Europe's Forgotten Citizens – Exploring Poor Health Policy Implementation in Roma Communities in Galati

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Abstract

The situation of the Roma population remains difficult. The differences between the Roma and the non Roma in Romania are deep. The focus of this article is on the Roma's health. 80% of people with TB live in countries with a high number of Roma, leading the World Health Organization (WHO) to claim Europe has lost control over TB. In 2008, 38% of the working-age Roma in Romania had no health insurance. Although Roma problems are acknowledged, currently, policy initiatives are not working. This paper will help to solve the problem by using the perspectives of network learning and receptivity to change, which systematically analyse the effectiveness of interaction between social actors at the individual, group and organizational level. The success of health policy implementation is mixed. A success is the introduction of the Roma health mediator, whilst and a failure is the persistence of discretion at the local level linked with stereotyped beliefs regarding Romanies. The paper suggests that by adopting a more managerial perspective the features that delay policy implementation can be identified, especially the level and type of communication break down.

Keywords: health, policy implementation, Roma, Romania, network learning, receptivity to change

Introduction

The World Health Organization (WHO) (2009) defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Health, poverty and social exclusion are closely associated

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(Santana, 2002; Cattell, 2001). Wilkinson (2005) claims that the perception of inequality is closely associated with a poor health. On average, life expectancy is between five and fifteen years shorter for inhabitants of poor areas when compared to people living in better areas (Wilkinson, 2005). Santana (2002) suggests that close attention should be paid to how European countries are addressing the health issues of the deprived and socially excluded.

Of particular concern are the Roma. In Europe, the Roma's life expectancy is about ten years less than the majority population. They have higher rates of coronary artery disease, diabetes and obesity, and among children there is malnutrition, anaemia, dystrophy and rickets. Moreover, as 80% of the people with TB live in countries with a high number of Roma, the WHO claims Europe has lost control over TB (Open Society Institute, 2007). In 2008, 38% of the working-age Roma had no health insurance (Rat, 2008).

In a previous article by the authors (Butler and Gheorghiu, 2010, in press), they focused on the drivers that both inhibit and facilitate Roma social exclusion. They found that receptivity for change is a helpful framework for analysing policy implementation in Romania, especially poor implementation of education policies related to the Roma child in Galati. Re-analysing the data, one of the receptivity factors, institutional politics, did not fully capture the inter-relationships between the key stakeholders. There are existing links between local government, NGOs and service users, because they are parts of the same network, but the links do not work effectively. The contribution of this paper is to explore institutional politics from a network learning (NL) perspective (Knight, 2002). This is novel for two reasons: first, it is new to link receptivity to NL, second, it is also new to apply receptivity and NL in the context of the Roma in Romania.

An effective network is important because existing literature clearly reveals that diversity is a fundamental feature of high performing organisations. Multiculturalism increases learning, creativity, innovation and effectiveness in teams (Van Dick *et al*., 2008; De Dreu and West, 2001). Poor decision-making in established networks negatively influences children's health, safety and education and people's lifespan and happiness (Putnam, 2007). Social networks, social activities and participation in organizations are connected with better health chances (Cattell, 2001).

In the Roma context, however, such advantages are lost. The intention of this paper is to understand the dynamics of the Galati Roma network and to suggest some ways forward to improve its function and to create a learning space. The paper argues that poor Roma health in Galati is due to poor decision-making at the local level. The institutions in Galati can overcome prejudice by embracing diversity.

In the first part of the paper four key areas of literature are reviewed. It will focus on diversity and networks, and then it will describe NL (Knight, 2002). This will be followed by linking NL to public administration and international

development, especially connections with Lipsky's (1980) street level bureaucracy. Finally, relevant policy reports will be considered and how they contribute to the debate from a practitioner's view. The second part will contain the exploratory study, the method used and the main results. Drawing on NL, the results will be analysed at different levels of interactions: interorganizational network, organization, groups of individuals and individual. Key findings will be highlighted in the discussion section.

Diversity and networks

As diversity is a reality of our life, homogenous groups are not only unwanted, but also usually an unrealistic task (Homan *et al.*, 2008). Teams and groups of students and workers are becoming increasingly diverse in terms of age, gender, ethnicity, and nationality (van Dick *et al.*, 2008; van Knippenberg and Schippers, 2007).

Homan *et al.* (2008) noted that diversity enhances productivity in groups. They also positively associated *'openness to experience'* (Homan *et al.*, 2008, p. 1218) with performance. Minority dissent increases creativity and divergent ideas, which translates into innovation through group participation (De Dreu and West, 2001).

Diversity within a group can determine both positive and negative results (van Knippenberg and Schippers, 2007). Individual differences are not automatically translated into group diversity (van Knippenberg and Schippers, 2007). Van Dick *et al.* (2008) argue that it is not the diversity of a group per se that is important, but the individuals keeping their *'diversity beliefs'* (2008: 1464). Diversity beliefs are perceptions that people have about the dynamics within the group and the belief that diversity will enhance or decrease the group performance. Moreover, studies have shown that diversity can be also counterproductive. For example, Ely's (2004) study has shown that race and sex diversity were not positively associated with team performance. She explains that the cause might lie beneath employers' tendency to employ people with similar skills and features. Therefore, although the employees are diverse in terms of race and sex, they are alike as workers. Disparities caused by ethnicity affect people's behaviour in groups, because of their different cultural roots (Cox *et al.*, 1991: 839).

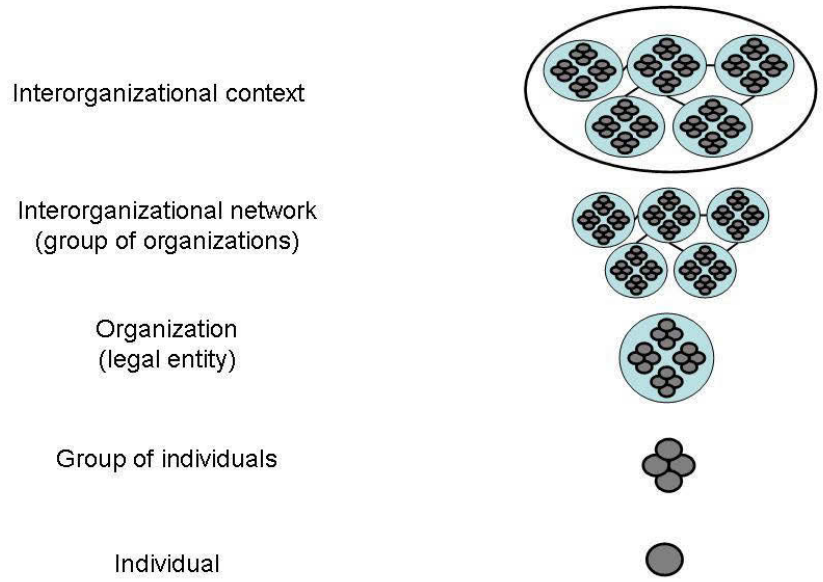
Social actors within organizations do not act in isolation; therefore, their actions should not be analysed in isolation. They engage with each other continuously in forming networks (Ebers, 1997). The literature regarding networks has increased quickly (Knight, 2002), becoming an 'au courant' topic in social sciences. The rapid interest in networks came as a result of discontent with conventional and fragmented views of economic actors and their actions, and the

need to change practice (Knight, 2002). By understanding network processes and structure we can influence organizational performance.

Network learning

Senge (1998: 439) argued that '*Human beings are designed for learning...they are fully equipped with an insatiable drive to explore and experiment'*. Knight (2002) specifically focuses on network learning (NL) which she defines as learning by a group of organizations. She makes a clear distinction between learning within networks (interorganizational networks) and learning by networks (network learning). A key element of NL is the communication between network members (Knight, 2002). NL expands the concept of organizational learning and it is based on the following principles. First, learning is not limited to individuals (see Figure 1). Second, interorganizational networks follow three other levels: the individual, the group and the organization. Third, when assessing whether or not OL and NL are isomorphic, NL ought to be analysed in broader networks, not only intentional networks. Fourth, an approach based on networks is desirable in NL (Knight, 2002).

Figure 1 – Levels of analysis in Network Learning



Source: Knight, 2002, p. 436.

At the individual level, even if OL is perceived as *'the sum of the learning individual organization members'* (Knight, 2002: 432), there are numerous other interpretations. While Gavin (1993) emphasises the importance of learning from others, Senge (1998: 444) claims that leaders as *'coaches, guides, or facilitators'* ought to assist people in their organizations to have a better understanding on their environment. Crossan's *et al.* (1995) concern is that in explaining learning at different levels there is a risk of missing important insights in researching individual learning, notably employment, preparation, improvement, and payment.

At the group level, the OL agent is the group (Knight, 2002), arguing that the knowledge is not exclusively produced by single individuals; they exchange knowledge among themselves in groups.

At the organizational level, OL is learning determined by role of the organization. This is a contested domain. Crossan *et al.* (1995) argue that the most durable strategy to defeat the opponent is to be a better or faster learner. Considering the claim that organizations are not able to learn as individuals do, the statement that networks cannot be learners is incorrect (Knight, 2002).

At the interorganizational level, the high interest in network working has increased research activity (Crossan *et al.*, 1995). However, the literature is poor

mostly because of the tendency to overlook the network as a *'learner'*, while focusing on the network as the *'context for learning'* (Crossan *et al.*, 1995: 435). To recognize and control interorganizational learning in diverse contexts, emphasis should be put on the importance of *'culture, structure, technology and absorptive capacity'* (Levinson and Asahi, 1995: 51), elements which merge with knowledge exchange processes.

Huber (1991: 88) concludes that organizational factors that facilitate organizational are faster than it is implied in the literature. He links OL with four concepts: *"knowledge acquisition, information distribution, information interpretation, and organizational memory"*. As *'learning is a process of change in cognition and behaviour'* (Crossan *et al.*, 1995: 353), learning can have a critical influence on performance in the short-term because organizations have the tendency to reject traditional strategies and to embrace novel and innovative practices.

Institutions, however, tend to focus on performance not learning (Senge, 1998). This is because there is no direct association between learning and performance. Indeed, performance does not indicate that learning took place, because there are other causes which lie outside the organization (Crossan *et al.*, 1995).

Moreover, researchers ignore past studies which lead to poor triangulation of data using different approaches but connected to OL (Huber, 1991). There is a lack of NL research in different settings (Knight and Pye, 2004). Little research targets a deeper understanding of the relationships behind the different levels of analysis – it does not acknowledge the intrinsic conflict between them. Therefore, a task for both researchers and practitioners is to pinpoint the tensions and see if they can be used by organizations (Crossan *et al.*, 1995).

The setting being explored here is poor health policy implementation in Roma communities in Galati. Networks are now linked more broadly to public administration and then specifically to Roma policy in Romania. Establishing this context is important in comprehending the capacity for networks to work effectively or the nature of local social capital. Capacity is influenced by *'neighborhood factors, area's history, work opportunities, local resource and opportunities for participation'* (Cattell, 2001: 1512). Such factors explain the links between poverty, location of residence, health and well being (Cattell, 2001).

Networks and public administration

Policy implementation can be better explained by the *'network approach'* (Greenaway, 2007: 717). Elite bureaucrats are crucial actors in governance networks (Gains, 2009). 'Governance' is '*the multi-dimensional character of a policy system as a nested sequence of decisions" (*Hupe and Hill, 2007: 279). Greenaway (2007)

describes the effectiveness and the outcomes of the interactions taking place in the various governmental levels where local and national networks relate. Using networks, elites have the tools and the authority to influence or decide the policy efficiency.

Street-level bureaucrats work in a *'web'* of diverse vertical and horizontal correlations. As Lipsky (1980) argued, they complete their tasks '*willy nilly*' and arguably unlawfully (Hupe and Hill, 2007). At the horizontal level they interact with their co-workers. At the vertical level they keep practical and relatively constitutional rapports with both service users and supervisors. Therefore, networks are vital in explaining the vertical and horizontal ties between organizations which are preserved by individual street-level bureaucrats completing their jobs (Hupe and Hill, 2007).

The notion of *'street-level bureaucracy'* was introduced by Lipsky (1980). Its focus was on the relative independence of civil workers. The question put by Lipsky (1980: xiii) was *'Should these bureaucrats look for other work rather than perpetuate unfair, ineffective, or destructive public practices? Should they stay on, contributing to discredit and sometimes brutalizing public agencies?*' Taylor and Kelly (2006: 639) explain this persisting behaviour in terms of existing values, because *'values cannot be prescribed or influenced so easily'*. They emphasise that street-level bureaucrats perform within a micro-network of connections within different contexts. Regardless of executive management, target focused service workers are still required to make use of their own '*rules of engagement'* (Taylor and Kelly, 2006: 639). In this context, the risk of discretion will remain, because workers are asked to act quickly making it difficult to supervise them, compounded by the tasks being challenging.

Networks and international development

Research targeting networks ought to bear in mind that practitioners are as important as academics (Kanter and Eccles, 1992). The practitioners are the Romanian government and local institutions in Galati. Their rules of engagement are clear.

In Romania, poverty decrease is an important issue. The Romanian government formulated the *National Plan against Poverty and Promotion of Social Inclusion*. The state recognises the severity of the poverty, declaring that the strategy is not a simple plan against poverty, but more than that, a programme for social reconstruction, aligned with the European agenda. Chapter 15 of this plan is meant to address the problem of the Roma (Romanian Government, 2009).

One of the main successes was the introduction of the Roma health mediators. In 2000, Romani CRISS (Roma Centre for Social Intervention and Studies) trained Roma health mediators to maintain a permanent connection between

the Roma population and public health services. These included child vaccination, ante- and post-natal care for mothers, contraception and family planning (European Commission, 2004). The programme was a great success and in August 2002 the Ministry of Health and Family made legal the occupation of health mediator, also establishing technical norms regarding organisation, functionality and the funds used.

In 2007, Romania became a European Union member. But the transition to the market economy and later the credit crunch have led to a job shortage. This determined a flourishing of jobs on the black market where the Roma population are usually underpaid, exploited or made scapegoats for different illegalities. More than that, the new market economy has increased the difference between the lower and upper classes, making the Roma more vulnerable. The state is unable to provide social protection for the constantly rising number of poor, illiterate and unemployed. Despite the EU and the Romanian government efforts, some studies imply that the quality of their life steadily decreases (Voicu, 2007).

Not surprisingly, there are calls for systematic efforts to explore the factors that influence the state's failure to support Roma rights. In order to contribute to this debate, three research questions are asked:

- What factors are driving and inhibiting poor health policy implementation in Roma communities in Galati, Romania?
- What role does network learning play in influencing the factors?
- How can receptivity for change be improved?

Method

This study re-analyses data reported in Butler and Gheorghiu (2010, in press). Thirteen semi-structured interviews were conducted and the participants were selected because they have different strategic roles in the implementation of Roma policies in Galati. Table 1 shows the distribution of roles.

The authors sought to triangulate data from three categories of people (senior manager, front line worker, and service user). Because of the symbiotic relationship between local government and NGOs in service delivery, representatives from both sectors were interviewed. Law 430/2001 specifies that both NGOs and the state's institutions have to implement the provisions meant to increase the standard of the Roma population. The NGOs represented are the Alliance for the Roma Unity, the Alliance of the Romani, Heart of the Child, and Word Made Flesh. Eight interviews took place at the social centre created by the United Nations Development Programme, the rest in the offices of the interviewees.

The interviews were recorded, transcribed and translated from Romanian to English. NVivo was used to analyse the data. The selection of the "nodes" was derived from the research questions.

Table 1 – Interviewees by role and organisation

Role	Galati County (Local Government)	NGOs
Senior Manager	2 Roma Leaders	
		Vice President Director
Front Line Worker	Health Mediator Legal Professional Roma Expert School Mediator	Social Worker
Service User	3	
Other	Sociology Lecturer, Galati University	

Case study – Galati, Romania

The results from the Galati case will be presented by following Knight's (2002) levels of analysis in network learning (NL). It is argued that, in order for NL to take place, an understanding of the context is vital because this conditions the interactions within the network. As a consequence, we have added a fifth level, interorganizational context.

At all levels of analysis, the WHO's (2009) wide definition of health is used – health is a state of complete physical, mental and social well-being. This is supplemented by Santana (2002) and Cattell's (2001) argument that health, poverty and social exclusion are closely associated. This means that evidence of all indicators of health and poverty exclusion are used.

Interorganizational context

It has already been noted that the Roma's life expectancy is about ten years less than the majority population because of their exposure to disease or infirmity (Rat, 2008; Open Society Institute, 2007). In Romania, there have been various policy responses including the National Plan against Poverty and Promotion of Social Inclusion (Romanian Government, 2009), building on previous success with the introduction of the Roma health mediators (European Commission, 2004).

Between 1977 and 1983, the Romanian Communist Party developed the *'Gypsy Integration'*. The programme tried to resolve their cultural, educational, health, housing, and social issues. As employment was an important government aim, unenthusiastic Roma were frequently sent into forced labour (Barany, 2000). In 1989, the democratic government introduced new concepts such as desegregation, human rights, non-discriminative attitudes, and self-determination. The Roma elite had the opportunity to highlight their issues and to promote Roma rights. But it is largely admitted that the vast majority continue to live at the margins of the society.

In 2002, only 88% of Roma children had the necessary immunisation coverage. In 2005, a UNICEF study (pp. 126-7) revealed that mothers who abandon their children are usually affected by extreme poverty (85% had an uncertain income and 80% had a very low standard of living), poor education (42.2% were illiterate and 27% have not finished Junior High School), youth (28% of the mothers were under 20 years old) and they had reduced social support. In 2007, the Soros Foundation (p. 7) showed that half of the Roma live in extreme poverty. Also in 2007, Badescu *et al.* (p. 33) highlighted that in rural areas 95% of the Roma do not have water in their households, while in the urban areas 73% face the same problem. 60% of the Roma live in rural areas, as opposed to 40% from other minorities. Roads in rural areas are in a very poor state, which becomes even worse after heavy rain and snow, making people completely isolated for long periods of time. (Badescu *et al.*, 2007: 32).

Extreme poverty means that utility bills cannot be paid and loans are taken, which, in turn, cannot be paid. This situation means that the right to basic services such as electricity, heating and water is undermined, and Roma are forced to abandon their houses. Data show that 38% of Roma have debts in comparison with 20% of other Romanians in the same situation (Badescu *et al.*, 2007: 36).

Individual level

At the individual level, change can be facilitated by professional by taking the initiative:

'*There were cases when Romani children told me that they had nothing to wear or to put on. And I went to their schoolmaster and I told him/her what I was told; and the schoolmaster talked to the other children and they*

gathered some clothes and shoes and in this way, the second day, the Romani children came to school'. (Roma School Mediator)

Unfortunately, such interventions do not work consistently because the Roma individual, in this case a participant in a training event, does not see the event's value:

'You send him to training courses in order to get a qualification ... he doesn't understand the meaning of that paper, which for him is useless, because it's not like you are giving him money or food'. (Roma Leader)

Groups of individual's level

Similarly to the individual level, there is both change and resistance to change at the group level in Roma communities. Some problems were eliminated by the introduction of the Roma experts, health, and school mediators. These are professionals who coach, guide and increase service user perception about available public services (Senge, 1998). Encouraging results were found for housing and GPs:

'I managed to change them, to have their own houses, to have deeds, ID papers.' (Roma Leader)

'they have to have a number on their fence, they shouldn't stay 2-3 generations in the same place because that's not the way to live ... we have new neighborhoods, one of them in majority young people with good houses made through their work.' (Roma Leader)

'From all the Strategy they understood the important things. That they have to have a GP.'(Roma Leader)

The role of the health mediator seems problematic. On the one hand,

'There are a few who say that there are rumours that some children had died because of the vaccine but there is no problem if you know how to talk to them.' (Roma Health Mediator)

On the other, Roma communities did not seem willing to engage with institutions. This suggests that the messages about health issues need to be communicated differently, to encourage Roma participation. Nevertheless, even if social marketing is initiated, there is an identity problem. Although the Roma health mediator visits the community, most Roma have no knowledge of what health mediator means:

'there are many who do not know about the concept of 'health mediator'. They know me as the girl from the Health Centre who comes and talks to them and gives them some information. But if you ask them if they have a health mediator in their village, they would say that they do not have one.' (Health Mediator)

Less encouraging results were found for education, especially in traditional communities:

'They follow a tradition. They don't let the girls to school for more than 4 years, after that they go to the mother in law to be raised by them. Despite that, it's enough for them to know how, to write, to read, to talk, to fill out a form. In general they don't let women work.' (Roma Leader)

The vast majority of the Roma face extreme poverty and they do not have basic living conditions:

'80-90% of the Romanies get the minimum income' (Community Facilitator)

'there are awful conditions; people here do not have electricity' (Social Worker, NGO)

'Most of the persons we are working with are very poor, they do not have running water in the house, they do not have a bath as they should have, they are not educated, they have another language and different expectation.' (Vice President, NGO)

Organization level

Like the individual and group levels, there is both change and resistance to change at the organization level. Change lies within the Roma community and proactive professionals, whilst resistance to change is located in the organisation itself.

Despite being diffuse, the different groups of Roma leaders are coordinated by informal structures. The informal system operates in three ways: placing Roma in key positions within the formal structure, creating a local network and the Internet. For example, a Roma leader selects reliable people, trains them and helps them get into key positions:

'We've got people of Romani origin who work at the public local authority, our people". (Director)

'I managed to get them jobs at the Town Hall; I sent the people who worked seriously, as voluntaries, to training courses for health mediators, school mediators and Romani language teachers ... I know that if I phone them and ask them to go somewhere, at a certain date and time; they will definitely be there as promised'. (Roma Leader)

There is an unsatisfactory public health infrastructure. Paying for health means that Roma poverty prevents access to medical services:

'God forbid you got really sick, because nobody in the hospital even looks at you until you give them some money.' (Roma Community Facilitator)

There is also a lack of customer care:

'The nurse pays a visit to the sick, just to be present ... in reality, she doesn't respect her duties ... .I notice the carelessness; I talk to the health assistant who does some inappropriate gestures.' (Roma Service User)

More than that, there is no complaint procedure:

> *'You feel like going crazy when you see all those people ... I made no complaints and I don't know where to make it? If I complain about you, your colleagues go to your boss and tell him that what I am saying is not true. And what is your boss going to do? Is he going to give up four people just for the sake of one? No, he won't.'* (Roma Service User)

Interorganizational network

The unsatisfactory public health infrastructure at the organizational level is replicated at the interorganizational level and the cause seems to be ethnic discrimination (Voicu, 2007). As governmental and non governmental institutions are responsible for the health care system in Galati, prejudice must be explained by a culture of intolerance:

> *'There is a case of a Romani mother who went there dressed normally and she was accepted. The second time she went there she was dressed with her Gypsy skirt and she was not allowed to enter the office and she was told 'I do not know who you are'. And we had to find another doctor for her.'* (Vice President, NGO)
>
> *'I personally know a Gipsy that has recently undergone surgery. I talked to the Mayor because there were 'emergency funds' and we were able to help her with the medical problem. The Mayor didn't offer her emergency help; he only gave her two minimum wages for two months. After she had the surgery, he didn't pay her for two months. And now, for two months, she has been sitting in the house, with no medicines, with nothing.'* (Community Facilitator for Roma)

Discrimination is system wide:

> *'There are no jobs. Some are qualified, as builders. Others have 4-5 grades. Nobody looks at them; they can't work, just with the shovel. The rest wants to work, they are young, have families, but can't find any. They live on benefits, which are next to nothing*.' (Roma Health Mediator)

System wide prejudice is particularly damaging. Low or no earnings and the perception of being part of a marginalized group are strong social predictors of self-reported bad health and discontent with the provision of health care (Rat, 2008). An objective or subjective feeling of discrimination can be *'a source of social capital as well as demoralization'* (Cattell, 2001: 1501). To counter-balance this situation Cattell (2001: 1502) suggests that networks *'can provide social support, self-esteem, identity and perception of control'*.

Discussion

In order to merge the results, the three research questions will now be addressed. The first question asked what factors are driving and inhibiting poor health policy implementation in Roma communities in Galati, Romania? The functioning of the Galati network is explained by both vertical and horizontal links between and within the different levels of analysis.

Vertically, at the individual, group, and organizational levels, a similar pattern emerged in that there are both horizontal drivers and inhibitors of effective policy implementation. At the individual level, change is facilitated by a professional taking the initiative, but such interventions do not work consistently because the Roma do not see value in the interventions given as examples by the interviewees. This pattern is replicated at the group level, in that health mediators, for example, implement health policy such as vaccination, but most of the Roma community have no knowledge of the health mediator role. The lack of engagement is no doubt due to the vast majority of the Roma living in extreme poverty and so have disengaged from institutions and their professionals. At the organisation level, Roma leaders are coordinated by informal structures, placing Roma in key positions within the formal structure to create a supportive local network. Nevertheless, the health infrastructure still works against the Roma because it is based on paying for a service which offers little customer care.

However, at the interorganizational level, both the network and its context, ethnic discrimination seems to be institutionalized (Voicu, 2007). A culture of intolerance has developed in the health care system.

In terms of theory, at the individual, group and organizational levels, individual street-level bureaucrats are shaping innovation in health policy implementation (Hupe and Hill, 2007). Yet at the interorganizational level, the Roma representatives are not able to influence the Galati network. The system does not display '*absorptive capacity'* (Levinson and Asahi, 1995: 51). Therefore, there is no knowledge exchange process to facilitate full network learning (NL). This lack of capacity to innovate, to improve implementation capacity leads to a sense of hopelessness and the continuous cycle of Roma deprivation and social exclusion.

In short, although it is known that learning within interorganizational networks is important in policy implementation (Crossan *et al.*, 1995) because learning leads to effective health policy implementation through high performing organizations which co-ordinate their work, NL is compromised in Galati.

The second question asked, what role does network learning play in influencing the factors? The paper has shown that network learning (NL) can be applied to the international development context. This has been demonstrated above by exploring both the vertical and horizontal links between and within different

levels of analysis. It effectively links local government, NGOs and service user activity as part of the same network.

More than that, the results from the Galati case have shown the need to add an extra and fifth level of analysis, interorganizational context, to Knight's (2002) model of NL. It is argued that in order for NL to take place, especially in the complex context of Roma social exclusion, that an understanding of the wider context is vital because this conditions the interactions within the network.

The third question asked, how can receptivity for change be improved? This question cannot be fully answered here because the focus of the analysis has been on network learning. Nevertheless, it is clear that this approach provides a fruitful research path and reveals a detailed view of the nature, process and outcomes of institutional politics, a key receptivity factor (Butler, 2003; Butler and Allen, 2008; Butler and Gheorghiu, 2010, in press). The integration of NL with receptivity will be tacked in another paper.

The key limitation with the data reported here is that it is a single exploratory case study which means that further research studies need to be carried out to test the results. Future research needs to clarify how the policy process in Romania currently works and how network learning might improve those processes.

Conclusion

The Romanian Government acknowledges the plight of the Roma population and it is implementing anti-poverty plans. Policy makers and researchers are trying to find the most suitable strategies to implement the plans. The paper has shown that ideas from business and management, specifically network learning, could reverse the cycle of institutional failure by better understanding service delivery in addressing these needs of Roma.

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