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Why Multi-Situated Ethnography is shown to provide new competences for sociological research on the poorest and most excluded populations' health as well as for evidence-based health promotion interventions?

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Aim. When extremely poor and excluded populations are concerned, Multi-Situated Ethnography (MSE) represents a valuable research design for health needs and resources diagnosis* and for the improvement of health promotion programmes. By focusing on the results of our 2-years community-based participatory study on prevention amongst Roma populations living in France**, we will assess the potentials of ethnography-based research for both scientific production and health promotion interventions.

Methods/actions. A MSE has been carried in three distinct scenarios, selected because of the different socio-cultural integration levels and life conditions of the Roma families. There are: 1) the Forest of Mery-sur-Oise, a shanty town where around twenty Roma families live, 2) the collective emergency housing in the old headquarters in Saint-Maur-des-Fossé, and 3) S.A.N. de Sénart, a conglomeration of towns which an integration plan of Roma people was launched in. This fieldwork has produced scientific data on the healthcare provision and the social accompaniment realised by professionals of the health, social and administrative sectors as well as on Roma's health promotion practices. A reflexive evaluation design was undertaken through the conduction of an expert panel involving 3 sociologists and 3 social workers, meeting each month.

Results. The MSE allowed building up comparative relations between health practices and socioeconomic and geo-political factors amongst "hermetical populations" when they asked to share information on their life with outsiders. Simultaneously, the data analysis allowed considering: universal similarities, cultural differences and individual singularities. The increased of the methodological procedures as it helped avoid falling into stigma reification of groups already highly racially discriminated. Its participatory dimension helped document and share learning across contexts, providing a renewed source of dynamism amongst professionals dealing with sensitive fields and very difficult to access. Because of the sensitivity brought by its in-depth comprehensive-based approach, it moved closer professionals to their Roma beneficiaries, even leading to cases of conflict resolution between both actors.

Conclusion. The acquisition of the required skills to carry out a social and health intervention based on a community-based participatory diagnostic of needs and resources and, on an evaluative follow-up of the actions undertaken within the intervention scenario is a major asset for the elaboration and management of individual or community-dimensioned professional projects. MSE needs to be revisited and revalued as it comprises useful a set of competences to give informed guidance by supplying decision-makers and professionals, with sound and comprehensive analysis.

Key words: Multi-situated ethnography, social intervention, methodology, collaborative work between researchers and professionals.

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