ROMA CHILDREN’S PARTICIPATION: SHAPING RESPONSES TO COVID-19 IN THE EU AND BULGARIA

The 1989 UN Convention on the Rights of the Child provide children’s rights to express their views freely in all matters affecting them, and for these to be taken into account. In the EU these rights are reinforced by primary law obligations in the Treaty of the European Union (EU) and the Charter of Fundamental Rights. To exercise these rights, children need information, encouragement, mechanisms to voice their concerns, and people who take action in response. The UN Committee on the Rights of the Child has noted that participation rights apply in responding to COVID-19.

The EU is currently developing a post-2020 initiative for Roma inclusion and there is no clear indication of how this will support children’s participation (as well as youth). The COVID-19 pandemic reinforces the need for clear indications on how children’s views will be included.

This policy paper presents research on the impact of COVID-19 of Roma Children and the barriers to their health and wellbeing and the potential of participatory responses. The findings are set in the current context of child poverty and related EU initiatives on poverty and participation. Lessons to learned are highlighted and priority actions are recommended. The full research, carried out via surveys and online discussion in April and May 2020, provided information about the impact of

Impact of COVID-19 on Roma children in deprived areas

The findings of our research on the context of the pandemic and public health responses to it, show consistent patterns of challenging conditions experienced by some young Roma and their communities in relation to: Lack of Essentials for Basic Health and Income; Wellbeing and Education; Discrimination and Participation.

In terms of lack of essentials for basic health, some Roma families are facing increased difficulties accessing and paying for food, medication and Basic Services (clean water, sewerage, and electricity). These difficulties were reported in all 9 countries surveyed. One professional described it in this way:

The most vulnerable, as usual in such circumstances are Roma communities. ... the famine and lack of running water in some locations is a menace for humanitarian crisis.

Another professional underlined the health consequences of this:

Many Roma children are part of households that cannot provide them with food. Dozens of

3 The full study Larkins et al 2020 Building on Rainbows
4 Quotes are not linked with countries to protect anonymity.

Research Paper cocreated by Rositsa Milkova & Prof Cath Larkins, University of Central Lancashire 04.06.20
Contact Clarkins@uclan.ac.uk for further details. See also Policy Paper on Roma Children’s Participation
families are without running water and their restrictions on hygiene in these conditions are impossible.

Poor housing for many families means that they are living in places where access to water was already inadequate. In addition, access to other places where water may have been sourced, such as public buildings, has been ended by restrictions on movement and closure of public services. In some situations, municipal governments have ‘cut the electricity’ to some homes or failed to allow installation of temporary water and sewerage.

In some countries, movement has been restricted by the requirement that people should carry a pass, for example stating that people are on their way to shop for food, health needs or access hospitals, however:

A significant proportion of the poor families do not have the means to print such declarations daily. In the absence of the declaration, police can give fines to anybody who is on the streets without motive and declaration.

Income for some Roma families is affected by the nature of employment. Many people have been ‘returning from working in Western European countries without job prospects’ and this has impacts on loss of income for that individual and for family members to whom they had been sending money. Daily income sources are also affected, and this is not recognised in government measures:

Central government has approved two economic packages … but unfortunately none … include concrete measures for those who work informally. Many Roma people ensure their incomes through selling second hand clothes in informal markets or in villages or by collecting recycle materials. These groups are those who most need help due to the lack of their incomes because of isolation but the government is not considering them.

Although some organisations have pointed out that there are difficulties for families who do not have social welfare numbers, or who are not in existing systems, and there are delays sometimes of a few months changes in governmental approaches have not been implemented.

In terms of wellbeing and education, all families experiencing confinement and restrictions on movement are facing emotional pressure in one way or another; small housing may compound this. For some children who are used to reliance on outdoor environments for their mental wellbeing, this pressure will be even greater. But, as one professional noted ‘initiatives that address their wellbeing are not on the table.’ While for some children not attending school may mean a reduced exposure to bullying, isolation may increase. In many families, children are reliant on the internet and digital devices for contact with other young people as well as for their education. Professionals in all nine countries reported a lack of computers, and technical support for some Roma children.

due to the lack of smartphone or wireless access... the online teaching is not effective ... Also, because some of the parents cannot help them with their homework because of illiteracy. This exclusion was seen to potentially exacerbate existing inequalities. It was also seen to further emotional distress for young Roma by causing ‘even stronger separation from other children’.

Although in some countries and neighbourhoods, governments have put in place strategies to provide printed materials and digital devices, overall, systems put in place to provide digital access do not go anywhere near to recognising or accommodating the needs of Roma families.

Discrimination was reported in four ways. Restrictions on movement are disproportionately enforced on some Roma communities and there are some reports of negative public and police attitudes, for example:

Police are stopping Roma people to leave the premises and go shopping in the city. Roma people are blamed for not respecting the rules of social distancing, while their very crowded
homes, with no running water and sanitation, do not allow for keeping families inside.

In one country, professionals reported that some Roma families were being forced to leave their home at a time when legislation was in place to confine people to their homes. There has also been a report of police violence against children⁵

Families with children, living below the poverty line have limited access to quality health and health-related services. There are several reasons behind this, among which the discriminatory attitudes of some health professionals towards ethnic minorities. These policy gaps were known prior the COVID-19 and unfortunately became even more difficult to overcome nowadays when the number of people at risk is increased. In the context of the pandemic, children are becoming more vulnerable, especially those of them who live in poverty with unstable financial sources in the family.

It is expected that the number of people unemployed and with reduced incomes will grow in the next months, given that the pandemic crisis has affected all public sectors and many people are left out of the labor market. Many Roma individuals are facing difficulties in getting a job because of the discriminatory attitudes of some employers, and in the context of COVID-19 Roma individuals have described experiencing greater discrimination from employers in comparison to the time prior the pandemic.

Many professionals reported combined effects of poor housing, economic disadvantage (exacerbated by exclusion from formal employment or work in the gig economy), and lack of access to online learning all combined to exacerbate the health crisis:

The economic and social conditions of disadvantaged families ... have deteriorated significantly... Many people living in slums have lost their jobs due to the closure of sectors, especially in manufacturing, or have been forced to take unpaid leave. Many children ... are without technical devices and Internet access to continue their education. In addition ... many of the registered patients are from predominantly Roma neighbourhoods, mainly due to a lack of running water, disinfectants and social distance.

In the context of these combined barriers the lack of participation or even information about ‘on how to respect quarantine and how to protect from infection spread within the community’ raised professionals’ concerns. One professional noted ‘No one is focusing on this problem [the situation of vulnerable families] and there is not enough information’. Some NGOs are very active in supporting, listening to and learning from children and families to find out about their needs.

‘We have regular communication with parents, but also with children.’

‘1. We are calling and talking to parents continuously (those who have phones) 2. Meeting them one by one respecting the distance’

‘By survey and communication with Roma families through our Roma coordinator from the localities.’

In two examples, professionals described how they were communicating the information they gained to local and national decision-makers:

In collaboration with some other grassroots and legal organizations, OUR centre has taken some steps and started and advocacy process in order to push the local and central government to approve a scheme of providing support regarding those who work informally, Roma and non-Roma. Also, we are trying to

encourage local government to use its emergency budget in order to support small businesses through a scheme.

No professionals could identify the ideas of Roma children being taken into account in public decision-making at this time. They described the need for:

*Communication with civil society organizations/NGOs/community centres [and] collecting data [on] needs of Roma families from social excluded localities and which are socially disadvantaged. After end of the pandemic we must to prepared condition for continuing of normal live. We must to work on the mental health of children to understand what’s happens, and to work with children.

---

**Context of Child Poverty**

The COVID-19 pandemic has been occurring in the context of pre-existing extreme inequalities in Europe. Children from excluded families, living in deprived areas, have limited access to these participatory mechanisms. This exclusion is reinforced when parents are not involved in expressing their views. As children learn from their families, witnessing parents’ involvement in decision making in encourages children to also share their views. An enabling environment is critically important to ensure the participation of children from excluded families.

The 22.8 million children at risk of poverty or social exclusion⁶ represent one of the most vulnerable population groups in the European Union. A Eurochild report⁷ shows 89% of children are living at risk of poverty; and “poverty among children with low-skilled parents is 15 times higher than it is among children with high-skilled parents in Bulgaria. ... the situation particularly severe among disadvantaged groups such as Roma”.

Children who grow up in poverty have less opportunities than their peers. They have less access to quality education from early childhood and continuing through to higher education, and are more likely than children from better-off families to face health problems, including mental health and well-being issues related to school dropout; lower educational attainment; and being in contact with criminal law or child protection systems.⁸

**Children’s health and participation, including for Roma children living in deprived areas, is supported by addressing these issues of material deprivation⁹.**

---

**Improving legislation, policy and practice: the ‘bridge’ called ‘Children’s Participation’**

The COVID-19 pandemic has also been occurring in the context of a decade in which EU institutions have launched several initiatives, aimed at bringing Member States efforts together to plan and implement common policies for children’s well-being, including through children’s participation.

**2010 - The European Semester** started, with the aim to coordinate national efforts towards the Europe 2020 Strategy for smart, sustainable and inclusive growth. In this annual cycle, agreement of objectives was followed by country reports issued by the European Commission, Member State responses and Country Specific Recommendations adapted by the European Council.

**2013 - The Recommendation on Investing in children: Breaking the cycle of disadvantage** was part of the Social Investment Package. In this, the

---

⁶ 2018 figure which is growing in Covid-19 context

⁷ https://www.eurochild.org/fr/news/d/article-new-opportunities-for-investing-in-children/?tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Baction%5D=detail&cHash=fcc8099c70c1cae4a34b8b2c318f229


European Commission provides guidance for EU Member States on how to tackle child poverty and social exclusion through measures such as family support and benefits, quality childcare, early-childhood education under three key pillar: assess to adequate resources and reconciling work and family life, access to affordable quality services and children’s participation in decisions that affect them, and in cultural, leisure and sport activities.10

2015 - the European Parliament called for a Child Guarantee that would help ensure that every child in Europe at risk of poverty or social exclusion has access to: free healthcare, free education, free early childhood education and care, decent housing and adequate nutrition11.

2017 - the European Parliament requested further preparatory action, and the European Commission responded by commissioning a study on the feasibility of a child guarantee for vulnerable children, focusing on the following target groups: children, living in precarious family situations, children, residing in institutions, children of recent migrants and refugees and children with disabilities and other children with special needs12.

2019 – the Bucharest Declaration on children’s participation, an initiative by the Romanian EU Presidency developed recommendations for children’s participation from children, young people and other experts. A European Parliament Resolution13 then called for the Commission and the Member States to implement these, highlighting that ‘the culture of child participation can be built at all levels – family, community, local, regional, national and European’ and bring ‘short- and long-term solutions for society’. The European Commission are currently funding a study to investigate how children’s participation in public decision making can be further strengthened.

2020 – EU response in context of COVID-19 has included the Commission Communication on the Stability and Growth Pact, allowing for deviation from the budgetary requirements that normally apply, and legislation enabling European Structural and Investment Funds to be used to address the exceptional effects of the pandemic. The European Commission issued the Feasibility Study for a Child Guarantee,14 providing analysis of the design, feasibility, governance and implementation options of a possible future Child Guarantee Scheme in the EU Member States based on what is in place and feasible for groups of particularly vulnerable children.

Lessons to be learned on supporting participation

Professionals recognised that stronger community involvement in directing short- and long-term solutions is needed:

A serious strategy is needed on the part of the national and local institutions responsible for children’s health and well-being. It can be developed with the active participation of the GOVERNMENT, non-governmental organizations and representatives of these communities, in order to meet all needs and to achieve success.

Even where national initiatives exist there tends to be ‘a lack of structured dialogue with Roma communities’.

Previous research15 has shown that it is important to discuss and learn from children about how to respond to disasters, risk reduction and strategies for recovery, and to do this in appropriate and ethical making sure that support is in place.

15 See https://www.lancaster.ac.uk/cuidar/en/publications/
Roma children have been engaged in creating information posters and videos that promote safety and well-being.

*Children are taking part in a poster designing competition, to create information for... Roma and Traveller communities, about how to stay safe during the pandemic. Children and families have helped raised money for health provision, sometimes thousands of pounds. And children have created education and cookery guides, shared on websites and social media.*

Some children living in disadvantaged conditions are involved in self-directed activities that aim to campaign for or create change. Others have created or taken part in online discussions of surveys to express their views.

*We are in contact with the Civil Protection Service of Catalonia, providing guidance on how to improve the care of children and trying to implement some action that allows us to know first-hand what the needs, demands and concerns of children and adolescents are, thinking especially in the phase of deconfinement.*

Some have taken part in press conferences and discussions with government ministers.

*At a regional level, the president offered a round of questions and answers specifically aimed at children who had previously sent their doubts, driven by the children's information program ..., which is also doing specific information work from the beginning of the crisis.*

These participatory processes are about preparation and planning; connecting with children; identifying issues of concern; and investigating views. In isolated case governments are now responding to children’s views by, for example, making funding available to meet the identified needs of children and young people in alternative care. There has also been some collaboration with Children’s Ombudsmen.

Children and young people living in disadvantaged conditions have also been involved in designing and piloting solutions related to wellbeing and scrutinising practice. For example:

*[Feeding back on a] Mental health app for caregivers and children and youth - under pilot in Italy.*

*Disabled young researchers have been involved in the development of a research funding proposal. ... this would look at the impact of govt policy and practice responses, and discourses to the pandemic ... [and] seek disabled young people’s recommendations for improved policy and practice responses.*

The first lesson learnt from COVID-19 is that the children living in disadvantaged situations in the EU, including young Roma, can guide understanding, policy and services that will promote their health and well-being. The task for EU Member States is to establish mechanisms through which their ideas can and will be taken into account in decisions.

---

Further lessons on health and wellbeing for Roma children in deprived areas

---

Participation and social protection go hand in hand, supporting each other to support health and wellbeing. The 2020 European Semester country reports highlighted ongoing difficulties for disadvantages communities, and in Bulgaria an additional burden on the health system which is

---

already characterised by limited accessibility stemming from low public financing, limited health insurance coverage’. The Bulgarian report echoes the findings from our research and notes: ‘The share of people at risk of poverty or social exclusion was already high before the crisis, especially among children, the elderly, people with disabilities and Roma ... The crisis requires measures to fix the gaps already identified in previous years, and in particular the minimum income scheme, which is one of the least adequate in the EU for lifting recipients out of poverty’... Many Roma households, already in deep poverty prior to the crisis, are in need of essential services and support’

This underlines the policy gaps in terms of children’s rights to access to basic essentials and services that promote health, well-being and participation: education, healthcare and socio-economic measures towards families.

1. Living in poor housing conditions

Living in poor housing conditions impacts on children’s physical health and well-being and has made it harder for families to stay healthy in the pandemic. In Europe many Roma live in neighborhoods with poor infrastructure – unmaintained streets, lack of street lighting, waste bins and safe playground are among common characteristics of Roma neighborhoods. In the most deprived areas, there is also a lack of sewerage and water supply, electricity, high number of damped houses. The overcrowded and very often damped houses are with poor isolation and difficult for heating during the winter season.

Even though improvement of housing is underlined a priority under several EU strategic documents, including the National Strategies for Roma Integration, the practice proves that the existing legislative, institutional and funding mechanisms are poorly developed.

The lesson learnt from COVID-19 is that the improvement of housing conditions of most excluded children cannot be postponed as it also has a negative impact on children’s, the families’, communities’ and societies’ ability to overcome pandemic situations such as the COVID-19. To do so, there is a need of amendments on existing tools for social housing in terms of scope and accessibility. The data shows that the number of people in housing needs is increasing. Unfortunately, the number of existing social houses in some EU Member States in the last decades has decreased. For instance, the relative share of municipal houses, aiming to meet the social housing needs of families and individuals in Bulgaria in 2011 was nearly seven times less (2.5 %) in comparison to the 1985 data census when their relative share was 16.2 %\[17\].

2. Digital equipment and services

In Bulgaria, and other parts of the EU, traditional forms of educational and social services have been transformed to online consultations and delivery since March 2020. However, the only access to digital technology of most excluded children prior the pandemic crises was via school facilities.

To fill this gap in the context of COVID-19 crisis, many grass-root organizations have initiated variety types of activities such as:

- Fundraising campaigns to collect used technology and dissemination among pupils, living in poverty, without digital equipment
- Dissemination of printed handout for pupils who don’t owe digital equipment, internet, electricity and/or
- Collaboration with schools via the involvement of Roma educational mediators.

Lessons can be learned now from community responses and the ways in which services have been adapted. It appears that there is always an alternative form of service provision, if there is a political will to do so. Learning from the success of
providing access to digital technology and online communication could overcome the barriers to accessing services for some families, living in rural areas or preferring to access services remotely. Many Roma children are left to the care of their grandparents due to the work migration of parents in Western Europe. The alternative form of parental involvement in service delivery could be applicable for those families as well.

Digital tools could be a platform for (1) extending usage of available services (2) provision of feedback on quality (3) recording specific gaps in and recommendations for service provision and (4) to raise concerns about discriminatory practices and professional attitudes.

This initiative could be further developed and improved in Bulgaria as well as other EU Member States with similar social and economic background so that services are available, accessible, affordable and responsive to feedback. Targeted investment on including Roma parents’ views in improving policies that affect them and services they might access could also create a culture supportive of children’s participation in public decision-making.

3. Toxic stress due to living in poverty

The pandemic situation limited the work opportunities and impacted on a negative way those of the families, who are living without a secure income from permanent employment.

Given that high number of Roma are working on a temporarily basis, very often engaged in seasonal work and/or day to day work opportunities without labor contract, the initiated socio-economic measures by the governments to protect workers’ rights failed to protect the rights of those who are not part of the formal labor market.

In addition, there were very limited measures for support of families, living below the poverty line. This brought to extreme difficulties to parents to ensure the daily essentials of their children such as food, heating, drugs, clothing and basic educational items such as notebooks, pens, incl. digital items as part of the distance learning process.

The lesson learnt from COVID-19 is that the role of the social protection system is critically important so that most excluded families with children are supported. Given that the toxic stress due to living in poverty impacts on a negative way the mental health of caregivers as well as children, the European social protection systems need revision and update with a permanent fund for urgent needs of families with children.

The existing measures under the form of social benefits in Eastern Europe are partially addressing the needs of most excluded families with children. To support the survival of those families during the pandemic, many grass-root organizations have initiated fundraising activities – food packages, clothing and sanitarian essentials were collected and disseminated door to door by volunteers. A positive example from Bulgaria for community support were the donations made by Roma, living and working abroad to Roma, living in deprived rural and urban areas in Bulgaria.

However, these initiatives can’t replace the role of the government.

Families with children, living below the poverty line have limited access to quality health and health-related services. There are several reasons behind this, among which the mandatory health insurance in some of the EU Member States, the discriminatory attitudes of some health professionals towards ethnic minorities and gap of understanding of social determinants in health. These policy gaps were known prior the COVID-19 and unfortunately became even more difficult to overcome nowadays when the number of people at risk is increased. In the context of the pandemic, children are becoming more vulnerable, especially those of them who live in poverty with unstable financial sources in the family.

It is expected that the number of unemployed people will grow in the next months, given that the
pandemic crisis has affected all public sectors and many people are left out of the labor market. Given that in many EU Member States the health system requires contributions for health insurance by individuals over 18 years old, it is estimated that those of the individuals who do not participate in the labor market can’t afford to pay their health insurance. In practice this means high number of people without access to health-related preventative services in the context of COVID-19. The lesson learnt from COVID-19 is that the EU Member States need to establish mechanisms through which vulnerable individuals could access preventative health-related services.

Recommended Priority Actions

1. Improve supported and ethical mechanisms for hearing and responding to children’s views so that children share their opinions about the quality of initiated measures and forthcoming planning of measures, programs, services and interventions in the context of COVID-19 response.

This includes opportunities to express specific concerns, experienced by the most excluded children in terms of:
- Accessibility of healthcare services of vulnerable adults and children, living in deprived areas
- Distance form of learning & housing conditions that enable children to thrive
- Effectiveness of community-based services in support of parenthood in poor environment
- Availability of facilities for safe playground within the neighborhoods
- Ensured minimum income for daily essentials such as food, clothing, drugs, books and digital items for access to online learning sources

In the context of COVID-19 it is particularly important to ensure that children that opportunities to learn from children are not overlooked, but also to avoid causing distress.\(^\text{18}\)

The successful distribution of digital equipment and extended internet access that has already occurred for some families could be extended and built upon to create online mechanisms for feedback back about services, but also policy and practice nationally and internationally.

2. Community involvement in advocacy work through expressing local views on specific concerns, and support for implementation of concrete ideas in line with needs and opportunities
- Secure financial support to maintain and extend the relationships between grassroots organisations, Roma health mediators and wider community members
- Policy actors demonstrating their commitment to hearing and learning from community perspectives

3. Improvement of community-based services in terms of planning and service delivery:
- Establishment of community-based libraries with free access to digital technology for children and parents
- Involvement of parents and pupils in classes and/or community supportive groups
- Integration of child participation approach into existing and emerging tools (legislative, institutional and financial) and the post-2020 initiative on Roma inclusion

4. Improvement of intersectoral collaboration so that social, educational and health measures towards children and families are in line with specific needs and development opportunities in family context of the child:
- Access to social housing of families with children
- Access to social benefits and additional contacts with service providers for targeted support
- Access to health services and targeted support to ensure access to medical treatment, including medication.


For research and Policy Paper on Roma Children’s Participation contact C.Larkins@uclan.ac.uk