HEALTHY FROM THE BEGINNING

ENSURING A GOOD START IN LIFE FOR ALL ROMA CHILDREN

PROJECT RECOMMENDATIONS | AUGUST 2020
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Transparency Register Number: 18941013532-08
About the Project

Healthy from the Beginning is a project designed and implemented by International Step by Step Association in cooperation with the European Public Health Alliance, the Institute for Development Policies (Romania) and Skola dokoran (Wide Open School-Slovakia).

It was developed to address the lower access to health, social and early childhood development services, of vulnerable Roma children, especially from birth to 3 years of age. The project aims to promote a comprehensive and holistic approach towards early childhood development and tackle issues faced by Roma children in Slovakia and Romania. Although, its activities focused on those two countries, the project outcomes are relevant for improving early childhood development services across EU Member States and make them more inclusive and sustainable.

“Healthy from the beginning” advances the role of health mediators in promoting a holistic policy response to early childhood development, as a major social determinants of health. The project approach is built on the guiding principles described in the Nurturing Care Framework for early childhood development promoted by the World Health Organization:
• The child’s right to survive and thrive: the obligation to protect children rights and ensuring their family care
• Leave no child behind: universal coverage and reaching out to the most vulnerable groups
• Family-centered care: support to families in provision of nurturing care
• A whole-of-society approach: demand for a concerted effort and an engagement of all sectors of society
• Whole-of-government action: policies across all sectors, inter-agency coordination.
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The first thousand days of life matter equally for Roma children

The first thousand days of a child’s life are crucial for their optimal development and the realization of their full potential. The lack of adequate conditions such as nutrition, quality healthcare and prevention services, vaccination, affordable medicines, learning activity and safety have long-term consequences on children’s physical and mental development, resulting in social and health inequalities affecting the rest of their lives.

This is particularly relevant for Roma, not only the largest ethnic minority in Europe but also the most marginalized and disadvantaged community. Roma children face unequal treatment in many areas of their lives and poor access to rights and services resulting in severe levels of inequalities between Roma and non-Roma in terms of health, education, living conditions, safety and child protection. These disparities should be tackled from the earliest years of life through a comprehensive policy framework for Early Childhood Development (ECD) addressing all the factors responsible for the inequalities which Roma experience.

Despite the European Commission Recommendations\(^1\) issued in 2013 calling on EU Member States to “tackle child poverty and social exclusion through integrated strategies” Roma children are still being left behind.

In 2013 the European Commission called on Member States to focus specifically on children who face an increased risk of poverty and social exclusion, such as Roma, to strengthen their rights and to put their well-being in the heart of all relevant policies. However, their situation have not changed and European Union goals for combating the vicious cycle of poverty and deprivation have not been reached which has been confirmed by the results of the survey released by FRA showing alarming rates of poverty and exclusion among Roma children.

Roma communities and other vulnerable groups are disproportionately affected by poverty and exclusion because of the unequal treatment they receive in accessing their rights and services. Tackling the poverty and social exclusion which deprives children of the right conditions for their healthy growth and development requires a comprehensive approach addressing the core factors responsible for the multiple challenges that Roma face across Europe, regardless of the economic situation of the country.\(^2\) Positive impacts can be achieved


A survey released by the Fundamental Rights Agency revealed that 90% of Roma children live at risk of poverty and social exclusion. They are often exposed to generational poverty affecting Roma families’ ability to provide children with good conditions for their children’s development. 50% of Roma children face notable nutritional risks and suffer from malnutrition weakening their physical and mental health, reducing opportunities for healthy growth and development.

Poverty and employment: the situation of Roma in 11 Member States

(Fundamental Rights Agency, 2014)
when all the factors responsible for the poor socio-economic situation of Roma children and their families are acknowledged and addressed through sustainable policies, including stronger guarantees for child rights and protection, enabling them to grow in a safe and nurturing environment and equitable society.

A Comprehensive Early Childhood Development Policy Framework - an imperative for combating social exclusion of Roma

The period during pregnancy and first the first three years of a child’s life are critically important and have long-term impact, because they provide the foundation for life-long health and well-being of each individual and society as a whole. This is a unique period of opportunity when the foundations of optimum health, growth, and neuro-development across the lifespan are established. This is a time when brain cells grow in abundance and learning is essential for the child’s mental development and its cognitive capacity in adulthood.

The first years of life can equally be the time of great vulnerability when foundations of lifelong inequalities are laid. A child raised in a safe, healthy, and stimulating environment has better opportunities for a successful life compared to one living in deprivation and social exclusion.

To be effective, early childhood development requires an inclusive, green comprehensive, and holistic policy framework focusing on the age from birth to 3 that addresses child’s development, health and well-being. It should assess and successfully meet the needs of Roma as well as other vulnerable children in healthcare and focus on prevention, safety, responsive caregiving, learning activities and brain stimulation.

It should tackle the key factors which cause the multiple gaps between Roma and non-Roma in pivotal areas of their lives, with an additional and specific focus on racism in its all dimensions and combatting discrimination against vulnerable young children and their families. Improved cooperation between relevant policy makers, public institutions, healthcare, social and educational services can increase the efficiency of ECD policies. It should serve the greatest interest of the child and provide holistic support to their parents and families to overcome the inequity, poverty and social injustice they experience.

“An integrated, holistic support for Early Childhood Development, which tackles the long-term political, social, economic and environmental factors affecting Roma communities is essential to foster social cohesion and break the vicious spiral of poor health that both contributes to and results in poverty and socio-economic exclusion, particularly for Roma families.”

(European Public Health Alliance)
Why focus now on Early Childhood Development for the youngest and most vulnerable?

The unprecedented crisis provoked by COVID-19 has had disproportionate socio-economic consequences for Roma, who already experience deep and generational poverty, live in substandard conditions and face higher levels of environmental pollution, creating multiple risks for child development and healthy growth. The pandemic has highlighted the levels of inequalities faced by Roma children and their parents and the impact of structural discrimination against Roma communities across Europe.

Lockdowns of entire Roma settlements located in segregated areas in many Eastern and Central European countries have isolated Roma in a crucial time when health protection, prevention and participation in the labour market were most needed. Such measures deprived Roma families and children from access to healthcare and prevention programmes, social services, vaccination, timely medical interventions and follow-up care raising further health risks for pregnant Roma women, their babies and young children. The loss of parents’ livelihoods and professional activities, increased risk of unemployment or precarious work exacerbated by the pandemic have long-term consequences for child development and decrease opportunities for safe, healthy and optimal growth. Levels of discrimination, hate crimes and hate speech against Roma communities intensified during the crisis highlighting the results of poor public commitment to combat the structural discrimination against Roma which continues to exist despite the development of strategies for Roma inclusion at European and national level.

This public health crisis and its social and economic effects on the most vulnerable have shown the “human and financial costs of inaction.” The lack of adequate social and public investment in Roma communities and other vulnerable groups across Europe have also deepened the pandemic’s effects on society as a whole. Such consequences are avoidable and preventable through policy measures treating many core issues simultaneously faced by Roma and other vulnerable groups, including structural discrimination and child rights protection. In this regard, the prioritization of ECD with focus on vulnerable children should be part of any EU recovery plan.

Furthermore, the holistic early development of Roma children needs to be specifically addressed within the post-2020 National Roma Strategies and must include assessment, concrete action plans, timelines, and measurable indicators and progress monitoring of all aspects crucial for healthy development and described
n the Nurturing Care Framework: healthy nutrition, health, early learning, safeguarding and child protection and responsive parenting.

## Recommendations on Key Areas of a Comprehensive ECD Policy Framework

A comprehensive ECD Policy Framework for addressing the needs of vulnerable children, including Roma under the age of 3, can break the cycle of poverty and marginalization of entire generations; ensure healthy lives for the future generations and provide them with equal opportunities to realize their full potential, increasing common well-being and prosperity. Moreover, ECD is recognized as a strategic factor for social cohesion, equality and sustainable development of societies and economies, necessary for achieving the 2030 UN Agenda for Sustainable Development Goals (SDGs). A comprehensive ECD Policy Framework promotes equal opportunities for those in vulnerable situation and can contribute to combatting inequalities between and within countries (SDG10), eradicating poverty (SDG1), promoting gender equalities (SDG5) as well as reaching global targets in health (SDG 3.2), nutrition (SDG 2.2), education (SDG 4.2) and protection (SDG 16.2).  

The Nurturing Care Framework, launched globally by the World Health Organization in 2018, provides a very sound foundation for policy development across countries aiming to advance early childhood development, especially in the first thousand days of a child’s life. Promoting a Nurturing Care-focused ECD Policy Framework is one of the most effective ways to ensure the equal access to rights and services for vulnerable children, reduce socio-economic gaps between population groups and advance social inclusion of Roma and other vulnerable children. Access to quality, equitable, inclusive, and integrated, child-and-family-focused services from the beginning of child’s life contributes to solving major social and economic issues such as child and generational poverty, reduce inequalities and combat exclusion. It will further prevent socio-economic crisis across Europe and contributes to the creation of more cohesive, inclusive and open societies.

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9 [https://apps.who.int/iris/bitstream/handle/10665/272603/9789241514064-eng.pdf?ua=1](https://apps.who.int/iris/bitstream/handle/10665/272603/9789241514064-eng.pdf?ua=1)
1. Young children’s good health and well-being

Access to quality healthcare and prevention services, including vaccination is an essential factor for a child’s optimal development and well-being. Article 35 of the European Charter for Fundamental Rights guarantees the right to medical treatment and preventive services which are crucial for ensuring the best conditions for child’s healthy growth and development. The right to “timely access to affordable, preventive and curative care of good quality” is a principle promoted within the European Pillar of Social Rights promoting social and economic rights across the European Union. This principle is particularly relevant for Roma children who are more vulnerable to health inequalities from the earliest years of their lives and should guide national policy frameworks for early childhood development.

- Every child must enjoy equal access to quality healthcare, including regular pediatric visits, consultations with nutritionists, psychologists and health professionals, regardless of the ethnic, social or administrative status of their parents.

- International, European, and national legally binding agreements set a legal basis for guaranteeing child rights and protection. Therefore, early childhood development of Roma children can by improved through stronger child’s rights protection, including equal access to social and economic rights which are essential for breaking the cycle of health inequalities across Europe.

- National policy-makers should provide stronger guarantees for vulnerable children’s rights to healthcare and prevention by ensuring the availability, accessibility, and affordability of health and prevention services, access to vaccination and medicines, and better protection against discrimination.

- Given the gap in health between Roma and non-Roma women, Roma mothers should have equal access to pre- and post-natal care enabling the monitoring of mothers’ health and child’s physical development during pregnancy regardless of the health coverage of the pregnant woman.

- Universal Health Coverage has an indispensable function for improving access to health and prevention services, especially for socially disadvantaged groups such as Roma highly vulnerable to poor health. Therefore, Universal Health Coverage can insure the access to certain packages of healthcare and prevention services which provide essential support to reduce health inequalities affecting vulnerable groups, including Roma. These packages must include pre and post-natal care for vulnerable women to provide better conditions for babies and children’s development.
• Mental health of children and their parents, in particular those at risk of poverty and social exclusion, requires a holistic approach, including human rights protection.

• Psychological support for pregnant Roma women, parents, and children should be provided without stigma or discrimination.

• Reproductive rights and family planning services should be accessible and affordable for all will improve sexual education among Roma parents and prevent teenage pregnancy and birth.

• Prevention aimed at detecting any eventual developmental delay or non-communicable disease should be guaranteed for all. National authorities must allocate public funds to ensure the availability and affordability of such services, in particular for Roma children living in segregated and under-developed areas, where they are exposed to harmful living conditions, increasing health risks.

• National Roma Inclusion Strategies should provide monitoring mechanisms to better address children’s access to healthcare, reduce health risks faced by children and providing adequate policy responses to health inequalities between Roma and non-Roma.

• EU Member States must ensure objective assessment of the needs of children from vulnerable groups in pivotal sectors such as childcare, prevention services, nutrition, housing and infrastructure, that influence child’s health status. By involving a large variety of actors such as regional and local authorities, academia, civil society organizations, advocates and health and education professionals and mediators, better assessment child’s needs will be carried out and their needs better met.

2. Young children’s nutrition

A child’s first three years represents a critical stage when malnutrition and nutritional risks have calamitous consequences for their physical and mental health and development.

**80% of Roma households are at risk of poverty compared with 17% in the rest of the European population, illustrating the levels of inequalities between Roma and non-Roma. Poor income or the lack of financial resources impacts Roma families’ capacity to afford food and provide healthy nutrition for their children. As a result 30% of Roma children live in households where someone goes to bed hungry.**

Second European Union Minorities and Discrimination Survey Roma – Selected findings

Fundamental Rights Agency (2016)
National policy makers must take adequate measures to combat child’s poverty leading to malnutrition; reduce nutritional risks by creating holistic programmes with adequate funding to support families at risk, including Roma. These programmes must be in line with major European policies, such as the European Child Guarantee, to provide an effective response to child poverty and deprivation which result in greater nutritional risks and malnutrition, especially amongst Roma children.

- Tackling child poverty should become a national priority in line with SDGs 1 and 2.
- Reducing the employment gap between Roma and non-Roma as well as precariousness in employment faced by these communities should be recognized and addressed as an effective way to provide children with better opportunities for healthy diets and growth.
- National authorities must explore the feasibility and promote universal access to basic income for reducing poverty among Roma and other vulnerable groups in order to increase their capacity to afford healthy diets, especially for pregnant women and children under the age of three.
- Roma parents must be supported to be able to provide healthy nutrition for pregnant women, babies and children under the three years of age. This should be advanced as a way of decreasing child’s stunting, malnutrition or obesity and reduce vulnerability to non-communicable diseases. Specific attention must be paid to those living in segregated and isolated areas facing multiple obstacles in strategic areas of life.
- National awareness-raising campaigns about diversified healthy nutrition for pregnant women and children under 3 should be organized and target women from vulnerable groups, caregivers, and health professionals, especially those working in primary care, pre and post-natal care sectors. Mothers and health professionals should be fully informed of the positive impact on their children’s health and well-being, and they should be adequately supported to overcome eventual challenges. They must receive adequate information provided by a nutritionist about healthy diets during pregnancy and breastfeeding.

3. Responsive caregiving

The care young children receive at home is vital for their survival and healthy mental development. Responsiveness, emotional stimulation, and appropriate interaction between parents and children have multiple benefits for the child, including its cognitive and emotional development, learning capacity, as well as prevention of diseases and child mortality.

The situation is more complex when referring to households facing multiple social and economic challenges such as child poverty and exclusion. Increased levels of stress, anxiety, depression and trauma linked to employment precariousness weaken parents’ and caregivers’ ability to meet their child’s basic needs; forced evictions and house demolition as well as discrimination and anti-Gypsy-
ism have severe effects on responsive caregiving and parents’ interaction with children affecting their mental health and well-being. Therefore, timely actions are needed to provide support to parents in vulnerable situations and strengthen their capacities to respond to their child’s signals in a responsive and caring way.

- Diverse parenting support programmes should be provided to all parents. Those experiencing teenage pregnancy and parenthood must receive specific support in order to build their responsive parenthood capacities. These programs need to be inclusive and comprehensive and should be provided without discrimination and bias.

- Training and learning opportunities aiming to support parents learn how to interact and engage with their children, with a particular emphasis on recognizing the child’s individual needs and establishing secure emotional connections (attachment), are crucial.

- Parents, especially mothers, living in poverty must be provided with professional support to help manage stress, anxiety and other mental health issues that may influence the quality of interaction and communication with the child and their capacities to appropriately respond to child’s needs.

- Empower parents in their parenting roles and support families of young children starting from pregnancy to increase their parental well-being.

- For ensuring frequent and quality interaction and communication with their children from birth to 3 years old, single parents and those in prison must receive support proportional to their specific needs and challenges.

- Foster families taking care of Roma children must receive adequate training to provide children with healthy, nurturing and safe environments and meet their emotional needs.

4. Child safety and protection

Poor infrastructure, substandard living conditions, and environmental pollution are frequently found in Roma settlements, which are also ethnically segregated.

EU Member States have failed to combat substandard living conditions in Roma settlements despite the European Framework for National Roma Integration Strategies defining access to housing as a strategic area of policy intervention. In many countries substandard living conditions have become a pretext for systemic forced evictions and house demolition without providing Roma families with sustainable alternatives for accommodation and shelter, exposing Roma children to major safety threats and danger as well as homelessness.

Letters from the Commissioner of Human Rights, Council of Europe to Albania, Bulgaria, France, Hungary, Italy, Serbia & Sweden, 2016

Informal settlements and segregated neighbourhoods in Eastern and Central European countries; camps and halting areas (accommodating Travellers) in Western Europe are often located at the cities’ outskirts, where Roma people, pushed to the margins of society, are greatly exposed to environmental hazards.
raising health risks, especially for pregnant women and young children.\textsuperscript{11} Lack of access to clean water and sanitation, lack of paved streets, pavements, and traffic regulation in segregated areas deprive Roma children of adequate protection. Roma settlements are often lacking basic public services such as regular garbage collections, safe connections to electricity power grids, heating systems or public transportation raising severe risks for children and their parents, including domestic accidents, or the spread of communicable diseases, further adversely affecting their physical and mental development and well-being.\textsuperscript{12} Overcrowded housing and the lack of basic equipment create further risk for Roma children and increase their exposure to poor health and domestic accidents.

Forced evictions and house demolitions leaving many parents and children homeless, further harm children’s development and healthy growth. Evictions and house demolition must be accompanied by concrete measures to ensure access to proper housing where Roma children can enjoy a safe and healthy living environment. Such actions must be part of a human rights-oriented strategy for combating structural discrimination in housing (ethnic segregation), environment (environmental discrimination), and urbanism. Implementing such measures from the earliest years of life is a precondition for ensuring the safety of Roma children.

• National and local authorities must focus on child safety and work in an integrated manner across different sectors including environment, urbanism, housing, education, health, and employment. This work should also address access to public services such as clean water and sanitation, garbage collection and public transportation.
• EU Member States should provide stronger guarantees enabling registration at birth for Roma children by adopting legal provisions preventing statelessness among Roma. All Roma children must be registered at birth and provided with relevant and valid documents they need to exercise their social, economic and political rights.
• Addressing the higher density of population in segregated settlements, overcrowded housing and substandard living conditions, increasing risks of domestic accidents and communicable diseases, should be a priority for national and local policy makers to ensure the protection of Roma children. National authorities must tackle these issues by promoting access to adequate housing, including basic equipment and facilities for Roma families in non-segregated areas.
• Roma parents at increased risk of poverty and material deprivation must be eligible for social and financial support through relevant social policies to prevent children’s placement in childcare institutions due to poverty.
• National and local authorities must provide Roma children with adequate public playing areas accessible to children and parents with disabilities; green space and vegetation in their living areas.
• Discriminatory practices, child abuse, verbal and physical violence against Roma children in caregiving facilities must be investigated and prosecuted according to national legislation guaranteeing children’s rights. Stronger guarantees for child protection will contribute to building trust among parents and providers.

• National Roma Integration Strategies should include measurable gender equality indicators and targets and provide mechanisms for their progress monitoring.

• National legislation should provide stronger guarantees for women and girls protection against human rights violation, sexual and domestic violence and have strict policies for child's rights protection, including sexual abuse, human trafficking and child exploitation.

• Child protection, health and educational authorities should react in these cases and protect women and children from violence without bias and discrimination.

• Different parenting support programmes should be provided to facilitate a child’s responsive upbringing and to promote non-harsh disciplinary measures.

5.Early Learning

Early childhood education and care (ECEC) services for children under three years of age are not part of compulsory education. However, high quality ECEC should become an integral part of the policy solutions to combat Roma exclusion and must provide Roma with the support required to overcome the multiple disadvantages which lead to a notable gap in education.13

National authorities must design and implement high quality ECEC programmes based on a comprehensive ECD policy framework, with clear governance and distribution of competences and responsibilities. Such programmes must promote cooperation and coordination between all relevant Ministries, public administration and services at national and local levels to improve social inclusion from the first years of life. Special attention should be paid to parents and children from disadvantaged communities and vulnerable groups to ensure that they can be involved in policy design and implementation, to respond to their specific needs. In parallel special attention should be paid to the quality of the home learning environment and the implementation of different measures and support for its enrichment.

• National ECEC systems should prevent ethnic segregation and include measures for desegregation targeting segregated ECEC facilities.

• Settlements with predominantly Roma populations must be well served by public transportation connecting children and parents with crèches and kindergartens in non-segregated areas. Such measures must promote and facilitate the child’s enrolment in non-segregated ECEC settings.

Parents must be provided with learning opportunities (formal and non-formal) to increase their understanding of ECD and children’s needs (especially from birth to 3 years of age). Awareness-raising campaigns designed by parents, educational mediators and ECEC professionals can further contribute to the sensitization of parents about the importance of early learning and benefits of stimulating home environment ECEC. Such campaigns may include good practices promoting successful partnership between national and local authorities, ECEC staff and parents from vulnerable groups.

EU Member States must promote quality ECEC, including well-qualified and culturally sensitive and diverse professionals and practitioners providing high quality services and ensure that they have further professional development opportunities for improving the quality of ECEC services, especially those working in settings with predominantly Roma children.

ECEC staff must be well prepared to interact with children living in poverty and those who cannot afford basic materials such as books, toys and other brain stimulation tools at home. ECEC staff have a strategic role in creating a playful environment to develop the communication, cognitive, social and emotional skills, and children’s physical and mental well-being. Inappropriate relationships, including stigma or prejudice can have a negative impact on child’s perception of society and their relationships in adulthood.

National funds should be allocated to improving the accessibility and quality of ECEC services, especially for children living in isolated and/or segregated areas (rural areas, formal/informal settlements), and to enabling meaningful cross-sectoral cooperation between all relevant public sectors.

Stigma and discrimination against Roma children in access to ECEC facilities or participating in such programs must be fully investigated and prosecuted according to national legislation guaranteeing children’s rights.

Conclusion

The first three years of life are vital for child’s physical growth and physiological development. Children deserve and should be provided with optimal conditions to realize their full potential. They need access to health and prevention, healthy nutrition; responsive caregiving, early learning as well as safety and security. Many parents and carers struggle to provide favourable conditions for their children’s development because they face greater exposure to poor health, inadequate housing, inter-generational poverty, poor access to education, discrimination and in many cases, violence.

Without early intervention and adequate support for parents, caregivers, families and communities, these children have limited opportunities and poor chances in every aspect of life compared to their peers raised in better conditions. They become vulnerable to poverty, poor physical and mental health, non-communicable diseases, and shorter life expectancy. Therefore, investing in vulnerable children is the most efficient way to promote an equitable society by eradicating generational poverty and inequalities. This will also boost economic growth through increasing individual competitiveness and productivity.