The Tallaght Roma Integration Project
Working for Inclusion in Health Care through a Community Development Model
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This publication was produced by
the Tallaght Roma Integration Project,
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Mountain Park, Tallaght, Dublin 24, Ireland

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The report was published with financial assistance from
The HSE National Social Inclusion Office.
Date of Publication: January 2016

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Acknowledgements

We, the authors would like to thank all those who assisted us in the compilation of this report, with a very special note of thanks to all the participants who took part in the interviews which were important for the preparation of this report.

We also wish to acknowledge the support of Diane Nurse, National Lead for Social Inclusion, Health Service Executive, who encouraged and assisted the efforts to produce this report in many ways from the idea stages through to completion.
## Abbreviations

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<th>Abbreviation</th>
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<tr>
<td>EU</td>
<td>European Union</td>
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<td>GP</td>
<td>General Practitioner</td>
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<td>HRC</td>
<td>Habitual Residence Condition</td>
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<td>HSE</td>
<td>Health Service Executive</td>
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<td>PHN</td>
<td>Public Health Nurse</td>
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<td>RPCI</td>
<td>Roma Primary Care Initiative</td>
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<td>TRIP</td>
<td>Tallaght Roma Integration Project</td>
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<td>WHO</td>
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To make a fundamental improvement in health equity, technical and medical solutions such as disease control and medical care are, without doubt, necessary – but they are insufficient.

There will need to be empowerment of individuals, communities, and whole countries. We see empowerment operating along three interconnected dimensions: material, psychosocial, and political.

People need the basic material requisites for a decent life, they need to have control over their lives, and they need political voice and participation in decision-making processes.

Professor Sir Michael Marmot, World Health Organisation Commission on Social Determinants of Health, 2007, p. 1155
Since 2009, the Tallaght Roma Integration Project (TRIP), formerly the Roma Families Working Group, has been working to address the needs of the Roma community in the greater Tallaght area. TRIP was formed in response to a number of issues which were highlighted during a community consultation process with the Roma population living in the locality of Tallaght, a large suburb positioned on the outskirts of Dublin, the capital city of Ireland. Problems with access to healthcare emerged from that consultation process as a major concern for the Roma community. Arising from that process of consultation, a key focus of TRIP, since its foundation, has been to work to improve healthcare access for the Roma community.

The aim of this report is to record the establishment of TRIP and its subsequent focus on improving access to healthcare for the Roma community in Tallaght.

Although one of the largest minority ethnic groups on the European continent, historically, the Roma community has encountered persistent marginalisation from mainstream society. This report locates the TRIP initiative within the wider European context where difficulties in accessing healthcare services have been consistently experienced by Roma living in different regions across the continent. TRIP has worked to ensure that any barriers to accessing healthcare services experienced in Tallaght by the local Roma community, including access to General Practitioners (GPs) or hospital services, are addressed and a primary aim of TRIP has been to support Roma people in their contact and interactions with the wider healthcare services. The work of TRIP, informed by principles of community development, is carried out with an emphasis on community consultation and inter-agency collaboration. Its work to date highlights the potential of community development initiatives to facilitate better understanding between mainstream services and the Roma community as well as empowering the Roma community to raise awareness about the challenges they sometimes encounter in accessing healthcare and other services which they need.

This report documents the history of TRIP and, in particular, it traces the process of engagement and consultation with the Roma community in Tallaght and the service initiatives which have flowed from this exercise. The report aims to put on record a detailed description of the work of TRIP and to offer a critical appraisal, based on the history of TRIP’s work to date, of the value of tackling access to healthcare for the most disadvantaged, through a community development approach. Therefore, the report aims to highlight the achievements as well as the challenges that have been involved in TRIP’s work since its inception with the expectation that this will provide an informed basis for ongoing or future initiatives for work with Roma and indeed other marginalised and disadvantaged groups. In compiling this report, the authors have sought the views of key stakeholders involved in the work of TRIP, including Roma community members, service providers from TRIP and external services, the founders of TRIP and those who currently are part of its ongoing work and it is important to acknowledge that without the input of many people this report would not have been possible to produce.

Section 2 of this report provides a general overview of the history of the Roma community living not only in Ireland but in the wider European continent. Section 3 traces the origins of TRIP, the stages in its development and its role in the establishment of the Roma Primary Care Initiative (RPCI). The achievements of the RPCI are used in this report to demonstrate the real gains that can flow from an inclusive, culturally-informed and culturally-sensitive model of collaboration. Section 4 of this report identifies the community development principles which inform the work of TRIP and it reflects on the usefulness of the community development approach in addressing the problems of access to healthcare experienced by the Roma community in Tallaght.
Roma Culture and History

Origins and History

The Roma today are a continuum of more or less related subgroups with complex, flexible and multilevel identities....


According to Sutherland (1986) the migration from India of Roma ancestors began in approximately 1000 A.D. and continued for centuries with different groups arriving into a spread of destination locations, mainly, but not exclusively, within the European continent. Generations of Roma migrants, with a diversity of cultures and languages, settled in different European regions, most prominently in what are now regarded as the Eastern European countries, many of which were part of the Soviet Bloc of states and some of which are now members, or aspiring members, of the European Union.

The title ‘Roma’ is described by Ignatoiu-Sora (2011, p. 1711) as an “umbrella term” because within the Roma population there are sub-groups with their own distinctive traditions, dialects or languages (European Commission, Directorate General for Enlargement, 2003, p. 4). Townsend’s (2014, p. 4) description of the Roma community as “transnational, non-territorial, and extremely heterogeneous” emphasises the diversity and dispersion of Roma throughout the world. As a consequence of this dispersion into different jurisdictions, Roma do not have a singular nation-state identity or homeland (Ringold, Orenstein & Wilkens, 2005, p. 22) and consequently their ethnic identity is tied to their collective history as well as the shared aspects of their culture.

Precise data on the population size and distribution of the Roma community across Europe is not available but a consistent picture emerges from a range of sources to suggest that the Roma people represent the largest minority ethnic group at the present time within the geographical landmass that is Europe (Amnesty International, 2011; Commissioner of Human Rights, 2012, p. 31). The size of the current global Roma population is estimated to be in the region of 12 million, although this is considered to be a conservative calculation (European Commission, Directorate General for Enlargement, 2003).

As with other European countries, there is no definitive demographic information on the Roma population in Ireland. It is estimated that approximately 5,000 Roma currently live in Ireland (Pavee Point, 2009) but there is little research to indicate to which Roma sub-groups they belong. The Tallaght Roma Integration Project (TRIP) has identified that the group which attends the Roma Primary Care Initiative (RPCI) service in Tallaght represents Roma, predominantly from Romania, who come from a minimum of four distinct Roma sub-groups each with their own cultural practices and traditions. Pavee Point’s estimate of the Roma population size in Ireland is in line with a report by Lesovitch (2005) who calculated at the time of her study the size of the Roma population to lie between 2,500 and 6,000 in number with the majority originating from Romania. However, Lesovitch further suggests that this figure is most likely an underestimate.

Roma are the most prominent poverty risk group in many of the countries of Central and Eastern Europe

Ringold et al., 2005, p. xiv
Ethnicity is characterised by the group identity, belonging and affiliation that one holds about oneself. Ethnic Groups share history, ancestry, language and geographic origin. Their shared identity exists independent of nationality.

Minority Ethnic Group / Community is a standard term used in the European Union to describe all groups whose ethnicity is different to that of the dominant group, which in the case of Ireland is the white Irish.

The uncertainty surrounding the information on the population size of the Roma community in Ireland mirrors the general lack of information about many aspects of life for Roma people in this jurisdiction. Ireland is not unique in this regard as the literature suggests that despite an ambitious agenda to promote greater inclusion of Roma into European society, under The Decade of Roma Inclusion 2005–2015 (Decade of Roma Inclusion Secretariat Foundation, 2005), insufficient information is available on the needs of Roma in relation to housing, health and social conditions across the European continent (Sepkowitz, 2006), and this includes in the Irish context. However, from research and studies that have sought to improve understanding of the plight of the Roma community in different European countries, there is agreement that the Roma community has endured multi-generational marginalisation, prejudice, discrimination and persecution in Europe over many centuries (Kemp, 2002).

Roma Culture and Traditions

Despite the persistent experience of marginalisation and discrimination the Roma culture has survived and remains distinctive and vibrant. Roma society is based on strong bonds of kinship and family. The family is the core institution of Roma society and the family unit is central to Roma tradition and culture. Roma family units tend to be larger than the average family size found in many European countries. Often, Roma families consist of three generations living together. Important events such as marriages and deaths are celebrated within the wider family network. Due to the centrality of the family in Roma culture, marriage is an important institution within the Roma tradition. In the Roma family structure, age carries significance and older family members take responsibility for many family decisions. It is important for service providers to be aware of this age hierarchy and be attuned to the important role that older family members may play in consultations with professional services be it in healthcare or other spheres.

I was followed, when I went to different shops, I was followed too and sometimes I would be asked to leave. I would argue... sometimes I would be with my children, I told them I am just here to buy food and ....they just tell us we are gypsies.
Roma Participant

Representations of Roma are sites of multiple strands of stereotyping and contradiction, in nearly all nations where they reside, as well as within political and economic discourses and in popular culture artefacts
Schneeweis, 2011, p. 299

Flecha (2013), drawing on publications by Schaaf (2010) and Van Hout & Staniewicz (2012), points out that the inter-generational solidarity and strong family bonds prevalent within Roma culture offer potential health benefits. These writers highlight the positive benefits that can flow from collective, family-based decision-making and problem-solving which operate to maintain and support family cohesion. This echoes Cassel’s (1974) early observations on the positive influence of social supports on health outcomes in the general population. A decade after Cassels, a review of research by Ell (1984) also highlighted the potential of social supports and strong social networks to offer a protective buffer against illness. In the Roma tradition, many aspects of life are negotiated within the family unit and with reference to cultural traditions and beliefs. At times of serious illness, members of the wider family network may travel long distances to be with a relative when they are unwell. Thomas (1985) highlights how services, such as healthcare services, which are based on a system of individualised care, may find it difficult to adjust to dealing with relatively large family groups who sometimes accompany the family member seeking assistance. For the Roma family, this is a collective response to a problem where the family acts together as a unit to help one of its members.

Romani, the language of the Roma community, has been linked with other major languages including Greek, Arabic, Slavic and Sanskrit (Vivian & Dundes, 2004). As it is spoken today, Romani has different dialects spread across the various Roma sub-groups and influenced also by the dispersal of the Roma community across many European jurisdictions (Kemp, 2002). Although there is no precise information on the language(s) or dialect(s) spoken by Roma in Ireland, the experience of service providers in TRIP indicates that most Roma who attend the Roma Primary Care Initiative (RPCI) services in the Tallaght area predominantly speak Romanian and Romani, and some members of the community speak English. Members of the younger generation, who may have resided in Ireland for many years, in the main, speak English and do not speak Romanian, a fact which is heavily influenced by growing up in Ireland.
Roma have suffered from severe poverty and exclusion throughout European history. For many Roma in Central and Eastern Europe, the period of transition from communism has been especially dire. Low education and skill levels, compounded by discrimination, have led to widespread long-term unemployment and deteriorating living conditions.

Even in some of the new member states of the European Union and those countries on the brink of access to the European Union, Roma are likely to live in poverty and lack access to education, health care, housing, and other services.

James D. Wolfensohn (President, The World Bank) in Ringold et al, 2005, p. vii
The history of European repression against the Roma precedes the Nazi and fascist era. In fact, it goes back several hundred years – following the Roma migration from the Indian sub-continent. The Roma were the outsiders used as scapegoats when things went wrong and the locals did not want to take responsibility. The methods of repression have varied over time and have included enslavement, enforced assimilation, expulsion, internment and mass killings.

Disadvantage and Marginalisation

Despite the rich Roma heritage and the size of the wider Roma community, according to Kemp (2002) the negative treatment of Roma endures in contemporary Europe where discrimination against Roma regarding access to education, healthcare and social services has led to what Ringold et al. (2005, p. xv) describe as a “vicious cycle of impoverishment”.

The socio-economic deprivation of Roma is mediated through a complex matrix of factors which create barriers to Roma participation in health, education, employment and the political arena. Roma may be either nomadic or settled but many exist without access to adequate housing and are less likely to own their home, to work in secure employment, to have access to financial credit or to be elected representatives in the local or national political systems (McGarry, 2010; Commissioner of Human Rights, 2012; Flecha, 2013). In many European countries, state services in education, welfare or health are delivered, in the main, by non-Roma employees and for Roma trying to use these services they often encounter language difficulties and/or a lack of cultural awareness on the part of service providers.

The European Survey on Health and the Roma Community (2009) attributes the poor standard of health among Roma to a lack of access to resources, persistent poor housing conditions, inadequate employment opportunities and difficulty gaining an appropriate level of education.

Fundación Secretariado Gitano (2005)

“A report by the Commissioner for Human Rights (2012) identifies the range of economic and social rights which are regularly and systematically denied to Roma in many European countries. As well as structural exclusion and marginalisation, Roma continue to encounter and be the targets of prejudice and stigma, which are manifested in some countries in the form of extreme displays of ‘hate speech’ (Townsend, 2014) or racial violence (Stewart, 2012).”

“This is what Roma means – Roma means to be different.” Roma Participant

Education

The European Commissioner’s report (Commissioner of Human Rights, 2012) records the barriers encountered by Roma in a number of countries to engagement in the education system including the practice of segregation of Roma from non-Roma in schools in some European jurisdictions. The widespread difficulties encountered by Roma in registering their children in school include travel distance between school and home combined with lack of access to transport and lack of money which renders unaffordable the purchase of school materials and participation in school-related activities. In some situations Roma do not have the required documentation or legal residence status which is needed to register their children in school. The European Commissioner’s report notes that Roma children are over-represented in special schools or in remedial classes in mainstream schools. This may be due to accessibility issues, policies of segregation or Roma parents making educational choices for their children (such as placement in special schools) with the aim of protecting their children from bullying and discrimination which they fear will occur within the mainstream school system.

Housing and Social Security

Problems gaining access to accommodation in the public or private markets as well as various forms of segregationist or discriminatory policies are reported as barriers to Roma housing and cited in the European Commissioner for Human Right’s report (2012) as a regular feature of the experience of Roma in many European countries. As a consequence, Roma often live in what the Commissioner’s report describes as “sub-standard conditions...without heat, running water or sewage” (ibid, p. 20). The issue of home ownership is an additional problem encountered by Roma arising from policy and legal obstacles which exist in some countries denying them ownership of land or houses. The reality for many Roma is that they exist without tenure or security thus reinforcing their marginalisation from the mainstream society.
[In Romania] we lived for instance, my family, we lived 40 people in the same yard. I had 7 children at home and I could not afford to send them to a camp for instance, a children’s camp.

My husband didn’t have a job … and we lived in a very poor neighbourhood.

Roma Participant
Employment
For Roma, the disadvantages they often encounter in trying to access employment flow from low levels of educational certification due to lack of access to education and are further compounded by experiences of racial or ethnic discrimination in the workplace. These barriers are highlighted in a report by the European Commissioner of Human Rights (2012) as factors which operate in many instances as excluding forces in the efforts of Roma to secure employment. The deeply entrenched nature of some barriers to employment has led the Commissioner to indicate the need for special measures to be put in place by the European Union to address the issue of unemployment levels within the Roma community.

In addition, Roma, arriving in Ireland, who do not have a job will have to apply for social welfare benefits and will have to produce evidence that they satisfy the Habitual Residence Condition (HRC) (for details see Department of Social Protection, 2015). If they are unsuccessful in their application, neither they nor their children will be entitled automatically to social protection assistance related to income or medical care, accommodation or assistance related to disability. As is the case with many issues, any problem related to access to social security not only affects the adult making the application but also has a direct impact on the quality of life and the social protection afforded to their children.

There is no safety net for people waiting on a decision with regard to the HRC. Although an urgent needs payment may be issued, this is a discretionary payment. It is considered as an unsustainable solution for people waiting significant periods of time for decisions in relation to their applications. Pavee Point, 2014, p. 10

Health
Key measures of Roma health and wellbeing consistently indicate that, as a group, members of the Roma community are likely to experience poorer health outcomes in terms of health and wellbeing when compared to the general population (Hajioff & McKee, 2000; Zeman, Depken & Senchina, 2003; Masseria et al, 2010). For example, the average life expectancy of Roma is calculated as almost ten years less than non-Roma in some studies (Sepkowitz, 2006) and child mortality rates are consistently higher for Roma in many European states (Sepkowitz, 2006; Rosicova et al, 2011), an outcome which again suggests the deleterious impact on Roma children of factors that negatively affect their community. Furthermore, research indicates higher rates of certain conditions, such as coronary artery disease, among this community (Kovac 2002; Zeman et al, 2003; Sepkowitz 2006).

Health policies seeking to reduce health inequalities for Roma people need to be aligned with education, economic, labour market, housing, environmental and territorial development policies that form part of comprehensive policy frameworks allowing for effective integration. Fésus et al, 2012, p. 25

Lack of access to healthcare has been identified across many reports as a major issue for Roma who encounter barriers such as non-entitlement to healthcare, the costs of healthcare if there is no entitlement to free healthcare, lack of healthcare insurance and physical distance from healthcare provision as major obstacles to obtaining the healthcare they or their children need (Colombini, Rechel & Mayhew, 2012; Jarcuska et al, 2013; Kühlbrandt et al, 2014).

In addition, when they are able to access healthcare in some European countries, Roma may experience segregation in healthcare settings such as maternity hospitals, and encounter language barriers and/or lack of cultural awareness by healthcare providers. It can be understandably difficult for migrant Roma to trust health or other services in their new destination country when they have experienced discrimination and prejudice in their country of origin from the same types of service systems. Consequently, it is vital that healthcare providers appreciate the impact of stigma and racial discrimination that members of the Roma community may have experienced in the past.
Awareness of language barriers is important when delivering healthcare to Roma community members as adults may have to rely on younger members of the family to interpret for them when attending medical appointments if no interpreter service is provided. This can compromise privacy and confidentiality of those in need of assistance. Healthcare providers should not assume that the use of a Romanian interpreter is adequate without firstly enquiring about the dialect used by the family unit as failure to deal with this issue can impede communication with healthcare providers.

Within the Roma culture members of the community may seek traditional cures and modern medicine, either simultaneously or at different times, depending on the circumstances and the nature of the illness. In this regard, cultural awareness on the part of service providers can help Roma gain maximum benefit from their interactions with the healthcare system if consultations with the patient are conducted with respect for Roma beliefs and traditions. For example, when a person dies, it is customary in the Roma tradition for key family members to enact certain customs which aid the deceased person on a safe journey to the afterlife. According to Thomas (1985), it is important that healthcare providers display cultural sensitivity and facilitate the deceased person’s family to carry out the necessary ceremonial acts. Traditionally, it is important for Roma that the deceased body remains intact (MacDonald, 1998; American Red Cross, 2001). This tradition may have implications for situations in which an autopsy may be legally required and sensitivity and awareness on the part of the relevant professionals is again vital at such times. Developing awareness within professional service systems regarding the needs of the Roma community is not aided by the fact that Roma are rarely employed in many state and private health services and they are consistently under-represented in the professional classes, at management level or in professional education.

Gitano (2009), in an analysis of the health status of Roma in Europe, concluded that “inequalities in terms of health care and access to health services are one of the main factors contributing to social exclusion.” However, Zeman et al (2003) report that precise information about Roma health outcomes is difficult to obtain. To complicate even further the efforts to gather accurate information on the health needs of Roma some research projects have included Roma in wide categories which include other minority groups. If accurate data is to be compiled regarding the health status of Roma, in Ireland or in any jurisdiction, then data on Roma health needs and outcomes needs to be disaggregated from the majority population and other minority groups for the purposes of analysis (Ádány, 2014, p. 702). According to Pavee Point (2009), the lack of available data on the health status of Roma needs to be addressed in order to inform policy development and implementation, within both European and Irish contexts.

The challenges and barriers outlined above operate to distance Roma community members from access to the mainstream healthcare services in many European jurisdictions. In this context, TRIP was set up to address the obstacles that Roma people in Tallaght reported as relevant to them in their interactions with healthcare and other services in the Irish context. TRIP has drawn relevant agencies together to ensure that Roma living in the Tallaght area can access healthcare services when they need them and in a way that inclusively accommodates their cultural perspectives. Section 3 of this report will outline in more detail the history of the establishment of TRIP and the principles which inform its work.

Roma populations in Europe generally:

- Suffer greater exposure to wider determinants of ill health (e.g. socio-economic and environmental)
- Live less healthy lifestyles
- Have poorer access to and lower uptake of primary care and preventive health services
- Suffer poorer health outcomes, in terms of morbidity from both infectious and chronic diseases, and shorter life expectancy

Summary

The Roma community represents a large ethnic minority dispersed across the European continent. The strengths of the Roma tradition have supported the survival of the Roma community despite persistent and widespread experiences of oppression and prejudice in different times of European history. Related to the expansion of the European Union, there has been an increasing focus on the plight of the Roma community in terms of its exclusion and marginalisation within European society (Flecha, 2013, p. 3091). The multifactorial nature of the Roma community’s marginalisation arises from a range of barriers related to education, employment and housing tenure. Significant health disparities between Roma and non-Roma have also been identified by different studies across a range of jurisdictions. It is clear that policies and approaches devised to improve Roma health outcomes are more likely to succeed if they take into account the barriers experienced by the Roma community in accessing healthcare and attempt to address them (Flecha, 2013). Awareness-raising among healthcare professionals is also required so that they can deliver culturally-informed and culturally-sensitive healthcare interventions. It is in this wider European context, and with a specific focus on the barriers to healthcare encountered by the Roma community in Tallaght, that TRIP was set up. The next section traces the establishment of TRIP and highlights some of its work to date.
“For me being Roma I am proud to be Roma but I was not like that before and before when I was in Romania I wouldn’t say too much that I am Roma.

Roma Participant
Tallaght Roma Integration Project

A Local Response To a Global Issue

Introduction

Within the context of the expansion of the European Union (EU) and a growing focus on the plight of the Roma community across Europe, this section outlines the history of an initiative set up in Ireland to counteract the barriers impeding access to healthcare by the Roma population located in Tallaght, a large suburb of Dublin, Ireland’s capital city. To recount the development of the Tallaght Roma Integration Project (TRIP), it is useful to position this initiative within the context and experiences of the Roma people, both in Ireland and in the wider European continent. While Ireland has not been a main destination for historical waves of Roma migration, since the fall of Communist rule in Eastern Europe and the accession to the European Union of some countries with established Roma populations, the migration to Ireland of Roma (mainly from Romania) has steadily increased, albeit in relatively small numbers. Section 2 of this report has provided an overview of that wider European context in terms of the Roma community’s pan-European history and its struggle for civic inclusion and human rights in many jurisdictions.

Migration to Ireland for Roma people has been a mixed experience with both positive and negative features. In particular, access to healthcare has emerged as a problematic issue for some members of the Roma community, and one which particularly affects Roma whose residency status in Ireland is unresolved or whose entitlement to social protection is awaiting decision or has been rejected. As detailed in Section 2, barriers to healthcare for Roma are multifactorial and overcoming these barriers requires addressing a number of relevant issues, including language and information barriers, economic barriers, barriers related to legal status and residency and finally, barriers related to knowledge and information among healthcare services staff regarding Roma culture, traditions and history.

The work of the Tallaght Roma Integration Project (TRIP) in trying to address these factors can be referenced as a model of engagement between the Roma community and the wider society, particularly the public systems of health and welfare services. Since its establishment, TRIP has worked from a participatory, community development perspective, which focuses not only on the problems of access to healthcare but on the processes used to tackle the identified problems. In that light, the history of TRIP, as outlined in this section, offers an opportunity to consider the benefits of inclusive approaches to tackling large-scale issues at the local or micro level. TRIP has also promoted and facilitated inter-agency cooperation, communication and collaboration in recognition of the potential that inter-agency efforts can offer to tackle the barriers to healthcare experienced by the Roma community living in the greater Tallaght area.

[In Romania] I didn’t have the opportunity to go to school. My parents thought that they should come here [Ireland] - it was better. We weren’t allowed in those days to go to school. My father thought that he should come here with us and offer us a more different future.

Roma Participant
New Beginnings: Roma in Tallaght

As outlined in Section 2, the Roma population in Ireland is estimated to range in number between 2,500 and 6000 people approximately. There are limitations to definitively measuring the exact number of Roma people residing in Ireland, including in the Tallaght area, due to a range of data collection issues. According to the 2006 Irish Population Census (CSO, 2007) approximately 25% of the population of West Tallaght was from migrant communities, including members of the Roma community. An informal estimate by service providers in the locality of Tallaght puts the figure living in the Tallaght area at between 600 and 1,000 Roma people, with ages ranging from infants to approximately 60 years of age. It is likely that the accurate figure for the Roma community is substantially higher than this estimate. As a method of data collection, the ethnic identity of service users is not routinely recorded by official and public services; therefore, there is no mechanism currently in use for identifying the uptake by the Roma population of medical or other services in Ireland. Consequently, it is not possible to state with certainty the numbers of Roma who reside in the greater Tallaght area or who make contact with health services located in that vicinity.

Prior to 2007, Roma from Romania and Bulgaria could enter Ireland through a variety of routes, included in which was the right to request asylum. Following Romanian and Bulgarian accession to the European Union (EU) in 2007, citizens of Romania and Bulgaria, as members of the EU from that point onwards, gained freedom of movement across European member states’ borders. For some members of the Roma community this right of movement across borders facilitated their arrival into Ireland to join family members who had already migrated to live within the State.

However, similar to the Roma experience in other European countries, Roma in Ireland, including in the Tallaght locality, have experienced difficulties accessing employment, housing, education, healthcare and social security. Consequently, many members of the Roma community in Ireland are vulnerable to, and continue to experience, significant levels of poverty.

The Tallaght Roma Integration Project (TRIP) developed in response to the needs of the Roma community in the area. As retold by those interviewed by the authors of this report, the establishment of TRIP evolved from a stage-based process of awareness and engagement, dialogue and consultation, trust-building and action involving members of the Roma community and local agency representatives. Diagram 1 illustrates this process graphically and the key elements of each stage are outlined in the following sections.

Awareness and Engagement

Reflecting the rise in Roma migration into Ireland, the rate of migration of Roma into Tallaght has grown steadily from the late 1990’s onwards. Approximately seven years ago, awareness began to grow among the network of health and social services that some members of the Roma community were encountering difficulties accessing the healthcare and other services they required.

In 2009, in response to concerns about the health and wellbeing of the Roma population living in Dublin South West (including the locality of Tallaght), and in particular out of concern for the plight of Roma children in this regard, the Social Inclusion Manager in the Health Service Executive National Social Inclusion Office brought together a number of agencies to consider how best to address these concerns (Tallaght Roma Integration Project, 2013).

I have 11 children and I was pregnant with my 12th child. They sent me to work...I had 9 children in school and I couldn’t do both, work and take care of them. My husband also had to take care of the kids. So, I was sick and I was also pregnant and I did go to work. They cut our rent allowance. I worked for one year and a half...when I was pregnant with my 12th child. I worked until very close to the birth.

Roma Participant speaking about her experiences of migration into Ireland

[In Romania] we didn’t have proper conditions for living. I thought about my children, and I wanted to go somewhere I could offer them a better life...

Roma Participant
Diagram 1: TRIP Community Development Model
The agencies involved in this phase included the Children and Families Department of the Health Service Executive (HSE), the National Education Welfare Board, the Probation Service, Dodder Valley Partnership (now South County Dublin Partnership), Public Health Nurses (HSE), Primary Care Social Workers (HSE) and Access Ireland which employed trained Cultural Mediators.

The Cultural Mediators, who themselves were members of the Roma community, were instrumental in helping the other agencies understand the nature and diversity of the Roma culture. They further explained the extent of poverty and exclusion that Roma have experienced throughout history and why it was important that agencies offering services to the Roma community need to do so in a culturally sensitive and culturally informed manner.

Following a number of meetings, an inter-agency group, drawn from the wider network of service agencies, i.e. Dodder Valley Partnership, the Community Worker in the HSE’s Children and Families Department and the Primary Care Social Work Service (HSE), adopted a community development approach to work collaboratively with local Roma residents in order to tackle the concerns of the local Roma community (Tallaght Roma Integration Project, 2013). This stage of the development of TRIP involved knowledge exchange and awareness-raising among the relevant services. At this pre-engagement stage there was no formal TRIP structure in place but the shared concern among the relevant agencies drove forward the impetus to formulate a response to the needs of the Roma community through an organised process of consultation.

A second stage in the development of TRIP was a period of community engagement. From informal discussions, it became clear that it would be possible to build upon established relationships between the local Roma community and the local Primary Care Social Work Service which had been working on a case management basis with a number of Roma families in the area. The Primary Care Social Worker was able to identify members of the Roma community who would be interested in bringing together a number of Roma families in the area. The Primary Care Social Work Service (HSE), adopted a community engagement approach to work collaboratively with local Roma residents in order to tackle the concerns of the local Roma community (Tallaght Roma Integration Project, 2013). This stage of the development of TRIP involved knowledge exchange and awareness-raising among the relevant services. At this pre-engagement stage there was no formal TRIP structure in place but the shared concern among the relevant agencies drove forward the impetus to formulate a response to the needs of the Roma community through an organised process of consultation.

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At these consultation meetings, the Roma community members identified a range of issues which were of importance to the quality of life experienced by them. For example, they sought specific assistance with issues such as completing social welfare application forms, and assistance in dealing with large agencies such as the local General Hospital in relation to medical bills that could not be paid. The group also noted larger scale concerns and difficulties related to engagement with systems as a result of non-entitlement to benefits. Others sought assistance in relation to accessing employment or applying for citizenship and some looked for information on how to improve their literacy skills. Others attended the consultations to establish whether the group consultation process was trustworthy as, the Roma Cultural Mediators reported, it had never happened before that representatives from large statutory agencies wanted to know what issues were impacting on the lives of the Roma, let alone try to help them with their problems. According to the Roma participants, this series of consultation meetings offered the first experience for them where statutory agency representatives collectively engaged with their community in an attempt to help their situation in a way that was meaningful and helpful to them. This stage contributed to the establishment of trust and mutual understanding between all the parties involved in the consultation process and it laid a foundation from which practical action could be launched.

The consultation group meetings took place over a 3 month period and were facilitated by the Roma Cultural Mediators. At each meeting different issues were highlighted, however, of consistent concern was lack of access to healthcare services and the inability to pay healthcare charges when treatment was necessary (Tallaght Roma Integration Project, 2013). It became clear that access to healthcare was directly related to an
There are a lot of people who cannot speak English and they cannot say what is wrong with them...We would need an interpreter otherwise of course we cannot manage.

Roma Participant
The structure and membership of the coordinating committee of TRIP includes:

- **Integration Worker**: South Dublin County Partnership (Joint Chair)
- **Community Worker**: South Dublin County Council (Joint Chair)
- **Community Worker, TUSLA (Secretary)**
- **Community Health Worker, Fettercairn Community Health Project (Treasurer)**
- **Roma Community Development Worker**, Pavee Point (Member)
- **Primary Healthcare Social Worker** (Member)

From the outset, the aims of TRIP have been to foster the empowerment and self-determination of the Roma community in Tallaght and through collaboration between all the relevant parties to address the barriers experienced by the Roma community to healthcare, education, housing and employment. TRIP is unique in its composition but effective as it brings together a vast array of skills, experience, knowledge and networks as a means of engaging with the Roma community, highlighting their needs as they identify them and providing tangible responses. **Diagram 2** illustrates the TRIP Inter-Agency Model.

“I think getting the project off the ground was a massive milestone - we have learnt along the way”
Committee Member

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**The Roma Primary Care Initiative**

A significant focus of the work of TRIP since its foundation has been the establishment of the Roma Primary Care Initiative (RPCI). This RPCI came about as a direct result of the consultations with the Roma community out of which the need for better access to primary healthcare services was identified. Arising from further consultation with the Paediatric GP Liaison Nurse in the Accident and Emergency Department of the local General Hospital, it was confirmed that members of the Roma community were attending frequently, in particular with young children, with health issues that a primary care practitioner could treat if one was available to them (Tallaght Roma Integration Project, 2013). It was clear that the lack of access to healthcare for the Roma community required an immediate response. Some preliminary consultations took place between TRIP, the GP Liaison Nurse in the General Hospital and Safetynet Primary Care Network (an organisation that was already involved in the provision of medical services to marginalised groups in other districts). Gabi Muntean, a Roma community worker, played a significant part in helping drive forward this stage of the process. Together, these parties developed a joint proposal for the establishment of a Roma Primary Care Initiative which aimed to provide the Roma community with access to a mobile primary care service which would include GP clinics and also information and support services.
There was ignorance around it [engagement] and nobody knew where to start....the project [TRIP] was that pebble that started it all off and it presents now great opportunities.

Committee Member
The joint proposal was submitted to the HSE National Social Inclusion Office in which it outlined a plan to establish a GP service under the auspices of the Roma Primary Care Initiative (RPCI) that would be available free of charge to members of the Roma community one afternoon per week. The proposal suggested that key to the establishment of this initiative and the attendance of the Roma community was the involvement of members of the Roma community at every stage of the process. This was further embedded by the recruitment of Roma Volunteer Support Workers whose role would be to support people to access the service and to act as advocates for their community with other external services.

Outcomes

The proposal to support a dedicated inter-agency project to address the needs of the Roma community in the Tallaght area was accepted by the HSE National Social Inclusion Office which provided the necessary funding to set up the pilot Roma Primary Care Initiative (RPCI). Safetynet, which was already involved in outreach healthcare provision with the use of a mobile health unit, brought its mobile clinic to the carpark of the local General Hospital in Tallaght on specific weekdays where members of the Roma community could freely access the services of a GP with interpreter support if required.

From the early days of the GP clinic, the RPCI also provided a contact point for the Roma community with the Roma Volunteer Support Workers who have been available to assist any member of the Roma community in their dealings with health or other services and who advocate where necessary on their behalf. The Roma Volunteers are sourced and supported by the Fettercairn Community Health Project, which has a wider aim of promoting community participation in primary health care services. The Fettercairn Community Health Project is financially aided in this work with the Roma Volunteers by funding also from the HSE National Social Inclusion Office. The Roma Community Volunteer service commenced in July 2012 and has experienced high levels of demand from that date onwards.

TRIP has identified a minimum of four different Roma ethnic subgroups attending the RPCI service since its establishment in 2012 and has responded to the individual needs of each group by seeking out and identifying appropriate members of the community to work as Roma Volunteers at the service. This serves to demonstrate to the community that the RPCI is cognisant of the differences between various Roma subgroups and is working to ensure that a culturally appropriate medical and support service is available to all Roma community members.

With a strong community development ethos, and with the ongoing support of the HSE National Social Inclusion Office, it has been possible to establish and sustain the RPCI service in Tallaght since 2012 where members of the Roma community contribute to the planning and delivery of this initiative. The participation of Roma community members has made it possible for TRIP to look at strategies that address specific health needs within this community for example, women’s health. The statistics outlined below highlight the degree to which the RPCI has been able to provide interventions for the Roma community in terms of both GP services and also information and support services.

I go there because I am seen faster, I get to be seen faster and I was given care every time I went there. Also I had friends who didn’t have Medical Cards and I tell them to… I took them. It’s very good and I am happy with it. When we need something we go there.

Roma Participant
The high attendance rate by Roma women has created the potential to develop initiatives to address the specific issue of Roma women’s health. Previous research (Pohjolainen, 2014) noted that Roma women have a poor history of attending for preventative health care, in particular with regard to attending gynaecological appointments for issues outside of pregnancy. The Roma Primary Health Care Initiative has begun dialogue with Roma women around reproductive and gynaecological health including the provision of information regarding the availability of preventative screening, examinations and the use of contraception. At the time of writing this report, TRIP has begun training with the Roma volunteers to address the full spectrum of women’s health issues including reproductive health and contraception so that they can become health leaders among their own communities. This is a significant step towards addressing some of the health deficits experienced by women in the local Roma community in Tallaght.

In relation to the uptake of medical care, Table 2 illustrates the number of children under 5 years of age who attended the Roma GP Service in 2013 (n = 81) and in 2014 (n = 159). These figures indicate that the number of children attending the Roma GP Clinic almost doubled in the period 2013 to 2014.

In the absence of an entitlement to the Medical Card and the inability to pay for GP consultations privately, many Roma families in Tallaght have had limited access to preventative vaccinations for their children. The RPCI has established a vaccination pathway with a local GP in Tallaght for those families who wish to avail of vaccinations for their children. Information is imparted through the services of the RCPI to the Roma community regarding vaccinations and families can then make an informed decision as to whether or not they will avail of the facility to have their children vaccinated.

The increase in the number of children attending the Roma GP Service from 2013 to 2014 suggests a rising level of trust placed by the Roma community in the service. It is clear from these figures that when healthcare is made accessible and delivered in a culturally sensitive manner then Roma parents will use services to address concerns they may have related to their children’s health.

### The Roma Volunteer Support Workers

By working in collaboration with Safetynet to deliver the Tallaght Roma GP service and also by incorporating the services of Roma Volunteer Support Workers into this inter-agency model of provision, the RPCI is succeeding to provide support, information and advocacy services to members of the Roma community who wish to avail of such assistance.

### “...they know they are part of a team and they’re valued...really valued”

Committee Member

At the Roma GP clinic, Roma Volunteers are available to help with queries in relation to a range of social, personal and health issues. The Roma Volunteers are organised and managed in their role by Fettercairn Community Health Project and TRIP members provide support to the volunteers through monthly supervision. Supervision is facilitated jointly by the Fettercairn Community Health Project and South County Dublin Partnership and is an opportunity to address any issues or personal conflicts the volunteers might encounter in their dual role as volunteers and as members of the Roma community.

TRIP also provides training inputs to the Roma Volunteers on topics relevant to their work and imparts information and skills on how to address any concerns if they arise.

In 2014, through contact with the Roma Volunteers, Roma families and individuals accessed further support in relation to the following:

- **Social Welfare Entitlements**: the majority of queries in this category (38%) related to Child Benefit and 26% related to Disability entitlements;
- **Education**: the majority of queries received in this category (72%) sought assistance with accessing further training and education;
- **Employment**: the majority of employment queries (75%) sought referral to and information on how to access local employment services;
- **Housing**: 46% of housing queries related to those seeking assistance around housing and information in relation to accessing social housing while 36% required support with issues related to tenancy rights.

Table 2. Annual Attendance Rates of Children under 5 Years of Age at the Roma GP Clinic in 2013 and 2014.
**Health:** As outlined in the following chart, the majority (36%) of support provided by the Roma Volunteers in the area of health related to ‘Hospital Support’ which included accessing outpatient appointments and general support accessing the hospital system; 19% sought information in relation to contraception; 15% sought information about coping with pain; 8% sought information related to the broad area of preventative women’s health including cervical smears or breast checks and 8% sought information or support in the area of pregnancy or ante-natal care.

These figures indicate that through the establishment of the RPCI the Roma community has achieved important gains in terms of its access to primary healthcare and support for the Roma community’s health information and treatment needs. The significant rise in the number of children, who were brought by their parents to see the GP at the Roma GP Clinic (just short of a 100% increase over a 12 month period), is a welcome indicator that this service has gained acceptance and support from the Roma community, and in particular, from parents and older family members of the Roma community who are increasingly willing to trust the RPCI, and in particular the Roma GP service, with the treatment of their children. This significant development deserves acknowledgement and potentially offers a route into identifying at a deeper level the needs of Roma children in Ireland and how the Roma community wish to see those needs addressed.

**Room for Improvement**

Data collected in relation to the uptake of services delivered by the RPCI consistently point to its contribution towards increased access to healthcare for the Roma community and positive engagement by that community with the service evidenced by return visits and favourable feedback. The figures reveal little in terms of limitations of the service in its current composition. However, in the interviews conducted as part of the process of writing this report, it was possible to uncover the elements of the service which need attention. In the context of strong positive sentiment on the part of the Roma participants in the interviews conducted for this report, some concerns were raised. The main issues raised concerned the physical environment in which the Roma GP service is delivered and where the Roma Volunteers carry out their work. It is somewhat ironic that the service started in a mobile unit, mirroring the untenured, nomadic history of the population it was set up to serve. The bleak location of a hospital car park, a place apart, also resonates with the historical Roma experience. The interviewees highlighted the lack of a suitable waiting room, where people wishing to see the doctor could sit until their turn arrived. Sometimes, due to the high demand for the GP and Roma Volunteer services at the mobile unit, people waited outside the mobile unit in all types of weather. While the mobile unit provided a consultation space, it was clear from the outset that there was a need for more suitable premises. Late in 2014, during the period when this report was being compiled, the Roma GP clinic, along with the Roma Volunteer Support Service, was relocated to office-based accommodation in a nearby HSE premises in Tallaght. Although temporary in nature, this move brought a level of improvement to the physical conditions in which
People should be able to access a GP and access our GP or our service because they choose to, not because they have no other place to go
Committee Member

the service operated. However, it is clear that the service would benefit from dedicated, long-term accommodation, including child-friendly facilities.

Apart from the need to improve the standard of accommodation which houses the RPCI, it is clear from the feedback received by the authors of this report that the service is regarded favourably and increasingly accessed by members of the Roma community.

Future Potential

As has been shown through the work of TRIP and the agencies with which it has collaborated, the community development approach in conjunction with positive inter-agency engagement has provided the Roma community in Tallaght with a pathway through which they can access primary healthcare as well as other forms of information and support. The establishment of the Roma Primary Care Initiative, incorporating the Roma GP clinic and the Roma Volunteer Support Service, has demonstrated that real gains can be achieved in terms of access to healthcare for the Roma community if service providers engage with the Roma community in a process of dialogue and in a way which positions the needs of Roma at the centre of that process. However, it is important also to see the RPCI, not just as means of ensuring that the Roma community can access healthcare, but also as a medium through which the Roma community can highlight the barriers that exist for them in trying to access healthcare in the first instance. Therefore, the work of TRIP is twofold in that it is helping to address the immediate healthcare needs of the Roma community in Tallaght while simultaneously signalling the need to remove barriers encountered by Roma so that they can access healthcare through the same routes as anyone else living in Ireland.

The gains achieved so far, and acknowledged by all who contributed their views to the authors of this report, suggest that the model of inter-agency collaboration and community development on which TRIP was founded and continues to operate, offers a useful structure through which the wider health issues and potentially other issues of importance to the Roma community in Tallaght can be highlighted and addressed. While the form that the future focus of TRIP will take is, at this point, still an evolving dialogue, the work to date offers a positive indication of what may be possible. Whatever issues it decides to focus on into the future, it is clear that TRIP will aim to amplify the voice of Roma community members in articulating the needs of their community and will offer a forum through which the Roma community and relevant agencies can attempt to tackle the identified issues together.

However, to sustain its positive contribution, TRIP needs to build on its achievements to date. For example, future healthcare initiatives involving TRIP and the Roma community would be aided by a properly researched picture of the specific health needs of the Roma community and preferably this information would be collected and reported by the Roma community itself. To undertake such an exercise will require investment of the necessary resources and support needed to carry out a community-led health needs assessment but the long-term value of such an exercise would far outweigh any of the related costs.

Despite a legacy of negative experiences in their interaction with the state services and bureaucracies in many countries, the willingness of the Roma community to engage with the initial consultation process in Tallaght and its ongoing involvement in the work of TRIP deserves recognition as both courageous and progressive. The participation of the Roma community in Tallaght has been significant in this process of dialogue and action and must be recognised as an essential element in the efforts to address the barriers to accessing healthcare at a local level. The positive results so far from this process may go some way, albeit on a small scale, to counteract the experiences of marginalisation that the Roma community has suffered for many generations. It is vital that all the parties involved in TRIP continue to appreciate the very positive effect that the inter-agency approach has achieved and recognise its significance not only in the local context but in the wider history of the Roma people.

A lot done, but more to do! The Roma representatives interviewed for this report have hopes and aspirations for themselves and their children. It is necessary that these positive ambitions are supported into the future to ensure greater access not only to healthcare but also to education, employment and wider forms of civic representation and engagement.

In order for this to continue, Roma involvement and engagement will require progressive policies which demonstrate to the Roma community that their health matters and that their views on the many issues that affect the quality of their lives are important. The TRIP Inter-agency model, which places the needs of the Roma community at its core, offers organisations a model of good practice to adequately address the needs of the Roma community and implement culturally appropriate social policies and concrete service provision.
Summary

The Tallaght Roma Integration Project (TRIP) was established on foot of a consultation process between statutory and voluntary services and the Roma community living in the wider Tallaght area. Lack of access to healthcare emerged from the consultation process as an issue of major concern for Roma community members. Since its inception, TRIP has worked in tandem with local agencies and Roma community members to highlight and address the many barriers that prevent or obstruct access to healthcare for Roma in Tallaght. The establishment of the Roma Primary Care Initiative (RPCI), which includes a dedicated Roma GP clinic and a support service delivered by Roma Volunteer Support Workers, has been a major development in helping to address the existing barriers and in supporting the Roma community to have access to healthcare services when they need them. The rate of uptake by the Roma community of the RPCI services signals the usefulness of community development approaches in tackling issues faced by the Roma community.

Section 4 highlights the main principles of community development which have informed the work of TRIP.

"My husband didn’t have the opportunity to go to school so I wanted my children to go to school and to be able to do something with their lives and to go to school.

Roma Participant"
Introduction

The earlier sections of this report have charted the history of the Tallaght Roma Integration Project (TRIP) and its efforts to address the barriers to healthcare experienced by the Roma community in Tallaght including the establishment of the Roma Primary Care Initiative (RPCI). Throughout its history, the work of TRIP has been strongly influenced by community development principles including the identification of need by those affected by it, the promotion of solidarity and a focus on participation and inter-agency collaboration (Bhattacharyya, 2004). This section outlines how the work of TRIP reflects these principles and it considers the potential offered by a community development approach in formulating responses to the issues of concern for the Roma community in Ireland. Also to conclude this report a set of recommendations are presented which aim to highlight the key issues for consideration in future initiatives with the Roma community.

Identification of Need

Since its inception the work of TRIP has aimed to amplify the views of the Roma community on issues that are of concern to them. As such, the Roma community has been central to the operation of TRIP. In the TRIP model, the voice of the Roma community is essential to “the production of collective meanings” (Bhattacharyya, 2004, p. 23) and to the formulation of any strategy aimed at addressing identified concerns. This element of the TRIP model is particularly visible in the consultation and trust-building stages, but in reality it is essential to every stage of TRIP’s operation.

Földes & Covaci (2012) highlight the growing focus on Roma healthcare supported by initiatives such as the Decade of Roma Inclusion 2005-2015 (Decade of Roma Inclusion Secretariat, 2005) and the EU Framework for National Roma Integration Strategies (European Commission, 2011), but they suggest that best outcomes will be achieved when Roma are directly involved in research and intervention programmes which are trying to improve the situation of their community and address its needs. The process of consultation in Tallaght involving the Roma community, as outlined in Section 2 of this report, placed local Roma people at the centre of the process which identified and articulated the problems they were encountering in accessing healthcare in the locality of Tallaght. The ongoing involvement of the Roma community, such as through the role of Roma Volunteer Support Workers attached to the Roma Primary Care Initiative, continues to ensure the Roma community’s involvement in the initiatives supported by TRIP which aim to tackle the identified problems. Into the future, it is the aim of TRIP that the Roma community will remain central to defining, describing and resolving the issues which impact on their quality of life.

“To engage communities you have to first meet basic human needs and then people can function and engage.”

Committee Member
Promoting Solidarity

While the meaning of ‘community’ in the term ‘community development’ is often associated with the traditional view of geographical locality, the understanding of community adopted by TRIP is not limited to a focus on a specific neighbourhood but has a broader interpretation which encompasses the shared interests and concerns of a specific population, in this case the Roma community. From this perspective, the purpose of adopting a community development approach is not simply to achieve physical improvements in a particular neighbourhood but instead it is concerned with taking “collective measures to address shared problems” (Bhattacharyya, 2004, p. 12) and the problems it aims to tackle are not necessarily confined within territorial or geographical borders. Bringing people together to address shared concerns is a core ambition of this model of community development and building solidarity within society is seen as central to achieving that aim. The concept of solidarity positions the experience and strength of all community members as a positive asset (Dolan, 2008, p. 114) and it rejects attempts at assimilation or enforced integration of migrant or minority communities into the majority culture. Instead of seeking to achieve uniformity, the concept of solidarity respects any differences that may exist within a society and seeks to promote mutual respect and understanding in the context of those differences.

The community consultation process which led to the establishment of TRIP was strongly informed by ideas of solidarity and mutuality. Local service agencies came together with members of the Roma community to achieve a shared understanding of the issues of concern to the local Roma population as well as to agree possible strategies that would address those concerns. Underpinning these efforts was the belief that those who experience an issue or a problem are the experts on that issue and it is they who should define it and its resolution (Freire, 1972; 1973; 1988).

Working from this perspective implies that efforts to resolve the identified problem will be what Bhattacharyya (2004, p. 22) refers to as “demand-based” so that they “respond to people’s needs as they see them.” Arising out of the 3-month period of consultation between the Roma community in Tallaght and local service providers the problems with access to healthcare for Roma people in Tallaght emerged as a central issue of concern. From that point onwards, the work of TRIP has been dedicated to bringing all the key agencies together to work with the Roma community to find a solution or set of solutions to this identified need and to do so in a way which involves the Roma community in every stage of that process.

Participation

The participation of the Roma community in problem-definition and problem-solving is central to the work of TRIP. Participation of local Roma community members is central to every stage of the TRIP model. According to Warren (2007), participatory and inclusive approaches drive service provision in a more inclusive and culturally-focused direction. Warren identifies the central purpose of a participatory approach as being its ability to take into account and promote the service user’s view of their particular situation. Furthermore, Warren (2007, p. 6) indicates that participatory approaches support the end users of services “to define and understand their own situation.”

TRIP, as an inter-agency organisation grew out of a consultation process with the Roma community in Tallaght and has evolved over time to meet the changing needs of that community. It was founded on the belief that increased access to healthcare and other services by the Roma community would require placing the views of local Roma people at the centre of decisions and actions and as such, the views and opinions of the Roma community have been its primary and guiding agenda. In the TRIP model the onus is on healthcare providers to come to an understanding of the Roma community’s needs and display respect for their traditions in how those service needs are addressed. This process of participation, through its various forms, has provided a means by which the Roma community and the network of service providers and agencies can come together to formulate a common response to any issue about which there is concern. Placing the Roma community in a central position in terms of defining and finding solutions to the barriers they encounter is a concept articulated in many of the European and national strategies of inclusion (see for example: Department of Justice and Equality, 2011; European Commission, 2011; Fundación Secretariado Gitano, 2009). The process of engagement, consultation, trust-building and action which guides the work of TRIP offers a model through which issues of concern to the Roma community can be identified and through which the Roma community can be actively involved in finding the solutions to those concerns.

“I see it as an organic project it became clear that health and primary care was the way …but we never said that’s all we are about but we always looked at other opportunities and it’s still growing”

Committee Member
The aim of improved participation by service users is also articulated in national health policy statements in Ireland which increasingly recognise that the development of health service responses and initiatives can be strengthened and enhanced by the participation, in terms of evaluation, planning and delivery, by the users of those services. The concept of ‘people-centredness’ is highlighted, for example, in the national health strategy document, Quality and Fairness: A Health System For You (Department of Health & Children, 2001). A later document published in 2008, entitled The National Strategy for Service User Involvement in the Irish Health Service (HSE, 2008), develops further the idea at a policy level that service user participation should occupy a central position in the future development of health services. Apart from the inclusive nature of such policies, active participation by service users potentially offers them a route to influencing how services are delivered.

The work of TRIP demonstrates how a community development approach can help raise the voice of those who need services and as such it offers a pathway for the realisation of policy aspirations. However, for the Roma community to access healthcare services on a par with the rest of Irish society, it is clear that a deeper appreciation of Roma culture and history will be required on the part of service providers.

Culturally Aware and Inclusive Healthcare: A Healthy Ireland for Roma?

Changes in Irish society which have taken place in recent decades have required the development of strategies to support the increasing diversity and multicultural profile of the population. This is especially relevant in the field of healthcare provision. The Healthy Ireland Framework 2013-2025 (Dept of Health, 2013) policy document articulates a vision of inclusive and participative strategies to address the health needs of the whole population, including new migrant groups.

The Healthy Ireland Framework describes its purpose as "a collective response to the risks that threaten Ireland’s future health and wellbeing, as well as its economic recovery. It is a new national Framework for action to improve the health and wellbeing of the population of Ireland over the coming generation" (Dept. of Health, 2013).

It sets out the following four main goals:

• Goal 1: Increase the proportion of people who are healthy at all stages of life.
• Goal 2: Reduce health inequalities
• Goal 3: Protect the public from threats to health and wellbeing
• Goal 4: Create an environment where every individual and sector of society can play their part in achieving a healthy Ireland

Unfortunately, the Healthy Ireland document does not mention the Roma community specifically but its vision of fair and inclusive access to healthcare for all fits with the aims of TRIP’s work to challenge and address barriers to healthcare access for the Roma community in the greater Tallaght area.

In addition, the Health Services Intercultural Guide (HSE, 2009) was produced in conjunction with the National Intercultural Health Strategy 2007-2012 (HSE, 2007). It sets out a framework of good practice for healthcare workers involved in delivering person-centred, intercultural care. An earlier document entitled, Learning, Training and Development Needs of Health Services Staff in Delivering Services to Members of Minority Ethnic Communities (HSE, 2005), also highlighted the need to raise awareness and develop competence across the healthcare sector in relation to the provision of culturally sensitive healthcare. As outlined in Section 2, the long-term oppression of the Roma community in Europe has been documented and widely reported. Throughout its history in Europe, the Roma community has experienced racial prejudice and persecution in different locations and during various time periods. In the community consultation with the Roma community in Tallaght as detailed in Section 3, and also in the interviews conducted in preparation for this report, Roma participants highlighted the negative impact of this legacy and the importance for the Roma community of awareness by service providers to their plight.

The history of discrimination, marginalisation and disadvantage experienced by the Roma community in other European countries is at risk of replication in Ireland and positive measures need to be taken to ensure that the systems of health, education, employment, housing, law enforcement and social security are equipped and appropriately resourced to meet the needs of the Roma population. However, the inclusive aspirations of current Irish policy as outlined in the aforementioned documents may be difficult to achieve without active steps taken to ensure that service providers are trained and equipped to deliver healthcare (and other services) in a culturally-informed and sensitive manner. Furthermore, as a group, the Roma community is under-represented in professional...
disciplines in the healthcare and professional education sectors and, therefore, within these services there is an absence of Roma cultural knowledge on which to draw.

Initiatives such as TRIP must be understood within this wider social and policy context. The inclusive model developed by TRIP offers a pathway for local Roma community representatives and local healthcare service providers to communicate and learn from each other. In this light, TRIP’s model offers a means through which trust and mutual understanding can be fostered and improved and cultural competency on the part of service providers can be built.

According to Powell (2011), the fate of the Roma community throughout the course of history has often been determined by the power and authority of others from outside the Roma community whose aim is usually to impose a ‘civilising project’, and assimilation-focused programmes, including the imposition of healthcare strategies. Aware of the ubiquitous attempts at the forced assimilation of the Roma in many countries, TRIP has tried to maintain a balance between primary health care provision that is culturally competent and culturally respectful while at the same time providing RPCI service users with a spectrum of healthcare options, including preventative healthcare strategies.

Forging mutual understanding fits with Vivian & Dunde’s (2004) view that healthcare services in Europe must take account of the multicultural context of healthcare provision and strive where possible to accommodate the needs of minority ethnic groups (see also Van Cleemput et al, 2007). In particular, healthcare providers need to understand the role of language as a potential barrier to healthcare uptake and they must also be prepared to respect the beliefs and traditions relevant to health and medical care which exist within the minority populations such as are found in the Roma tradition.

Drawing on Leninger (1991), Dundes & Vivan (2004) state, “a clinician’s sensitivity to disparate beliefs is as critical as the actual treatment, given its effects on compliance and psychological aspects of recovery”. They also suggest that respecting and working with the individual’s cultural beliefs is an important element of the care-giving process and may positively contribute to the likelihood of engagement by the service user. In the Roma Primary Care Initiative the role of the Roma Volunteer Support Workers is essential in terms of embedding cultural awareness into the services delivered at the RPCI GP clinic. Furthermore, the involvement of interpreters with the correct language skills removes the problem of language barriers and misinterpretation which often serves as a critical barrier to healthcare access for members of the Roma community.

Cultural awareness in healthcare provision requires attention to a range of issues, including language, understandings of health and practices related to the care of the seriously ill and dying members of the community. It also has an organisational dimension, in that cultural awareness on the part of individual service providers is not enough, it must be supported by a commitment to inclusion at a structural level which is reflected in policies that view access to healthcare as a fundamental right which should be provided within an inclusive framework. Cultural awareness is not only of concern to healthcare agencies, but is relevant to all service providers. The recent report from the Ombudsman for Children, which was set up to inquire into the use of Garda powers in the removal of two children from their respective Roma families, also emphasises the importance of cultural competence on the part of service providers when dealing with members of the Roma community (Logan, 2014, p. 105; 107). In her report, the Ombudsman highlights the need for State agencies to actively develop their cultural competence in this area. The Logan Report also highlights the importance of building trust through concrete actions between the Roma community and service agencies (ibid, p. 105). Trust will evolve when practices and policies are sufficiently aligned to demonstrate to the Roma community that in Irish society their needs matter and that their views are important.

The issue of cultural competence and a knowledge of the historical plight of the Roma population, on the part of service providers was raised by the Roma and other participants interviewed by the authors of the present study and the importance of service providers being informed on the plight of the Roma community was strongly emphasised by the Roma participants and others who assisted the authors with this report. TRIP offers a successful example of trust-building that has produced concrete positive outcomes for the Roma community as evidenced in the statistics presented in this report regarding the uptake of services under the Roma GP Initiative and the range and scope of issues addressed by the GPs and Roma Volunteers attached to that service. The model is based on participation by the Roma community alongside representatives of a range of statutory and voluntary agencies who work together to achieve the main objectives of TRIP (see Diagram 2) and it promotes an inclusive, collaborative and culturally sensitive model of service delivery.

TRIP has demonstrated that inclusive healthcare for the Roma community is achievable provided those who are involved in managing and delivering that healthcare are culturally attuned to the needs of the Roma community.
Recommendations

This history of TRIP charts the efforts in one geographical locality to bring the Roma community and the network of local service agencies together to find pathways of collaboration which address the range of issues of concern to the local Roma population. TRIP is a relatively new organisation, composed of Roma members and representatives of the local agencies. Despite its early stage of development, TRIP has contributed to raising awareness of and addressing barriers to accessing primary and specialist healthcare as experienced by the Roma community. Furthermore, by drawing on principles of community development to inform its approach, the work of TRIP reflects a useful model which has the potential to inform future efforts of collaboration involving the Roma community and relevant services.

The aim of this report has been to chart the development of TRIP and to identify the key elements of the community development model upon which its work is founded. In writing the history of TRIP it is possible to draw a number of conclusions based on the TRIP experience to date, which may help inform its future development and which may be useful in guiding future initiatives aimed at addressing the needs of the Roma community.

The development of TRIP, as outlined in this report, strongly supports the following recommendations:

1. The views of the Roma community on issues of concern to them, such as the barriers to healthcare as outlined in this report, are best addressed through engagement, dialogue, consultation and collaborative action between relevant services and the Roma community.

2. The Roma community is best assisted when services and service providers work from an informed perspective regarding the history and culture of the Roma tradition. In contexts where health and social service staff are involved in providing services to members of the Roma community, it is important that service providers are informed on the history, culture and traditions of the Roma community. Training needs to be made available which offers relevant information and also develops the competence of staff in relevant services to work from culturally aware and culturally informed perspectives.

3. TRIP as an organisation is an example of an effective model of inter-agency and community development through which the self-identified needs of the Roma community can be highlighted and addressed. The structure of TRIP, in combination with the principles which inform its work, offers a model for progressing successful service responses to the needs of the Roma community. The future development of services to the Roma community could be usefully informed by the key elements of this model.

4. Language barriers pose real obstacles to service uptake by many Roma who are not fluent in English. Services, to be effective, must provide appropriate interpreter or cultural mediator services when needed.

5. Access to healthcare for many members of the Roma community in Ireland is problematic and breaking down the barriers to healthcare access requires input from a range of agencies working in collaboration with the Roma community. A community development approach, such as the TRIP model, offers a framework for action in which all relevant stakeholders can contribute, participate and collaborate towards the end goal of ensuring that members of the Roma community are able to access health services (and other services) when they need them. In order to maximise the potential of initiatives such as the one documented in this report, the resources invested by the funding agencies are best used if they are committed in a manner which allows the host agency, in this example TRIP, to devise medium to long-term service plans secure in the knowledge that sufficient funding and other resources, such as suitable premises, will be committed to them and ring-fenced across a set number of years.

6. The specific healthcare needs of the Roma community remain largely unknown. With regard to identifying the current and future health needs of the Roma community in Ireland, research on key health needs is urgently required.

7. Further investigation of the health needs and health outcomes of this community would aid more targeted delivery of services to address identified needs. To achieve best outcomes, the Roma community must be recognised as experts of their own history and experience and the views of community members must be centrally positioned in any development of future services aimed at addressing their identified needs. In line with national health policy, further research on the health needs of the Roma community should be conducted in conjunction with the Roma community, preferably involving members of the Roma community at every level of that research and service responses.
Summary

Since its establishment, TRIP has worked to support the local Roma community in Tallaght.

The community development approach adopted by TRIP has been pivotal to driving forward a programme of service delivery aimed at addressing the barriers to healthcare access which the Roma community highlighted as an issue of major concern for them. The TRIP model emphasizes pre-development engagement, consultation, capacity building and local solidarity and supporting participation in problem identification. At a practical level it has been concerned to support the development of culturally-informed healthcare provision. The TRIP model is premised on the view that if healthcare initiatives directed towards minority groups and migrants are to reach those who need them most, then issues of access, inclusion and cultural awareness need to inform how services are planned and delivered (Canadian Council for Refugees, 2000; Gagnon, 2002). This can best be achieved through engagement, dialogue, trust-building and collaborative action by all relevant parties.

While the work of TRIP may be concentrated in one suburban locality, its significance as a successful model of collaborative engagement between mainstream services and the Roma community suggests a wider applicability for concrete service development. This report has aimed to record and document the work of TRIP to date in the hope that it may be of benefit to a wider audience in Ireland and further afield who are interested to build an inclusive model of service provision in which all members of society can access the services they need.

Optimal care is thought to be based on core values of access inclusion, empowerment, user-defined service, holism, respect, cultural sensitivity, community development, collaboration, accountability, orientation towards positive change, and reliability

Gagnon, 2002, p. v
References


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Pavee Point Traveller and Roma Centre (2014) Submission to the Department of Justice on the Integration Strategy.


Appendix

APPENDIX 1: TRIP STRUCTURE

TRIP Structure

The Tallaght Roma Integration Project (TRIP), formerly the Roma Families Working Group, has been working alongside members of the local Roma Community in Tallaght since 2009 to identify and address some of the Health and Social Issues directly impacting their lives (TRIP, 2013).

TRIP, was formally established in 2012 following a number of years working with and on behalf of local Roma families. With its, primary health care, integrative community development focus, the annual report of TRIP (2013) describes the organisation as including of the following partners:

- HSE: Primary Care Social Worker (PCSW) Chairperson

As a core member of two primary care teams in west Tallaght, the PCSW, as required in the primary care strategy, adopted a ‘health for all’ approach to work with members of the Roma community of which there are a number of families who live in the catchment area. The PCSW has worked on an individual basis with Roma families managing cases and providing support in many areas of health and social need, liaising with statutory and other agencies within the community to assist families but also to ensure that agencies have an improved level of understanding of the cultural differences and socio-political structures that directly impact the health of the Roma community in Tallaght (TRIP, 2013).

As a member of the initial Roma Families working group and the current Chairperson of TRIP the PCSW has worked alongside TRIP members since 2009 to develop and subsequently deliver the Roma Primary Healthcare Initiative in Tallaght. A major function of the PCSW, as the Chairperson of TRIP is to work alongside Safetynet to liaise with stakeholders and funders to ensure ongoing culturally competent service delivery and funding both locally in conjunction with the HSE Social Inclusion Manager but also nationally with the HSE Department of Social Inclusion (TRIP, 2013).

The role of the Primary Care Social Worker is funded directly by the Primary Care Directorate within the HSE and is therefore a Department of Health Initiative.
South Dublin County Partnership: Integration Worker (Joint Vice Chair)

South Dublin County Partnership is a local development company established in 1991 with the aim to tackle poverty and social exclusion in South Dublin County. SDC Partnership formerly Tallaght Partnership supported equality and social inclusion measures creatively and consistently since 2001. The Partnership explicitly and implicitly supports the integration of migrants that are most in danger of poverty and social exclusion in all pillars of its work, but recognises the vulnerability, marginalisation and increase of these target groups which require consistent investment. South Dublin County Partnership provides staff, funding, expertise in (a) project planning, review, and development, (b) individual support (c) co-production practices. SDC Partnership most critical investment and contribution is the employment of an Integration worker through both the work and the oversight this position provides.

The Integration worker:

a. Manages the Intercultural Drop In centre. This centre is a hub for migrants to learn English, improve literacy, build networks and participate in courses offered by the centre to build the confidence to engage with wider community. People from Roma ethnic minority background are equal participants in all of those programmes

b. Takes active role in the Tallaght Roma Integration Project as its vice chair

c. Mentors and manages volunteers and labour market staff to resource the drop in centre to be open every day

d. Supports the Roma Bus (works to ensure that no obstacles prevent the continued provision of this service so that the most vulnerable in its community continue to be serviced through the GP bus)

e. Development work is on-going on the establishment of a grassroots Tallaght Roma Group (This will be the first of its kind in the county)

f. Offers individual support and advocacy in education, social welfare, housing etc.

g. Has committed to providing a support worker for the GP Bus who is a permanent employee of the drop-in centre to assist volunteers on a weekly basis.

The Role of the Integration Worker is 50% Department of Justice funding and 50% Social Inclusion and Community Activation Programme (SICAP), which is funded by the Department of the Environment, Community and Local Government.

TUSLA: Community Development Worker (Joint Secretary)

The TUSLA Community Development Worker has been working alongside other TRIP members since 2009 to assist in developing the community development approach undertaken by TRIP as a core value. TUSLA (Formerly HSE Children and Families Dept.) provides services in Child Protection, Welfare and Family Support and is a statutory organisation with specific obligations under the law in relation to the protection and welfare of children and the support of vulnerable families.

The role of the TUSLA Community Development Worker is to support the work of the TRIP and act as an advocate for Roma rights within the structures of TUSLA. To work with children and families if there are emergencies and concerns in relation to child protection, child welfare and domestic violence while using the knowledge and expertise in regards to specific needs, cultural background and practices of the Roma ethnic minority.

The role of the TUSLA Community Development Worker is directly funded by the Child and Family Agency and as such is a Department of Children Initiative.

South Dublin County Council: Community Worker (Joint Vice Chair)

South Dublin County Council (SDCC) is involved in this project as part of its Inter agency working ethos. This involvement was initiated by the former RAPID (Revitalising Areas by Planning Investment and Development) Programme which was delivered in South Dublin by SDCC commencing in 2001.

A SDCC staff member currently chairs the Board of Fettercairn Community Health Project (funded originally by RAPID) that is currently funded directly by the HSE (Health Service Executive), to provide, train and manage the local Roma volunteers who support the Roma GP Project. In addition to this the SDCC staff member is also a member of the TRIP (Tallaght Roma Integration Project) Board who developed and manage the service.

The role of the SDCC Community Worker is directly funded by South Dublin County Council and is therefore a Department of Local Government Initiative.
**Former Roma Cultural Mediator & Community Worker: Pavee Point**

Pavee Point Traveller and Roma Centre, established in 1985, is a national non-governmental not for profit organisation which is committed to improving the quality of life, living conditions and status of Irish Travellers and Roma.

Gabi Muntean is a member of the Roma Community and trained Cultural Mediator who has championed Roma rights in the national arena since she came to Ireland in 2000.

As a Roma Cultural Mediator, Gabi and her colleagues, Rodica and Lydia were instrumental in mediating the Roma Community needs assessment conducted by TRIP in 2009 to help identify the impact of the HRC on Roma health in Tallaght and other on-going issues which also came to the fore during this consultation process.

Following the closure of Access Ireland, Gabi volunteered her time to assisting TRIP establish the Roma GP Service in Tallaght by liaising between her community and TRIP to ensure a culturally appropriate service that members of the Roma community in Tallaght would feel free and secure to engage with.

Gabi is currently employed as a Community Development Worker in Pavee Point and her current role with TRIP is to support the work of TRIP and share her knowledge and expertise of the target group with TRIP at each step in the process of service delivery and development as well as “Roma proof” the information and services delivered by TRIP and Safetynet to the Roma community in Tallaght.

The role of the Pavee Point Community Development Worker is part funded by the HSE National Social Inclusion Office and part funded by INTREO thus the role is a joint Department of Health and Department of Social Protection initiative.

**Fettercairn Community Health Project: Community Worker (Joint Secretary)**

The Fettercairn Community Health Project (FCHP) has been in existence since 2004 and the fundamental aim of FCHP is to create an affordable, accessible, inclusive community led Health Project. The FCHP aims to use an inter-agency approach and believes that it is important to work in a collaborative way with other Service Providers.

FCHP became involved with the Tallaght Roma Integration Project through its work with Community Participation in Primary Care. Part of the role in this project is to participate in the delivery of the GP Service by managing and supervising the Roma Volunteers who work on the service. This includes supporting each individual to participate, provide monthly supervision sessions and access and provide training where appropriate.

The role of the Community Health Worker in Fettercairn is funded by the HSE National Social Inclusion office & Primary Care and is therefore a Department of Health initiative.