roma families were not registered with a GP and therefore not accessing medical care. In families not registered with a GP the children had not received the standard vaccinations against childhood diseases. RWAR mediated between the Roma families and the local public authorities and provided Roma with help to complete the necessary paperwork to register with a GP. Some 20 Roma people who were previously unregistered are now registered with a GP and their children have been vaccinated.

In the **UK**, the Roma health mediators learnt about and were able to promote smoking cessation among women in their community. Smoking was seen as a strong part of Roma culture with even children smoking. Woman had the opportunity to attend smoking cessation classes and have their carbon monoxide levels measured. One woman who had been smoking for 40 years is now attending classes regularly with the long-term aim to quit. Classes were also run on Healthy Lifestyle, nutrition and exercise. One woman was quoted as saying *"I wouldn't have known how to make a start on making changes to my health and doing exercise. I was keen to lose weight but didn't know where to start, or understand what foods would help me"*.

Also in the **UK**, the Roma Women's Health Champions project in Yorkshire aimed to help overcome existing cultural barriers within the health service or their own local communities. In the evaluation which followed it became clear that the women were especially happy to learn about how to access dentists, GPs, midwives and health visitors. The participating health professionals also showed an increased awareness and sensitivity in dealing with Roma communities.

In the UK, eating habits and nutrition in particular play a critical role in the prevention of non-communicable diseases among the Roma Slovak community. Due to poverty and dietary factors and low consumption of fruit and vegetables in their own country, many Roma have increased risk of obesity, cardiovascular disease and type-2 diabetes. Roma women, through discussions with Roma health mediators, expressed an eagerness to improve their health and wellbeing both by cooking using healthy ingredients and exercise. Through this engagement the Roma women learned that exercise along with healthy eating is beneficial both to their health and their self-esteem.



A young Roma child receives their Polio vaccination

This section of the guide sets out the lessons that have emerged from the actions of the Roma MATRIX partners, and also from the improved understanding of the issues that has occurred because of the transnational and multi-country implementation that occurred during the delivery of Roma MATRIX actions.

Practitioners

Lesson 1 - Legislation and regulation alone does guarantee access and equal treatment of Roma

Health services need to be made aware of, and possibly actively encouraged to act on, legislation and regulations designed to open up access to health services to Roma.

With a great deal of European-wide legislation and guidance on Roma rights in place, there is still a lot of work to be done to ensure that service providers do not discriminate in the delivery of services to Roma. Encouraging and helping Roma to access health services is important, particularly in settings where they are unfamiliar with the services and have had little or no previous contact with them, is important. But so is working with practitioners to ensure that they are aware of Roma rights and of any provisions that have been introduced to better enable Roma to access health services.

Policy makers

Lesson 2 – The integration of Roma health practitioners can be supported by mainstream service staff to the mutual benefit of both

There is considerable scope to assist both the integration and the competencies of Roma health workers by building bridges with wider service workforces.

Efforts to increase the number of Roma health practitioners need to be encouraged, and they can be supported at a low or no cost. Practices like linking new Roma workers with an established member of staff, through the use of mentoring or work shadowing practices, is a relatively easy and low cost way of quickly developing the confidence and skills of Roma who have not got a track record of employment. In this way their knowledge of how services work and what Roma need to do to better access them can be developed.

These practices also provide a way of breaking down barriers and stereotypes that may exist within mainstream service workforces where there is often considerable and entrenched discrimination towards Roma and other minority groups. In this way the potential of existing services to support Roma inclusion and integration are utilised. Service workforces become assets to integration rather than barriers. Roma, service organisations and their staff all benefit.

Lesson 3 – Championing health within Roma communities is not just a job for a few; many Roma women have a positive role to play

Developing the health skills and knowledge of women within Roma communities can be an inclusive, community building process.

Training sessions on health issues and health services targeted on Roma women can be both productive and fun. The training can cover a range of key health topics as well as being creative and interactive when dealing with topics such as healthy eating, cooking skills and how to enjoy physical activity. During these sessions there may be scope for Roma women to find out a lot more about what is open to them in the wider local community and to start to connect with these activities.

There is also the opportunity for community-based training sessions to go beyond the giving of information and the building up of knowledge on health issues among Roma women to become part of a larger community building effort. Where, for example, Roma start to get connected with a wider set of activities that they find out about through the sessions, there is the prospect of developing new social connections and networks.

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The research component of Roma MATRIX is investigating how the National Roma Integration Strategies (NRIS) and other policies focused on Roma inclusion and integration are being implemented and delivered within the 10 Member States. This has a particular focus on approaches to tackling anti-Roma racism, as well as exploring the progress being made in Member States around the key areas of concern to the wider Roma MATRIX project. Elements include:

- Ten 'country reports', one for each participating member state in Roma MATRIX written by various authors, considering thematic areas central to Roma MATRIX.
- The interim Roma MATRIX research report presents an overview of key issues raised by the authors of the 10 separate Member State Country Reports.
- Brown, P., Dwyer, P., Martin, P. and Scullion, L. (2014) Roma MATRIX Interim Research Report. University of Salford and University of York, UK.
- The final Roma MATRIX research report documents the empirical work and findings, which has involved more than 130 key stakeholders across 10 Member States, available in March 2015.
- Brown, P., Dwyer, P., Martin, P., Scullion, L. and Turley, H. (2015 Forthcoming) Final Research Report. University of Salford and University of York, UK.

All Roma MATRIX research is available at www.romamatrix.eu/research

For further information on the case studies from Roma MATRIX included in this guide and additional case studies, please go to www.romamatrix.eu/casestudies

For further information on Roma MATRIX visit www.romamatrix.eu

- Good Practice Guide 1: Reporting and Care Centres
- Good Practice Guide 2: Networks in Law Enforcement
- Good Practice Guide 3: Working with Children Leaving Care
- Good Practice Guide 4: Integration of Roma and non-Roma Children and Parents in Education
- Good Practice Guide 5: Employment of Roma
- Good Practice Guide 6: Cross-community Mediation
- Good Practice Guide 7: Roma Women Community Health Mediators
- Good Practice Guide 8: Roma Mentoring in Public Authorities
- Good Practice Guide 9: Roma Anti-Racism Campaign and Positive Images

All of the guides will be available at:
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This publication has been produced in English