

## Practice paper

# The medical social centres in support of Roma in Greece

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## ABSTRACT

Roma people form the largest ethnic-minority group in Europe. They account for around 10 to 12 million people, and they face racism, discrimination and social exclusion in most countries. The Roma population of Greece currently numbers around 250 000 individuals. They have Greek nationality and enjoy the same rights, privileges and responsibilities as any other Greek citizens. Nevertheless, Roma in Greece face multiple inequalities and social exclusion in terms of housing, employment, education, and health and social services.

In this report we present the outcome of a best-practice initiative. Medical social centres operate in 33 Roma settlements all over the country. These centres provide vaccination, health promotion, dis-

ease prevention and health education services, as well as support in issuing documents and making appointments with health and social services. We recommend that the National Strategic Framework for Roma 2012–2020 ([http://ec.europa.eu/justice/discrimination/roma/national-strategies/index\\_en.htm](http://ec.europa.eu/justice/discrimination/roma/national-strategies/index_en.htm)) builds on this initiative to provide comprehensive, cost-effective housing, employment, education and health services to Greek and undocumented Roma. Furthermore, Roma should be encouraged to participate in the creation of this policy.

**Keywords:** best practice, comprehensive policy, cultural diversity, medical social centres, Roma health, Roma in Greece

## Introduction

Roma people have been part of the population of most European states for over 1000 years, yet they remain marginalised and are viewed with distrust. Although the European Union has a responsibility to promote their social inclusion, and there has been a great deal of talk about what should be done, Roma continue to experience racism and discrimination in most European states, and there is a marked absence of strategies to address the problems faced by them (European Commission, 2012). The European Framework for National Roma Integration Strategies calls on governments to adopt a targeted approach to some specific problems. All Roma children should complete primary education, health inequalities should be reduced, access

to employment should be increased in line with local populations, and non-discriminatory access to housing should be promoted (European Commission against Racism and Intolerance, 2001). This paper describes the situation of the Roma people in Greece, and the development of one targeted initiative aimed at improving their health.

## The Roma people in Greece

Roma people have lived in Greece since the Byzantine period, and currently number around 250 000 indi-

viduals (Ministry of the Interior, Public Administration and Decentralization, 2010). This figure includes a significant number of Albanian and former Yugoslavian Roma who arrived in the 1990s, and an estimated 60 000 Roma travellers from Bulgaria and Romania who entered Greece as European Union citizens. Greek Roma have full citizenship, consider themselves to be part of Greek culture and society, and therefore do not see themselves as a 'minority' or an 'ethnic group.'

Greece has a responsibility to protect the rights of Roma citizens and other vulnerable populations, and to promote equality (Human Rights Watch, 2001; European Commission, 2011). There should be no discrimination against the Greek Roma (Decree 3304/05), yet they experience prejudice and exclusion in various areas of their lives, including housing, employment and education. Various governmental organisations and non-governmental organisations (NGOs) have worked with them on these issues since the 1980s, but with varying degrees of success, mainly because their work has been fragmented and uncoordinated.

In 1996, the Prime Minister established the first informal inter-ministerial committee which began to plan a National Policy for the Greek Roma. The Roma Intermunicipal Network for the support of the Greek Roma, the Panhellenic Federation of the Greek Roma and NGOs contributed significantly to the proposal prepared by this committee, which resulted in the National Policy and Measures for the Greek Gypsies Framework (ROM Inter-Municipal Network, 2011).

Furthermore, under the framework of the national policies and directions of the Third Strategic Development Plan 2002–2006, an Integrated Action Plan (IAP) for the social inclusion of Greek Roma was prepared, which incorporated all of the interventions that have been proposed and implemented by various institutions (Council of Europe, 2011), such as NGOs, municipalities, regions and the inter-ministerial collaboration that engaged in creating policies related to the Greek Roma, under the coordination of the Ministry of the Interior. This operational plan organises and classifies on two axes. The first axis gives priority to infrastructure in terms of housing, and the second axis plans service provision (education, health, employment, culture and sport) (National Commission for Human Rights, 2008). Roma information offices were operated by the respective municipalities, under the framework of Integra Multi Roma Action Hellas. With the support of the General Secretariat of Equality, these provided training programmes for Roma all over the country to promote their inclusion.

This paper presents an overview of the difficulties experienced by Greek Roma in accessing housing, education and employment. It then goes on to outline health and social care issues and the strategy launched by the Ministry of Health.

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## Housing

Greek Roma live in settlements all over the country, the largest of these being in Athens, Thessaloniki, West Peloponnesus, Thrace, Chio and Lesbos. They usually occupy vacant sites owned by the state, municipalities or public bodies (National Commission for Human Rights, 2008). Settlements contain a mixture of permanent houses (76%), shanties (17%), caravans (5%) and tents (2%). An estimated 22% of the dwellings lack basic facilities such as a bathroom, kitchen and toilet, and 24% lack electricity, a water supply, central heating and a sewage system (Arvanitaki, 2008). Efforts to improve this situation include the construction of prefabricated housing and connection to services such as electricity.

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## Education

Insufficient knowledge of the Greek language, lack of legal documents, family mobility, and bullying and harassment at school cause many Roma children to drop out of school (Mitakidou and Tressou, 2007). As a result, 38% of Roma are illiterate, 59% have not completed primary education, and only 3% have attended high school (Arvanitaki, 2008). Efforts to address the educational needs of Roma children have focused on integration by facilitating school registration, providing a travelling pupil's card, and the development of special teaching material. These initiatives are complemented by in-service training for teachers and administrative staff, sensitisation of public opinion, and a network of mediators. In May 2011 the first phase of Roma mediators training was completed, and 23 mediators from all over Greece participated (PRAKSIS, 2011).

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## Employment

Greek Roma lack qualifications and sometimes also legal documents, and consequently have limited opportunities for employment. The main occupations available to them are as seasonal agricultural workers (43%), musicians (12%) or other casual jobs. Some Roma operate mobile grocery, vegetable or linen shops (16%), moving around the country and selling at local festivals and farmers' markets. Around 15% of Roma people are unemployed. Overall, Roma have limited incomes, often live below the poverty threshold and are reliant on welfare benefits (Sountis, 2011).

## Health and social care

The socio-economic profile of the Roma people affects their health and contributes to ill health. Their life expectancy is 10–25 years lower and infant and child mortality are higher than those of the main Greek population (Neff-Smith *et al*, 1996; European Monitoring Centre on Racism and Xenophobia, 2003). Research in a number of settlements has shown high rates of hepatitis A and B, respiratory and cardiovascular diseases, obesity, and alcohol and drug abuse (Arvanitaki, 2008). Like the rest of the population in Greece, the majority of Roma people use hospitals to obtain health services, because of discrepancies in the primary healthcare system.

In 2002, in the framework of the IAP for the social integration of the vulnerable population groups, the Ministry of Health and Social Solidarity endorsed the *National Plan for the Protection, Empowerment and Psychosocial Support of the Greek Roma*, and initiated relevant reforms in the Hellenic legal framework, with the aim of introducing a comprehensive approach to the inclusion of Greek Roma (European Social Fund, 2011). This initiative was based on the establishment of medical social centres and mobile clinics. The operation of these has been very satisfactory and constitutes good practice (National Commission for Human Rights, 2008).

## Medical social centres

Starting in 2005, the Ministry of Health and Welfare established 33 medical social centres in Roma settlements and camps all over the country (Ministry of Health and Social Solidarity, 2011). These were launched to accommodate the Decade of Roma Inclusion action plans policy (European Commission, 2010). The centres were designed to provide direct and on-the-spot support for daily problems, to identify and systematically collect data on the actual daily needs of each community, and to support evidence-based planning for interventions. The overall aim was to empower Roma communities through coordinated support by multiple stakeholders.

Medical social centres are staffed by doctors, social workers, psychologists, home care providers and trainers. Roma mediators are employed to act as facilitators between staff and Roma. A holistic approach is used to address multiple needs not only in health and social care and housing, but also in employment and education (European Social Fund, 2011). Services include promoting public health, primary healthcare, wellness screening, pap smears for women, information about contraception, and rou-

tine vaccination for children. Since 2008 a total of 6300 vaccinations and 260 pap smears have been administered each year (Ministry of Health and Social Solidarity, 2011). Centre staff are able to facilitate access to and utilisation of the National Health and Social Care System by Roma; they also network and collaborate with local, regional and national public-sector agencies and NGOs. However, centres vary in what they provide. Some are well established and have a wealth of experience in working with Roma people, while others offer more basic services.

Furthermore, the activities of the centres include opportunities for education, vocational training, employment and housing (Medical Social Centres Network, 2011). The social workers assist families in obtaining food and financial assistance. They also facilitate their access to employment, education and housing services through the provision of information about job integration programmes, pre-training, training and employment promotion. Social workers can liaise with the Employment Agency to arrange for the issue of unemployment cards, and with other agencies to obtain licences to sell products at farmers' markets or to convert automobile registration for professional use.

Medical social centres are able to promote the value of education and liaise with the respective services to facilitate access. The introduction of schemes such as remedial tutoring, following the students' progress, and close cooperation with schools and teachers can help to reduce school drop-out rates. Since 2008, 4550 Roma children have enrolled in primary schools every year (Ministry of Health and Social Solidarity, 2011).

Centres may collaborate with institutions such as universities or centres for adult education to offer education and vocational training, with a focus on adult education through seminars, work-integrated learning, and workshops. Activities include literacy, Greek language, crafts, car mechanics, hairdressing and cookery lessons. Leisure activities for children include workshops, groups, games, sports, excursions and events. Creative activities for children are taught by the centre's staff, as well as by invited instructors, for classes such as painting, handcrafts, learning how to play musical instruments, drama, traditional dances and summer camps.

## Mobile clinics

Mobile clinics represent a joint initiative between the Directorates of Social Protection, the Ministry of Health and Social Solidarity, regions, the Health Divisions of the Prefectures, municipalities and NGOs. The Hellenic Centre of Infectious Diseases Control is responsible

for scientific supervision with regard to public health issues (Ministry of Health and Social Solidarity, 2011).

Three mobile clinics have been operating since April 2004 to complement the medical social centres. Mobile clinics employ a multidisciplinary group of professionals who visit the camps of dispersed Roma and perform clinical examinations and the vaccination of children, deal with social problems and report on living conditions. Each child is issued with a health book which is updated (or replaced if lost) during each visit. Mobile clinics can refer clients to hospitals or local Prefectures. When requested by the municipalities, a Gynaecological Unit can be accessed as well.

## Publicity and diffusion

An important element is the visibility both of the centres and of the mobile clinics. This requires the use of a dual strategy, namely to familiarise the Greek Roma with what is available in their area, and to promote awareness of and cultural sensitivity towards Greek Roma among the mainstream population. In schools, the introduction of fairy tales, books about the history and culture of the Greek Roma, educational videos and educational games has been used to promote understanding of Roma culture. Telephone networking, workshops and Internet forums have been developed as spaces in which centre executives have the opportunity to exchange views and share best practice (Medical Social Centres Network, 2011).

## Conclusions

The 33 medical social centres are fully operational in Roma settlements, but due to different levels of development, some centres are well established and the workforce has long-standing experience of the needs and expectations of the Roma community whom they serve, while others offer more basic services. However, despite all of the efforts reported in this paper, the results are not particularly promising, mainly due to the fragmentation of actions, a lack of public awareness, and insufficient participation of the Roma community; therefore more effort is needed to promote Roma inclusion. Participation of the Roma people in decision making about their future is essential, and they need to be encouraged to be more active in this respect.

The Integrated Action Plan lacks legal guarantees to safeguard against undermining factors such as inadequate administrative procedures, and civil servants

and state organisations acting sometimes in abuse of their power. Moreover, the programme of centres and clinics has not yet been evaluated. A formal evaluation is necessary to identify strengths and weaknesses and to inform future policy, especially in the light of recent financial constraints. The lack of data on the numbers of Roma people makes it difficult to plan and implement relevant policies. Policies should be based on systematic needs assessment of and data collection for the beneficiary population. In this context, municipalities should work to develop a register of the Roma and other vulnerable populations living in their area. As there are many actors working with Roma communities, stronger management and coordination may be needed, as well as more direction of efforts and resources towards anti-discrimination policies.

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#### CONFLICTS OF INTEREST

None.

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