



# **Te Rodel Nevo Drom 'We are Looking for a New Way'**

A Health Strategy for Roma Families in HSE South West

## ACKNOWLEDGEMENTS

TIRC (2024) Te Rodel Nevo Drom, 'We are Looking for a New Way', A Health Strategy for Roma Families in HSE South West. Tralee. TIRC.

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## FOREWORD

As Regional Executive Officer HSE South West, I have the accountability for the Health and Wellbeing of people in Cork and Kerry. I'm aware of the significantly poorer health outcomes experienced by Roma and Traveller Communities. And so I'm delighted to introduce this Strategy Supporting Roma Families in Cork and Kerry "Te Rodel Nevo Drom" (We are looking for a New Way).

Commissioned by Tralee International Resource Centre, Dr Patricia Kennedy was lead researcher in developing this Strategy for Roma Families in Cork and Kerry. This work was carried out in partnership with Roma peer researchers under the guidance of a research advisory group. In January 2023 Isac Ianco and Marcela Venzel, two Roma living in Kerry became part of the team as "experts by experience". A consultation process involving over 60 representatives from the Roma community, NGOs and statutory agencies was completed between January and April 2023.

Drawing on the considerable strengths of the Roma community, this work will guide improvements in the health and social care service delivery for Roma in Cork and Kerry. This strategy is informed by the findings of the National Needs Assessment of Roma and literature identifying the health needs of Roma. The strategy is also aligned with the Second National Intercultural Health Strategy (2018- 2023) which advocates for facilitating the active and meaningful participation of communities in the design and delivery of services.

A National Needs Assessment for Roma in Ireland in 2018 revealed that services were not designed to meet the needs of up to 20% of Roma respondents. This was further highlighted in learnings from the COVID-19 pandemic. This Strategy seeks to address exclusion from health and social services. We are committed to improving both access and experience of care as well as working intersectorally to improve the standard of living for the Roma community across Cork and Kerry.


I am pleased to acknowledge the role of TIRC as they continue to make an Invaluable contribution to the quality of life Of Roma Families in Kerry. I look forward to welcoming and supporting the newly established role of Roma Health Co-Ordinator in Cork which will add greatly to our capacity

to meet the needs identified and deliver on the recommendations made.

I would like to celebrate the results achieved by our Community Work Departments and Social Inclusion in Cork Kerry HSE South West in partnership with the voluntary sector. The staff in the Community Work Departments in Cork and Kerry have consistently delivered innovative, sustainable and equality based solutions. Their work delivers the outcomes set out in Sláintecare (2018) promoting social inclusion. This has addressed the inequality of access that was embedded in the system which created barriers and perverse incentives that stood in the way of doing the right things for patients that need care.

Implementation of Sláintecare "first requires understanding the needs of the population, assessing health strengths and need and the distribution of those strengths and health need in a population. The next step is to complete population risk stratification with identification of particularly vulnerable population groups, including an understanding of the wider determinants of health".

This work provides a "snapshot in time" of Roma community health and social needs for Cork and Kerry. Roma stakeholders, voluntary groups and individuals have decided on the actions being presented within "Te Rodel Nevo Drom". The health and social services, working in partnership, are committed to delivering equitable health outcomes for Roma communities into the future.



Dr Andy Phillips

Regional Executive Officer – HSE South West



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## EXECUTIVE SUMMARY

The Tralee International Resource Centre (TIRC) has worked for the past ten years directly with Roma families in Kerry. TIRC commissioned research in 2018, funded by Tusla, to establish a socio-demographic profile of Roma families in Kerry. The need for a clear action plan to support the health needs of Roma families was recognised, and with HSE funding this Health Strategy for Roma in Cork and Kerry was commissioned.

This strategy is based on a consultation process which was conducted between January and April 2023 on behalf of TIRC. The process was led by Dr Patricia Kennedy who worked closely with Gina Kelly, HSE Community Worker HSE South West and Marcela Venzel and Isac Ianko, Tralee based Roma 'experts by experience' who engaged with over 50 representatives of NGOs and state agencies. Helena Dunova, Angelika Ianko, Gina Miyagawa and Denise Venzel also shared their expertise as 'experts by experience'. The team identified the health needs of Roma in Cork and Kerry, the obstacles to accessing services and possible solutions and presents a strategy which outlines specific actions. The team was supported by an Advisory Group. Its members were: Caroline Doyle, HSE Principal Comm Worker, Joanne Mc Namara, Principal Community Worker, Migrant Health, HSE South West, Mary O' Sullivan, Administration, TIRC and Anita Quilligan, Kerry Travellers Health and Community Development Project.

All of the consultations were, when possible, conducted with the 'experts by experience' and throughout the process information gathered was discussed and analysed with the aim of designing a pragmatic strategy which would lead to better health outcomes for Roma in Cork and Kerry. The consultations focused on the social determinants of health and the needs of Roma across the life course from pre-natal to old age; what they need in relation to accessing health services; if there are barriers; what they are, and how they can be overcome. The strategy is guided by the 10 Common Basic Principles for Roma Inclusion and relevant national policies and human rights and equality legislation and community development principles.

The findings have been translated into actions, some of which can be progressed immediately,


while others will require longer term planning and resources. A review of progress in respect of implementation of recommended actions will be conducted annually. The complexity of the issues identified indicate there is a need for the establishment of a multi-agency response and the establishment of an inter-agency steering group is one of the most urgent actions required along with the recruitment of two Roma Peer workers to improve links between the Roma community and health and social services. There appears to be a lack of trust both by service users and service providers and trusted Roma peer workers are vital in bridging the divide.

The consultations support international and national evidence regarding the complexity surrounding enumerating Roma but suggest that there are more than 400 Roma in Kerry and possibly twice that number in Cork. Evidence suggests that there is a lack of understanding by the public and service providers regarding the diversity of Roma as regards age, gender, nationality, religion and migration status, which is reinforced by cultural and gender-based stereotypes. Roma have experienced significant levels of adversity including racism, exclusion, financial hardship, further exacerbated by experiences of historical persecution. A trauma sensitive approach across domains of policy, culture and practice is necessary.

The complex experiences of Roma fleeing war in the Ukraine is compounded by discrimination and antigypsyism in Ireland as elsewhere.

Roma in Ireland now represent several generations of Irish born and non-Irish born adults and children and while there is very little information on their health status, the Covid pandemic unearthed some evidence regarding the marginalised position of Roma in Ireland. A longitudinal study of Roma health would provide valuable information across generations.

Barriers to accessing health services include precarious living conditions, discrimination, the habitual residence condition, accessing PPS numbers, health literacy, and language, cultural and economic barriers. Access to screening throughout the life course was identified as a particular



need and mobile clinics and outreach work were identified as essential. Screening in relation to hepatitis, bowel, and breast cancer and STIs was identified as important. Improved access to the cervical screening programme is vital for Roma women at a younger age than currently, as is the availability of the HPV vaccine which may not reach Roma girls who leave school at a younger age, or if their attendance is sporadic.

Improving access to information and services could be progressed through the development of a Roma Infoline for Cork and Kerry modelled on the current National Roma Infoline and the development of specific accessible resources for Roma using appropriate technology.

The consultation found that for the most part, Roma appear to have access to GP services, but the current stresses in the system mean that it can be difficult to access an appointment in both Cork and Kerry. Recently arrived and homeless Roma have difficulties accessing GP services and paying for prescriptions. Older Roma who join family members in Ireland for support, can have complex health needs, exacerbated by their inability to access health services.

Consultation for this strategy suggests that maternity units are trying to meet the needs of Roma women by providing interpretation services when required, but there seems to be an issue of poor-attendance for ante natal care. It was suggested that the waiting area in the Cork University Hospital, and the waiting time is not conducive to young mothers from an ethnic background and that there may be scope for a dedicated Roma midwifery clinic or teen mothers' clinic.

Poor mental health was identified as an issue for some Roma, associated with historical and intergenerational trauma and discrimination, precarious living conditions, overcrowding, insecurity of tenure and homelessness. For women, there seems to be a very heavy burden associated with becoming mothers at a young age, being multiparous and caring for children, while at the same time carrying the responsibility of caring for parents/ in-laws. Older Roma who are not likely to speak English are likely to experience loneliness and isolation and have difficulty accessing health services.

Roma households and communities tend to be patriarchal, and this can have implications regarding sexual and gender-based violence. There is a need for the development of culturally specific support services.

There is strong evidence that Roma families value education, but sometimes precarious living conditions, poverty, early parenthood and marriage and other caring responsibilities can be a barrier to regular school attendance and completion. Access to education, training and employment are crucial to participating in society and to achieving positive mental health. Literacy at all stages of the life cycle can be improved given appropriate services.

There is a need to link young Roma into existing youth services and to create opportunities for young Roma to learn about and celebrate their history and culture.

The need for a Romanian team in Cork Simon, similar to that available to other nationalities could provide a response to Romanian Roma. In Kerry, TIRC in Tralee is currently the focal point for Roma but the need is enormous, and a multi-agency response is required.

Community transport could be an important resource for Roma in rural areas where services are more difficult to access and could be of tremendous benefit to Roma isolated due to mobility issues and caring for babies and young children.

There is a need to develop a visible 'Roma Hub' where Roma can meet to celebrate their culture and access support.

It is important to celebrate Roma culture and to recognise the persecution experienced by Roma throughout history. International Romani Day (8th April) and Romani Holocaust Memorial Day (2nd August) are important opportunities to increase the visibility of Roma in Cork and Kerry and to educate the wider community.

## MAP AND PROFILE OF HSE SOUTH WEST



### ROMA POPULATION CO. KERRY

| Town of Usual Residence                | Population |
|--|------------|
| Castleisland, Co Kerry                 | 3          |
| Listowel, Co Kerry                     | 14         |
| Killarney, Co Kerry                    | 88         |
| Kenmare, Co Kerry                      | 23         |
| Ballybunion, Co Kerry                  | 5          |
| Tralee, Co Kerry                       | 240        |
| Killorglin, Co Kerry                   | 2          |
| Dingle-Daingean Uí Chuis, Co Kerry     | 0          |
| <b>Total Roma Population Co. Kerry</b> | <b>375</b> |

### ROMA POPULATION CO. CORK

| Town of Usual Residence         | Population | Town of Usual Residence               | Population  |
|---------------------------------|------------|---------------------------------------|-------------|
| Cork city and suburbs, Co Cork  | 705        | Watergrasshill, Co Cork               | 3           |
| Blarney, Co Cork                | 1          | Carrigaline, Co Cork                  | 44          |
| Tower, Co Cork                  | 10         | Kinsale, Co Cork                      | 17          |
| Youghal, Co Cork                | 25         | Mallow, Co Cork                       | 59          |
| Castlemartyr, Co Cork           | 6          | Charleville, Co Cork                  | 15          |
| Cloyne, Co Cork                 | 7          | Bandon, Co Cork                       | 75          |
| Midleton, Co Cork               | 61         | Clonakilty, Co Cork                   | 19          |
| Mitchelstown, Co Cork           | 15         | Kanturk, Co Cork                      | 18          |
| Carrigtwohill, Co Cork          | 19         | Macroom, Co Cork                      | 13          |
| Fermoy, Co Cork                 | 29         | Millstreet, Co Cork                   | 17          |
| Rathcormac, Co Cork             | 5          | Dunmanway, Co Cork                    | 4           |
| Crosshaven, Co Cork             | 4          | Skibbereen, Co Cork                   | 11          |
| Cobh, Co Cork                   | 35         | Bantry, Co Cork                       | 13          |
| Passage West-Monkstown, Co Cork | 21         | <b>Total Roma Population Co. Cork</b> | <b>1251</b> |

Source: CSO Census 2022





## INTRODUCTION

The Tralee International Resource Centre (TIRC) has worked for the past ten years directly with Roma families in Kerry. TIRC commissioned research in 2018, funded by Tusla, to establish a socio-demographic profile of Roma families in Kerry. The need for a clear action plan to best support the needs of Roma families was evident, and with HSE funding this research was commissioned. The aim was to identify the health needs of Roma in Cork and Kerry, the obstacles to accessing services and possible solutions and present a Strategic Plan which outlines specific actions.

## BACKGROUND

Though undercounted, it is estimated that there are 10-12 million Roma in Europe (European Commission, 2020). While Roma have a shared ethnicity they are not a homogeneous group and have different nationalities, including Irish, and different traditions and religions. In Cork and Kerry, we encountered Romanian, Polish, Czech, Slovak, Croatian, Bulgarian, Hungarian, Swedish and Ukrainian Roma. Throughout the last one thousand years, as they migrated from India, Roma experienced persecution, slavery, forced assimilation and discrimination. It is estimated that over 500,000 Roma were killed during what is known as the Romani Holocaust or Porajmos (The Devouring). Between 1970 and 1990, Roma women were forcefully sterilised in Czechoslovakia (Public Defender of Rights, 2005). Roma continue to experience widespread discrimination throughout Europe, as evidenced by the European Roma Rights Centre (ERRC). Bearing this in mind this Strategy advocates for a trauma informed approach, defined as:

Trauma-informed practice aims to increase practitioners' awareness of how trauma can negatively impact on individuals and communities, and their ability to feel safe or develop trusting relationships with health and care services and their staff. It aims to improve the accessibility and quality of services by creating culturally sensitive, safe services that people trust and want to use. It seeks to prepare practitioners to work in collaboration and partnership with people and empower them to make choices about their health and wellbeing (Office for Health Improvement and Disparities, 2022).

One of the challenges acknowledged in the National Needs Assessment of Roma (2018) was the complexity surrounding enumerating Roma in Ireland. This is an international issue which is very easily understood by anyone with a knowledge of the long history of persecution and discrimination experienced by Roma. It is a risk to declare one's ethnic status when people have been persecuted for this. The challenge for all concerned, is to make Ireland and beyond a safe place for Roma, where they can celebrate their identity.


Orton et al (2019) argue that Roma have faced generations of discrimination and persecution, are likely to experience higher levels of poverty and lower access to education and employment than majority populations. In addition, Roma women can experience gender-based discrimination and violence across the life course, compounding the effects of ethnic-and class-based disadvantages (Bollini et al., 2009; Zampas and Lamačková, 2011; European Union Agency for Fundamental Rights, 2013).

Evidence suggests Roma suffer poorer health and wellbeing relative to non-Roma, including higher rates of communicable and non-communicable diseases, poorer self-rated child and maternal health and higher mortality rates (Cook et al., 2013). Health indicators for Roma are often worse than for other groups in similarly disadvantaged social positions with Roma women experiencing the worst health of all (European Union Agency for Fundamental Rights, 2013). This suggests that Roma and Roma women, face adverse differential treatment and experiences that increase their exposure to risk factors for poor health beyond those that can be explained by poverty (European Union Agency for Fundamental Rights, 2012).

Orton et al (2019) suggest that the available evidence on Roma health conflates 'Roma', overlooking the heterogeneity of experiences among diverse Roma populations which they suggest reinforces cultural stereotypes and pathologizes Roma while overlooking the structural factors that shape their living conditions and circumstances and suggest that:

...future research should pay close attention to describing the varied characteristics of Roma populations, for example, whether the population is settled, travelling, migrant with a long-term settlement project, seasonally mobile, segregated or integrat-





ed, remotely located and living in urban or rural areas and sources of income and work.

McFadden et al (2018) in a systematic review address the question of how Gypsy, Roma and Traveller people access healthcare and the best ways to enhance their engagement with health services. Ninety-nine studies from thirty-two countries were included, covering a range of health services. Nearly half of the presented findings related to primary healthcare services. Reported barriers to health service usage related to the organisation of health systems, discrimination, culture and language, health literacy, service-user attributes, and economic barriers. McFadden et al conclude that promising engagement strategies include specialist roles, outreach services, dedicated services, raising health awareness, handheld records, training for staff and collaborative working. The review concludes that Gypsy, Roma, and Traveller populations across Europe struggle to exercise their right to healthcare on account of multiple barriers; and related to other determinants of disadvantage such as low literacy levels and experiences of discrimination. Similar evidence was presented by participants in consultations during this study.

Roma in Ireland now represent several generations of Irish born and non-Irish born adults and children and there is very little information on their health status. The Covid pandemic unearthed some evidence which was no surprise considering the marginalised position of Roma in Ireland, as elsewhere (Villani et al, 2021). The experiences of Roma fleeing war in the Ukraine needs special attention. The ERRC in its report Roma Rights Under Siege (2023) which monitored reports from the first year of war in the Ukraine concluded that the experiences of Roma fleeing the war have been compounded by discrimination and antigypsyism.

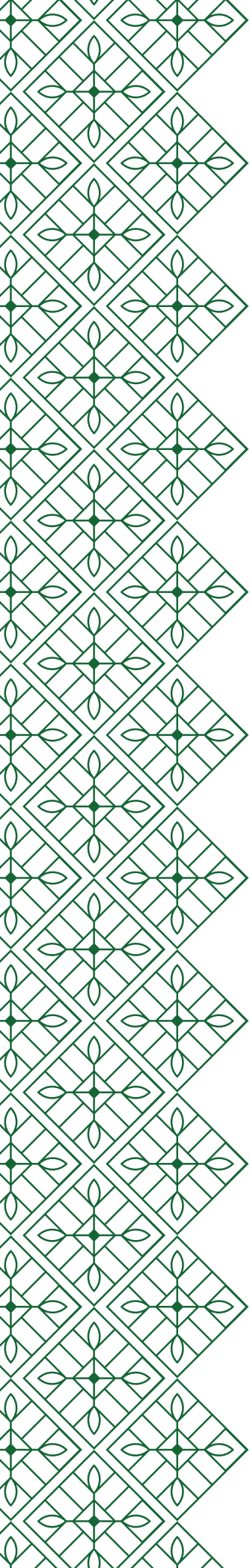
In the National Needs Assessment, almost one fifth of respondents described their health as poor. Diabetes emerged as a significant health issue with 22.5% of respondents reporting that they had been diagnosed with diabetes. The levels of reported poor mental health were extremely high with 51.3% of respondents reporting more than 14 days of the previous month when their mental health was not good. Thus, over half of respondents experienced frequent mental distress. 34% of respondents reported that they did not experience one day when their mental health was not poor in the previous

month. More than thirty-three percent of respondents said that their daily activities were interrupted by mental health difficulties in all the preceding 30 days. Discrimination, unemployment and lack of social protection were identified by respondents as sources of stress.

## METHODOLOGY

This study focuses on HSE South West: Kerry, North Cork, North Lee, South Lee and West Cork. Cork and Kerry were two of the areas where Roma participated in surveys, interviews and focus groups as part of the National Needs Assessment of Roma (2018). Ethical research is cognisant of not 'over researching' a population. Some participants in the National Needs Assessment believed that they did not subsequently benefit as they had hoped. Similarly, the peer researchers who conducted the National Needs Assessment sometimes felt inadequate in that they could not help their own people who were living in very dire circumstances (two members of the current team were researchers on the National Needs Assessment). The approach taken here was to consult as widely as possible with a range of stakeholders, in a short time frame (January to April 2023).

An asset-based approach to health involves identifying strengths within the community and involving Roma in developing solutions to their health needs based on their own resources (Morgan and Ziglio, 2007). In this way they can guide change. Roma 'experts by experience', in Cork and Kerry, that is: 'people who have recent personal experience (within the last eight years) of using or caring for someone who uses health, mental health and/or social care service' (Quality Care Commission, 2023) were involved in painstakingly identifying the most salient issues for Roma through the life course from pre-natal to old age. This was done in the context of the social determinants of health and in line with the WHO definition of health as: 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.' More than fifty people were consulted representing a wide range of NGOs and statutory agencies and various professions (appendix one).



All of the consultations were, when possible, conducted with the ‘experts by experience’ and throughout the process information gathered was discussed and analysed with the aim of designing a pragmatic strategy which would lead to better health outcomes for Roma in Cork and Kerry. The focus was on what Roma need in relation to accessing health services in Cork and Kerry; if there are barriers; what they are and how they can be overcome. The Strategy is guided by the 10 Common Basic Principles for Roma Inclusion.

These principles aim at guiding the EU institutions and Member States when they design and implement new policies or projects for Roma inclusion. They represent a legally non-binding political declaration. The principles are:

1. Constructive, pragmatic and non-discriminatory policies
2. Explicit but not exclusive targeting
3. Inter-cultural approach
4. Aiming for the mainstream
5. Awareness of the gender dimension
6. Transfer of evidence-based policies
7. Use of Community instruments
8. Involvement of regional and local authorities
9. Involvement of civil society
10. Active participation of the Roma

### **The Public Sector Equality and Human Rights Duty**

This Strategy acknowledges the importance of the ‘public sector duty’ in ensuring the health needs of Roma, described by Dr Douglas Hamilton, Public Health Lead for Social Inclusion in the National Social Inclusion Office, at the launch of Roma Daja (2023) as an ‘underserved’ community. ‘The Public Sector Equality and Human Rights Duty (‘the Duty’) is a statutory obligation for public bodies in Section 42 of the Irish Human Rights and Equality Commission Act 2014. Section 42(1) requires public bodies, in the performance of their functions, to have regard to the need to eliminate discrimination, promote equality and protect human rights of staff and people availing of their services. Section 42(2) ‘requires public bodies to assess, address and report on progress in relation to equality and human rights in their strategic plan and annual reports in a manner that is accessible to the public’.



## Second National Intercultural Health Strategy (2018-2023)

The Second National Intercultural Health Strategy (NIHS) (2018-2023) presents a strategic response to integrating cross-government strategies assigned to the HSE in respect of the health status, experiences, and outcomes of members of minority ethnic communities across the country. It is the role of the National Social Inclusion Office to support equal access to Health Services for people from vulnerable groups. Health is recognised as a cross-departmental issue, for example in the Migrant Integration Strategy (Department of Justice and Equality, 2016). This strategy for Roma in Cork and Kerry embraces the goals of the NIHS:

GOAL 1: Enhance accessibility of services to service users from diverse ethnic, cultural, and religious backgrounds.

GOAL 2: Address health issues experienced by service users from diverse ethnic, cultural and religious backgrounds.

GOAL 3: Ensure provision of high-quality, culturally responsive services to service users from diverse ethnic, cultural and religious backgrounds.

GOAL 4: Build an evidence base.

GOAL 5: Strengthen partnership working to enhance intercultural health.

### The vision for the second NIHS is:

- A health service that provides high quality responsive care to all service users from diverse ethnic, cultural and religious backgrounds.
- A health service that empowers service users from diverse ethnic, cultural and religious backgrounds to access services.
- A health service where service providers are confident in providing culturally competent services to this cohort.

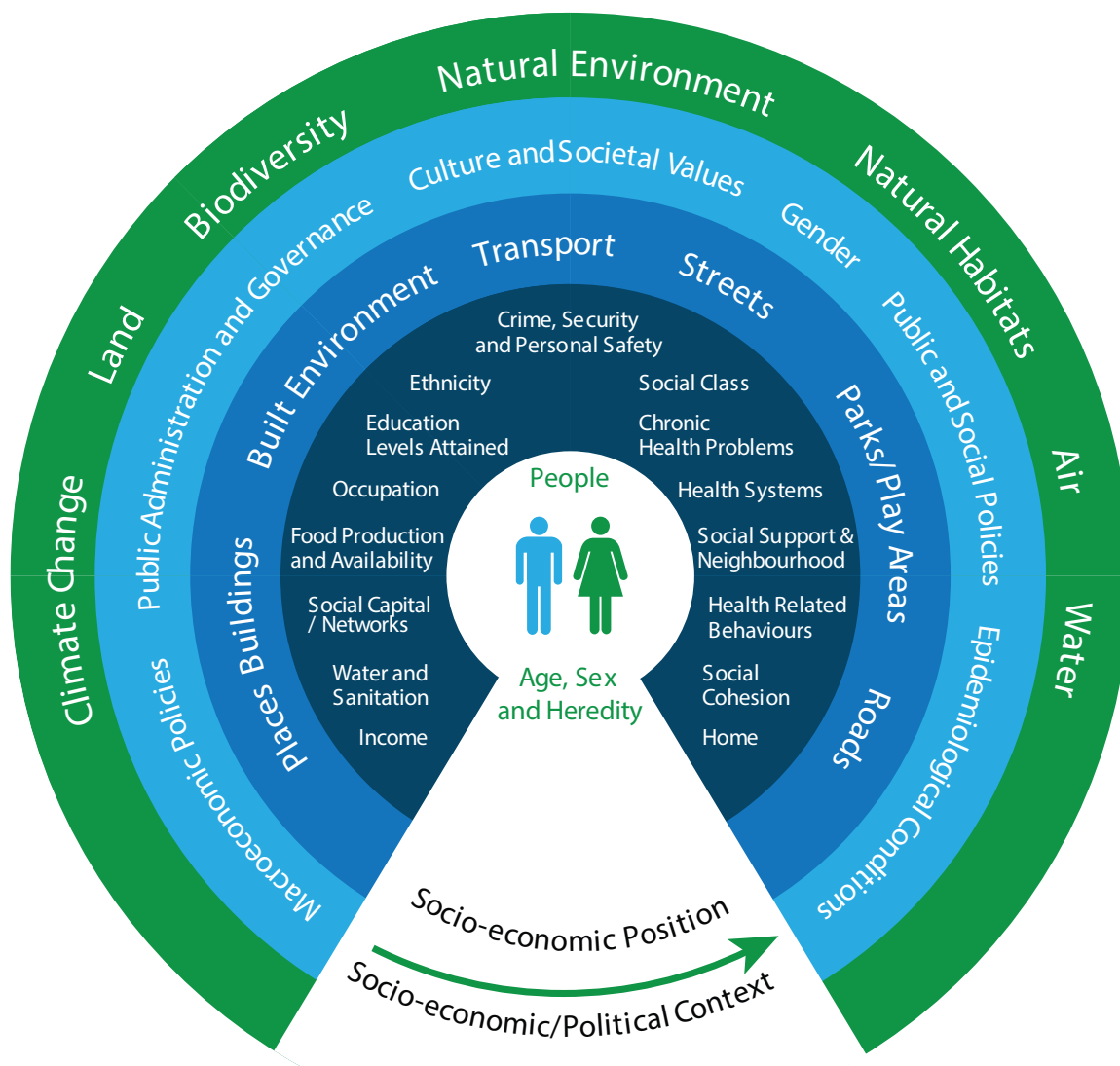
### The Guiding Principles of the NIHS are:

- Equality and rights-based approaches underpin the second NIHS.
- A whole organisational approach is advocated, whereby service users are cared for on the basis of need in the first instance.
- The strategy is aligned with all existing policies and programmes.
- An evidence-based approach is taken towards planning and developing interventions.
- Targeted interventions are developed, where necessary, to enable access and participation for all excluded groups.
- Emphasis is on provision of high-quality, patient-centred services.
- The role of community and voluntary organisations is acknowledged.
- Active, meaningful service user involvement is facilitated in the design, delivery and evaluation of services.



# SLÁINTECARE AND HEALTHY IRELAND: A FRAMEWORK FOR IMPROVED HEALTH AND WELLBEING, 2013–2025

This health strategy for Roma in Cork and Kerry is designed around the recognition of the social determinants of health in line with the approach of the Sláintecare report (2017), which considers the role of social determinants of health, the need to address health inequalities and the importance of adequate resourcing of health promotion and public health approaches and Healthy Ireland: A Framework for Improved Health and Wellbeing, 2013–2025 (Department of Health, 2013) which is based on an understanding of the determinants of health. A key goal of Healthy Ireland (2013) is the reduction of health inequalities.



Source: Sláintecare (2017)



## Other important policy documents informing the HSE South West Strategy include:

- HSE Corporate Plan 2021-2024 (HSE, 2021)
- National Traveller and Roma Inclusion Strategy 2017-2021 (Department of Children, Equality, Disability, Integration and Youth, 2017)
- Roma in Ireland: A National Needs Assessment (Pavee Point, 2018)
- Strategy for Women and Girls 2017-2020 (Department of Children, Equality, Disability, Integration and Youth, 2017)
- National Standards for Safer Better Healthcare (Health Information and Quality Authority, 2017).
- National Maternity Strategy 2016–2026 (Department of Health, 2016)
- Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017–2025 (Department of Health 2017)
- Zero Tolerance Third National Strategy on Domestic, Sexual & Gender-Based Violence 2022-2026 (Department of Justice, 2022)
- Stronger Together: The HSE Mental Health Promotion Plan 2022-2027 (HSE, 2022)

### **Kerry Integration Strategy**

Kerry Local and Community Development Committee (LCDC) along with partner agencies, are preparing a five-year strategy to promote the integration of migrants who live and work in Kerry. As part of this process, O’Keeffe Social Research has been engaged to undertake an independent survey of migrants (first and second generations) who live or work in Kerry.

### **HSE Community Work Department**

Community Work Departments in HSE South West play an important support role in conjunction with the full range of Health Service Executive Primary Care services. The Community Work Departments (Cork North, Cork South & Kerry) promote the Health and Social Gain of people by improving the quality of life in various communities through developing health and social services in line with Sláintecare. HSE Community Work Department administers funding to Section 39 groups and has a formalised statutory relationship with over 400 community and voluntary groups across Cork and Kerry. The Community Work Department is the key link between the Community and Voluntary sector and the wider HSE including Community Healthcare

Networks. The strength of the relationship between the Community Work Department and the community and voluntary sector is a key resource and has enabled work and developments to commence in Kerry in partnership with Tralee International Resource Centre (TIRC).

The aim of the HSE Community Work Departments is to empower local communities by supporting community and voluntary groups who take the lead on their own needs. It uses a community development approach and supports services to respond to the wider social determinants of health that affect people in high-risk groups in the community. The work is undertaken from principles of equality and community development which means equitable partnerships, needs-led projects and services with local communities and effective support for service user engagement work.

The HSE South West Community Work Department is a unique structure to the Region and is responsible for a number of health programmes for groups including Older people, Travellers, LGBTQ+, Migrants, Refugees, International protection applicants and socially and economically disadvantaged communities.



## DEVELOPING A HEALTH STRATEGY FOR ROMA IN CORK AND KERRY: FINDINGS

### IDENTIFICATION OF ROMA

One of the challenges acknowledged in the National Needs Assessment of Roma (2018) was the complexity surrounding enumerating Roma in Ireland. This is an international issue which is very easily understood by anyone with a knowledge of the long history of persecution and discrimination experienced by Roma. It is a risk to declare one's ethnic status when people have been persecuted for this. The challenge for all concerned, is to make Ireland and beyond a safe place for Roma, where they can celebrate their identity.

In consulting with stakeholders and Roma during this study, it appears that the number of Roma is larger than that estimated by the National Needs Assessment in 2018 (the data was collected in 2016). This was echoed by the HSE National Social Inclusion Office in 2021 when its data collection exercise estimated between 6,000 and 8,000 Roma living in Ireland. Census 2022 was the first time Roma ethnicity was included in the census form results indicate 16,049 Roma in the country.

Consultations for this strategy suggest that there are more than 400 Roma in Kerry, living in Tralee, Killarney, Listowel, Ballybunion, Castleisland, Kenmare and possibly twice that number in Cork in areas including Blackpool, the City Centre, Wilton, Togher, Bishopstown, Mallow, Mitchelstown, Middleton, and Bandon.

The Roma 'experts by experience' involved in developing this strategy identified 'health' needs and circumstances of Roma throughout the life course, from pre-natal to old age and the obstacles preventing those needs being met in Cork and Kerry, and possible solutions. Actions are prioritised across the time frame of the plan. Some actions can be progressed quickly whereas others will require longer term planning, resourcing, and implementation.

### EVIDENCE ON HEALTH NEEDS OF ROMA IN CORK AND KERRY

The consultation undertaken for this study did not set out to quantify the health status of Roma in Cork and Kerry. This would be a huge endeavour, beyond the scope of this piece of work. It was exploratory in that it adopted a life course/social determinants of health approach. The team identified with stakeholders, Roma and frontline service providers, the apparent obstacles to Roma accessing services pertaining to health and other needs from pre-natal to old age, and possible solutions.

The consultations for this report showed that the heterogeneity of the Roma community can be overlooked, for example, people often believed that all Romanians are Roma and that all Roma are Romanian.

This consultation found that some Roma do not benefit from receiving information and education on healthy living and health promotion for many reasons associated with precarious living conditions, literacy, and language.

Reported barriers to health service usage related to the organisation of health systems, discrimination, culture and language, health literacy, service-user attributes, and economic barriers (McFadden et al, 2018), were all evident in the findings of this study.


Our consultations with Ukrainian Roma for this study indicated that their experience fleeing the war has been compounded by discrimination and anti-Roma sentiment.

The consultations unearthed similar patterns to the National Needs Assessment, with many Roma describing their health as poor. This study identifies the need for a longitudinal study of the health of Roma in Ireland to establish an accurate picture of the health status of Roma as they age, their needs and to develop an appropriate policy response.

### INFORMATION, LANGUAGE AND LITERACY

As in the National Needs Assessment, in the consultation for this strategy, there appears to be gaps in knowledge and information about services among Roma. Communication and language were a key





concern. Roma 'experts by experience' reported the constant demand for them to advocate for other Roma because they can speak English well and know their way around the local area. Roma travel from Cork to Tralee for support from TIRC. As in the National Needs Assessment, the consultation for this strategy found that Roma need extra support to access information due to issues of language, literacy, and understanding of the health system in Ireland. Using technology, for example developing Apps and videos, to improve access to information was identified as a possible solution that needs to be explored. Preventable illness was highlighted, as was the importance of health education and health promotion, including culturally appropriate healthy eating programmes.

## HEALTH PROMOTION, SCREENING AND HEALTH LITERACY

This consultation found that many Roma may attend health services only when their illness has reached an advanced stage. It was suggested that this is because of a very low level of health literacy. Access to screening throughout the life course was identified as a particular need and mobile clinics and outreach work were identified as essential. Ensuring access to preventative health services is a vital part of addressing health inequality and screening programmes need to be made available. It was suggested that the current cervical screening programme needs to be rolled out to Roma women at a younger age, as it is known that they give birth at a younger age, and so are sexually active. Also, the HPV vaccine which is administered through schools may not reach Roma girls, who may leave school at a younger age, or their attendance may be sporadic because of caring responsibilities. This would also have a broader public health benefit, particularly in relation to increasing vaccination uptake. Screening in relation to hepatitis, bowel, and breast cancer and STIs were also identified as important.

## THE HABITUAL RESIDENCE CONDITION (HRC) AND PPS NUMBERS

The Habitual Residence Condition (HRC) while a

policy in Ireland, has conditions which cannot be met by many Roma because of their precarious living conditions. As with the National Needs Assessment, consultation for this strategy revealed that some people have difficulty proving where they live and that they are ordinarily resident in the State, particularly if living in overcrowded accommodation with no tenancy agreement, being homeless, with extended families or in rental accommodation where they are not provided with rent books/rental agreements. This is further complicated for Roma who even though living in Ireland for several years, may not have utility bills in their own names, a valuable document when proving habitual residency. This results in a situation where the most vulnerable can be excluded from services. As in the National Needs Assessment, accessing PPS numbers still seems to be an issue and one frontline worker suggested that the conditions surrounding the required documentation has become more onerous. In this consultation we came across Roma who despite living in Ireland for more than seven years did not have PPS numbers.

## GENERAL PRACTITIONERS

While the National Needs Assessment found that 61% of respondents had a GP and 59% of respondents were satisfied with their GP service, this consultation showed that for the most part, Roma appear to have access to GP services, but the current stresses in the system mean that it can be difficult to access an appointment. This is a problem in both Cork and Kerry. In relation to recently arrived and homeless Roma there are issues regarding accessing GP services and paying for prescriptions. While there are examples in Ireland of accessible free GP services (mostly funded by the HSE), for example the Tallaght Roma Integration Project (TRIP), the Capuchin Centre and Crosscare in Dublin, the Low Threshold Clinic in Limerick and Simon in Cork, it was strongly suggested by service providers that it is more important to link Roma into mainstream services. Attempts have been made to do this with Ukrainian Roma. This study found that older Roma who join family members in Ireland for support, can have complex health needs, for example, dementia and incontinence, all exacerbated by their inability to access health services. Their arrival can also further complicate the family's already challenging housing situation.



## THE NEED TO SUPPORT AND FOSTER ROMA LEADERSHIP

There is a need to support and foster Roma leadership. It has been acknowledged that Roma may be afraid to stand out because of prior negative experiences. Nevertheless, there seems to be strong leadership within Roma church groups. The National Roma Forum and Health sub-group are important supports and the growing number of Roma health projects and peer workers around the country is very positive. The 'experts by experience' in this consultation developed important insights and experiences and grew in confidence from developing this strategy. However, they also acknowledge that while they want to represent their community and achieve positive change and better health outcomes, they need to be supported and trained appropriately.

## MATERNITY AND INFANT CARE

The National Needs Assessment found that in 24.6% of women had not accessed a doctor or hospital while pregnant and first accessed a hospital to give birth. Despite this, 61.9% of respondents reported that women were satisfied with their maternity care, with 9.5% reporting women not being happy with their maternity experience. Consultation for this strategy suggests that maternity units are trying to meet the needs of Roma women by providing interpretation services at the booking interview when required, but there seems to be an issue of poor-attendance for ante natal care and this in turn has repercussions for women's health, for example in relation to iron and haemoglobin levels. It was suggested that in Cork, the waiting area in the CUH, and the waiting time is not conducive to young mothers from an ethnic background and that there may be scope for a dedicated Roma midwifery clinic or teen mothers' clinic. The recent publication of Roma Daja (Pavee Point 2023) is a very welcome initiative. Also Le Romneango Sfato, Roma Women's Voices: Experiences of Maternal Health Services in Ireland (Pavee Point, 2023) makes several recommendations including the development of a care pathway for Roma women accessing maternity services in partnership with groups working with Roma.

## MENTAL HEALTH

In this consultation with Roma 'experts by experience' and frontline workers in Cork and Kerry, mental health was identified as an issue, relating to historical and intergenerational trauma and discrimination, and the stress of precarious living conditions, overcrowding, insecurity of tenure and homelessness. For women, there seems to be a very heavy burden associated with becoming mothers at a young age, being multiparous and caring for children while at the same time carrying the responsibility of caring for parents/ in-laws. In addition to this day-to-day care, the stress of negotiating with health services, in some cases, trying to access GP and other services for parents/ parents' in-law who had come to Ireland to be cared for by adult children is exacerbating the stress on Roma. Precarious living conditions and insecure housing is another stressor.

## OLDER ROMA

Loneliness and isolation were identified as an issue for older Roma who are not likely to speak English. Communication challenges for older Roma was identified as a barrier to accessing health services. Lack of entitlement to health services for older Roma who move to Ireland for care and support from family members was identified as a serious concern. It was suggested that being linked in with the public health nurse was vital but also was the support of services for older people including such groups as ALONE, if done with the support of a trusted Roma peer worker.

## SEXUAL, DOMESTIC AND GENDER-BASED VIOLENCE

As in the National Needs Assessment, it was suggested that the very close nature of Roma households and communities can make disclosure of domestic violence very difficult. There exist many barriers to seeking help. Roma households and communities tend to be patriarchal, and this can have implications regarding sexual and gender-based violence. There is a need for the development of culturally specific support services.



## **BUILDING LINKS BETWEEN ROMA AND HEALTH AND SOCIAL SERVICES**

The issue of trust is key to developing any successful strategy. There appears to be a lack of trust both by service users and service providers and while there is no speedy solution, trusted Roma peer workers are vital in bridging the divide. There are currently no Roma Peer Workers in Cork and Kerry, unlike other parts of the country where they are doing tremendous work. It became very apparent during the consultations that there are Roma doing vast amounts of work on behalf of their community with no financial compensation. This needs to be rectified.

## **EDUCATION, TRAINING AND EMPLOYMENT**

Access to education, training and employment are crucial to participating in society and to achieving positive mental health. Literacy at all stages of the life cycle can be improved given appropriate services. There is strong evidence that Roma families value education, but sometimes precarious living conditions, poverty, early parenthood and marriage and other caring responsibilities can be a barrier to regular school attendance and completion. Two existing services are offering opportunities and supports to Roma in Cork to participate in education. The STAR Project, funded under NTRIS aims to support young people and communities with education and better outcomes and the Cork City Learning Support Services has a regular attendance of Roma completing state examinations.

With reference to vocational training, this consultation identified particular areas where Roma are keen to get accredited, for example as translators, providing a much-needed service but also a source of employment. Support around theory tests for driving was identified. There is a demand for those who want to work in the food industry to access HACCP training and in other sectors, for example caring, musicianship and upcycling, appropriate training, and qualifications. The need for support for Roma entrepreneurs was identified.

## **YOUTH SERVICES**

There is a need to link young Roma into existing youth services and to create opportunities for young Roma to learn about and celebrate their history and culture.

## **HOMELESS ROMA**

The homeless population of Roma in Cork City Centre access Simon services and receive great support from their Romanian speaking worker, who has identified the need for a Romanian team in Simon, similar to that available to other nationalities and this could provide a response to Romanian Roma. In Kerry, TIRC in Tralee is currently the focal point for Roma but the need is enormous and a multi-agency response is required.

## **COMMUNITY TRANSPORT**

Accessing services in rural areas of Cork and Kerry can be difficult because of the cost and availability of public transport. Community transport could be an important resource for Roma in rural areas where services are more difficult to access. It could also be of tremendous benefit to Roma isolated due to mobility issues and caring for babies and young children.

## **INCREASING VISIBILITY OF ROMA IN CORK AND KERRY**

There is no visible venue in Cork or Kerry for Roma to congregate, celebrate their culture and traditions, to develop services and seek support. A premises is important, a place with which Roma can identify, seek support, and celebrate their culture. In Cork, a city centre location seems appropriate, given the geographical spread of Roma in Cork City and County. A venue in Tralee or Killarney would provide a similar function.

It is important to celebrate Roma culture and to recognise the persecution experienced by Roma throughout history. International Romani Day (8th April) and Roma Holocaust Memorial Day (2nd August) are important opportunities to increase the visibility of Roma in Cork and Kerry and to educate the wider community.





## DEVELOPING A HEALTH STRATEGY FOR ROMA IN CORK AND KERRY: ACTIONS

This Strategy, conducted by a team centred around Roma 'experts by experience', consulted with over fifty individuals and organisations. The findings have been translated into actions, some of which can be progressed immediately, others will require longer term planning and resources. A review of progress in respect of implementation of recommended actions will be conducted annually. The complexity of the issues identified indicate there is a need for the establishment of a multi-agency response, and the establishment of an inter-agency steering group is one of the most urgent actions required.

### 1. Develop an Inter-agency approach

An inter-agency response is required and so an inter-agency steering group needs to be established in Cork and Kerry. This would represent a wide range of statutory and NGO service providers but most importantly Roma themselves. If Roma are to be a part of an inter-agency group, their expenses to cover travel and childcare should be paid as it is likely that other members will be paid as a part of their professional roles. County Kildare has a very comprehensive Traveller and Roma Inclusion Strategy which gives sound guidance on developing a multi-agency approach, which could be used as a model from which to begin.

### 2. Appoint Roma Health Workers

The issue of trust is key to developing any successful strategy. There appears to be a lack of trust both by service users and service providers and while there is no speedy solution, trusted Roma peer workers are vital in bridging the divide. There are currently no Roma Health Workers in Cork and Kerry\*, unlike other parts of the country where they are doing tremendous work. It became very apparent during the consultations that there are Roma doing vast amounts of work on behalf of their community with no financial compensation. This needs to be rectified with the recruitment of two Roma Peer Workers, located in NGOs in Cork and Kerry and given adequate training and support.

\* A Roma Health Worker has been recruited in Cork by HSE South West during May 2024.

### 3. Develop a trauma sensitive approach across domains of policy, culture and practice

Roma have experienced significant levels of adversity including racism, exclusion, financial hardship, further exacerbated by experiences of historical persecution.

### 4. Advocate for an ethnic identifier

This Strategy advocates for an ethnic identifier, as Pavee Point has done for over a decade. A standardised ethnic identifier across health services is crucial to monitor health outcomes for Roma as part of ethnic equality monitoring and to identify inequalities in health access, experience, and outcome. However, this will only succeed if both Roma and service providers are fully aware of the importance of identifying as Roma and being made visible. This requires a safe environment and the building up of trust on all sides, over time. Hannigan et al (2020) in a study conclude that despite strong policy and legal imperatives, there is limited data collection of ethnicities in health and social care data collections in Ireland and a more coordinated and comprehensive approach to the collection, quality and utilization of ethnicity data is needed to promote health equity. There has been an increase in national registers that collect data on ethnicity in recent years. These include: the Census (CSO); the Cystic Fibrosis Registry; the European Social Survey (Ireland); the Irish Childhood Diabetes National Register; the National Drug Treatment Reporting System (NDTRS); the National Perinatal Epidemiology Databases; the National Psychiatric Inpatient Reporting System (NPIRS); the Health Protection Surveillance Centre (HPSC); SLÁN – Survey of Lifestyle, Attitudes, and Nutrition; and Growing Up in Ireland. Nevertheless, this does not guarantee that people will self-identify.

### 5. Implement the findings of the National Needs Assessment of Roma

This health strategy is informed by the findings of the National Needs Assessment of Roma and literature identifying the health needs of Roma. The National Needs Assessment made clear recommendations regarding health, which this Strategy endorses:

- Review the legislative and policy restrictions that impact on the provision of medical cards for Roma with no income.

- Train and resource a network of Roma community health workers within the context of available resources; this should be modelled on the Primary Health Care for Travellers Project.
- Work towards ensuring access to interpreters in GP consultations and across health services, as appropriate.
- Improve mental health outcomes for Roma through ensuring that health service staff are supported to respond effectively to their needs.
- Support women to access maternal health services (including through provision of health information and support from Roma Primary Health Care workers to increase trust in services).
- Ensure Roma women experiencing violence are provided with appropriate supports, including access to women's refuges.
- Develop and implement a public health information programme targeted at Roma in collaboration with Roma Primary Health Care workers.
- Continue to recognise the importance of and provide appropriate training for staff to respond to the unique health and care needs of Roma service users.
- Seek funding for Roma health advocates within the HSE, on the basis of a needs assessment.
- Promote immunisation uptake among members of the Roma community, with a particular emphasis on early childhood vaccinations.

## **6. Increasing visibility of Roma in Cork and Kerry**

There is no visible venue in Cork or Kerry for Roma to congregate, celebrate their culture and traditions, to develop services and seek support. A premises is important, a place with which Roma can identify, seek support, and celebrate their culture. In Cork, a city centre location seems appropriate, given the geographical spread of Roma in Cork City and County. A venue in Tralee or Killarney would provide a similar function.

It is important to celebrate Roma culture and to recognise the persecution experienced by Roma

throughout history. International Romani Day (8th April) and Roma Holocaust Memorial Day (2nd August) are important opportunities to increase the visibility of Roma in Cork and Kerry and to educate the wider community.

## **7. Advocate for a longitudinal study of Roma**

There is a dearth of evidence on the health status and health outcomes for Roma. This study identifies the need for a longitudinal study of the health of Roma in Ireland to establish an accurate picture of the health status of Roma as they age, their needs and to develop an appropriate policy response.

## **8. Educate the general public and services providers on the diversity of Roma**

There is a need to inform and educate policy makers, service providers and the public regarding the diversity of Roma, for example, this study found that people often believed that all Romanians are Roma and that all Roma are Romanian. There is a need to clarify that Roma populations are diverse, consisting of different age profiles, genders, ethnicities, sexual orientation, household composition, migrant, seasonally mobile, segregated or integrated, and living in urban or rural areas and have different sources of income and work practices and levels of education.

## **9. Extra supports on Information, Language and Literacy**

The consultations for this strategy identified gaps in knowledge and information about services among Roma. Communication and language were a key concern. Roma need extra support to access information due to issues of language, literacy, and understanding of the health system in Ireland. Using technology, for example developing Apps and videos, to improve access to information needs to be explored. The development of a Roma Infoline for Cork and Kerry modelled on the current Roma Helpline is recommended. Improving access to information and services could be improved through the development of a Roma Infoline for Cork and Kerry modelled on the current Roma helpline and the development of specific accessible resources for Roma using appropriate technology.



## 10. Clarify the Habitual Residence Condition (HRC) and PPS Numbers

The Habitual Residence Condition (HRC) while a policy in Ireland, has conditions which cannot be met by many Roma because of their precarious living conditions. There is a need to work closely with the Department of Social Protection to clarify how such barriers can be overcome.

## 11. Develop specialised engagement strategies

Accessing GP services is difficult in Cork and Kerry because of strains on the health service. This study found that older Roma who join family members in Ireland for support can have complex health needs, all exacerbated by their inability to access health services. Roma experience further challenges which can be alleviated by engagement strategies including specialist roles, outreach services, dedicated services, raising health awareness, handheld records, training for staff and collaborative working.

## 12. Develop Health Promotion, Screening and Health Literacy

This consultation found that many Roma may attend health services only when their illness has reached an advanced stage. It was suggested that this is because of a very low level of health literacy. Access to screening throughout the life course was identified as a particular need and mobile clinics and outreach work were identified as essential. Ensuring access to preventative health services is a vital part of addressing health inequality and screening programmes need to be made available. It was suggested that the current cervical screening programme needs to be rolled out to Roma women at a younger age as it is known that they give birth at a younger age and so are sexually active. Also, the HPV vaccine which is administered through schools may not reach Roma girls who may leave school at a younger age, or their attendance may be sporadic because of caring responsibilities. This would also have a broader public health benefit, particularly in relation to increasing vaccination uptake. Screening in relation to hepatitis, bowel, and breast cancer and STIs were also identified as important. Mobile clinics and outreach work were identified as essential. A Primary Health Care Project for Roma is a longer-term goal.

## 13. Support and foster Roma leadership

There is a need to support and foster Roma Health Network. It has been acknowledged that Roma may be afraid to stand out because of prior negative experiences. Nevertheless, there seems to be strong leadership within Roma church groups. The National Roma Forum and Health sub-group are important supports and the growing number of Roma health projects and peer workers around the country is very positive. The 'experts by experience' in this consultation developed important insights and experiences and grew in confidence from developing this strategy. However, they also acknowledge that while they want to represent their community and achieve positive change and better health outcomes, they need to be supported and trained appropriately.


## 14. Enhance Maternity and Infant Care for Roma women

Consultation for this strategy suggests that maternity units are trying to meet the needs of Roma women by providing interpretation services at the booking interview when required, but there seems to be an issue of poor-attendance for ante natal care and this in turn has repercussions for women's health, for example in relation to iron and haemoglobin levels. It was suggested that in Cork, the waiting area in the CUH, and the waiting time is not conducive to young mothers from an ethnic background and that there may be scope for a dedicated Roma midwifery clinic or teen mothers' clinic. The recent publication of Roma Daja (Pavee Point 2023) is a very welcome initiative. Also Le Romnengo Sfato, Roma Women's Voice: Experiences of Maternal Health Services in Ireland (2023) makes several recommendations including the development of a care pathway for Roma women accessing maternity services in partnership with groups working with Roma.

## 15. Support Mental Health

In this consultation with Roma 'experts by experience' and frontline workers in Cork and Kerry, mental health was identified as an issue, relating to historical and intergenerational trauma and discrimination, and the stress of precarious living conditions, overcrowding, insecurity of tenure and homelessness. For women, there seems to be a very heavy burden associated with becoming moth-





ers at a young age, being multiparous and caring for children while at the same time carrying the responsibility of caring for parents/ in-laws. There is a need to link Roma in with support services and to develop culturally appropriate supports.

## **16. Support Older Roma**

Loneliness and isolation were identified as an issue for older Roma who are not likely to speak English. Communication challenges for older Roma was identified as a barrier to accessing health services. Lack of entitlement to health services for older Roma who move to Ireland for care and support from family members was identified as a serious concern. It was suggested that being linked in with the public health nurse was vital but also was the support of services for older people including such groups as ALONE, if done with the support of a trusted Roma peer worker.

## **17. Explore approaches to address Sexual, domestic and gender-based violence**

As in the National Needs Assessment, it was suggested that the very close nature of Roma households and communities can make disclosure of domestic violence very difficult. There exist many barriers to seeking help. Roma households and communities tend to be patriarchal, and this can have implications regarding sexual and gender-based violence. There is a need for a culturally appropriate response.

## **18. Focus on Education, Training and Employment**

Access to education, training and employment are crucial to participating in society and to achieving positive mental health. Literacy at all stages of the life cycle can be improved given appropriate services. There is strong evidence that Roma families value education, but sometimes precarious living conditions, poverty, early parenthood and marriage and caring responsibilities can be a barrier to regular school attendance and completion. These issues need to be identified and targeted services such as the STAR Project, funded under NTRIS which has been supporting young people with education and the Cork City Learning Support Services which has a regular attendance of Roma completing state examinations, could provide leadership in this domain.

The involvement of the ETB, MTU and other agencies on the multi-agency steering group could help this evolve. The new Programme for Access to Higher Education (PATH) Strand 5 Funding to support Traveller and Roma Students in Higher Education is an important opportunity to develop appropriate training and skills. The opportunity to access enterprise initiatives was identified. Initiatives like Pavee Point's Roma Employment Project aims to increase the participation of Roma in mainstream training and employment initiatives supports the implementation of the National Traveller and Roma Inclusion Strategy's employment recommendations as well as supporting the implementation of the employment recommendations outlined in the National Roma Needs Assessment.

## **19. Explore Youth Services**

Exploring possible solutions in Cork and Kerry with the Roma 'experts by experience', some of the examples of projects already developed in Ireland were seen as extremely valuable. KDYS, the Kerry Diocesan Youth Service, could become a very important part of delivering services such as has happened with youth services in Longford, Tipperary, Wexford and Waterford. Those consulted recognise the importance of parenting programmes which would link new parents in with support services for them and their children. The potential to develop a Roma specific teen parenting programme or a pathway into Roma friendly teen parenting programmes was identified.

## **20. Support Homeless Roma**

The homeless population of Roma in Cork City Centre access Simon services and receive great support from their Romanian speaking worker, who has identified the need for a Romanian team in Simon, similar to that available to other nationalities and this could provide a response to Romanian Roma. In Kerry, TIRC in Tralee is currently the focal point for Roma.

## **21. Community Transport**

Accessing services in rural areas of Cork and Kerry can be difficult because of the cost and availability of public transport. Community transport could be an important resource for Roma in rural areas where services are more difficult to access.

## CORK KERRY ROMA HEALTH ACTION PLAN

| Findings  | Action  |
|---|---|
| <ul style="list-style-type: none"> <li>The need for a multi-agency response.</li> </ul>   | <ul style="list-style-type: none"> <li>Establish Inter agency steering group.</li> </ul>  |
| <ul style="list-style-type: none"> <li>It is crucial to link Roma into mainstream services.</li> <li>Roma Health Workers are the most important resource in facilitating linkages between Roma and health and social services.</li> <li>Roma peer workers should be linked into wider support groups, for example the Roma Health Network.</li> </ul> | <ul style="list-style-type: none"> <li>Recruit 2 Roma Peer Workers.</li> <li>Located in NGO in Cork and Kerry.</li> <li>Support Roma peer workers to participate regularly in Roma Health Network.</li> </ul>   |
| <ul style="list-style-type: none"> <li>There is no visible venue in Cork or Kerry for Roma to congregate, celebrate their culture and traditions and to develop services.</li> <li>It is important to increase Roma visibility, to celebrate Roma culture and to recognise the persecution experienced by Roma throughout history.</li> </ul>         | <ul style="list-style-type: none"> <li>Develop a Roma Hub.</li> <li>A city centre location in Cork seems the most appropriate location given the geographical spread of Roma in Cork City and County.</li> <li>A visible venue in Tralee or Killarney.</li> <li>Recognise and commemorate International Romani Day (8th April) and Roma Holocaust Memorial Day (2nd August).</li> <li>Both dates are an important opportunity to increase the visibility of Roma in Cork and Kerry and to educate the wider community.</li> </ul> |
| <ul style="list-style-type: none"> <li>Roma constitute a diverse community.</li> <li>There is a lack of knowledge among service providers and the general public that Roma belong to varied family structures different, nationalities, religious beliefs, gender, age, sexual orientation, health status and education levels.</li> </ul>            | <ul style="list-style-type: none"> <li>Awareness raising and education for policy makers, service providers and the general public.</li> <li>Celebrate Roma culture on 8th April International Romani Day.</li> </ul>   |



| Findings  | Action  |
|---|---|
| <ul style="list-style-type: none"> <li>There is a lack of information on the health status and health outcomes for Roma.</li> </ul>   | <ul style="list-style-type: none"> <li>A standardised ethnic identifier across health services is crucial to monitor health outcomes for Roma as part of ethnic equality monitoring and to identify inequalities in health access, experience and outcome.</li> <li>This will only succeed if both Roma and service providers are fully aware of the importance of identifying as Roma and being made visible. This requires a safe environment and the building up of trust on all sides, over time.</li> <li>Advocate for a longitudinal study of Roma Health.</li> </ul> |
| <ul style="list-style-type: none"> <li>Roma have experienced significant levels of adversity including racism, exclusion, financial hardship, which have been further exacerbated by experiences of historical persecution.</li> </ul>  | <ul style="list-style-type: none"> <li>A trauma sensitive approach across domains of policy, culture and practice that seeks to improve awareness of the impact of trauma and effective ways to intervene are required.</li> </ul>  |
| <ul style="list-style-type: none"> <li>There are gaps in knowledge and information about available services among Roma.</li> <li>Communication, language and literacy challenges exist.</li> </ul>  | <ul style="list-style-type: none"> <li>Access to translation services, Interpreters and accessible information.</li> <li>Development of a Roma Info-line for Cork and Kerry modelled on the current National Roma Infoline. Link to the Services offered by STAR (TVG) and TIRC's Education project.</li> <li>Develop specific accessible resources for Roma using appropriate technology.</li> </ul>   |
| <ul style="list-style-type: none"> <li>Gender and ethnicity render women more vulnerable. Health status of Roma is often worse than for other groups in similarly disadvantaged social positions with Roma women experiencing the worst health of all (European Union Agency for Fundamental Rights, 2013).</li> <li>There seems to be a heavy burden associated with becoming mothers at a young age, being multiparous and caring for children while at the same time carrying the responsibility of caring for parents/ in-laws.</li> <li>In addition to this day-to day care, the stress of negotiating with health services, in some cases trying to access GP and other services for parents/ parents' in-law who had come to Ireland to be cared for by adult children.</li> </ul> | <ul style="list-style-type: none"> <li>Develop appropriate women's groups- which would be activity based.</li> </ul>  |







| Findings  | Action  |
|---|---|
| <ul style="list-style-type: none"> <li>• There is an issue regarding poor attendance for ante natal care.</li> <li>• The need for young mothers' community-based supports was recognised.</li> </ul>  | <ul style="list-style-type: none"> <li>• The recent publication of Roma Daja (Pavee Point (2023)) is a very welcome initiative. Also Le Romneango Sfato, Roma Women's Voices: Experiences of Maternal Health Services in Ireland (2023) makes several recommendations including the development of a care pathway for Roma women accessing maternity services in partnership with groups working with Roma.</li> <li>• Mother and toddler group (with transport).</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Mental health was identified as an issue, relating to historical and intergenerational trauma and discrimination, and the stress of precarious living conditions, overcrowding, insecurity of tenure and homelessness, and poverty.</li> </ul>   | <ul style="list-style-type: none"> <li>• The development of culturally appropriate supports.</li> </ul>   |
| <ul style="list-style-type: none"> <li>• For newly arrived older Roma accessing health services is a particular challenge because of the HRC.</li> <li>• Language difficulties for older Roma who may not speak any English is a barrier to accessing services.</li> <li>• Loneliness and isolation were identified as an issue for older Roma who are not likely to speak English.</li> </ul>  | <ul style="list-style-type: none"> <li>• Linking older Roma in with the public health nurse is vital.</li> <li>• Linking older Roma in with services for older people including such groups as ALONE, if done with the support of a trusted Roma peer worker who could communicate appropriately.</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Preventable illness and the importance of health education and health promotion were highlighted. This includes culturally appropriate healthy eating programmes. Many Roma may attend health services when their illness has reached an advanced stage. It was suggested that this is because of a very low level of health literacy.</li> <li>• Access to screening throughout the life course was identified as a particular need.</li> </ul> | <ul style="list-style-type: none"> <li>• Mobile clinics and outreach work were identified as essential. It was suggested that the current cervical screening programme needs to be rolled out to Roma women at a younger age as it is known that they give birth at a young age. Also, the HPV vaccine which is administered through schools may not reach Roma girls who may leave school at a young age or their attendance may be sporadic because of caring responsibilities.</li> <li>• A Primary Health Care Project for Roma is a longer-term goal.</li> </ul> |
| <ul style="list-style-type: none"> <li>• The Habitual Residence Condition (HRC). HRC has particular conditions which cannot be met by many Roma because of their precarious living conditions.</li> </ul>   | <ul style="list-style-type: none"> <li>• Clarify documentation required and support Roma to access this.</li> </ul>   |





| Findings  | Action   |
|---|--|
| <ul style="list-style-type: none"> <li>Roma who despite living in Ireland for more than seven years do not have PPS numbers.</li> </ul>   | <ul style="list-style-type: none"> <li>Clarify documentation required and support Roma to access PPS numbers.</li> </ul>   |
| <ul style="list-style-type: none"> <li>Accessing a GP appointment can be difficult due to current stresses in the system. Recently arrived and homeless Roma have difficulty accessing GP services and paying for prescriptions.</li> </ul> | <ul style="list-style-type: none"> <li>Explore the possibility of providing emergency Medical Cards and prescriptions.</li> <li>Develop the current provision for Roma in Cork Simon by developing a Roma team.</li> </ul>   |
| <ul style="list-style-type: none"> <li>The very close nature of Roma households and communities can make disclosure of domestic violence very difficult.</li> </ul>   | <ul style="list-style-type: none"> <li>Develop culturally appropriate response.</li> </ul>   |
| <ul style="list-style-type: none"> <li>The need to link young Roma in with existing Youth Services.</li> </ul>  | <ul style="list-style-type: none"> <li>There is a need to link young Roma into youth services and to avail of culturally specific youth services where they can learn about their history and culture in a creative and enjoyable context as has happened in other areas including Longford, Tipperary and the South East.</li> </ul>  |
| <ul style="list-style-type: none"> <li>Roma are eager to be linked in with lifelong learning opportunities and services.</li> </ul>   | <ul style="list-style-type: none"> <li>Link Roma into existing services.</li> </ul>  |
| <ul style="list-style-type: none"> <li>There is a need to link Roma into existing Employment, training and enterprise services.</li> </ul>  | <ul style="list-style-type: none"> <li>Link Roma into existing services.</li> <li>Roma in Ireland: Access to Fair and Decent Work (Pavee Point, 2022) makes recommendations regarding inclusion of Roma.</li> </ul>  |
| <ul style="list-style-type: none"> <li>Roma men need community-based facilities to explore their potential.</li> </ul>  | <ul style="list-style-type: none"> <li>Develop men's group- activity based.</li> </ul>   |
| <ul style="list-style-type: none"> <li>Homeless Roma need support to access appropriate services.</li> </ul>  | <ul style="list-style-type: none"> <li>The homeless population of Roma in the City Centre access Simon services and receive great support from their Romanian speaking worker who has identified the need for a Romanian team in Simon similar to that available to other nationalities and this could provide a response to Romanian Roma. In Kerry, TIRC in Tralee is currently the focal point for Roma.</li> </ul> |
| <ul style="list-style-type: none"> <li>Accessing services in rural areas is challenging due to the availability and cost of public transport.</li> </ul>  | <ul style="list-style-type: none"> <li>To improve access to services in Rural areas community transport could be utilised.</li> </ul>  |





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## APPENDIX ONE: PARTICIPANTS

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- Gabi Muntaen, Pavee Point Traveller and Roma Centre
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- Michelle O'Neill, Kerry Diocesan Youth Service
- Dan Harteveld, Kerry Diocesan Youth Service
- Viktorria Hryhoras, TIRC
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- Breda O'Donohue, Traveller Visibility Group, Cork
- Anne Burke, Traveller Visibility Group, Cork
- Pat O'Donovan, North East West Kerry Development, Tralee.
- Claire O' Toole, Children and Young People's Services Committee (CYPSC), Tralee
- Dr Daniel Coffey, Cork Simon
- Gabriel Cirog, Cork Simon
- Helen Dalton, Ukrainian Support Worker , Ballybunnion.
- Hannah Dalton, Cork Simon
- Des Cullinane, Cork City Learning Support Services
- Clodagh Queally, Clinical Midwife manager, University Hospital Kerry
- Sandra O'Connor, Director of Midwifery, University Hospital Kerry
- Dan O'Sullivan, Mens Shed Ballybunnion
- Mick Kelly, Mens Shed Ballybunnion
- Bill Dunlea, Blackpool Community Centre
- Daniel Morley, Education Welfare Officer, Tusla
- Mary Burke, Education Welfare Officer, Tusla
- Valerie Moore, Access Officer, MTU
- Karen Duke, Healthy Ireland Lead, Cork City Council
- Dr Maria Lotty, UCC
- Dr David McInerney, UCC
- Louise Jordan, Blackpool Community Centre.
- Liz Madden, Healthy Ireland, Cork
- Tony Holton, Administrator, Blackpool Community Centre
- Sandra Lakaciauskaite, Roma Health Worker, Tipperary
- Iryna Kizym, Ukrainian Support Worker
- Siobhan Walsh, ALONE
- Emer Walsh ADPHN, Assistant Director, PHN, HSE, South West
- Pauline Collins, PHN, HSE, South West
- Lorraine Bowler, Community Worker, HSE, South West
- Siobhan Walsh, ALONE
- Maria Willis, ALONE
- Marie Cregan, Féileacáin
- KASI , Killarney Immigrant Support Centre
- Lorraine O'Sullivan, Jigsaw
- Marie O'Driscoll, Tusla
- Tralee Citizens Information Centre
- Social Protection, Tralee

