



Addiction Prevention within  
Roma and Sinti communities

# Capacity enhancement of social and health workers

## WP6 final report



Co-funded by  
the Health Programme  
of the European Union





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## Capacity enhancement of social and health workers – WP6 final report

By SRAP Network  
[www.srap-project.eu](http://www.srap-project.eu)

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*This report reflects the views only of its authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.*



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## Introduction

This document presents the work implemented and the results achieved by the project SRAP – Addiction prevention within Roma and Sinti communities – under the Work Package 6 “Capacity enhancement of health and addiction services“. The project was co-funded by the Health Programme 2008-2013 with the aim to contribute to the addiction prevention of legal/illegal drugs among young Roma.

The Roma community in Europe shows great diversity. However, in general, their social and economic situation is more deficient than the average population, which strongly influences a worse health status. Also, their health is affected by prejudice and discrimination they have suffered historically and continue to exist towards these people.

National and transnational research conducted in the SRAP project further underlines Roma’s low access to services, in particular to health care and specific services related to drug use and prevention. The barriers in accessing services are of three types:

- Administrative barriers, such as the lack of medical insurance or residence papers
- Barriers related to orientation in the services system: many services against drug consumption or for managing health risks related to it are but specialized services. For a population where access to basic services is already problematic, awareness of specialized services might be even lower.
- Barriers related to lack of access to information: Roma often lack information on dedicated services; at the same time, also the services do not have information on health status, indicators, needs.

Given the scope of action of the SRAP partners, the project focuses on the third barrier. However, during the implementation of Work Package 6, it was highlighted the interconnection between the three barriers; the collection and exchange of updated knowledge on Roma might require a suitable organization of the services to allow the availability of information.

The ultimate aim of WP6 is to help removing some of the barriers faced by the Roma community in Europe to access to Health and Addiction Services, and thus to influence the reduction of inequalities in health that they suffer. To achieve this purpose the project SRAP has provided health professionals who work with the Roma community with practical information to enable them to know and understand the peculiarities of this culture, in particular their relationship to health and drugs, and tools to enable them to improve their skills in working with the Roma community and its youth.

The project partners that implemented the Work Package 6 are:

Spain: Fundacion Secretariado Gitano implemented the training in Vigo and was responsible for the overall co-ordination of the work package

Italy: the training was organized in Bologna and Venice by the Municipality of Bologna and the City of Venice

Romania: Fundatia Parada implemented the training in Bucarest

France: Hors la Rue Association organized the training in Paris

Bulgaria: the Health and Social Development Foundation (HESED) organised the training in Sofia and the Roma Public Council Kupate (RPC Kupate) in Plovdiv



Slovenia: RIC Novo mesto organized the training in Novo mesto.

This report covers the experience of all partners and summarized the trainings implemented, the lessons learned, the recommendations for its implementation and replication in other contexts and countries.

The actions performed under Work Package 6 integrate the prevention method adapted and tested under Work Package 5 and together they form a multidisciplinary and transferable approach that combines resilience building of young Roma and the enhancement of the capacity in intercultural response of healthcare and addiction/prevention professionals.

The problem of prevention in Roma populations is complex; socioeconomic inequalities lie at the core of vulnerability, and drug consumption is just one of a number of behaviours — including for instance poor diet and lack of exercise — that may link low socioeconomic status and ill health. Our long experience shows that solo actions like pure drug prevention are less effective compared to interventions combined with other developmental actions.

The right to health has many dimensions: availability, accessibility, acceptability and quality of health services<sup>1</sup>. SRAP promotes the access to and the acceptability of healthcare: bridging the gap between young Roma and the healthcare system and the services of addiction treatment and prevention means not only to conduct research and analyse data, but also to face problems of communication and stereotypes, scarce awareness of rights, rules and risks, little knowledge on how to approach patients with a different cultural background, lack of mutual trust, structural barriers, little flexibility and adaptability of services to an audience whose needs are often interconnected and would need an integrated intervention of various services usually not working together (social, health, prevention, employment, education, housing etc.).

The project uses the term 'Roma' for sake of brevity; however, we recognise the great diversity within the different Romani communities in Europe (Roma, Sinti, Travellers, Kalè, Gitan, Manouches etc). The project addresses the whole community of 'Roma' with no distinction of language, culture, history, religion, education.

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<sup>1</sup> UN Economic and social council, *Substantive issues arising in the implementation of the International Covenant on economic, social and cultural rights*, General Comment No. 14 (2000) The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights). (<http://www.cetim.ch/en/documents/codesc-2000-4-eng.pdf>) WHO, Human rights, health and poverty reduction strategies, 2008

## Chapter I

### Description of the method

Healthcare in the European Member States is provided through a range of different systems run at the national level. The European Union has no direct administrative responsibility in the field of healthcare, its role is to complement national policies and to encourage cooperation between Member States. The definition and application of health policies is an exclusive competence of the Member States. Therefore, EU action shall not include the definition of Europe-wide health policies, nor the organization and provision of health services and medical care. The SRAP project, like any other European project, was faced with the challenge of developing a common and transferable method that could take into account this diversity of policies and systems.

Different are also the Roma populations in Europe. The great variety of these populations, both at national and local levels, is reflected in the SRAP project; the experience and competences of the partners organizations cover some of these differences: Roma living in large settlements, Roma street children and Roma and Sinti living in small settlements. Therefore, the local health and social services deliver care that differ from country to country according to the different healthcare national systems, and have to take into account different needs and characteristics of the local population.

Any European project has to consider these differences and develop methods and solutions that are European in their scope and aim and, at the same time, can be applied in different contexts.

#### *Methodology*

In spite of the great diversity of services and Roma populations in the SRAP countries, we could develop a common method for improving the capacity of the services to deliver care to Roma populations.

Common to all our countries was the difficulty of the Roma to access the services, which was matched by a general difficulty of the services to provide proper care to these populations. The need for culturally responsive health services was the *common denominator* of our action. The method we implemented in six countries shared the same aim, while it differed in the local actions to reach this aim: each partner implemented training actions that differed slightly in the contents and duration, according to the different contexts.

The aim of Work Package is to develop and implement a method to strengthen the capacity of health services providers to work with the target group and to facilitate access to health and addiction services by young Roma. An inter-cultural approach has been used to work towards bridging the gap between the Roma community and the mainstream health sector. The project has tried to encourage the Roma youth to use the existing health addiction and social services and to promote the inclusion of the needs of Roma into the mainstream practice on addiction prevention.

The sharing of the same aim and the flexibility in the application of the actions has two advantages:

- it allowed us to evaluate the method
- it allows its transferability to other countries and contexts.

The stages of this work package has been the following:

**Stage 1 - Design of the intervention:** The intervention and plan has been defined by Fundación Secretariado Gitano (ES) taking into account: the findings of the action-research carried out in Work Package 4, the different health systems in the partners countries and existing best practices of multicultural health training.

**Stage 2 - Implementation and training:** Activities have been carried out in all the partners cities: organization of multi-cultural local information workshops for healthcare and social workers, detailed planning of the training, preparation of information and training material. The trainings have been supported by experts in Roma and health issues.

**Stage 3 - Results and communication/dissemination:** The project has used the following communication channels: health practitioners, outreach workers, Roma peers, stakeholders networks. The results have been presented and discussed during the final conference, in the final publication, the web and through the activities and different channels of each partner of the project.

The training workshops were organized in each country to sensitize health services providers on the distinct needs of Roma, inform them on the implication of these needs, create awareness of drug use within the Roma communities and the effect of discrimination, racism and inequalities in these communities. Every partners country had different number of meeting / sessions. The trainers were mainly SRAP local partners, experts in Roma cultures, experts in prevention and drugs, experts in health to guarantee a multidisciplinary approach. The participants to the training were social workers, general practitioners, nurses, health mediators, member of selected NGOs working with Roma, civil servants, medical students, socio teacher and psychologists. The main topics are mentioned below.

- Culture and value of the Roma communities
- The findings of the SRAP action-research
- Communication between Roma communities and services
- Health of woman and child: use and abuse of alcohol and drugs
- Prevention of the use of drugs and alcohol in Roma teenagers
- Prevention of the use of drugs and alcohol in youth and adults
- Prevention of the effects of drug use

The evaluation of the workshop was done by questionnaires of self-evaluation of the expectation and self-evaluation of the learning, the same for all trainings.

## Training tools

The training package developed by SRAP is made of a *Handbook* used by all partners, integrated by local training materials.

The *Handbook Health, prevention of addictions and Roma youth in Europe: a handbook and actions for practice* provides a theoretical framework underlying the practical proposal to work with health professionals. The methodology is based on a dialectic proposal, from the knowledge, understanding and practice of health professionals regarding the Roma community (mainly the youth), their health and drugs. The *Handbook* analyses their social reality, their culture and their relationship with health and drugs, and offers elements to improve the social care practice and to facilitate the access of Roma to the services.

The *Handbook* consists of two integrated parts: the first, ***Handbook for Practice***, contains the basic contents and the second, ***Actions for Practice***, presents the didactic proposal which can be used in a flexible

The **structure** of the *Handbook* coincides with the proposed Methodology:

- 1) The first part is about "what we know", "what is spoken", "health practice" in relation to Roma, based on existing studies and researches, as well as how these ideas affect the health systems.
- 2) The second part provides data available on the social reality of the Roma community in Europe, key cultural elements, as well as some fundamental ideas in relation to health and drugs.
- 3) The third part, "Return to Practice", offers practical and theoretical tools to incorporate information on the sociocultural situation of the Roma community into the health systems, into the professional practice and in the design of prevention programs of drug addiction for Roma youth.

It consists of a total of 10 sessions (grouped in three thematic blocks), lasting approximately one hour each session. However, the training process also contemplates other alternatives, as *itineraries*, which can adapt to different contexts or situations in relation to possible constraints (of time or resources) to address all sessions or dynamic. These alternative routes allow to use the modules separately, depending on the profile of the participants, the time and the contents most relevant to the participants (with varying degrees of completeness).

Another advantage of this flexible approach is that the *Handbook* is a tool not only for the healthcare services: it can be used by healthcare workers of various services, but also by social workers – the multidisciplinary approach of the SRAP method was applied also in this tool.

To prepare this *Handbook*, existing literature has been consulted in the following areas: drug prevention, Roma and health. There have been interviews with professionals who regularly work in these areas. Finally, the contents and the methodology have been tested with a Local Stakeholder Advisory Committee composed by experts, which allowed to complete and validate the tool.

The *Handbook* is available in the following languages: English, Spanish, French, Bulgarian, Slovenian, Italian (selection of chapters).

## Chapter II

### Local Reports

#### 1. *Description of the target group*

##### **Spain (Fundación Secretariado Gitano)**

The training was targeted to health professionals working in primary care centres in hospitals and emergency services, as well as Service Centres and/or Prevention of Drugs Consumption.

##### **Bulgaria (Health and Social Development Foundation - HESED)**

The target group chosen for the WP6 training included health and social professionals (medical doctors, nurses, laboratory assistants, psychologists, psychiatrists and pedagogues) and para-professionals (health mediators and outreach workers) with Roma origin working with and among the Roma communities on the territory of Sofia city and/or have experience in the field of drug addiction prevention and treatment.

This target group was chosen according the following criteria: (1) previous experience and/or interest in the training topic; (2) previous experience in working with Roma clients/community; (3) previous experience in drug prevention and treatment.

##### **Bulgaria (RPC Kupate)**

According to the aim of the project and Work Package 6, the training was addressed to nurses, medical doctors, social workers, university students of medicine, Roma mediators and civil servants.

##### **France (Hors la Rue Association)**

Our target group for the training was composed of professionals from public health institutions (hospitals, specialized services to fight against drug abuse), general practitioners, but also professionals working on the field (NGO's or public services working on health issues, prevention and/or with Roma communities).

##### **Slovenia (RIC Novo mesto)**

The following were invited to participate in the training:

a) Health workers:

- at the Health Centre Novo mesto: Department of Paediatrics, Department of Gynaecology, Centre for Addiction Prevention and Treatment, Department of Psychiatry, Department of General Medicine, Emergency Department),
- at the General Hospital Novo mesto, and
- Students of the School of Health Sciences Novo mesto;

b) Professionals working or dealing with the Roma community:

- Primary School Bršljin
- Primary School Šmihel
- Primary School Drska
- Primary School Grm Novo mesto
- City Municipality of Novo mesto
- Social Work Centre Novo mesto

- Association for Developing Voluntary Work Novo mesto
- Police Directorate Novo mesto
- Roma councillor Dušica Balažek
- Employment Service of Slovenia, Novo mesto regional office
- Development Centre Novo mesto
- Regional Initiative to Resolve Roma Problems

We presented the training opportunities to all organisations mentioned above, whereas the training was later implemented in organizations which showed the most interest.

### Romania (Fundatia Parada)

The training session realized by Parada Foundation in collaboration with Carusel Association on 14 and 15 February 2013 was focused on addiction and prevention of drugs within the Roma Community. Drug use in Romania is more frequent in the 15-25 years age group. In Romania exist an important segment of Roma drug addicted which are "neglected" or unknown. From the geographical point of view, Bucharest is a leader in what regards Roma drugs users as well.

### Italy (City of Venice)

The SRAP project addresses Roma and Sinti people (especially youngsters and their families) living in Municipality of Venice that need special social and health support due to difficult social and economic situations. The WP6 training course was addressed to health and social workers who have direct contact with Roma and Sinti families inside public services and projects in the Municipality of Venice.

### Italy (Municipality of Bologna)

The training involved 30 participants. We involved both healthcare workers and social workers – who work with the same target - in order to improve collaboration between different services, procedures and ways of supporting Roma and Sinti. 15 people came from the Healthcare services and 15 from Social Services. We had 25 participants on average during the sessions.

The categories involved were:

- Family doctors (GPs) who work in the Sinti areas of Bologna;
- Volunteer doctors who work in an association in Bologna dedicated to poor peoples, homeless etc;
- Social workers of a service dedicated to young people and teen-agers in Bologna;
- Social Cooperatives that work with Roma and Sinti in education programs;
- Social workers, doctors, nurses and other professionals that work in hospital, in drug addiction prevention, in emergency staff etc.

During the first lesson the participants filled in a questionnaire about their everyday job and the relevancy of Roma and Sinti target; this served us and the trainers to make the contents more relevant to the participants.

Concerning my profession, working with Roma and Sinti is:	
Not present at all	2
Slightly present	14
Rather present	8
Present	7
Very present / I work almost only with Roma and Sinti	1

## 2. Description of the problem

### Spain (Fundación Secretariado Gitano)

The Roma population is so heterogeneous that it is very difficult to design interventions. In situations of social exclusion, profiles are very different, and they might only have in common the context in which they live.

Traditionally, services are focused on offering care for drug addicts, and there was virtually no prevention work aimed at the younger population, while preventive work was excluded from national health programs, thus only developed by private bodies. When a person had drug problems, accessing services meant that the problem would just “go away”. The image of services was that of outpatient settings, “detox” structures.

It has also traditionally been a taboo subject, that could have incorrect political connotations (social rejection by the existence of centres for drug addicts). This might be a reason for the low knowledge about services among Roma.

Services were invisible to the target population, and kept hidden in their actual locations. Such structures are seen badly in the neighbourhoods, as the perception is that the number of addicts in the area will rise and that crime would increase. The stigmatization of care centres hampered the standardized approach to services. Currently there is a general rejection and poor visibility of the centres that affects knowledge about these by the population, especially the youngest.

There are difficulties in working together with other services and there is a lack of adaptation of the resources in the care of the Roma population. Currently, lack of economic resources put prevention and substance abuse care in a second place.

One other barrier that professionals ignore certain cultural codes (e.g. those of the Roma from Romania), and are thus poorly adapted to give attention to specific groups. Professionals assume that Roma people are different, care services for drug addicts were not designed to work with women, while developing cultural knowledge is highly necessary.

### Bulgaria (Health and Social Development Foundation - HESED)

According to the research conducted within the framework of SRAP project the following results and findings could describe the situation in Fakulteta Roma neighbourhood related to the ATOD consumption patterns among Roma youth:

- It is necessary to raise the awareness of Roma youth on all aspects of the behaviour of addiction. Individual and group work is needed for developing (1) skills for self-monitoring, self-reflection and self-control, (2) more effective coping strategies for frustrating everyday situations, (3) internal motivation to stop the drug use and to overcome the behaviour of addiction and (4) skills to plan and achieve long-term goals;
- The most powerful change in the behaviour of adolescents can be achieved in changing the norms in the circle of friends and by the development of adequate communication skills related to this topic in the family members – between the parents and the child as well as between the wife and the husband;
- In the field of drug use prevention among Roma community it is crucial to improve the level of correct knowledge about the essence and the impact of the ATOD for the human physical and mental health;
- The drug abuse treatment services are known only by the IDUs - heroin addicted participants. The methadone programs and the harm reduction programs for needles and syringes exchange are the only well known programs due to their settlement in the Fakulteta Roma neighbourhood.
- The psychological support in the process of the treatment is poorly known and underestimated. Thus, it is important to improve the knowledge about the whole treatment process and about the existing drug abuse treatment services and professionals in the field.
- Using positive role models among the youth favourite celebrities could be effective intervention in the process of identity development of the Roma youth.

Moreover, recent statistical data from Ministry of Health HIV/AIDS/STI prevention programs and VCTCs show that the number of HIV/STI positive people in Bulgaria has been increased rapidly for the past several years and a significant percentage of them are young Roma men. Thus, the specialists working in these programs and VCTCs need updated and correct information related to the topic and on-going qualification for adequate communication styles with Roma clients.

### **Bulgaria (RPC Kupate)**

The main problem faced by the target group is the scarcity of information about Roma tradition and culture. The approach to drug use among Roma population is usually focused on security and law enforcement, while ignoring health.

### **France (Hors la Rue Association)**

After receiving the *Handbook*, we organized a meeting with the two main trainers (Olivier PEYROUX and Martin DUTEURTRE) in order to present the document and discuss with them relevant subjects to develop, and how to organize the training sessions in order to make them more attractive and of course useful for the potential target group of professionals.

We decided to divide the training in three parts:

- first session (full day) for introduction and to present the situation of the Roma community in France from a cultural and social point of view (facilitator: Olivier Peyroux);
- second session (full day) related to practical issues of health professionals, communication issues and development of mediation attitudes and tackling conflicts (facilitator: Martin Duteurtre with his colleague Livia Otal);
- third session (half-day) related to drug issues and synthesis of the training (facilitators: Olivier Peyroux & Martin Duteurte)

Olivier PEYROUX is an expert in issues related to Roma community in France and also in Romania. He has been working in Romania for several years. Currently, he conducts evaluations on the situation of Roma community living in sub-urban settlements in France (Paris and Lille) in order to provide information to local authorities.

Martin DUTEURTRE is a Doctor and the coordinator of the Roma mission in the French NGO « Médecins du Monde » (Doctors of the World).

Livia OTAL is an anthropologist and coordinator of the Roma mission in the French NGO « Médecins du Monde » (Doctors of the World).

Hors la rue has organized the training sessions on February 15 (full day), April 8 (full day) and April 12 (half day).

### **Slovenia (RIC Novo mesto)**

By working with the Roma and especially upon meeting the professionals, who are working with the Roma in different services of the local community, we found out that the workers have little knowledge about the specifics of the Roma community and have difficulties in communicating with the Roma due to mostly negative experience. The local health workers specialised in addiction prevention are lacking information about the health status of the Roma. Furthermore, it became evident that workers are not familiar with the Roma culture, value system, lifestyle and Roma customs. However, preventive actions and awareness raising about the adverse effects of drug abuse often end in failure because cultural differences are not taken into account. For this reason, it is highly questionable that planned preventive actions or other forms of assistance will bring the expected results if the attitude of Roma community

towards addiction and health issues is not considered beforehand. Therefore, the contents mentioned were included in our training programme.

On the other hand, the project showed that young Roma are aware of their lack of adequate knowledge about the harmful effects of drugs and possible forms of addiction assistance in the local community. To tackle the identified problems in addiction treatment among young Roma, we have started with laying the groundwork for intercultural understanding. Thus, we designed a modular training for professional workers dealing or working with Roma youth with an emphasis on Roma history, culture and intercultural communication.

### **Romania (Fundatia Parada)**

The use of the drugs by the Roma Community is a main problems in Romania. There are many causes of drug use by the community Rom: the first cause is the poverty. Poverty in Roma communities is one of the causes that drive Roma to become drug consumers. In some urban Roma communities (Bucharest – Ferentari, Rahova) a great number of poor Roma become an easy target for the dealers. Blinded by certain material advantages that can be easily obtained, they also become dealers. For the dealers, to sell drugs is an easy job to do and the money is considerable. Still, in 99% of the cases, dealers are drug addicts as well. One cannot be a dealer and don't take drugs in the same time. You have to prove the customers/ clients that your merchandise is the best. The second cause is the curiosity associated with the desire for strong sensations. The third cause is the confusion about their identity, culture, lack of integration into the majority communities or the attitude of majority population towards them (at school, public places). Finally, the legislative inconsistencies, the way the current legislation is applied, obstacles when eliminating the phenomenon:

- The inexistence of a complete therapeutic system appropriate for the treatment of addicts;
- The insufficient number of specialized personnel at local level.

Roma drug addicts do not have access to care services and treatment, nor do they benefit of the harm reduction programmes. This situation is generated by the lack of confidence and information among the Roma, and the incompetence of the care-take facilities to adapt themselves and to reach this kind of population, lack of medical insurances.

### **Italy (City of Venice)**

There are some common problems concerning the relationships between Roma/Sinti families and the social and health services. These can be summarized as follows:

#### about Roma and Sinti in Venice

- a quite widespread distrust towards public institutions and services;
- some specific socio-cultural features (extended families, importance of the elders, etc...) that are different from the "gadji" ones and that have an influence also in the relationship with the health system;
- some specific ideas and habits concerning health, illness and death that have a direct effect in the access to social and health system (high use of Emergency Rooms, influence of religious groups, lack of prevention, taboos concerning women and in particular girls, etc).

#### about social and health professionals

- lack of knowledge (or limited knowledge) about Roma and Sinti history and the current social and economic situation of Roma and Sinti in Italy and Europe (including situations of segregation and social exclusion);
- lack of information (or limited information) about the relationships between Roma/Sinti and the social and health system;
- lack of appropriate tools (or limited tools) to face and solve some common situations and problems that can happen inside health and social services with Roma and Sinti people;



- limited opportunities to share experience, opinions, proposals and information among health and social professionals

### **Italy (Municipality of Bologna)**

There is no specific National health policy for Roma and Sinti, as the National Health System has a “solidaristic and universal character”. Still, access to health services for non-citizens is determined by the legal status of the person - regular or irregular migrant, resident or non-resident. For resident Roma and Sinti, the services of the National Health System are fully available, including hospitals, medical centres, general practitioners, specialized practitioners and the SERT (services for addictions). Non-resident citizens, instead, only have the right to emergency services, but can access private, charity structures or low threshold services.

Access to social services is also conditioned by having regular residence in the city, except for urgent actions or actions that cannot be directly carried out by the state or region of residence.

Distance between specialized services and the Roma communities has been attributed to scarce knowledge of Roma and Sinti, but also to the limited intercultural capacity of the he services. On the other hand, the ones who already had contacts with SERT (assert their usefulness and would recommend it to others in case of need.

## **3. Resources needed – staff, time, materials, financial resources etc.**

### **Spain (Fundación Secretariado Gitano)**

The training was developed in one of the meeting rooms of Meixoeiro Public Hospital located in the city of Vigo. The staff members involved in the training were a total of five; Nuria Rodríguez, Natalia Gómez, Fernando Montoya, Rebeca Florez and Lorena López. It was an intercultural team made of Roma and non Roma professionals. For its part Carlos Ancona was in charge of coordinating the training and developing key parts of it.

The training took place the 21<sup>st</sup> of May from 9:00 to 15:00 hours. We used the medium thematic path mentioned in the *Handbook* with a duration of 5 hours and 20 minutes. The object was to give a complete view of the main contents of the *Handbook*, including enabling dynamic reflect more deeply on the concepts and main ideas.

Financial resources were need for the trainer and the organisation (catering etc.).

### **Bulgaria (Health and Social Development Foundation - HESED)**

The needed resources for all stages of the training (organizing, conducting and reporting) are:

- Staff:

The organizing of the training required a coordinator to negotiate the time, the trainers and the program, the room and the catering; to contact, inform and officially to invite the participants and the administration of the institutions where some of the participants have worked. There was needed translation (English/Bulgarian) of the *Handbook* and the evaluation forms.

The training conducting required two facilitators from HESED (Radostina Antonova and Boyan Vasilev), experienced in Roma issues and group dynamic and two trainers (Rada Naslednikova and Ivaylo Raynov) experienced in addiction prevention and treatment practices (including motivational interviewing). The high level and the wide range of expertise gathered in the group needed a reciprocal expertise in the trainer's team.

The reporting (description, analysing and summarizing of the training process and results) required the team work of all four trainers.

- **Time:** about two months were needed for the whole process (one month organizing, 3 days conducting and two weeks for describing, analysing and summarizing the training results in the present report).
- **Materials:** the *Handbook* and the resume of the WP4 research were given to the participants on CD's; for the training were needed the usual materials (markers, paper, pencils and flipchart).
- **Financial resources:** financial resources were needed for internet and phone contact with the participants, for room and catering, for above mentioned materials, for materials translation, for printing of evaluation forms and other needed documents, for trainers' fees.

### **Bulgaria (RPC Kupate)**

The main tool we used is the *Handbook* that we translated into Bulgarian and distributed to all participants. We also prepared information and training materials from the action-research (WP4) and prevention (WP5). We also distributed reports in local languages on how to relate and provide services to young Roma. It was important to use training materials in Bulgarian, so we had to allocate resources to the translation.

### **France (Hors la Rue Association)**

The Hors la Rue's staff members involved in the organization and present at the training session was composed of Séverine Canale, Morgane Siri, Julian Varga, Martina Andreeva, Mathilde Archambault. Three interns also took part in the training.

We organized the training during two meetings with Hors la Rue's staff members involved in the project and with the trainers. In all, we spent 5-6 working days for a documentation and coordination work.

The spending is related to: remuneration of the trainers; translation of the handbook in French; translation of the annex for the *Handbook* related to the situation of Roma in France; stationary and coffee breaks.

### **Slovenia (RIC Novo mesto)**

Individual modules were implemented for the following target groups:

- Health Centre Novo mesto: Intercultural communication module,
- Social Work Centre Novo mesto: Intercultural communication module,
- Primary School Bršljin: Intercultural communication module,
- Young Roma: modules Preventive workshops for Roma representatives and Providing information and awareness raising among Roma about forms of assistance offered by health and social work organisations.

Suitably qualified experts were involved to implement the training modules:

- Jožek Horvat Muc for the module Specifics of the Roma community in Slovenia,
- Iris Fink Grubačević, MSc, for the module Intercultural communication,
- Meta Gašperšič, Mojca Šenica, Metka Uršič and the DROGART group for the modules Preventive workshops for Roma representatives and Providing information and awareness raising among Roma about forms of assistance offered by health and social work organisations.

The training started in April after we had obtained the project leader's consent to extend the training implementation, and ended with implementation of individual modules in May and June until all funds were used.

Module	Target group	Place of implementation	Number of participants	Date of implementation
Specifics of the Roma community	Health workers, social workers, other professional	Novo mesto	75	16. 4.2013 (5 hours)

in Slovenia	workers at organisations involved, health care students			
Intercultural communication	Health workers of the Health Centre Novo mesto	Novo mesto	11	19.4.–29.4.2013
Intercultural communication	Social workers of the Social Work Centre Novo mesto	Novo mesto	14	17.5.–31.5.2013
Intercultural communication	Social workers of the Social Work Centre Krško	Krško	15	6.6.–22.6.2013
Intercultural communication	Professional workers of the Primary School Bršljin	Novo mesto	20	14.5.–11.6.2013
Young Roma representatives	Invited young Roma	Novo mesto	108	4.4.–9.5.2013
Total participants			243	

External experts who were paid from project funds implemented the trainings together with project members and volunteers (Metka Uršič and Mojca Šenica).  
ICT tools (laptops, projectors and internet), flip charts, post-it notes, boards, whiteboard markers etc. were used to implement the trainings.

### **Romania (Fundatia Parada)**

#### Staff

The training workshop was coordinated by Parada Foundation and organized by Carusel Association. The figures of staff by Parada involved in the coordination of the workshop were: the project coordinator, the researcher, the social assistant, the psychologist, the financial responsible. The figure of staff by Carusel Association involved in the organization of the workshop were the coordinator of the Association, 1 researcher and 2 assistants. Then the Carusel Association involved 15 experts in the training sessions to speak about addiction and prevention of consume of drugs in Roma Community.

#### Time

The workshop was organized on 2 days: 14 and 15 February 2013, from 9.30 to 17.30 in 10 Lirei Street, Bucarest.

#### Financial Resources

Parada Foundation subcontracted the organization of the workshop to Association Carusel, as previewed on the budget line of the SRAP Project. The financial resources previewed by the budget were used to invite experts in two day of the training sessions, rent the room, realize folders and leaflet with more information about the participants of the training sessions.

### **Italy (City of Venice)**

The three sessions were conducted by Davide Carnemolla (social worker of GEA Cooperative) and Loris Levak (representing Roma community) and Carmelo Coco, president and vice-president of association Rom Kalderash. This association works in Venetian area to promote rights of Roma and Sinti through direct support to children and organization of events and information campaigns about Roma and Sinti society, culture and current situation in Italy and especially in Veneto and in Venice. Thanks to their

participation it was possible for participants to get more information about Roma and Sinti and to do more useful and more complete debates and activities during the sessions.

The used material were: sheets to write notes and personal contributions, power point presentations, final questionnaire and a USB flash drive for each participants (given the last meeting) with all the materials of SRAP project.

The financial resources were employed to pay the two members of association Rom Kalderash, to buy the USB flash drives for all participants and to offer a buffet after each meeting. In addition to it, some additional working hours have been added to Davide Carnemolla (GEA Cooperative) used to organize, prepare and conduct the three sessions.

### **Italy (Municipality of Bologna)**

The teaching staff was selected for its multidisciplinary skills in:

- Roma and Sinti culture, integration projects of the municipality of Bologna (1st lesson);
- Educational path with Roma and Sinti population (1st lesson);
- Immigration law;
- Obstetrics and gynecology;
- General medicine, prevention services, chronic diseases;
- Drug addiction, alcoholism, psychiatric fragilities.

Work experience with Roma users was requested, as a special skill, to all health workers. All teachers were asked to present a case study to discuss in team work with the participants. Direct experience with Roma and Sinti people was a fundamental requirement in the teacher selection.

Furthermore, two professional workers, with direct experience in team working, were selected to act as tutors and co-ordinate the team work.

A colleague of the AUSL of Bologna carried out the administrative support of the training and supervised the assignment of the ECM credits.

Referring to materials, all teachers were asked to prepare a presentation, in order to put together educational material suitable for the students and to be used as reference.

A model for team working and team working management (attached below) was produced for the training course, aimed at creating a final report.

Among the personnel there were also two class-tutors who attended every lesson: the first tutor, working on behalf of the SRAP project, was in charge of facilitating debates and submitting questionnaires. The second tutor, coming from the local health public authority (AUSL) of Bologna, was in charge of managing the meetings and keeping the attendance sheet in order to appoint ECM credits (lifelong learning credits in health) to the participants who had attended at least 75% of the lessons and passed the final examination.

## **4. Description of the training**

### **4.1 Recruitment and motivation of the participants**

#### **Spain (Fundación Secretariado Gitano)**

Vigo team made the dissemination among the health administration in the region of Galicia. It was disseminated also to social organizations linked to health services among Roma community. On the other hand the complete information of the training (leaflet and registration form) was published in FSG's website so that professionals could register online: <http://www.gitanos.org/actualidad/agenda/99083.html>.

#### **Bulgaria (Health and Social Development Foundation - HESED)**

The participants were highly motivated to participate in the training. HESED works in close cooperation with the Sofia municipality, National Centre for Addictions (NCA), Sofia Regional Inspectorate for Control



and Protection of the Public health, VCT Voluntary Counselling and Testing centres (VCTC), other health and social services, professionals and NGOs working in the field of drug prevention and treatment, health promotion and HIV/STI prevention among Roma communities. HESED's trainers are known as highly qualified national consultants and trainers of professionals and para-professionals in the field. The team Rada Naslednikova and Ivaylo Raynov has many years of experience in the field of addictions prevention and treatment and has extensive practical expertise in motivational interviewing method.

The HESED's SRAP team (personally or by e-mail) contacted the following organizations and persons: Sofia municipality, National Centre for Addictions, Sofia Regional Inspectorate for Control and Protection of the Public health, VCT (Voluntary Counselling and Testing) centres, health mediators and general practitioners in the Roma neighbourhoods, Ministry of Health and The HIV/AIDS Prevention and Control Program (funded by the Global Fund for Fight AIDS, Tuberculosis and Malaria). Each contacted organization sent its representatives to the training. The team of the National Centre for Addictions provided its facilities available to the HESED team for training purposes. Representatives of Sofia municipality, National Centre for Addictions, Sofia Regional Inspectorate for Control and Protection of the Public health have participated within the work frame of the SRAP project as members of the Local Stakeholders Advisory Committee and they were highly interested in the SRAP's results.

The days of the training (28<sup>th</sup> of February, 1<sup>st</sup> and 4<sup>th</sup> of March) were negotiated and agreed with the administration of the NCA.

#### **France (Hors la Rue Association)**

We contacted Hors la Rue's partners working on issues related to drug abuse and/or with Roma communities, but also other institutions by email and by telephone after a brainstorming with the trainers. All interested professionals were contacted before each of the sessions in order to confirm their participation.

#### **Slovenia (RIC Novo mesto)**

The training opportunities were introduced to the participants during the introductory module Specifics of the Roma community in Slovenia, and to the directors of individual organisations personally or via telephone. Subsequently, information in writing was also sent. After harmonizing the training purpose and goals the management of individual organisations presented the training programme to their employees and collected the employees' registrations to attend the training. Further programme coordination was undertaken by each organisation's coordinator.

The SRAP project and achieved results were introduced to the participants during the training implementation.

#### **Romania (Fundatia Parada)**

The participants of the training sessions were recruited in NGO and in the Faculties of the University of Bucharest that address the problem of the consume of the drugs on Roma Community. It was not necessary motivate this person to participate in the workshop because they were very interested to improve their professional and study experience.

#### **Italy (City of Venice)**

The participants were chosen among social and health professionals that work inside the public services and that meet (more or less frequently) Roma and Sinti people. Among them there were also social workers and educators that carried out or are carrying out social projects addressed to Roma and Sinti.

#### **Italy (City of Bologna)**

Two awareness channels were followed in order to recruit the participants.

The local health public authority (AUSL) of Bologna included the SRAP training in the annual training catalogue for its employees.

Every year all health professionals must attend training courses and can choose among different topics from the catalogue prepared by the training office of the AUSL of Bologna. The SRAP training was

organized and included in this catalogue thanks to the full support and co-operation of the director of the AUSL training. Therefore at the end of the training, all participants fulfilled a questionnaire to verify the skills acquired and have the training accredited for the achievement of the ECM credits (lifelong learning credits in health). The integration of the SRAP training in the training catalogue of the AUSL was an instrument to acknowledge the skills achieved and motivate the participants.

Referring to social workers, their participation was promoted by the local services of the City Districts which were in charge of publicizing the course and evaluating the applications.

Some participants came from NGOs that work with Roma and Sinti in Bologna, they are in the contacts network of the Municipality and Dolce: they received news on SRAP and were involved in the communication and dissemination of the project since its beginning.

#### 4.2 *Brief description of the groups*

##### **Spain (Fundación Secretariado Gitano)**

There were a total of 27 participants of whom 11% were men and 89% women. The average age was of 38 years. All of them were Spanish from the region of Galicia (North West Spain) and with experience working with Roma population in the health area. No Roma received the training as professionals.

29% of participants worked in public health care services and the rest at NGO's. Their professional profile was made of: social workers, mediators, psychologists, outreach workers, nurses.

##### **Bulgaria (Health and Social Development Foundation - HESED)**

The training group consisted of 14 participants with different professional background: medical doctors, nurses, psychiatrists, psychologists, social workers, sociologist, pedagogues, and health mediators with Roma origin. The invited organizations have participated with the following representatives:

- Ministry of Health and The HIV/AIDS Prevention and Control Program – the national long-term consultant of Objective 9 “HIV/AIDS prevention and control among MSM (men who make sex with men) community”
- Sofia Municipality
  - o Local Commission against Anti-social Acts of Minors and Juveniles (2 representatives)
  - o Health mediators (2 participants)
- National Centre for Addictions – the leader of the consulting team
- Sofia Regional Inspectorate for Control and Protection of the Public health -
  - o Health promotion department (2 representatives)
  - o VCTC (1 representative)
- VCT (Voluntary Counseling and Testing) centers – one consultant
- NGOs – representatives of five NGOs - outreach workers and consultants in medical mobile units (MMU) working among Roma communities, Commercial Sex Workers, Injecting drug Users and children living in the streets.

##### **Bulgaria (RPC Kupate)**

The total number of participants to the training in Sofia and Plovid was 31:

- 6 health professionals (3 nurses and 3 medical doctors)
- 7 social workers
- 3 students in the medical university
- 7 Roma mediators
- 5 leaders of NGOs
- 3 civil servants of Sofia municipality

##### **France (Hors la Rue Association)**

The average age of the participants was 35 years. Most of them are French citizens and few of them are citizens of other European countries (Romania, Bulgaria).

The number of participants at each session was stable:

1<sup>st</sup> session: 25

2<sup>nd</sup> session: 23

3<sup>rd</sup> session: 23

The background of the participants was mixed: doctors working in public hospital; educators in prison environment; social workers involved in prevention centres; social cultural mediators working for French NGOs; psychologists in child protection services; health mediators for French NGOs; outreach workers working for French NGOs; nurses; social workers.

### Slovenia (Ric Novo mesto)

Participants' features by modules:

Module	Profession	Ethnicity	Education					Job position			Age		
			Unfinished primary school	V	VI	VII	N/A	Unemployed	Employed	Students	Up to 25	25 - 40	40 - 60
Specifics of the Roma community in Slovenia	Health workers, social workers, other professional workers at organisations involved, health care students	Roma, Non Roma	1	60	5	9	0	1	28	46	46	11	18
Intercultural communication	Health workers, social workers, educational professionals	Non-Roma	0	14	9	32	5	1	56	3	5	35	20
Preventive workshops for Roma representatives	Young Roma	Roma	108	0	0	0	0	108	0	0	108	0	0
			109	74	14	41	5	110	84	49	159	46	38

### Romania (Fundatia Parada)

The participant of the training sessions were:

- 18 workers and volunteers of 7 NGOs (Fundatia Tineri pentru Tineri, Asociatia Sens Pozitiv, Asociatia pentru Femeile cu Adictii, ARAS – Asociatia Romana Anti-SIDA, Centrul Romilor pentru Politici de Sănătate – SASTIPEN, Parada si Carusel
- Students of University of Bucarest (Faculties of Sociology, Social Assistant)

The largest number of participants were female of Romanian origin. The age of participants is considered in a range of (20-35 years).

### Italy (City of Venice)

The number of participants was of twelve people. They were: professionals of SERD (services for drug dependence); educators and social workers of Municipality of Venice; psychologists and health professionals of public hospital and consulting rooms. In addition to them there were – as teachers – the two members of association “Rom Kalderash”. The participants were aged from 31 to 56, they were born in Veneto and currently they are all working in Venice as public employees.

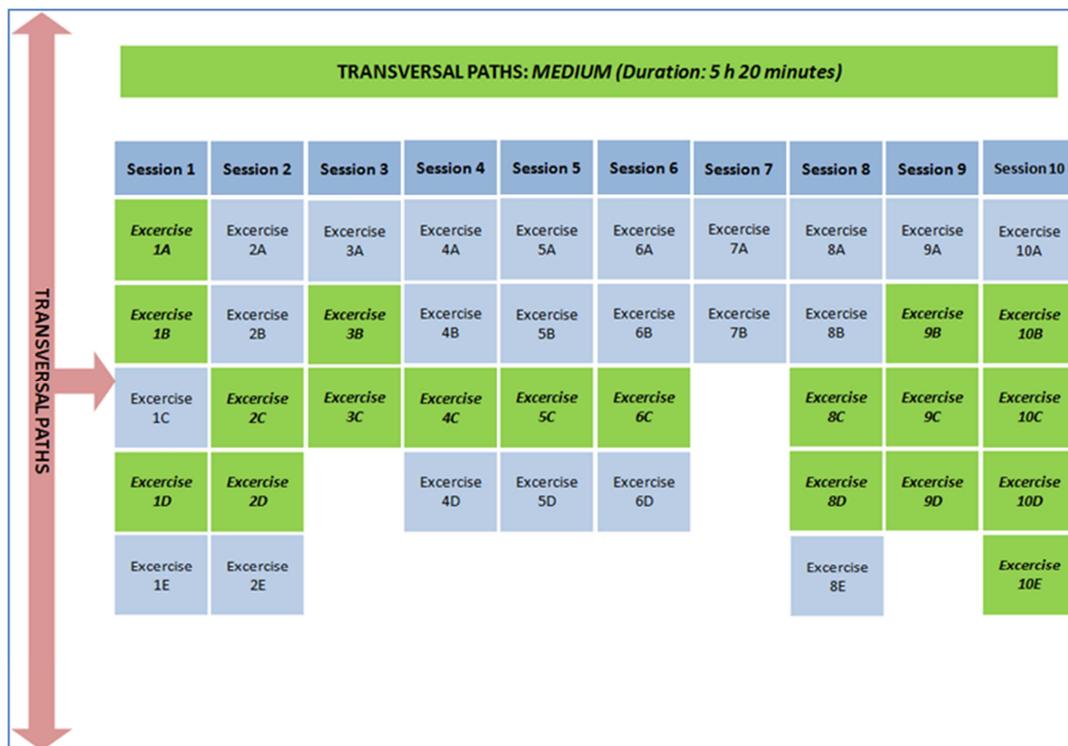
### Italy (Municipality of Bologna)

The training focused on workers of two different areas (health and social), who however share the same target, Roma and Sinti people. Therefore 15 professional workers in the field of healthcare and prevention (general practitioners, workers of consulting offices etc.) were involved – all of them working with Roma and Sinti users. The other participants were social workers of local social services and third sector, working with Roma and Sinti people. Most participants were middle or senior staff.

#### 4.3 Description of the training: number of the sessions, duration, frequency

### Spain (Fundación Secretariado Gitano)

The training was developed the 21<sup>st</sup> of May and followed the medium path established in the *Handbook* with a duration of 5h and 20minutes.



### Bulgaria (Health and Social Development Foundation - HESED)

The training had the following program:

Training title: RESEARCH METHODS AND PREVENTION METHODS OF ADDICTION AND DRUGS  
ABUSE AMONG ROMA COMMUNITIES

Day 1		
Hours	Training session	Trainers and Facilitators
14.00 – 18.00	<p>Welcome and presentation of the participants and facilitators</p> <p>Presentation of the training goals, duration and methods</p> <p>Presentation of the project – goal, activities, partners</p> <p>Presentation of the WP4 research – methods, target groups, results.</p> <p><i>Coffee break</i></p> <p>Discussion about the research's results and how they can be used in practice.</p> <p>Feedback of the first working day.</p>	<p>Facilitators:</p> <p>Radostina Antonova/Boyan Vasilev</p> <p>Trainers:</p> <p>Rada Naslednikova/ Ivaylo Raynov</p>
Day 2		
14.00 – 18.00	<p>Welcome.</p> <p>What do we know about Roma? (group reflexion). Roma in Europe. Prejudices and stereotypes – Do we have prejudices and how they reflect our work?</p> <p><i>Coffee break</i></p> <p>Relationship of Roma and Health System. Our relationship with Roma as Health professionals – brainstorming and discussion.</p> <p>Feedback of the second working day.</p>	<p>Trainers:</p> <p>Rada Naslednikova/ Ivaylo Raynov</p>
Day 3		
14.00 – 18.00	<p>Welcome.</p> <p>Introduction to communication and empathic communication.</p> <p>“Lost in the translation” – how do we communicate with Roma clients? – discussion and role-playing.</p> <p><i>Coffee break</i></p> <p>Evaluation of the training.</p> <p>Closing the training.</p>	<p>Trainers:</p> <p>Rada Naslednikova/ Ivaylo Raynov</p> <p>Facilitators:</p> <p>Radostina Antonova/Boyan Vasilev</p>

### Bulgaria (RPC Kupate)

The training was organised in 4 sessions of 2 hours each.

Topic	Programmatic issues	Participants	Time	Venue
Addiction or drug addiction	1. Drug treatment 2. Approaches and national programs to reduce drug dependence	health workers	November 23, 2012; 14:00 to 16:00	Office of RPC Kupate
Social exclusion / isolation, marginalization and poverty	1. Roma culture - tradition and modernity 2. Approaches and solutions to communication	social workers	November 28, 2012; 11:00 to 13:00	Office of RPC Kupate
Negative consequences of addiction	1. Use and acceptance of drugs among the Roma community; 2. Specific needs of young Roma and difficulties with integration.	Students in medical schools; HMs	December 4, 2012; 17:00 to 19:00	Office of RPC Kupate
Social prejudices, difficulty in integration of Roma and uncertainty.	1. Best practices and campaigns. 2. Partnerships and institutional affiliation. 3. Proposal for a common document on cooperation	Administrators in the Capital Municipality and regions, NGOs	December 20, 2012; From 14:00 to 16:00	Office of RPC Kupate

### France (Hors la Rue Association)

The first session took place on February 12 in Hors la rue's day center and lasted from 9:30 a.m. to 5:00 p.m.; the second one on April 8 in Montreuil's "House of the NGOs" from 9:00 a.m. to 5 p.m., as well as the third one on April 12 from 9:30 a.m. to 12:30 p.m.

We managed to organize the trainings without spending money to rent a conference room (the majority of the participants considered that the locations of the workshops were appropriate).

<i>Renforcement des capacités des services de santé et d'addiction vis-à-vis de la consommation des drogues des jeunes Roms</i>	
Les pratiques des professionnels de la santé, la communication et le développement des techniques de gestion des situations de conflits	8 avril 2013 de 9h30 à 17h00 à la Maison des associations de Montreuil
Les habitudes de consommation de drogues par les jeunes. Synthèse de la formation	12 avril 2013 de 9h30 à 12h30 au centre culturel Jean Lurçat

### Slovenia (Ric Novo mesto)

Overview of the implemented trainings:

Module	Target group	Place of implementation	Number of participants	Date of implementation	Number of

				(duration in hours)	sessions
Specifics of the Roma community in Slovenia	Health workers, social workers, other professional workers at organisations involved, health care students	Novo mesto	75	16. 4. 2013 (5 hours)	1
Intercultural communication	Health workers of the Health Centre Novo mesto	Novo mesto,	11	19. 4. – 29. 4. 2013 (20 hours)	4
Intercultural communication	Social workers of the Social Work Centre Novo mesto	Novo mesto	14	17. 5. – 31. 5. 2013 (20 hours)	3
Intercultural communication	Social workers of the Social Work Centre Krško	Krško	15	6.6. – 22. 6. 2013 (20 hours)	4
Intercultural communication	Professional workers of the Primary School Bršljin	Novo mesto	20	14. 5. – 11. 6. 2013 (20 hours)	5
Preventive workshops for Roma representatives	Invited young Roma	Novo mesto	108	4.4. – 9.5. 2013 (15 hours)	4
Total			243	100	21

### Romania (Fundatia Parada)

The workshop was organized in 2 days: on 14 and 15 february 2013.

The workshop was structured in theoretical sessions, practical sessions and evaluation sessions:

- 4 Interactive training sessions (time for each session 90 minutes)
- 3 training sessions (time for each session 60 minutes)
- 2 practical sessions (time for each session 90 minutes)
- 2 evaluation sessions (time for each session 30 minutes)

**Thursday, 14.02.2013**

Session	Time	Trainer / Guest	Observations
Arrival of participants	09:30 – 10:00	Alexandra Bogdan	
Opening Event	10:00 – 10:30	Silvia Celani Marian Ursan	The presentation of the project Presentation training team
Presentation of the participants	10:30 – 11:00	Alexandra Bogdan	
Coffee Break	11:00 – 11:15		
Roma Communities	11:15– 13:30	Marian Ursan Ioan Petre Cristina Oprea	What we know about Rome. History, as perceived Roma? Prejudices and stereotypes.
Lunch	13:30 – 14:30		
Roma and the health system.	14:30 – 16:00	Ana Mohr	Roma health. Roma relationship with the health system. Factors influencing Roma access to health

		Claudia Epure	services.
Coffee Break	16:00 – 16:30		
Drug phenomenon in Romania and the EU	16:30 – 17:30	Ionut Alexandrescu Alexandra Bogdan	

**Friday, 15.02.2013**

Session	Time	Trainer / Guest	Observations
Dynamics of drug	10:00 – 11:00	Bogdan Suciu Marian Ursan	Practical Session
Coffee Break	11:00 – 11:15		
Drug use (consummation) in disadvantaged communities	11:15 – 13:30	Andreea Mihai Sorin Briceag	Drug use in Roma communities. The relationship between Roma drug and social service providers
Lunch	13:30 – 14:30		
Support services development of Roma	14:30 – 16:00	Alina Dumitriu	Techniques of Communication. Empathic communication. Conflict mediation techniques.
Coffee Break	16:00 – 16:30		
Socio-cultural issues in working with Roma	16:30 – 17:15	Marian Ursan Marilena Nicolaescu	Socio-cultural factors that influence professional practice. Strategies and concrete actions to include socio-cultural elements in professional practice.
Course evaluation and closure	17:15 – 17:30	Alexandra Bogdan	

Trainer / Guest	Brief Introduction
Marian Ursan	A PhD in sociology, social activist in the field of 17 years. Specialist in vulnerable and marginalized groups (HIV / AIDS, drug use, commercial sex, Roma). Working at the Carousel Association and is Associate Lecturer at the University of Bucharest, Faculty of Sociology and Social Work.
Ionut Alexandrescu	Activist and promoter of Harm Reduction programs in the vulnerable groups, particularly among injecting drug users. Support training in the areas of drug and harm reduction. Has a vast experience in providing support services addressed to persons Roma drug users
Ana Mohr	She was involved in support programs targeting vulnerable and marginalized groups and has experience volunteering in organizations that provide services adolescents. He participated in programs to prevent drug abuse in schools, holds training on Harm Reduction and advocate for human rights.
Ioan Petre	Former in Rome Harm Reduction Scholarship Program, has experience in advising individuals newly diagnosed with HIV and is concerned about human rights and harm reduction advocacy. He specializes in social work.

Cristina Oprea	She participated in various training courses and projects on HIV / AIDS and drug use, and youth work. Is a social worker and provide social services support for different social groups, particularly Roma. Active in advocacy projects aimed at improving quality of life for drugs.
Alexandra Bogdan	She has over 4 years' experience in providing counselling and support to people living with HIV. He participated in various training and a series of projects aimed at HIV prevention among drug users. Is a social worker and coordinates a series of public campaigns aimed at vulnerable groups.
Andreea Mihai	She is activist of Harm Reduction and involved in providing support services for people who are part of vulnerable and marginalized groups. Specializes in peer-education programs aimed at personal and social risk of illness and social marginalization
Alina Dumitriu	Perform counselling and adherence counselling to overcome the trauma of post-diagnosis to improve the quality of life of people living with HIV and vulnerable groups in this infection. The positive active in the Association.
Marilena Nicolaescu	Has significant experience in providing advice to people living with HIV, especially children. Working in the Centre-Ferentari carp and, in parallel, the life coach.
Sorin Biceag	Is a psychologist, social worker in the ARAS - Romanian Association Against AIDS. Has extensive experience in providing support services to persons involved in commercial sex and those who use drugs, both on land and in specialized centres for risk reduction.
Bogdan Suciu	Is master-degree in social work. Working at the Centre Caracuda-Ferentari offers support to people who use drugs and their families.
Claudia Epure	She participated in research aimed at vulnerable groups, especially women involved in commercial sex. She has experience in providing harm reduction services for drug users and commercial sex workers, including staff Roma.
Adina Stefan	Is a Social Assistant involved in the Social Program ' Caravana'. The Caravana is the only service in Bucarest which gets directly to street children providing them with food and basic sanitary and social assistance. She has experience in providing support services to street children who use drugs, and she was involved in many European project that study how to deal with the problem of the drugs.
Dobrescu Ana-Iuliana	Is a Chemical Engineer involved in the Social Program ' Caravana'. The Caravana is the only service in Bucarest which gets directly to street children providing them with food and basic sanitary and social assistance. She has experience in providing support services to street children who use drugs.

### Italy (City of Venice)

The plan of the training followed the WP6 manual written by FSG. In particular we implemented the "medium transversal path" proposed in the manual keeping the structure and the exercises proposed and adding further information and dedicating, during each session, enough time to share experience and to involve directly all the participants through debates and activities.

The three sessions of 3 hours each – from 9:30 to 12:30 am – were carried out in the following days: 17<sup>th</sup> of April, 24<sup>th</sup> of April and 8<sup>th</sup> of May. Seven participants attended all the sessions, two participants two sessions and two participants only one session.

The contents presented to participants were mainly taken from the WP6 manual written by FSG with some further materials brought by Davide Carnemolla and the two members of association "Rom Kalderash".

## Italy (Municipality of Bologna)

The training course was made of 7 sessions of four hours each, for a total of 28 hours. The weekly meetings took place during the afternoon (except the 1st one), every Tuesday, from 6 November to 18 December 2012.

### Methodology

The first day of the course was the only organized as a frontal lesson, entirely dedicated to Roma culture and history. The interventions were different and varied according to the multi-disciplinary approach of WP6: representatives of the Municipality of Bologna and SRAP, experts and Sinti spokespeople and video-contributions.

The following sessions were divided in 2 parts:

- the first aimed at sharing the knowledge about Roma and Sinti and at discussing Roma and Sinti health related topics. Lessons ended with a case-study exposition, every speaker describing in details his/her personal experience with Roma and Sinti people accessing his/her services.

- the second had a more practical and operative focus, with the aim of conceiving new actions in order to improve services. It was dedicated to team works: the participants were divided into two groups (each containing both health and social workers). The groups worked, starting from the case-study, on ways to facilitate the access of Roma and Sinti people to health services. An extract of every team work was then discussed by the entire class.

At the end of the training the results were discussed with directors of the Municipality of Bologna and the public local health authority.

A questionnaire was submitted to participants during the last lesson in order to obtain the ECM credits. Moreover, two other questionnaires were submitted to evaluate participants' expectations and competences, according to the SRAP evaluation strategy.

Session	Trainers	Date
Roma and Sinti Communities: cultural, anthropological and legal framework.  The SRAP projects: the action-research and the prevention method	Massimo Zucchini, Patrizia Marani- Municipality of Bologna Elena Cavicchi, Elisa Trimeri - La Piccola Carovana Luciano Serio - Cooperativa Sociale Società Dolce Roberto Zanon, Elisa Isola - La Rupe Luigi Chiesi – Association Italian Sinti of Bologna Cristina Malvi – Local health authority Bologna	6 November 2012  h 9 - 13,30
Women's health and pregnancy: prevention of unwanted pregnancy, alcohol and drugs during pregnancy	Benedetta Vernocchi, Giovanna Leonelli, Elisabetta Giusti - Local health authority Bologna Giuliano Ermini - GP	13 November 2012  h 14 - 18
Children's health: lifestyle and eating habits (nutrition) to prevent the early use of alcohol and drugs	Felicia Altomare Stella, Catia Brini, Maura Conti, Alba Fabbri – Local health authority Bologna Giuliano Ermini - GP	20 November 2012  h 14 - 18
Addiction prevention, drugs and mental health of young Roma and Sinti	Stefano Costa, Raffaella Campalastri - Local health authority Bologna Adriano De Blasi, Maria Cristina Albertazzi - Spazio Giovani, Local health authority	27 November 2012  h 14 - 18
Addiction prevention, drugs and mental health of adult Roma and Sinti	Alba Fabbri, Maria Grazia Masci - Local health	4 December 2012

	authority Bologna	h 14 – 18
Health protection, chronic and acute health problems : when a disease hides abuses of alcohol or drugs	Giuliano Ermini - Medico di Medicina Generale Annarita Fittini, Federica Castellazzi - Local health authority Bologna	11 December 2012 h 14 - 18
Hypothesis for a shared working plan with Roma and Sinti communities. Comparing ideas between Social Services and Health Services_	Eno Quagnolo, Director – Municipality of Bologna Angelo Fioritti, Monica Minelli, Mara Morini, Fabrizio Sandri, Fausto Francia Departments Directors, Local health authority Bologna	18 December 2012 h 14 - 18

#### Brief description of the team work

For the team works a methodology based on a shared definition of the objectives and the strategies was used. The participants were divided into two groups, the first one focusing on difficulties for Roma people to access the services, and the second one focusing on Sinti people.

After this session, 2-3 objectives were identified in order to improve the access. The conceived strategies were supposed to be an improvement of the existing situation, not new, *ad hoc* strategies. Moreover it was clear that not only the services had to fit better for Roma and Sinti, but Roma and Sinti, too had to be encouraged to use services in a proper way.

The two clarifications above are part of the definition of the macro-objective of the training: “increasing the **responsible/aware** access of Roma/Sinti people to social and health services”.

The second part of the team work was aimed at identifying specific objectives and fields of intervention to achieve a responsible/aware access: the identified fields were: **Prevention, Information, Networking**.

The participants were then divided into three groups, each one working on a single field of intervention.

This methodology, little groups sharing their results with all the participants, is likely to obtain final results shared by the entire class. Moreover, it brings together the different social and health workers points of view (inter-disciplinary approach).

#### Case Studies

The case was chosen as instrument/incentive of reflection to get results suitable for the system of the services.

**Incentive/questions:** Have you ever found yourself in a similar situation? How did/would you react? Today, would you do something different? In your experience, what has worked? What has not?

#### Exchange with decision makers

The last meeting was structured as a round table during which participants expressed the results of the team works to directors of Bologna AUSL and to the director of Social Services Sector of the Municipality of Bologna.

- The objective on which the directors agreed is an “integrated reflection” that is putting together health and social issues: the aim is to increase the access to the services of Roma and Sinti, but also to

define common procedure between different services. The directors pointed out the importance of Garsia system in sharing information. Furthermore, the directors expressed their intent to develop the cooperation started within the Public Authority of the Region Emilia Romagna and gather health and social information in an Electronic Record of the citizen.

- Emergency Room: directors hope that the actions suggested by the training participants will result in a more proper use of the Emergency Room by Roma and Sinti.
- Directors are available to work on information and prevention projects, for example on vaccination and prevention of infectious diseases.
- A problem related to general practitioners emerged. It is necessary to involve them directly. Actions aimed at Sinti areas can be conducted only if general practitioners give their availability as freelance professionals.
- The director of Bologna local offices of AUSL agrees to appoint a person who can act as contact point for Roma and Sinti and all the health and social workers who work with Roma and Sinti: this contact person should be able to address Roma, Sinti and workers to the rights offices and services. That was a fundamental request of the "Networking group".

All participants agreed on the fact that a sharing information process is already working and that there is a common interest in overcoming bureaucratic obstacles in order to improve the services.

#### 4.4 *Brief description of each session – goal, topic, used techniques, materials needed, used materials*

##### **Spain (Fundación Secretariado Gitano)**

The methodology was based on a dialectic proposal, from the knowledge, understanding and practice of health professionals regarding the Roma community (mainly the youth), their health and drugs. From this point, the training reflects and deepens their social reality, their culture and the relationship they have with health and drugs, and finally, having a better understanding of this reality, trying to offer elements for improving social care practice and facilitate access of Roma to health care.

The structure of the training coincides with its methodology:

- The first about "what we know", "what is spoken", "health practice" in relation to Roma, based on studies that exist in this regard as well as how these ideas affect health systems.
- A second part that provides data available on the social reality of the Roma community in Europe, key cultural elements, as well as some fundamental ideas in relation to health and drugs.
- The third part, "Return to Practice", offers practical and theoretical tools to incorporate socio-cultural situation of the Roma community into the health systems, into the professional practice and in the design of prevention programs of drug addiction for Roma youth.

The exercises used during the training were the following:

EXERCISE	ACTION	DURATION	DESCRIPTION
1A	<u>Welcome and presentation of participants and trainers</u>	5 min.	Brief presentation of the audience (through the technique of the ball or the skein of wool).
1B	<u>Introduction to exercises</u>	10 min.	Presentation of contents and aims of the training. A question will be asked, to assess at the end of the training the change of perception produced among the audience.
1D	<u>A little bit of history</u>	25 min.	Knowing the history and identity of Roma, through a

EXERCISE	ACTION	DURATION	DESCRIPTION
			video, or reading a text, and later discussion.
2C	<u>Prejudices and stereotypes</u>	20-30 min.	Through a test, thinking about our perception and possible existence of prejudices and stereotypes.
2D	<u>Reflexion on differences and problems</u>	15 min.	Theoretical reflexion (from the contents of the Handbook for Practice) about how de we meet Roma.
3B	<u>Our relationship with Roma as Health professionals</u>	25 min.	Though role-playing we will think about what are the relationships that we find in our daily work.
3C	<u>Thinking about the relationship between Roma and Health professionals</u>	20 min.	Through a theoretical presentation and group analysis we will tackle what is the relationship that we use to have with Roma.
4C	<u>Reality of Roma in Europe</u>	20 min.	Presentation of some of the main elements of the social reality of Roma in Europe.
5C	<u>European Roma related to health</u>	20 min.	Presentation about the situation of health of Roma and some ideas related with health and relationship with Health System.
6C	<u>Socio-cultural factors in the context of drugs</u>	20 min.	Knowing some socio-cultural factors of Roma to a better understanding of their relationship with health and drugs.
8C	<u>Some guidelines to achieve an empathic communication and relationship</u>	15 min.	Presentation of some guidelines that can help to achieve an empathic communication and relationship.
8D	<u>Implementation</u>	25 min	Implementation of guidelines on communication and empathy.
9B	<u>Guidelines to develop attitudes of mediation and how to tackle conflicts</u>	15 min.	Providing some Guidelines to allow developing attitudes of mediation and how to tackle the origin of conflicts.
9C	<u>Analysis of situations of conflict</u>	15 min.	Critical analysis of a real situation of conflict.
9D	<u>Looking for alternatives</u>	25 min.	Looking for solutions and actions that allow us to develop attitudes of mediation and how to tackle conflicts.
10B	<u>Socio-cultural patterns to work with Roma</u>	15 min.	Knowing some socio-cultural patterns to improve the health work.
10C	<u>How to include socio-cultural factors into my professional practice</u>	20 min.	Designing strategies and concrete actions to include socio-cultural factors into my professional practice.
10D	<u>Final conclusions of Actions for Practice</u>	15 min.	Main conclusions and key ideas obtained during the training.
10E	<u>Evaluation</u>	5 min.	Evaluation of Actions for Practice

### Bulgaria (Health and Social Development Foundation - HESED)

The training development was based on the Handbook *Health, prevention of addictions and Roma youth in Europe: A handbook and actions for practice* – medium transversal path. The facilitators and the trainers followed the interest and the requirements of the participants as well.

*Session 1: Welcome and presentation of the participants, facilitators and trainers. Presentation of the training goals, duration and methods. Presentation of the project – goal, activities, partners. Presentation of the WP4 research – methods, target groups, results. Discussion about the research's results and how they can be used in practice. Feedback of the first working day.*

The training was opened by the facilitators Radostina Antonova and Boyan Vasilev. They greeted the participants, briefly explained the goal of the training and presented the trainers' team. Both teams (the facilitators' team and the trainers' team) defined their roles and working tasks in the leading process. Huge interest evoked the expertise of the trainers' team in motivational interviewing. The request of the group was to dedicate a session to this method and how it could be used in outreach and other relevant practice.

The next step was to present briefly the project – goal, partners, and activities. Some of the participants have been part of the research (focus group participants) and they highly appreciated the fact that the results of it were shared with them. The methodology and the results of the research were thoroughly presented emphasizing on the HESED's part of it. The main questions were:

- Was it possible to implement all the methodology elements with Roma participants? How were the Roma participants motivated to take part in the interviews and in the focus groups, and to be recorded?
- A significant interest and insight about the role of the institution in Roma youth everyday life caused the fact that this target group do not have almost any correct information about ATOD and the consequences of their consumption. Thus, an important question was how do they receive and understand the existing information?
- What is the difference between Roma and Sinti? Are the problems in the other countries similar to Bulgarian ones?
- What is main source of information related to drugs for the Roma youth? What is the existing information and myths? The participants were surprised that although the existing written educational materials and educational TV programs there is a lack of correct information about ATOD among the Roma youth. The evoked discussion was about the channels of communication among the Roma community and Roma youth and how a trusted communication channel could be built and used.
- The Roma family structure and roles - why the medical specialists usually have contact with mothers and not with fathers? Does it mean that the health issue is not considered as something important for the family members?
- How do Roma people understand the concept of "illness", "addiction", and "treatment"? What is the existing and most spread conception about the specialists (psychiatrists, psychologists etc.) working in the field of addiction treatment and the treatment itself?
- Is there a significant difference between the patterns of drug consumption of Bulgarian and Roma youth, and between girls and boys? How do the Roma community norms affect these differences?

The research results provoked a lot of relevant questions that were discussed.

The feedback from the first working day was positive. The participants shared that the topic was interesting, important and showed the gaps of the existing knowledge and services.

*Session 2: Welcome. What do we know about Roma? (group reflexion). Roma in Europe. Prejudices and stereotypes – Do we have prejudices and how they reflect our work? Relationship of Roma and Health System. Our relationship with Roma as Health professionals – brainstorming and discussion. Feedback of the second working day.*

The content of this session followed the FSG Handbook' (*Health, prevention of addictions and Roma youth in Europe: A handbook and actions for practice*) chapters of the same name.

Using short presentations, discussions, brainstorming and the *Handbook* structure these topics were discussed. The main conclusions and insight of the participants were:

- The listed participants' stereotypes differ depending on their experience and type of work. The practitioners working in institutions where the contact with Roma clients is not close and not on a daily basis, and is highly structured showed more negative prejudices and stereotyped perception.
- The outreach workers and the professionals who meet the Roma clients in their daily environment had more concrete questions related to the communication with Roma people.
- Even the health mediators shared some negative and stereotyping perception towards the "double" segregated sub-groups in Fakulteta neighbourhood (for instance the poorest parts, the female and transvestites commercial sex workers, etc.).
- Professional supervision as quality assurance factor and burn-out syndrome prevention is highly needed for the professionals working in state institutions and services. This good practice is implemented in the European context and is obligatory for the outreach teams of the invited Bulgarian NGO's. The enhancement of the negative bias-based thinking and stereotyped perception towards the Roma clients is a symptom for burn-out of the professionals.

The feedback of the second day was that despite the short time the participants feel tired due to the intensive and deep work.

*Session 3: Welcome. Introduction to communication and empathic communication. "Lost in the translation" – how do we communicate with Roma clients? – discussion and role-playing. Evaluation of the training. Closing the training.*

The third working day followed the scheme of the FSG Handbook' (*Health, prevention of addictions and Roma youth in Europe: A handbook and actions for practice*) chapters of the same name.

The session began with short definition of empathy and emphatic communication. As the trainers are specialized in motivational interviewing and the participants' interest about this method was significant the communication session was enriched with supervision of concrete cases related to participants' Roma clients. After each presented case (which was presented and supervised by the means of the role play technique) the observed communication problems and misunderstandings were discussed:

- How would react the parents of a Roma youth to his/her addiction problems? With whom the youth would share their problems related to drugs?
- The role of the family in the therapeutic process – how could be the family involved, are the parents keen to support their children in this process?
- How Roma youth who are new HIV/STI positive cases could be motivated to collaborate to the VCTC and MMUs consultants in the treatment and consulting process? How the motivational interviewing techniques could be used in these cases?
- How do the Roma people understand the concept of "illness"? How do the Roma people understand the concept of "addiction"? How are regarded the people with addiction by the community, by the extended family and by the peers? Why the young Roma boys and girls do not seek for appropriate help even they have the needed information and are aware about the problem? How they could be motivated during the outreach work to seek adequate help?
- How could be presented the existing services among the Roma community and youth? How their image should be changed in order to fit to the clients' needs? How the parents and youth could be motivated to use these services?
- What kinds of role play the different churches among the Roma community? Is it appropriate to collaborate with the pastors during a therapeutic process?



Due to the high number of raised questions and cases remained unsupervised the group and the trainers agreed to have an additional “booster” meeting in April. HESED’s SRAP team agreed to organize this meeting as part of the SRAP activities.

Instead of giving verbal feedback the participants filled in the evaluation forms.

## France (Hors la Rue Association)

### 1<sup>st</sup> session

The facilitator Olivier Peyroux presented the SRAP project and also the objectives of the training. The topic of this session was the situation of the Roma community in France from a cultural and social point of view but also in the European context. The facilitator used the exercises 1A, 1C and 2C from the *Handbook*. The facilitator progressively adapted his presentation in order to answer issues that were raised by the participants during the exercises.

*Materials needed: a flipchart with sheets, markers and other stationery, a projector, a laptop.*

Used sources of information:

- *Handbook* and actions for practice « Health, prevention of addiction and Roma youth in Europe», coordinated by Fundación Secretariado Gitano Health Area;
- Final report of the action-research of SRAP;
- Health and the Roma Community, analysis of the situation in Europe, coordinated by Fundación Gitano Health Area;
- *Health and social situation of "Roma migrants" in Ile-de-France*, edited by Regional Health Observatory in Ile-de-France.

### 2<sup>nd</sup> session:

The facilitators Martin Duteurtre et Livia Otal approached the topics related to health of Roma in Europe and how the prejudices influence the health system. In the morning, there were several approached topics: epidemiological data on health related to the living conditions of Roma and the insecurity they face; the barriers to access to care; inventory of the existing care mechanisms. There was a role playing which was a combination of exercises 3B and 3C. The participants were divided in two groups: “Roma” and “professionals”. There were three different situations to play: in the emergency; on the field; consultation on appointment. After a short debrief within the groups, there was a general discussion. In the afternoon were discussed the subjects related to communication and the relationship of empathy as well as the development of different mediation approaches and the conflict resolution. Related to the first subject, the participants worked in small groups within the exercise 8D from the *Handbook*. The exercise 8E gave the possibility to brainstorm and to conclude. Related to the second one, the problematic related to mediation in case of conflict was detailed. A few concrete examples were discussed (exercise 9A). Exercises 9C and 9D were also implemented.

*Materials needed: a flipchart with sheets, markers and other stationery, a projector, a laptop.*

### 3<sup>rd</sup> session:

The facilitator Olivier Peyroux presented a general framework of the drug practices in the Balkans in order to better comprehend the phenomenon: origin of the drugs; drugs consumption by the population and specifically in Bulgarian and Romania; existing mechanisms for addiction prevention and treatment; risk reduction programs for young people in Bulgaria and Romania; legal aspects (6A). The exercises 6B, 6C and 6D were implemented. The conclusion of every group were presented, debriefed and completed.

At this final session Martin Duteurtre presented a PowerPoint with the different existing addiction services.

*Materials needed: stationery, a projector, a laptop.*

As a support, at each session the facilitators used PowerPoints which will be sent to the participants as required by them in the evaluation forms.

### Slovenia (RIC Novo mesto)

Module	Goal	Topics	Used techniques	Materials needed, used materials
Specifics of the Roma community in Slovenia	To provide the professionals dealing with Roma in the local community with a better understanding of the Roma culture, value system and lifestyle	Settlement of the Roma in Slovenia; culture and tradition; Roma and health	Lectures, discussions, study of material	Project brochure, ppt presentation, computer, projector, evaluation sheet
Intercultural communication	To raise awareness about the importance of cultural and social differences when working with the Roma, especially Roma youth	Communication model; Communication barriers; Verbal and non-verbal communication; How to adapt your communication; Our communication with customers – the Roma	Lectures, lessons, workshops, role plays, social games, demonstrations	Ppt presentation, exercises, flip chart, whiteboard and markers, magnets, post-it notes, computer and projector, videos, project e- <i>Handbook</i>
Preventive workshops for Roma representatives	To raise awareness about the adverse effects of drug abuse and forms of addiction assistance in the local community	Myth vs. truth (providing information about alcohol, taking responsibility for your actions); Alcohol and violence – how to help (ways to recognize risky situations and how to provide help); Driving 0,00 (recognizing the dangers of drinking and driving); About drugs (risks of drug abuse)	Social games, workshops, lectures, discussions, role plays	Project brochure, ppt presentation, computer, projector, evaluation sheet

### Romania (Fundatia Parada)

The first day of training sessions (14 February 2013) was structured in this way:

- 2 interactive training sessions where trainers stimulated the participants to discuss about the themes of drugs and ROM: What we know about Roma Community. History, as perceived Roma Community? Prejudice and stereotype. Roma Community Health; Roma Relationship with the health system. Factors influencing Roma access to health services.

- 1 training session supported by video materials concerning: gender rights, dynamics of consume and prevention of drugs, sex orientation:

<http://www.youtube.com/watch?v=DM1XNac--3w>) realized by Youth for Human Rights (<http://www.youthforhumanrights.org>).

- 1 practical session by the support of Experts of Ferentari Area, in Bucharest to show the different kind of drugs presented in Bucharest (heroin, cannabis,..) and the techniques to help the Roma community depending of drugs.

The goals of this sessions were test the knowledge of Roma Community, give more information about this target and stimulated the participants to give feedback and reflect about this themes on the base of your professional experience on study.

The techniques used were interactive presentations, working groups, play role.

The materials used for this training sessions were: multimedia contents (presentations, videos, photos), paper, sheets sliding boards, markers.

The second day of training sessions (15 February 2013) was structured in this way:

- 2 interactive training sessions where trainers stimulated the participants to discuss about relationship between Roma drug and social service providers; techniques of Communication: Empathic communication and conflict mediation techniques; socio-cultural factors that influence professional practice. Strategies and concrete actions to include socio-cultural elements in the professional practice.

- 2 training sessions supported by video materials concerning: 1)The dynamics of drug use. This session was based on scientific evidence which means preventing and combating drug abuse and assist these people. Purpose of the session was to facilitate the understanding of the specific differences between these models of intervention, and to familiarize the participants with a number of international guidelines that indicate how to achieve drug prevention and assisting those already using drugs. 2) Gender identity and sexual orientation. This session armed with a foray into LGBT themes, aimed at a better understanding of these issues and empower participants to improve the quality of interventions in the community.

- 1 practical session by the support of Experts of Ferentari Area, in Bucharest to show the different kind of drugs presented in Bucharest (heroin, cannabis,..)and the techniques to help the Roma community depending of drugs.

- 2 evaluation sessions: I evaluation session about the acquisition of skills during the 2 days of the training sessions: II evaluation session about the participant's satisfaction.

The goals of these sessions were test the knowledge of Roma Community, give more information about this target and to facilitate the understanding of the specific differences between these models of intervention, and to familiarize the participants with a number of international guidelines that indicate how to achieve drug prevention and assisting those already using drugs

The techniques used were interactive presentations, working groups, play role.

The materials used for this training sessions were: multimedia contents (presentations, videos, photos), paper, sheets sliding boards, markers, evaluation questionnaires.

### **Italy (City of Venice)**

General objectives of the three sessions: Informing about Roma/Sinti history and about their cultural and social features; unmasking prejudices, stereotypes and wrong information about Roma and Sinti; informing and talking about the relationship of Roma/Sinti with health system and with social and health professionals; presenting and discussing with participants some useful guidelines in order to develop attitudes of mediation and to achieve an empathic communication and relationship with Roma and Sinti people; presenting and discussing with participants some useful guidelines to analyse and to tackle conflicts and to look for solutions and concrete actions inside health and social services.

Techniques: frontal lessons, common discussions about the main topics, sharing of experience and ideas through debates and questions, role playing activities in groups

Materials: WP6 *Handbook*, with some sections translated into Italian, sheets, power point presentations

#### *First session*

Contents and topics: welcome and presentation of participants and trainers through a icebreaking game; presentation of SRAP project and WP6 manual; a brief history of Roma and Sinti; discussion about prejudices and stereotypes; reflections on differences and problems

Goals achieved: creating a good relationship among participants and between participants and teachers; starting a positive and interesting discussion about each one's expectations and points of view; informing about Roma and Sinti history doing, at the same time, connections with the current situation in Italy and in Venice; reflecting together about the differences (both real and presumed) between Roma/Sinti and "gadji"

#### *Second session*

Contents and topics: racism against Roma and Sinti in Italy: overview and debate with participants; brief explanation of Roma and Sinti social and health situation in Italy and in Europe; the relationship of Roma with the Health System; reflections about relationship between Roma and health professionals; some ideas related with health and relationship with Health System; some socio-cultural factors of Roma proposed to achieve a better understanding of their relationship with health and drugs.

Goals achieved: informing about the different forms of racism against Roma and Sinti in Italy (mass media, public institutions, "popular" racism) with links to local situation; informing and debating around main health and social issues about Roma and Sinti and about how historical, social and cultural features can influence the relationships with the public services; sharing new experiences and opinions and discussing about possible solutions to solve the most common problems regarding the access to social and health system of Roma and Sinti; talking about some socio-cultural issues concerning Roma and Sinti in a positive and "non-ethnocentric" approach valuing the socio-cultural features of Roma and Sinti and analysing mistakes and lack of information of public services in approaching Roma and Sinti.

#### *Third session*

Contents and topics: presentation of some guidelines that can help to achieve an empathic communication and relationship; guidelines to develop attitudes of mediation and the ways to tackle conflicts; looking for solutions and actions that allow to develop attitudes of mediation and problem solving (role play activities divided in two groups); debate about how to include socio-cultural factors into the professional practice.

Goals achieved: talking about difficulties that face both social and health professionals and Roma/Sinti inside the public services (collection of experiences, opinions and proposals by all participants); giving some information about mediation and problem solving inside health and social services and presenting some guidelines about empathic communication and relationships; using these information to debate about personal experiences and evaluations; analysing – through debates and role playing activities – some of the frequent problems that professionals can face working with Roma and Sinti (especially youngsters) trying to found concrete solutions.

### **Italy (Municipality of Bologna)**

**Session 1:** Approach to culture and values of Roma and Sinti Communities. SRAP results.

**Trainers from** Municipality of Bologna, Social Workers involved in SRAP, Sinti representative.

**Materials:** Powerpoint presentation, video from another project with Roma and Sinti

- Housing Programs for Roma and Sinti in Bologna 2007-2011;
- Romanian and Balkan Roma in Bologna today: how many, housing
- Brief presentation of SRAP
- The Guiding Act for welcoming and integration of Roma and Sinti population of Bologna Council

- Action research– needs assessment with Sinti
- Sinti and access to healthcare services in Bologna
- Actions and experience of social workers in the Sinti settlements in Bologna
- The Sinti population and their housing needs in Bologna

**Session 2:** Women's health and pregnancy: prevention of unwanted pregnancy, alcohol and drugs abusing during pregnancy.

**Trainers from:** Health Services, pregnancy and gynecology service, GP

- Alcohol and drug use during pregnancy;
- Access of Roma and Sinti women to obstetrics and gynecology services;
- Access of Sinti to healthcare services in Bologna (focus on women)
- Case-study presentation: a pregnant Roma minor in charge of the Department of Primary Care of the AUSL of Bologna

**Session 3:** Children's health: lifestyle and eating habits (nutrition) to prevent the early use of alcohol and drugs.

**Trainers from:** Health Services, GP

- Working experiences with local Roma families in Pediatric services;
- Neonatal abstinence syndrome;
- Case-study presentation: young Roma girl followed by SER.T. (service for drug addiction)

**Session 4:** Addiction prevention, abuses and mental health of young Roma and Sinti

**Trainers from:** Health Services, GP

- The legal status of Roma and Sinti in Italy
- Mental health in young Roma and Sinti ;
- Presentation of two cases: two young Sinti followed by SER.T. (service for drug addiction)
- Services dedicated to addiction prevention for young people in Bologna

**Session 5:** Addiction prevention, abuses and mental health of adult Roma and Sinti

**Trainers from:** Health Services

- SER.T point of view about Roma and Sinti uses of drugs;
- Case-study presentation: a young Sinti boy followed by SER.T. for alcohol-related problems

**Session 6:** Health protection, chronic and acute health problems: when a disease hides the abuses of alcohol or drugs

**Trainers from:** Health Services, GP

- Projects to promote good health of the Bologna AUSL
- Access to prevention services for Roma and Sinti
- Case-study presentation: adult Sinti with a possible diagnosis of alcoholism

#### 4.5 *Summarizing: strengths and weaknesses of the training*

##### **Spain (Fundación Secretariado Gitano)**

Regarding the training, and from our point of view, the results have been highly satisfactory. Nevertheless we would like to outline strengths and weaknesses expressed both by the project coordination (FSG) and the participants in the training.

*Strengths:*

- We would like to outline the quality of the training materials which we believe have met the project requirements.
- The project has allowed us to do the training with one of the members of the team who wrote the *Handbook* which was highly valued.
- People outlined both the quality/pertinence of the contents and the methodology employed.
- Participants had a strong motivation and interest in the training.

#### *Weaknesses:*

- Need to have more healthcare professionals from public services in the training.
- Lack of time to deepen in some of the key aspects of the training.
- Training needs to be longer and extended in time.

### **Bulgaria (RPC Kupate)**

The training gave the opportunity to the participants to share good practices for the implementation of prevention actions according to the specific situation and needs of Roma people. They suggested to write and sign partnership agreement on the future use of the developed outputs, dissemination and sharing of information materials and possible funding strategies and opportunities for further actions.

### **France (Hors la Rue Association)**

From our point of view, a weak point was that we didn't have much time between the reception of the guide and the organization of the training. What we felt as being very positive is the fact that invited person seemed very interested and motivated to participate at the training and to be trained on the subject.

After each session, we submitted to the participants an evaluation form. According to the participants, the main points were:

**Strengths:** the pertinence of the information provided; the trainer's knowledge and competence on the subject; the possibility to exchange during the training; the ability to use the acquired knowledge and to transmit them (the majority of the answers in the evaluation form regarding this aspect are: "agree" )

**Weaknesses:** the group work (lack of time; need to further organize the discussions); the dynamic of the training (necessity to make the objectives more clear, to make the training more stimulating, make it longer); the participants expressed their regret that the heart of the matter was discussed only at the 3<sup>rd</sup> session which was only lasting a half day; need of further concrete information and contacts (some participants considered the information provided as too general).

### **Slovenia (RIC Novo mesto)**

**Strengths:** The training was implemented for organisations which are working the most of all with young Roma, thus ensuring greater acceptance of this target group, awareness raising and taking into account cultural differences.

**Weakness:** Due to a delay in training implementation we were not able to carry out the whole programme but only individual modules.

### **Romania (Fundatia Parada)**

**Strengths of the training sessions:**

- Proactive co-operation of NGO working against the ROM consume of the drugs
- High learner attendance for the practical sessions.
- Link between theoretical contents and daily practice, in particular with the experience of Ferentari Area.

Weaknesses of the training session:

- the duration of the course with at least another day to discuss in detail all aspects of the content of the book

### **Italy (City of Venice)**

Strengths: good participation and relationships inside the group; will to learn, to put him/herself in discussion and to share experience; useful and stimulating contents; good contribution from members of association Rom Kalderash; balance between frontal parts and group debates and activities.

Weaknesses: not enough time to go deeper on some specific situations and problems faced by health and social professionals; not enough time to present and analyze all the contents included in the training.

### **Italy (Municipality of Bologna)**

#### **Strengths**

The very first strength of this training is the support given by the AUSL of Bologna, who recognized the importance of an integrated training for health and social workers. AUSL included the training in its training catalogue, promoted it and supported the participation of its employees. AUSL also achieved the assignment of the ECM credits (credits for lifelong learning for healthcare workers) for the training and managed all the administrative tasks related to it and kept the attendance sheet.

This made possible for health and social workers to sit together and to operate together, discussing not only the lessons' topics, but even the general management of the services. These informal opportunities of interaction – occurred also during the breaks of the lessons – allowed healthcare assistants, doctors and social workers to know each other and to establish cooperation channels.

Another strength reported by participants in the final questionnaire concerns the methodology of the sessions: not frontal lessons but team works. That gave the chance to exchange ideas in a free way.

Another strength was the sharing of the results with the decision-makers. We didn't mean to use a bottom-up approach without sharing the contents with the relevant directors of the services.

The participants were given all the materials used by the teachers, via e-mail. The day after each lesson participants received the documents on which they had worked. This was appreciated by participants.

#### **Weaknesses**

Below are the weak points reported in the final questionnaire.

The first one is the lack of in-depth analysis of the topics debated: every lesson had its own specific topic and some of them would have needed more time to be well investigated. However this is a proof of interest in the theme "Roma, Sinti and abuse of substances"

Furthermore, some participants reported that some topics were not very specific. This is also a good incentive to replicate the training course and deepen its topics.

One participant (on 25) reported that group-work was not stimulating: this is probably a single evaluation. Anyway, bearing in mind this weakness, we could suggest to dedicate more attention to participants during the course.

## **5. Lessons learned**

### **Spain (Fundación Secretariado Gitano)**

In our case, and largely as the organization responsible for developing the Work Package 6, training was done later than planned. In spite of this, results were positive. One comment shared by participants to the

training was that few health professionals attended the training. The reality that we face is that the participants who come to this type of training are persons who are already aware of the issue and in the vast majority belong to social organizations working health issues. Therefore it is necessary to do preliminary work to increase the percentage of public health professionals attending training.

### **Bulgaria (Health and Social Development Foundation - HESED)**

- The existing data related to the Roma community in Bulgaria are exiguous. The majority of the existing scientific literature is predominantly ethnographic, demographic and sociologic. There is a lack of relevant research data and evidence based methodologies in the field of addiction prevention and treatment typical particularly for the Roma youth.
- The SRAP action-research conclusions raised strong interest among the training participants and provoked a lot of questions. The participants shared that such kind of research with its topic and data gathers within the Roma community is a unique experience in Bulgaria in the field drug addiction prevention and treatment.
- There are many stereotypes related to the Roma community shared among the professionals. The majority of them are negative and common with the stereotypes prevailing among the big society. The stereotypes shared during the training were generalized negative perceptions which label the whole Roma community (e.g. All Roma are dirty, they can only steal and cheat. All Roma are not able to bring up their children in a proper way etc.).
- The specialists working “in a cabinet” i.e. they are not proactive by searching clients, have a completely different motivation to learn something new about the Roma community and the Roma clients in comparison with the motivation of the professionals who provide their services out reach. The “cabinet” specialists are more subservient to perceive their Roma client in a stereotypical manner. They are less motivated to adapt their services to the specifics of their clients, as well as to their Roma clients in particular.
- A strong interest raised the non-verbal interactive methods (such as making collages, improvisational theatrical exercises etc.) adapted for life skills training with Roma youth.

### **Bulgaria (RPC Kupate)**

The main conclusion of meeting is to involve Roma (as well as families and teachers) in research in order to avoid misunderstandings and cultivate a non-judgmental relationship of mutual understanding. Language barriers should also be taken into consideration and adequately compensated. Tolerance, providing complete information, solidarity and understanding should be the guiding principles in this document of prevention work with youth.

### **France (Hors la Rue Association)**

We consider that it is extremely important to schedule sufficient time in order to identify the right persons and to send the invitations early enough in order to make sure that the number of participants will be reached (health professionals have particularly busy schedules) and that those persons are sufficiently motivated to learn but also to transmit the acquired information.

We have decided to approach a large target group but there is a positive and a negative side. The positive one is that professionals from different backgrounds were able to exchange experiences on the discussed topics. The negative one is the fact that the information was, according to the participants, a way to general, not enough detailed depending on the specialization of each of them. This could probably explain the fact that the evaluation forms reveal that the majority of the answers related to the capability to utilize the acquired knowledge during the session waver between “moderately agree” and “agree” (the last one are predominant though).

### **Slovenia (RIC Novo mesto)**

It took a lot of time to coordinate the dates and time, organise and implement the first module of Intercultural communication for the Health Centre Novo mesto in April 2013 since this is an organisation with a fixed schedule which cannot be easily changed due to the nature of the work. In the course of further implementations we at the very beginning of the programme carried out an in-depth presentation (purpose and contents), examined the possible dates and time for training implementation and offered to carry out the training outside working hours.

### **Romania (Fundatia Parada)**

The first lesson learned is the importance of the training sessions about this topics because improve the work of NGOs and volunteers that every day work with the Roma community and the problems of drugs. Moreover, the importance to inform citizens, students and young people to sensitize them about this problem.

### **Italy (City of Venice)**

It was very useful and productive the creation of opportunity to share information among professionals who work with Roma and Sinti; the contribution of members of Roma association gave an “added value” to the training thanks to information provided and to the “different perspective” given during the discussions.

Another important consideration is that these sessions gave to everybody the chance to reflect about the importance of “listening” and “respecting” Roma and Sinti, keeping in mind – at the same time – the fact that there are problems to solve and that the reality is often complex and each situation should be considered looking at the context and all the issues concerning both the individuals and the family/community/place of living. These statements were shared by all participants during the sessions and were confirmed by what they wrote in the questionnaires under the question “what can I do to improve my work with Roma?”

### **Italy (Municipality of Bologna)**

- The co-operation with the local public health authority of Bologna was essential to the success of the training. It could not have been organized without their participation and support.
- The interdisciplinary approach was very effective:
  - . in the contents of the training
  - . in the trainers staff
  - . in the participantsIt allowed a real exchange between participants, enhanced learning and encouraged the co-operation between services to the benefits of Roma and Sinti and of the workers who work with these communities.
- The training met the criteria of the ECM (lifelong learning credits for health workers). The possibility to assign these credits was a great asset for the training and encouraged the participation of workers.
- Never under-estimate the interest and willingness of the participants. We were afraid that the training could be of little interest and not appealing (there are ‘only’ 500 Roma and Sinti people in Bologna), but it proved the opposite. On the contrary, the majority of the participants was satisfied with the training and requested in-depth analysis and 18 participants requested a more in-depth analysis of the topics of the training.
- Involve participants that can spread the knowledge and train other colleagues.

- Involve directors and decision makers, so they can commit to the success of the training.
- Stay in touch with participants after the end of the training.
- An important lesson concerns communication: the lack of communication among the services is as relevant as the communication towards the citizens and the Roma and Sinti. The group work during the sessions discussed actions both for the Roma and Sinti and for other services. To improve the quality of the service, therefore, it is important to develop specific actions aimed at a better communication between social and healthcare sectors. It means, also, that informatics and new technologies must play a more important role in the user base management.
- As for prevention, according to participants' evaluation, it is necessary to experiment specific methods to get in contact with Roma and Sinti people and to spread information, too. Therefore participants suggested *ad hoc* interventions to get inside the settlements and the presence of professionals in Roma and Sinti issues. Participants felt that it was difficult to build relationships with Roma and Sinti people with the traditionally used methods and tools.

## 6. Recommendations for future replication of the methodology

### Spain (Fundación Secretariado Gitano)

We consider that the objectives have been achieved but the heavier work comes after the end of the project. We have a tool, we have tested it and now administrations and all key actors in the health sector who work with Roma can use it.

Thanks to the project we have good material for the dissemination of information. We performed two training courses addressed to FSG professionals with one of the authors of the *Handbook*, with the aim to teach our people how to use the material. Contacts have already been established with regional administrations in order to present the method. The purpose is to establish agreements with them so that we can provide them with knowledge and foster the introduction of these topics in their official CVs.

### Bulgaria (Health and Social Development Foundation - HESED)

HESED will organize as follow-up activities of the training one or two (depending on the trainers' readiness and participants' requests) "booster" sessions for professional supervision of difficult cases with Roma clients. The motivational interviewing will be used as basic method.

The first "booster" session took place on 19th April 2013 in the premises of the HESED's health and social centre in Fakulteta neighbourhood. The duration of the session was 4 hours (2 p.m. – 6 p.m.). The main topic was "Motivational interviewing – basic skills (OARS)". Some of the outreach workers A theoretical part about the basic MI skills preceded a practical part. The basic skills for MI are (1) Open-ended questions, (2) Affirmation, (3) Reflective listening and (4) Summary statements. Each skill was thoroughly presented and supported by practical examples and exercises. Some of the participants shared cases of their everyday outreach and counselling work with Roma people. They were supervised by the means of role plays. The trainer used records of his sessions with Roma clients in order to illustrate and analyse the used MI skills and techniques.

The last "booster" session was conducted at the end of May.

Based on the conducted training the following recommendations could be given:

- The professionals working in the institutions urgently need regular supervision as quality assurance factor, additional qualification and burn-out syndrome prevention. They need to be trained in client-centred approach towards their clients.
- The Motivation Interviewing training could be a beneficial method for all kind of specialists and para-professionals working in the field of addiction prevention and treatment and health promotion among Roma communities.
- Involving Roma mediators and outreach workers as part of the services' and institutions' staff could improve the quality and the scope of the services provided.
- This kind of training will be very useful for the participants if outreach workers with Roma origin especially as part of the trainers' team.
- The topic Roma youth/Roma community and ATOD consumption patterns needs additional research on national level.
- The proposed *Handbook* of FSG was adequately developed for the needs of the WP6 target group.

### **France (Hors la Rue Association)**

We believe that the objectives of WP6 were a way too ambitious for such a short period of time taking into account the lack of knowledge on Roma people in general and the necessity to approach and discuss many annex questions.

We believe that more workshops should be provided in order to achieve the objective to train the future trainers. It would be very useful to provide a training session on how to prepare and put in practice a workshop.

### **Romania (Fundatia Parada)**

- Increase the duration of the training with at least another day to discuss in detail all aspects of the content of the *Handbook*.

- Include in the *Handbook* the issue of human rights, dynamics of drug use and gender identity and sexual orientation. These themes are necessary to understand drug abuse and ways in which we can structure programs to address this issue. Also, the topic of gender must be present in programs aimed at individuals, thus ensuring a better understanding of the target group and gender elements.

- Continue this action. Such sessions should be held in as many communities, including outside Bucharest where prevention component can be deployed successfully.

- Continuation of these efforts and improving relations between the Foundation Parada and Association Carousel.

### **Italy (City of Venice)**

Since the outcomes and the "mood" of the training were very positive and constructive we decided all together to do an additional session – the 22<sup>nd</sup> of May – in order to complete the contents included in the WP6 training and to have more time to do a feedback among all participants.

In addition, all the SRAP materials given to participants (included in a USB flash drive) contained important information and tools to continue the path of the training even after the end of SRAP project, it is possible to use them as reference to improve the work with Roma and Sinti.

All the participants underlined the need to have more training like this in order to get more information, to meet Roma people and Roma association and to share opinions, proposals and problems. We will try to



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carry out other sessions like these using the experience of this training, the SRAP materials provided and the outcomes and the contributions collected during the training.

### **Italy (Municipality of Bologna)**

- Address the training to both health and social professionals
- Use different training techniques: a mix of frontal lessons, group works and case studies proved effective
- Include evaluation tools to assess the needs and expectations of the professionals and the effectiveness of the training
- Arrange meetings with directors and decision makers and exchange with them the results of the training
- Keep in touch after the end of the training sessions

### **Slovenia (RIC Novo mesto)**

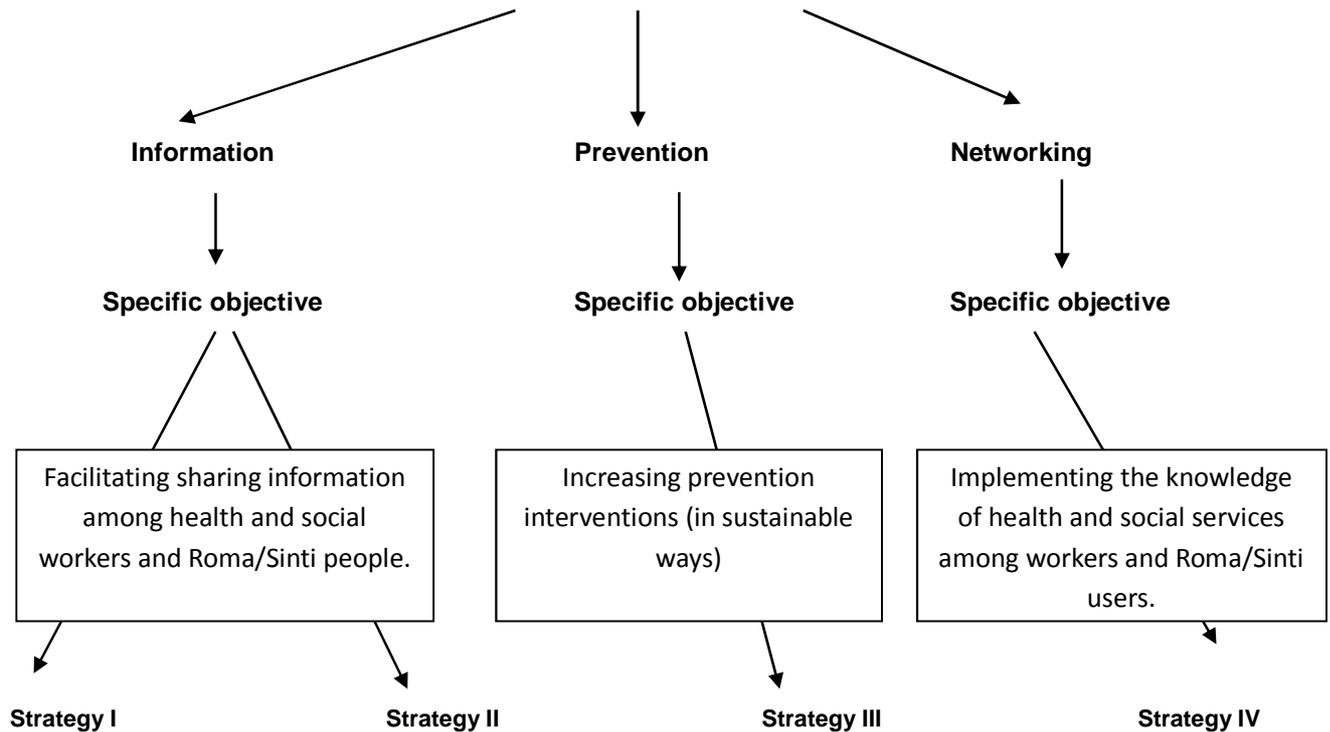
In future training implementations, parts of the module Specifics of the Roma community in Slovenia will be integrated in the module Intercultural communication since by means of exercises the participants will become more aware of different ways to communicate with people of different cultural and social background.

## ANNEX I. Participants proposals (Municipality of Bologna)

### General objective

Increasing **responsible/aware** access for Roma/Sinti to health and social services.

3 areas of preferential intervention are identified:



**Facilitate the exchange of information among health and social workers through:**

- Use of the UVM members (Multidisciplinary Evaluation Unit)
- Implementation of the IT access system "Garsia" also within health services (CSM, Hospital, SER.T.)

**Facilitate the exchange of information among Roma/Sinti people through:**

For Sinti people: information interventions in the camps.

For Roma people: meetings at schools or information desks and counseling offices

**Implementation of prevention strategies already existing also in Sinti areas.**

Ex. Prevention day for breast cancer through a camper going to Sinti camps.

No interventions for Roma people.

**Facilitate networking among services and workers who work with Roma and Sinti through:**

- Create a map of the services to be shared among workers (address, brief presentation of the services etc.)
- Appointment of a contact person for Roma and Sinti. in every City District

## Chapter III

### Proposals for good practices

We have identified a series of *transversal* recommendations, which must be taken into consideration by all actors and institutions when addressing areas of intervention in healthcare and Roma community and specifically in prevention of addictions and Roma youth.

Because of the different contexts of the Member State and between regions and cities of the same country – different healthcare systems, different policies, also different Roma communities – it is not possible to propose one single content and structure of the training for capacity building. It would not be transferable, nor *European* in itself. We agreed on the aim of the training, as explained in the Introduction, and on some common characteristic that our action should have. Then we tested how we could adapt this common and shared characteristics to the specificity of different contexts. On the basis of the results of our testing, we are able to present recommendations to all organizations and local authorities who want to improve the services.

We would like to underline that the starting point has to be the analysis of the local context and the understanding of the needs both of the Roma population and of the healthcare and social services.

The participatory approach to training is strongly recommended. A paternalistic approach in which Roma are seen as passive recipients of actions and funds should be avoided.

#### 1. Training of social and healthcare service providers

- The involvement of local health authorities is crucial for the success of the method, not only at the stage of implementation of the training but prior to that, in all phases of planning.
- Partnership building. The participation of Roma and of local stakeholders at all stages of the development and testing of the SRAP project was crucial. We therefore recommend that prevention and training programmes are designed, planned and executed with Roma, but also with stakeholders and that all information and knowledge are exchanged among Roma and all stakeholders.
- Involve decision makers. They have to approve and support the training and the participation of workers; however we suggest that also the results of the training are exchanged with them, as a way to contribute to the process of policy and decision making. For instance, the participation of directors of different departments (social and healthcare) to the last session of the training allowed to discuss practical suggestions for improving the integration between services and the improvement of their responses to the Roma needs. Only if the decision makers undertake the ownership of the training, the impact and sustainability of the action can be allowed.
- In order to reach long term and sustainable results, prevention and capacity building programmes should be based on the local specificities and draw from contextual resources such as the services system, the family, the community, the youth groups, the health indicators.
- It is important to know the socio-cultural characteristics of the Roma community, especially those that affect health positively or negatively, such as:
  - mutual support between relatives, respect and care for the elderly, the importance of mourning.

– gender-related issues: the role of women as caregivers and the fact that they tend to forget about their own health; men can reject weakness and health care.

- The flexibility of our training allows for the organization of ad hoc training courses but it also allows for the inclusion of modules on Roma culture and community in various levels of the education and training systems, for instance:
  - On-the-job training for professionals, lifelong training, continuing education
  - Undergraduate education and post-graduate education in social sciences and health sciences
  - Vocational training
- Whenever it is possible, ask that the training is certified by the continuing education for social and healthcare workers, so that credits can be awarded to participants.
- Provide training and capacity building for Roma mediators in the area of health promotion.
- It is important to have an interdisciplinary approach, in terms of contents (health, drugs, communication, Roma culture etc.) and trainers (who should come from different areas of expertise), and to ensure the participation of both health and social workers from different services. This will increase the effectiveness of the action and foster cooperation among services.
- The participation of both social and healthcare workers to the same training can increase the exchange of information and foster co-operation. However, be aware of the risk: the need to fit the training to different participants' background might result in too generic contents, not enough specialised or detailed.
- During the training, or as a follow-up to it, we suggest to create opportunities for reflection and debate among professionals in the social-health care sectors who work with the Roma population with a view to reviewing professional practices.
- A practical approach to training should be favoured, together with a participatory approach that fosters the involvement of participants and exchange with health and social services decision makers.
- Training should be a combination of lectures, group work and case studies. This combination of training techniques proved to give added value to the training: it increased the participation of the students, it facilitated the exchange of their experiences and in some cases it encouraged participants to come up with suggestions and solutions to improve services. A training dependent on lectures is often too removed from the daily practice, does not encourage or emphasize learning and is poorly integrated across disciplines. We could say that this combination "gives a voice" to participants and value their experience and competences.
- Be confident in the success of the training. The satisfaction expressed by the participant was good and many were interested in further training on Roma issues. This evaluation confirmed that SRAP identified and addressed a real need of the services and also that the project response to this need – training for capacity building, which in itself is not an innovative tool – was effective.
- Allow time for the organisation of the training and start well ahead of the scheduled dates. Time is needed for the co-operation with the health authorities, to promote and disseminate the invitations, to get the training accredited for lifelong learning, if possible, to secure the participation of Roma

representatives, to fit the training with the usually busy work schedules of health workers.

## 2. Preparation of tailored materials

The Handbook *Health, prevention of addictions and Roma youth in Europe: a handbook and actions for practice*, which is the main tool of the SRAP training, has been developed in a way that facilitates its integration with other tools and materials (existing or strongly recommended), such as:

- Manuals, teaching guides and reference documents for self-instruction of professionals.
- Information brochures and posters that are culturally tailored to the Roma population (simple, clear language, visual, etc.).
- Audiovisual material for group work.

## 3. Inclusion of the concept of 'difference' in the organisation of the healthcare system

- SRAP approaches drug addiction as a health and prevention issue. The experience of the partnership and the experience of SRAP confirmed that interventions focusing only on drugs are not effective. Addiction should be included in broader interventions on health. Therefore we recommend that any training integrates addiction and prevention with health issues (children and mothers health etc. depending on the local contexts). This will better meet the needs of the Roma population and the needs of the social and healthcare services as well.
- Given the complexity of the vulnerability factors that favour drugs use, interventions have proved effective when they address this complexity; issues concerning housing, employment, education, health should all be taken into account in the design of the training.
- Be prepared to face requests of the participants for further actions in other areas related to Roma. The training might be the opportunity to bring to light more needs of the services, for instance: the needs for a better co-ordination among social and health services and among public and private services, the need to have updated data and indicators on health conditions and evidence based researches to support policy making. This can increase the impact of the training; at the same time it requires replies that might not be so easy to provide.
- One of the key issues of the SRAP training was how to include the concept of 'difference' in the healthcare systems: how can service recognize the 'difference' of the population and provide appropriate - and sustainable - replies to the needs of all population? How can different services share information on Roma population so that they do not replicate actions and waste time and resources? Some of the suggestions that came up from the SRAP trainings were:
  - set up 'information procedure and systems' to identify health conditions of Roma
  - identify groups most at risk of developing drug problems
  - draw up - and share - maps identifying those areas where greatest health inequalities exist
  - tailor protocols and procedures, making them more flexible (adaptation of schedules, active recruitment of users, etc.)
  - identify health indicators and set up a monitoring system

- include the figure of the professional intercultural mediator in hospitals
- in conclusion, *humanize health-care*.

#### **4. Capacity building within the Roma community**

- The Roma community must participate and be given a leadership role at the different stages in the planning and execution of health promotion programmes.
- Awareness must be heightened in terms of taking care of one's own health, disease prevention, and the proper use of healthcare resources by each and every one of the members of the Roma community.
- Involving Roma mediators and outreach workers as part of the services' and institutions' staff could improve the quality and the scope of the services provided.

#### **5. General action criteria for professionals**

- Promote the use of the general healthcare resource network by the Roma population
- Focus on priority healthcare groups within the Roma community: women and youth
- Optimize intercultural mediation and support the incorporation of mediators in health-care resources
- Promote inter-sectoral and multi-disciplinary collaboration
- Optimize and showcase the strengths of the Roma community
- Increase co-operation between different actors – local authorities, NGOs, employment agencies, families, educators and trainers - in a long term approach that takes time to build, but is the only effective way to ensure the success and sustainability of the intervention.
- Coherently with the EU approach, do not set up ad hoc services for Roma but include them in the mainstream services and policies. Ad hoc services might increase social exclusion and are not sustainable on the long term.