



## **Pavee Point Traveller and Roma Centre**

Pavee Point Traveller and Roma Centre is a national NGO that works to promote Traveller and Roma human rights in Ireland through research, policy development, advocacy and collective community action. We work to address the needs of Travellers and Roma as minority ethnic groups experiencing exclusion, discrimination and racism. Our work involves a community work approach based on the principles of human rights, participation, equality and interculturalism.

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### MINISTER'S FOREWORD

David Stanton TD – Minister of State with responsibility for Equality, Integration and Immigration

I am pleased to publish the Roma Needs Assessment arising from one of the recommendations made by Ms Emily Logan, Chief Commissioner, Irish Human Rights & Equality Commission, in her 2014 Report.

This important piece of research identifies a range of steps that need to be taken across a number of areas of activity. The Report contains specific recommendations which need to be addressed within An Garda Síochána, the Health Service Executive, the Child and Family Agency and others, as well as wider issues that relate to how public services generally engage with members of the Roma community.

Information was gathered nationwide for this research in the areas of education, health, housing, employment and child welfare with a view to making recommendations regarding key priorities across Departments and current levels of service provision for Roma and access to such services. This document is an important step in addressing those issues and improving both access to services and the standard of living for the Roma community in Ireland.

Meaningful engagement with the Roma community must be informed by a shared understanding of the needs of the communities and therefore the importance of the work done in this Needs Assessment cannot be overstated.

I want to thank the Peer Researchers for agreeing to assist with the research. I am also pleased to acknowledge the continued role of Pavee Point in this area as they continue to make an invaluable contribution to the quality of life of the Roma in Ireland every day.

I am well aware that there continue to be challenges that need to be overcome, not least of which is an element of mistrust the Roma community may have with state agencies given the events of 2013 which gave rise to this Report. We see this, in tandem with the National Traveller and Roma Inclusion Strategy, as an important step in our efforts to increase engagement with and improve the lives of the Roma Community in Ireland.

I look forward to continued cooperation between all sectors involved in this research and I welcome this significant step towards enhancing the level of support available.

**David Stanton TD**  
**Minister of State with responsibility for Equality, Integration and Immigration**





## PREFACE

Margareta Matache – FXB Center for Health and Human Rights, Harvard University.

It was with great interest that I read *Roma in Ireland: A National Needs Assessment*, a thorough report by Pavee Point for Roma, about Roma, and with Roma. This ambitious publication by Pavee Point and the Department of Justice and Equality provides scholars and decision makers, both in Ireland and more broadly in Europe, a good opportunity to revisit and rethink some foundational issues in the making of Romani policies. In this preface, I will touch on some of the key lessons that emerge from their thoughtful work.

For a long time, policies and research about Roma in Europe have been developed in the absence of the Roma themselves, based on presuppositions of otherness, inferiority, and subordination. There is a dominant and well-established image of Roma, captured by the phrase ‘Gypsy lifestyle’. In addition to the Roma being problematized, *gadjo*-ness<sup>1</sup> has become more salient, both symbolically and in reality. Moreover, non-Romani scholars and ‘experts on Roma’ have been suspicious when Roma engage in producing knowledge about their own experience.

More recently, though, in response to an increasing demand for Roma to participate, ethnic symbolism has become the new approach to Romani policies. At various levels, institutions and academics have hired and worked with Romani leaders and scholars to implement their Roma-focused programs and research projects. That would have been a positive step forward, if those Roma participants actually had the power and support to lead and influence the decision-making processes. But, despite more noticeable participation and a stronger voice, the Roma remain elusive, superficial, and rather symbolic to most of the public.

In this context, the *Roma in Ireland* report offers a long-awaited model for designing Romani research and policy demands through substantive participation. Romani researchers participated in all stages of this study, from design to implementation. The report’s policy recommendations are the result of hard work by the Romani research group, which successfully demonstrated the value, and the power, of using indigenous knowledge. The Pavee Point study team produced unbiased, community-driven data and the report stands as a model: an authentic interpretation of the Roma experience.

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<sup>1</sup> The term is used here to emphasise a Euro-specific form of whiteness which bestows social, economic, cultural, and institutional privileges on non-Roma or, more precisely, on members of dominant majority groups.



But the added value of involving Romani researchers should be understood beyond just the perspective of data collection and analysis; it is also a crucial means to give voice to the ‘silent’, to the Roma who lack discursive power, by strengthening their capacity and human capital. Along with gathering essential data for this report, Pavee Point also developed an effective way to produce ethical, professional, culturally sensitive research with Roma. This approach spoke to my own belief in and efforts toward substantive participation in Romani studies: engaging with Romani communities in Europe, we at Harvard FXB have worked with both Romani and non-Romani young people to identify needs and implement research based on their own interests and those of their communities, but also to determine safe and appropriate ways we can give substantive voice to their communities and families.

Over the past few decades, Roma integration has become a comfortable topic to include in policy documents, but anti-Roma racism has continued to be a primary factor in disenfranchising the Roma, both socially and economically. In a 2016 survey conducted by the EU’s Fundamental Rights Agency, one in four Roma reported being discriminated against in the past year, and four out of ten reported it at least once in the past five years.<sup>2</sup> But policy makers and scholars are still not likely to see that discrimination. Consider the Romani child who is pushed to give up school; it is all too easy to read that child’s situation as a result of the Roma placing less cultural value on education, and to disregard the possibility of exclusion. As a result, in several countries the primary focus is on targeting Romani culture and Romani families in efforts to ensure that Romani children enrol in school;<sup>3</sup> little effort is made to change the unwelcoming school environment. It is apparently more convenient to focus efforts on integrating the oppressed than to work on dismantling discriminatory behaviours and actions by the oppressor. But it is crucial to create explicit priorities, using concrete measures, to tackle anti-Roma racism, if Romani policies are to dismantle structural discrimination and non-Roma privilege.

Here again the *Roma in Ireland* report fills a vacuum, by deconstructing and opposing the dominating and paternalistic approaches used to date. The report leads the way toward targeting anti-Roma racism per se by placing a central priority on anti-Roma racism. The study also places an emphasis on three key concepts in the process of ensuring rights for all Romani people: intersectionality, substantive equality, and human rights.

<sup>2</sup> European Union Agency for Fundamental Rights (FRA), *Second European Union and Minorities Survey: Roma-Selected Findings* (Luxembourg, Publications Office of the European Union 2016).

<sup>3</sup> J Jovanovic, ‘Vulnerability of Roma’ in policy discourse on combating trafficking in human beings in Serbia (Serbia, 2015); V S Lambrev, *Roma education in post-socialist Bulgaria: Different accounts of academic underachievement* (2015); M Matache, *Early childhood development of Romani children: Risks and protective factors* (Publica, 2015).



Moreover, *Roma in Ireland* asks a crucial question from the Roma perspective: Why do they continue to face discrimination and stigmatisation, and the concomitant deprivations across a range of central socio-economic indicators, including education, child mortality, and health?

I have long known of and admired the valiant efforts by Pavee Point to address the complex issues around the social and political exclusion of the Roma and Irish Traveller communities in Ireland and beyond. I have been privileged to personally know some of their admirable advocates and scholars, who are deeply immersed in fighting against discrimination and advancing intellectual production on and by Roma. This report is a testament to the value of that effort, including its contributions from many researchers of Romani descent.



**Roma community commemorating Roma victims of the Holocaust.**



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We thank all those who helped to carry out this research, particularly the Roma respondents who shared their experiences through completion of questionnaires and participation in focus groups; without them, the project would not have been possible.

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## TABLE OF CONTENTS

page

### Executive Summary

10

### CHAPTER ONE: INTRODUCTION

19

|      |   |    |
|------|---|----|
| 1.1  | Terms of Reference  | 20 |
| 1.2  | Background to the National Roma Needs Assessment                                | 20 |
| 1.3  | Defining Roma   | 21 |
| 1.4  | Roma in Europe: A History of Exclusion  | 23 |
| 1.5  | Roma in Europe: Contemporary Experiences  | 23 |
| 1.6  | Roma Migration in the European Union  | 24 |
| 1.7  | Roma in Ireland   | 25 |
| 1.8  | Promoting Roma Inclusion: EU Framework for National Roma Integration Strategies | 27 |
| 1.9  | Promoting Roma Inclusion in Ireland   | 28 |
| 1.10 | Framework: Needs, Human Rights and Equality                                     | 29 |
|      | Human Rights Based Approach   | 30 |
|      | An Equality Perspective   | 31 |

### CHAPTER TWO: METHODOLOGY

34

|     |                         |    |
|-----|-------------------------|----|
| 2.1 | Introduction            | 35 |
| 2.2 | Peer Researchers        | 35 |
| 2.3 | Sampling                | 36 |
| 2.4 | Questionnaires          | 37 |
| 2.5 | Focus Groups            | 38 |
| 2.6 | In-depth Interviews     | 38 |
| 2.7 | Research Advisory Group | 39 |
| 2.8 | Mapping                 | 39 |
| 2.9 | Challenges              | 39 |

### CHAPTER THREE: DEMOGRAPHICS

41

|     |                                   |    |
|-----|-----------------------------------|----|
| 3.1 | Introduction to Research Findings | 42 |
| 3.2 | Gender and Age of Respondents     | 43 |
| 3.3 | Country of Birth                  | 44 |
| 3.4 | Length of Time Living in Ireland  | 45 |
| 3.5 | Citizenship                       | 45 |
| 3.6 | Household Composition             | 46 |
| 3.7 | Discussion                        | 48 |
| 3.8 | Recommendations                   | 48 |





**CHAPTER FOUR: EXPERIENCES IN RELATION TO DISCRIMINATION** **50**

---

|      |                         |    |
|------|-------------------------|----|
| 4.1  | Introduction            | 51 |
| 4.2  | Accommodation           | 52 |
| 4.3  | Employment              | 52 |
| 4.4  | Social Protection       | 52 |
| 4.5  | Health                  | 53 |
| 4.6  | Education               | 53 |
| 4.7  | Criminal Justice System | 53 |
| 4.8  | Public Spaces           | 55 |
| 4.9  | Shops and Restaurants   | 55 |
| 4.10 | Positive Experiences    | 56 |
| 4.11 | Discussion              | 56 |
| 4.12 | Recommendations         | 57 |

**CHAPTER FIVE: POVERTY** **59**

---

|     |                                 |    |
|-----|---------------------------------|----|
| 5.1 | Introduction                    | 60 |
| 5.2 | Systematic Poverty              | 62 |
| 5.3 | Child Poverty and Child Welfare | 62 |
| 5.4 | Discussion                      | 63 |
| 5.5 | Recommendations                 | 64 |

**CHAPTER SIX: LANGUAGE** **66**

---

|     |                 |    |
|-----|-----------------|----|
| 6.1 | Introduction    | 67 |
| 6.2 | Interpreters    | 67 |
| 6.3 | Literacy        | 69 |
| 6.4 | English Classes | 70 |
| 6.5 | Discussion      | 71 |
| 6.6 | Recommendations | 72 |

**CHAPTER SEVEN: EMPLOYMENT AND SOCIAL PROTECTION** **74**

---

|     |   |    |
|-----|---|----|
| 7.1 | Employment                                  | 75 |
| 7.2 | Right to Reside and Habitual Residence      | 76 |
| 7.3 | Personal Public Service Number (PPS number) | 79 |
| 7.4 | Begging                                     | 81 |
| 7.5 | Discussion                                  | 82 |
| 7.6 | Recommendations                             | 83 |

### CHAPTER EIGHT: ACCOMMODATION **85**

---

|     |                          |    |
|-----|--------------------------|----|
| 8.1 | Overcrowding             | 87 |
| 8.2 | Availability of Services | 88 |
| 8.3 | Habitable Accommodation  | 89 |
| 8.4 | Security of Tenure       | 89 |
| 8.5 | Homelessness             | 90 |
| 8.6 | Access and Affordability | 91 |
| 8.7 | Discussion               | 91 |
| 8.8 | Recommendations          | 92 |

### CHAPTER NINE: HEALTH **94**

---

|     |                                  |     |
|-----|----------------------------------|-----|
| 9.1 | Health Status                    | 95  |
| 9.2 | Accessing Primary Care           | 97  |
| 9.3 | Maternal and Child Health        | 99  |
| 9.5 | Health Information and Knowledge | 102 |
| 9.5 | Violence Against Women           | 104 |
| 9.6 | Discussion                       | 104 |
| 9.7 | Recommendations                  | 106 |

### CHAPTER TEN: EDUCATION **109**

---

|      |                                  |     |
|------|----------------------------------|-----|
| 10.1 | Introduction                     | 110 |
| 10.2 | Financial Barriers               | 110 |
| 10.3 | Educational Disadvantage         | 112 |
| 10.4 | Language and Literacy            | 113 |
| 10.5 | School Attendance and Completion | 113 |
| 10.6 | Discussion                       | 115 |
| 10.7 | Recommendations                  | 116 |

### BIBLIOGRAPHY **118**

---

|  |                            |     |
|--|----------------------------|-----|
|  | Legislation and Directives | 119 |
|  | Publications               | 119 |
|  | Articles                   | 123 |

### APPENDICES **125**

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|  |   |     |
|--|---|-----|
|  | Organisations and Inter-Agency Groups Working with Roma | 126 |
|  | Questionnaire   | 132 |



## GABI

My name is Gabi Muntean. I am a community development worker in Pavee Point and I work to improve Roma human rights.

I am proud to work with my Roma colleagues on this project. This research is a first step in gathering information on the experiences of my community in Ireland. Now our voices can be heard.



## EXECUTIVE SUMMARY

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The aim of the National Roma Needs Assessment (the Assessment) is to establish how best to improve state agencies' interaction with the Roma community in Ireland. It was commissioned by the Department of Justice and Equality in line with recommendation 4.2.3 of the Logan Report.<sup>4</sup> The terms of reference for the Assessment outlined that it would be undertaken by Pavee Point Traveller and Roma Centre (Pavee Point), in partnership with the Department of Justice and Equality with a view to:

- i. providing a better understanding of the level and type of experience in accessing public services faced by the Roma community in Ireland; and
- ii. Identifying areas requiring further consideration.

It uses a thematic approach reflecting the key priority areas as set out in the *EU Framework for National Roma Integration Strategies up to 2020*, namely: employment, accommodation, health and education.<sup>5</sup> The Assessment also reflects horizontal issues as outlined in the Council of the European Union *Recommendation on Roma* integration measures, including anti-discrimination, poverty reduction and the situation of Roma women and children.<sup>6</sup> Overall this research shows that Roma are a diverse group in Ireland with a range of experiences. The findings revealed that there are up to 20% of respondents who are completely marginalised from services and supports. They are living in extreme poverty, in sub-standard accommodation, sometimes with no bathroom, kitchen or cooker. For this group of respondents accommodation is overcrowded, with reports of rats, damp and sewerage problems. Respondents reported children living in these situations of extreme poverty and deprivation, with children being sent to school hungry and with no lunch. These situations need urgent attention. Beyond this, 60% of respondents still reported experiences of consistent poverty, including not always having enough fuel, food or heat.

The major barriers that respondents identified in accessing services are not being eligible for supports such as medical cards, training and employment schemes, homeless supports or social protection payments. This was either due to not having the right to reside or not meeting the

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<sup>4</sup> See E Logan, *Garda Síochána Act 2005 (Section 42) (Special Inquiries relating to Garda Síochána) Order 2013 – (The Logan Report)* (Ombudsman for Children 2014).

<sup>5</sup> European Commission, 'An EU Framework for National Roma Integration Strategies up to 2020' (2011) COM(2011) 173 final.

<sup>6</sup> Council of the European Union, 'Council recommendation of 9 December 2013 on effective Roma integration measures in the Member States' (2013) 2013/C 378/01.





habitual residence condition. Barriers outlined by respondents were lack of documentation to prove residency, language barriers, not knowing about services or how to access them, and experiences of discrimination.

In response to this, this report outlines recommendations to address the issues faced by Roma in Ireland. In recognition of the human rights underpinnings of this research the most vulnerable Roma in Ireland should be prioritised. It recommends as a priority to respond to Roma living in extreme poverty and to ensure that adults and children are not living without food and basic accommodation facilities. It also sees as a priority to address child welfare concerns in a preventative manner through family support.

The research finds a high prevalence of experiences in relation to discrimination, identified by most respondents. In line with commitments in the National Traveller and Roma Inclusion Strategy<sup>7</sup> and the Migrant Integration Strategy<sup>8</sup>, effective measures need to be taken to tackle anti-Roma discrimination and racism, with a priority focus on Roma women, and to combat anti-Roma rhetoric and hate speech where this is manifested in Ireland.

The Roma population in Ireland is small, and special measures can be adopted in order to improve the lives of Roma living in Ireland. The issues facing Roma in Ireland are multi-faceted and are often experienced across a number of areas. Experiences of poor health are linked to poverty, which can be linked to a lack of access to education and employment. It is well documented that the Roma community has faced generations of racism and discrimination.<sup>9</sup> This means that responding to issues facing Roma in Ireland will need cross-departmental and inter-agency collaboration. The National Traveller and Roma Inclusion Strategy, in conjunction with the national steering group, is the forum to lead on this and to drive the implementation of the recommendations of this report.

### **Chapter One: Introduction**

Chapter one includes a summary of Roma history and contemporary experiences in Europe. This history has included persecution, discrimination, slavery and genocide. Experiences of anti-Roma racism, persecution and rejection over many centuries are important to understand, in order to address contemporary challenges. A recent study by the European Union Agency for Fundamental

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<sup>7</sup> Department of Justice and Equality, National Traveller and Roma Inclusion Strategy, 2017 - 2021 (Department of Justice and Equality 2017).

<sup>8</sup> Department of Justice and Equality, The Migrant Integration Strategy – A Blueprint for the Future (Department of Justice and Equality 2017).

<sup>9</sup> Commissioner for Human Rights of the Council of Europe, Human rights of Roma and Travellers in Europe (Strasbourg, Council of Europe Publishing 2012).



Rights (FRA) (2016) showed that 26% of Roma surveyed across Europe said that they had experienced discrimination in the past 12 months because of their ethnic background.<sup>10</sup>

In this context, the research focuses on needs, human rights and equality. The human rights framework is used to outline the standards that aim to ensure that every person is treated with dignity and respect. A substantive equality perspective looks to the achievement of de facto equality for the Roma community as a migrant community in Irish society, so that all Roma can enjoy equality of opportunity, access, participation and outcome.

### **Chapter Two: Methodology**

The Assessment is a mixed methods study. Roma peer researchers conducted quantitative interviews with 108 respondents and gained basic information for a further 491 household members. In addition, eight focus groups were held across Ireland, involving Roma, representatives from a wide range of civil society organisations and statutory agencies. 30 in-depth interviews were conducted with policy-makers, practitioners, service providers and civil society representatives working with Roma. Accordingly, the responses are valid for this group only, which includes migrants who do not satisfy the habitual residence criteria for social welfare payments.

### **Chapter Three: Demographics**

The findings of the Assessment begin with an overview of demographic findings. Mapping undertaken as part of the research estimates the population of Roma in Ireland as between 4,000 and 5,000. Roma families were identified in every county in Ireland. The largest communities of Roma are estimated to be in Dublin, Louth, Kildare, Wexford, Cork, Kerry, Clare and Donegal. The mapping identified Roma from Romania, Czech Republic, Slovakia, Hungary and Poland; with the majority from Romania (approx. 80%).

The research shows that there are now second and third generation Roma living in Ireland. 70% of respondents have been living in Ireland for five years or more, with 14% living in Ireland 15 years or more. 63.3% of children in households were born in Ireland and 52.2% of children are Irish citizens.

### **Chapter Four: Experiences in Relation to Discrimination**

Discrimination emerged as a key issue throughout the research. Respondents reported feeling discriminated against at both an institutional and individual level. The highest rates of perceived discrimination were reported in accessing accommodation (93%) and social protection (84.3%). 81.1% of respondents also reported experiencing racism and verbal abuse in public spaces with

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<sup>10</sup> European Union Agency for Fundamental Rights (FRA) (n 2).



women being identified as particularly vulnerable. A high rate of respondents (77.5%) said that they were stopped by the Gardaí for ID checks; focus group discussions uncovered a fear of and lack of trust in the Gardaí.

### **Chapter Five: Poverty**

Chapter five reveals that up to 20% of respondents stated that they are experiencing poverty that would be considered extreme. Service providers reported families to be living without food, gas, electricity and water. More broadly, a very high proportion of respondents reported a lack of income and resources, with nearly half of respondents reporting that they did not always have enough food and fuel. This indicates an experience of consistent poverty that would exclude them from participating in activities on a par with other members of Irish society.

Serious child welfare concerns emerged as an issue for both respondents and statutory service providers. In 50% of the households with children, respondents reported that they do not always have enough food. Service providers reported cases of malnutrition among young Roma children.

### **Chapter Six: Language**

Across all services language and communication between Roma and service providers emerged as a challenging issue. The findings show that there is a wide diversity of languages spoken among Roma in Ireland. 61% of respondents reported usually speaking Romani at home. This was followed by Romanian at 14.3%, Czech at 10.4%, English at 9.7% and Slovakian at 4.5%. The research shows a low proportion of respondents are accessing professional interpreters, with the majority of respondents relying on friends and children to interpret for them.

### **Chapter Seven: Employment and Social Protection**

16.7% of respondents reported that they are in employment. Along with high unemployment levels, the impact of European Directive 2004/38 on the freedom of movement and residence and the habitual residence condition, emerged as key issues throughout the research.<sup>11</sup> Failure to meet these criteria mean that many Roma are then not entitled to some employment and training supports (e.g. Community Employment), social protection including child benefit and housing supports.<sup>12</sup> 48.1% of respondents who had applied for social protection were unsuccessful. In this context 17.6% of

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<sup>11</sup> A citizen of the European Union has a right to reside in another Member State. This is not an unlimited right. Directive 2004/38/EC of the European Parliament and of the Council of 29 April 2004 on the right of citizens of the Union and their family members to move and reside freely within the territory of the Member States (2004) OJ L158, sets out the conditions of this right of residence.

<sup>12</sup> Some applicants do not meet the criteria as set out in the Directive 2004/38/EC and domestic legislation, and others face barriers in providing the appropriate documentation to prove that they meet the criteria. This is discussed in further detail in Chapter 7.



adults reported begging as their source of income and 14% reported having no income. A lack of access to social protection was also identified as a barrier to accessing women's refuges for women experiencing domestic violence.

19.8% of respondents reported that they do not have a PPS number which is vital for accessing a wide range of services, including applying for a medical card and social protection. This indicates a high level of marginalisation from services.

### **Chapter Eight: Accommodation**

The major issues that emerged are discrimination in accessing accommodation; severe overcrowding; poor quality accommodation; a lack of security of tenure; homelessness; and a lack of access to social housing and rent supplement. Focus group discussions revealed reports of Roma living in severely overcrowded conditions and in unsafe abandoned buildings. Living in unsafe and overcrowded accommodation presents a serious concern for child welfare. There is a vulnerable group of respondents with a lack of light, heat and cooking facilities. 12.4% of respondents do not have a kitchen. 9.6% do not have a cooker and 13.5% do not have a fridge. This needs to be viewed as a crisis issue facing the Roma community and addressed as part of wider measures to address the housing crisis.

### **Chapter Nine: Health**

Nearly half of respondents reported that they do not have access to medical cards and GP care. The high cost of health care means that Roma cannot access the care they need. Maternal health emerged as a key concern. 24% of women had not accessed health services while pregnant and their first point of access was to give birth. Service providers identified new born babies living in houses with no heat, food or basic supplies. 37.1% of respondents reported that they did not have adequate supplies for the baby after birth. Poor mental health rates were extremely high. 51.3% of respondents reported more than 14 days of the previous month when their mental health was not good. There are some efforts to address these issues, and the Health Services Executive has funded Roma workers to address issues facing Roma.

### **Chapter Ten: Education**

Respondents viewed education as a positive opportunity for Roma children in Ireland and parents stressed the value they placed on their children receiving an education. In over 70% of households children attended primary and post-primary school. However, significant challenges to the participation, attendance and attainment of Roma children in the Irish education system were also identified by respondents. Poverty and poor living conditions act as formidable barriers to accessing and participating in education. In 25% of households respondents reported that children have gone to school hungry. Inadequate English language and literacy supports for children and parents were





also identified as issues, as were parents' own experiences in education including discrimination, segregation and low educational attainment.

### **Overall recommendations regarding policy development:**

It is suggested that the following points with regard to Roma should be used to inform policy development:

- Nuanced responses are needed to address the issues facing Roma in Ireland including special measures to address the impacts of discrimination.
- Where appropriate, issues in relation to proving the right to reside and satisfaction of the habitual residence condition should be considered in order to address Roma exclusion.
- Mainstream measures should consider and include Roma, where relevant. Where necessary to address critical issues, targeted measures should also be implemented as part of a host of special measures.<sup>13</sup>
- The Roma population is diverse with a range of nationalities, languages and religion. Roma culture is diverse and ever-changing. For service providers, this means there should not be one 'Roma approach'. The provision of services according to human rights and equality standards and ongoing participation of Roma communities are key.
- It is important to understand the legacy of the experience of discrimination across Europe, on engagement with services in Ireland.
- Roma representatives and organisations should be consulted with and meaningfully involved in the design and delivery of relevant services and programmes that affect them.

### **Demographics - Recommendations**

- Introduce a standardised ethnic identifier using the human rights framework in routine administrative systems and in the Census.
- Undertake periodic research to monitor the situation of Roma in Ireland, using the Roma peer researcher model (working with Roma in partnership with an NGO who engages with Roma); and explore the introduction of stratified sampling to gather statistically significant data on Roma.
- Provide accessible support services for Roma in birth registration and citizenship applications.

### **Discrimination - Recommendations**

- Take effective measures to tackle anti-Roma discrimination and racism with a priority focus on Roma women.
- Take effective measures to combat anti-Roma rhetoric and hate speech where this is manifested in Ireland.

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<sup>13</sup> The European Commission has specifically recommended to Ireland that 'a mainstreamed approach is sufficient when outcomes are identical for targets groups, but when evidence shows a clear gap between the situation of Roma and Travellers and the rest of society, policies should be adjusted and specific measures should be developed'. See European Commission, *Assessing the implementation of the EU Framework for National Roma Integration Strategies and the Council Recommendation on Effective Roma integration measures in the Member States* (2016) COM (2016) 64.



- Review and reform hate crime legislation.
- Examine issues in relation to the incidence of Gardaí ID checks.
- Support intercultural and anti-racism training (which includes a focus on Roma) for service providers at all levels. This should be monitored through public sector reporting under Section 42 of the Irish Human Rights and Equality Commission Act 2014. Agencies providing essential public services to Roma should be prioritised.
- Train and resource a network of community workers to work with Roma in areas including health, education, employment, accommodation, justice, human rights and equality.
- Fund an initiative to ensure Roma are aware of their rights, how to exercise them and how to make complaints.

### **Poverty - Recommendations**

- Enhance existing humanitarian responses for Roma families living in extreme poverty to ensure adults and children are not living without food and basic accommodation facilities.
- Continue to provide targeted interventions to provide increased family support to address child welfare concerns in a preventative manner.
- Train and resource a network of community workers to work with Roma in Tusla, the Child and Family Agency.

### **Language - Recommendations**

- Ensure Government agencies develop and implement policy on interpreting and translation supports - as part of this interpreter services should be clearly publicised so that Roma service users can avail of them.
- Establish a professional Roma interpreter training programme in order to develop a pool of qualified Romani interpreters.
- Develop and implement appropriate and accessible English classes for Roma in relevant geographical areas. Include members of the Roma community in the development and delivery of classes.
- Develop accessible guides to key social protection, housing, education, legal rights, supports and health services for Roma.

### **Employment and Social Protection - Recommendations**

- Develop national Roma training and employment actions including positive action in the follow areas:
  - A. Undertake targeted training to support labour market activation of Roma in key areas, for example, Roma community workers and professional Roma interpreters.
  - B. Support training programmes for Roma who are not habitually resident to provide opportunities for employment and self-employment or community based co-operative enterprises.
- Provide support to Roma in ensuring documentation for social protection applications and investigate alternative/complementary models of evidencing eligibility, rights and entitlements.



- Consult with Roma civil society representatives regarding the improvement of information and support mechanisms for Roma to access PPS numbers.

### **Accommodation - Recommendations**

- Provide support to Roma in ensuring documentation for homelessness and housing support and investigate alternative/complimentary models of evidencing eligibility, rights and entitlements.
- Further research to be carried out to ascertain the housing situation of Roma.

### **Health - Recommendations**

- Review the legislative and policy restrictions that impact on the provision of medical cards for Roma with no income.
- Train and resource a network of Roma community health workers within the context of available resources; this should be modelled on the Primary Health Care for Travellers Project.
- Work towards ensuring access to interpreters in GP consultations and across health services, as appropriate.
- Improve mental health outcomes for Roma through ensuring that health service staff are supported to respond effectively to their needs.
- Support women to access maternal health services (including through provision of health information and support from Roma Primary Health Care workers to increase trust in services).
- Ensure Roma women experiencing violence are provided with appropriate supports, including access to women's refuges.
- Develop and implement a public health information programme targeted at Roma in collaboration with Roma Primary Health Care workers.
- Continue to recognise the importance of and provide appropriate training for staff to respond to the unique health and care needs of Roma service users.
- Seek funding for Roma health advocates within the HSE, on the basis of a needs assessment.
- Promote immunisation uptake among members of the Roma community, with a particular emphasis on early childhood vaccinations.

### **Education - Recommendations**

- Ensure that the supports to address the costs associated with attending school are available for Roma children experiencing poverty.
- Support and encourage Roma families to avail of free pre-school education.
- Develop and implement targeted early education intervention initiatives with Roma families.
- Support and enhance an early intervention, inter-agency, approach to address the cycle of poor attendance, participation and attainment levels of Roma children in education.
- Maintain intercultural and anti-racism training as a compulsory component in teacher training at pre-service and in-service levels, along with the requirement for anti-racism policies and initiatives in schools.



## JENNIFER

My name is Jennifer. I live in Clondalkin. I love to do hair and make-up.

I am really glad to be involved in this research because I want to make a change. I think this is really important because Irish people are going to understand us.





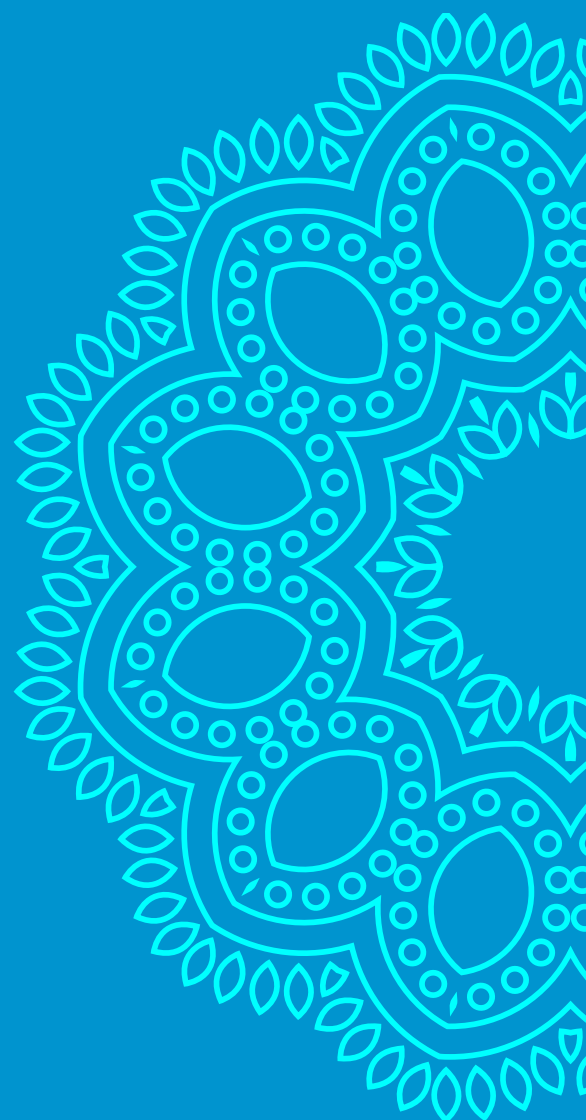
## INTRODUCTION

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|      |   |    |
|------|---|----|
| 1.1  | Terms of Reference  | 20 |
| 1.2  | Background to the National Roma Needs Assessment                                | 20 |
| 1.3  | Defining Roma   | 21 |
| 1.4  | Roma in Europe: A History of Exclusion  | 23 |
| 1.5  | Roma in Europe: Contemporary Experiences  | 23 |
| 1.6  | Roma Migration in the European Union  | 24 |
| 1.7  | Roma in Ireland   | 25 |
| 1.8  | Promoting Roma Inclusion: EU Framework for National Roma Integration Strategies | 27 |
| 1.9  | Promoting Roma Inclusion in Ireland   | 28 |
| 1.10 | Framework: Needs, Human Rights and Equality                                     | 29 |
|      | Human Rights Based Approach   | 30 |
|      | An Equality Perspective   | 31 |

# 1

## CHAPTER



### 1.1 Terms of Reference

The aim of the National Roma Needs Assessment (the Assessment) is to establish how best to improve state agencies' interaction with the Roma community in Ireland. It was commissioned by the Department of Justice and Equality in line with recommendation 4.2.3 of the Logan Report.<sup>14</sup> The terms of reference for the Assessment outlined that it would be undertaken by Pavee Point Traveller and Roma Centre (hereafter Pavee Point) in partnership with the Department of Justice and Equality with a view to:

- i. providing a better understanding of the level and type of experience in accessing public services faced by the Roma community in Ireland; and
- ii. identifying areas requiring further consideration.

As such, the Assessment is required to make recommendations for key priorities across Departments to improve access to services. It is intended to be a 'living document' which can be updated to complement the strategies of Government Departments.

The Assessment provides a demographic profile of Roma respondents and a socio-economic analysis of the situation of Roma in Ireland. It uses a thematic approach reflecting the key priority areas as set out in the *EU Framework for National Roma Integration Strategies up to 2020*, namely Employment, Accommodation, Health and Education.<sup>15</sup> The Assessment also reflects horizontal issues as outlined in the *Council of the Europe Recommendation on Roma Integration Measures*, including anti-discrimination, poverty reduction and the situation of Roma women and children.<sup>16</sup>

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The Assessment is underpinned by the 10 Common Basic Principles on Roma Inclusion, with active Roma participation at all stages.<sup>17</sup>

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### 1.2 Background to the National Roma Needs Assessment

In December 2013, Mr Alan Shatter TD, then Minister for Justice and Equality appointed the Ombudsman for Children to inquire into the removal of two young Roma children from their families; a two year old boy in Athlone, Co. Westmeath and a seven year old girl in Tallaght, Co. Dublin. The two children had blonde hair and were removed from their families in the midst of significant international media attention on the case of 'Maria', a blonde, blue-eyed Roma child who was taken by police from a Roma settlement in Greece, on suspicion that she had been

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<sup>14</sup> E Logan, *Garda Síochána Act 2005 (Section 42) (Special Inquiries relating to Garda Síochána) Order 2013 – (The Logan Report)* (Ombudsman for Children 2014).

<sup>15</sup> European Commission, 'An EU Framework for National Roma Integration Strategies up to 2020' (2011) COM(2011) 173 final.

<sup>16</sup> Council of the European Union, 'Council recommendation of 9 December 2013 on effective Roma integration measures in the Member States' (2013) 2013/C 378/01.

<sup>17</sup> Council of the European Union, 'Council Conclusions on Inclusion of the Roma, annexing 10 Common Basic Principles on Roma Inclusion' (2009) 10394/09.



abducted.<sup>18</sup> In October 2013, the children were removed from the care of their parents under Section 12 of the *Child Care Act 1991* by An Garda Síochána<sup>19</sup> and placed in the custody of the Health Service Executive (HSE). This inquiry was undertaken under the auspices of the *Garda Síochána Act 2005* (Section 42) (Special Inquiries relating to Garda Síochána) Order 2013.

The resulting Logan Report concluded that physical dissimilarities between parents and their children did not constitute a reasonable basis for suspecting that children had been abducted. It found that the readiness to believe that one of the children may have been abducted exceeded the evidence available to An Garda Síochána and was tied inextricably to the fact that the family was Roma. It concluded that the actions of An Garda Síochána in this case conformed to the definition of ethnic profiling. The report found that An Garda Síochána failed to critically evaluate the information provided to them about the children and families in question; and that more extensive and discreet inquiries should have been carried out by An Garda Síochána prior to removing the children. The report found that the use of DNA testing to establish parentage in these cases represented a disproportionate interference in the family members' private lives.

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The Logan Report was a milestone in Ireland in considering Roma needs and human rights. It acknowledged the mistreatment of Roma based on ethnicity and provided an impetus to take action in the political and policy spheres.

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In recognition of the gap in available information the following recommendation was made:

An up to date assessment of need regarding support provided by the State to the Roma community should be undertaken by a nominated Government Department to establish how best to improve State agencies' interaction with the Roma community. This should include consultation with relevant State agencies and civil society organisations working with and on behalf of the Roma community (Recommendation 4.2.3).

This is the purpose of the current Assessment. Before presenting the methodology and core findings from the Assessment, a background to Roma in Ireland is provided. Understanding the history of discrimination and social exclusion faced by the Roma community in Europe sheds light on their current situation in Ireland.

### 1.3 Defining Roma

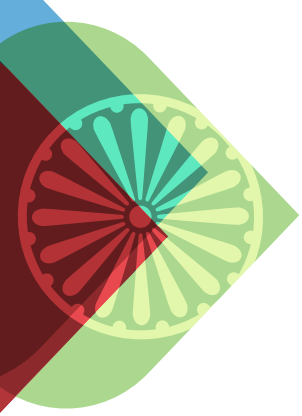
Roma constitute the largest minority ethnic group in Europe. While it is widely acknowledged that Roma throughout Europe are dramatically undercounted, or not counted at all in official data, it is estimated that there are 10-12 million Roma across Europe.<sup>20</sup> Although Roma share a common

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<sup>18</sup> \_ 'Roma couple charged with abducting mystery child "Maria"' The Journal (21 October 2013). Available at: <http://www.thejournal.ie/roma-couple-charged-abduction-maria-1140562-Oct2013/>

<sup>19</sup> An Garda Síochána is the Irish police force

<sup>20</sup> European Commission (n 15); N Parekh and T Rose, 'Health Inequalities of the Roma in Europe: A Literature Review' (2011) 19(3) *Central European Journal of Public Health* 139–142; C Masseria, P Mladovsky and C Hernández-Quevedo, 'The socio-economic determinants of the health status of Roma in comparison with non Roma in Bulgaria, Hungary and Romania' (2010) *European Journal of Public Health* 20(5) 549-54.



A Roma family living in Ireland.

lineage, their migrations over the centuries to many different countries, have produced numerous distinct communities as particular groups established roots in various countries and regions.

**Roma in Europe are a diverse group and vary widely in terms of religion, languages, economic situation and way of living. Dozens of Romani language variances are spoken.<sup>21</sup>**

The term 'Roma' used at the Council of Europe refers to Roma, Sinti, Kale and related groups in Europe, including Irish Travellers and the Eastern groups (Dom and Lom), and covers the wide diversity of the groups concerned, including persons who identify themselves as 'Gypsies'.<sup>22</sup> 'Roma' is the preferred term used by Roma representative groups across countries including Romania, Czech Republic, Slovakia, Hungary and Poland which are the main countries of origin for Roma groups in Ireland. The term 'Gypsy' in various languages has come to be seen by most Roma groups as pejorative.<sup>23</sup>

<sup>21</sup> Commissioner for Human Rights of the Council of Europe, *Human rights of Roma and Travellers in Europe* (Strasbourg, Council of Europe Publishing 2012).

<sup>22</sup> JP Liégeois, *The Council of Europe and Roma – 40 years of action* (Council of Europe Publishing, 2006).

<sup>23</sup> Commissioner for Human Rights of the Council of Europe (n 21) 31.





### 1.4 Roma in Europe: A History of Exclusion

Since Roma migrated westwards from Northern India from around the 11th century, the community has experienced persecution, forced assimilation, slavery and discrimination. For example, in parts of Romania, Roma were enslaved until the mid-nineteenth century.<sup>24</sup> This shameful history includes the experience of genocide.

**It is estimated that over 500,000 Roma were killed during the Holocaust.<sup>25</sup>**

While in some communist countries Roma had received support for their cultural identity, during the post-war period they were subjected to forced assimilation.<sup>26</sup> For example, from the late 1950s in Bulgaria, Roma children were forbidden from speaking Romani in schools and Roma were required to adopt Slavic names.<sup>27</sup> Between 1970 and 1990, in Czechoslovakia, tens of thousands of Roma women were coercively sterilised to stop the ‘social risk’ that Roma were deemed to pose by reducing what was termed their ‘unhealthy’ birth rate.<sup>28</sup>

### 1.5 Roma in Europe: Contemporary Experiences

There is increasing anti-Roma violence in Europe and strengthening of extremist and openly racist groups that propagate hate speech and organise anti-Roma marches.<sup>29</sup> Many violent anti-Roma attacks have targeted families and children and have included firebombing, shootings, stabbings and beatings, resulting in several deaths.<sup>30</sup> In 2015, the EU Commission noted a rise in ‘anti-Gypsyism, far right demonstrations, hate speech and hate crime’ and a lack of public condemnation by officials.<sup>31</sup>

Across Europe there are patterns of discrimination and ill-treatment by police towards Roma.<sup>32</sup> Roma have been subjected to police violence both in detention facilities and public spaces, such as Roma settlements during police raids.<sup>33</sup> This experience with police by Roma before they came to Ireland may understandably impact their view of, and interactions with, An Garda Síochána.

<sup>24</sup> Organization for Security and Co-operation in Europe, ‘OSCE Annual Report 2000’ (Vienna 2000) 23.

<sup>25</sup> Commissioner for Human Rights of the Council of Europe (n 21) 57.

<sup>26</sup> Organization for Security and Co-operation in Europe (n 24).

<sup>27</sup> Ibid.

<sup>28</sup> Public Defender of Rights, ‘Final Statement of the Public Defender of Rights in the Matter of Sterilisations Performed in Contravention of the Law and Proposed Remedial Measures’ (Czech Republic 2005) 3. B Walker (eds) *State of the World’s Minorities and Indigenous People*. (Minority Rights Group International, 2013) 183; European Roma Rights Centre, *Ambulance not on the way: The disgrace of health care for Roma in Europe* (ERRC 2013) 42.

<sup>29</sup> See FXB Centre for Health and Human Rights and Harvard School of Health, *Accelerating Patterns of Anti-Roma Violence in Hungary* (Harvard, 2014).

<sup>30</sup> European Roma Rights Centre, ‘Attacks against Roma in Hungary, the Czech Republic and the Slovak Republic’ (Web Report).

<sup>31</sup> European Commission, ‘Report on the implementation of the EU Framework for National Roma Integration Strategies’ (2015) COM(2015) 299, 9.

<sup>32</sup> Commissioner for Human Rights of the Council of Europe (n 21) 13.

<sup>33</sup> Ibid.

Roma in Europe experience direct and indirect discrimination in housing, education, employment, health, access to goods and services, and decision-making. A survey by the European Union Agency for Fundamental Rights (FRA) covering 11 EU countries shows that 80% live below national poverty lines and 30% of children live in a household that faced hunger at least once in the previous month.<sup>34</sup>

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### **Unemployment and poverty is particularly exacerbated for Roma women.**

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Throughout Europe, the average life expectancy of Roma is shorter than that of non-Roma and infant mortality rates are higher.<sup>35</sup> Roma face significant barriers in accessing health care, including lack of resources to pay for insurance or treatment and discrimination in health care provision.<sup>36</sup> Across Europe, many Roma live in substandard accommodation and are at risk of forced eviction.<sup>37</sup> Roma children in many European countries remain excluded from quality education, segregated in Roma-only classes or schools, and placed in schools for children with intellectual disabilities.<sup>38</sup>

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**Historically, assimilation policies meant that many Roma children were removed from their families and today, Roma children in Eastern Europe are grossly overrepresented in state care institutions.<sup>39</sup> Roma children are in some cases removed from their families solely on the basis of economic or social conditions.<sup>40</sup>**

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Therefore, the issue of child protection is likely to have negative connotations for many Roma, including Roma in Ireland.

### **1.6 Roma Migration in the European Union**

More recent Roma migration has become a topical media and political issue since the expansion of the European Union in 2004 and 2007 and in the context of migration from Eastern to Western European countries. The Commissioner for Human Rights of the Council of Europe notes that 'fears of Roma migration have often triggered uninformed and inflammatory discourse'.<sup>41</sup> The media, in the UK and elsewhere, has sometimes presented unfounded figures about actual or potential arrivals of Roma from Eastern Europe, despite evidence of fairly stable migration figures

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<sup>34</sup> European Union Agency for Fundamental Rights (FRA), *Second European Union and Minorities Survey: Roma-Selected Findings* (Luxembourg, Publications Office of the European Union 2016).

<sup>35</sup> European Commission (n 15).

<sup>36</sup> Commissioner for Human Rights of the Council of Europe (n 21) 22.

<sup>37</sup> *ibid*, 20-21.

<sup>38</sup> L Farkas, *Report on discrimination of Roma children in education* (Belgium, European Commission 2014)

<sup>39</sup> European Roma Rights Centre, 'Forced Removal of Romani Children from the Care of their Families' (Web Update) (2005) Available at: <http://www.errc.org/cikk.php?cikk=2290>

<sup>40</sup> Commissioner for Human Rights of the Council of Europe (n 21) 16; F McGaughey, *Roma Communities in Ireland and child protection considerations* (Pavee Point Traveller and Roma Centre and Health Service Executive, 2012)

<sup>41</sup> Commissioner for Human Rights of the Council of Europe, 'Time to debunk myths and prejudices about Roma migrants in Europe' (Human Rights Comment) (2015) Available at: <http://www.coe.int/en/web/commissioner/-/time-to-debunk-myths-and-prejudices-about-roma-migrants-in-europe>



since the beginning of the 2000s.<sup>42</sup> There is no evidence indicating that a larger proportion of Roma are emigrating than the general population from Eastern European countries.<sup>43</sup> Research indicates that the motives for Roma to emigrate do not fundamentally differ from those of non-Roma; namely employment, better living conditions and a better education for their children.<sup>44</sup> However, the context for Roma emigration is embedded within high levels of poverty and experiences of discrimination in countries of origin. For Roma, migration acts as a defence against external aggression, discrimination, and is a means of securing a livelihood.<sup>45</sup> For example, for those migrating from Romania, the collapse of the state sector in 1990 are linked to their emigration.<sup>46</sup>

It has been noted by the Commissioner for Human Rights of the Council of Europe that Roma migrants have often been depicted in political discourse and the media as abusing social welfare and refusing any form of integration in host societies. However, these perceptions are not supported by facts and the diversity of situations for Roma migrants is often overlooked.<sup>47</sup> Policy responses in European countries have varied and have often been hostile, including collective expulsion, forced evictions and segregated camps for Roma.<sup>48</sup> In other cases, destruction of Roma dwellings has been used as a method to persuade Roma to leave.<sup>49</sup>

### 1.7 Roma in Ireland

Prior to the mid-1990s a small number of Roma entered Ireland as seasonal short-term workers, in fruit picking or farm labouring. In the mid-1990s a number of Roma sought asylum in Ireland and in addition, some Roma sought better and permanent employment opportunities.<sup>50</sup> Since the enlargement of the European Union, Roma have migrated to Ireland as EU citizens. Ireland now

<sup>42</sup> For example, the Sun reported that 'tens of thousands of eastern European Gypsies plan to settle in Britain this summer' and the Daily Express reported that 1.6m Gypsies were ready to flood in to the UK in 2004. Reported in Sandra Smith, 'What they said about ... immigration and the EU' *The Guardian* (London, 21 January 2004) Available at: <https://www.theguardian.com/world/2004/jan/21/eu.immigration>

<sup>43</sup> Steven Morris, 'EU enlargement: facts and fears' *The Guardian* (London, 23 February 2004) Available at: <https://www.theguardian.com/world/2004/feb/23/eu.poland>

<sup>44</sup> MigRom, 'The immigration of Romanian Roma to Western Europe: Causes, effects, and future engagement strategies. 2013-2017' (Project Briefing) (Manchester 2014).

<sup>45</sup> Organization for Security and Co-operation in Europe (n 24).

<sup>46</sup> MigRom (n 44).

<sup>47</sup> Commissioner for Human Rights of the Council of Europe (n 41).

<sup>48</sup> European Roma Rights Centre, 'France on a Collision Course with Europe Over its Evictions Policy' (2016) Available at: <http://www.errc.org/article/france-on-a-collision-course-with-europe-over-its-evictions-policy/4467>; European Roma Rights Centre, 'Domestic Cases: Access to Housing' (2015) Available at: <http://www.errc.org/article/domestic-cases-access-to-housing/4407>

<sup>49</sup> Commissioner for Human Rights of the Council of Europe, 'European migration policies discriminate against Roma people' (Web Update) (2010) Available at: [https://www.coe.int/en/web/commissioner/news-2010/-/asset\\_publisher/yhum3Z7bXr4A/content/european-migration-policies-discriminate-against-roma-people?inheritRedirect=false](https://www.coe.int/en/web/commissioner/news-2010/-/asset_publisher/yhum3Z7bXr4A/content/european-migration-policies-discriminate-against-roma-people?inheritRedirect=false)

<sup>50</sup> Roma Support Group and Pavee Point Travellers Centre, *Roma in Ireland, an Initial Needs Assessment* (Dublin 2002).



has a small population of Roma who are mainly EU citizens. Estimates of numbers resident in the State vary, usually circuiting around 5,000.<sup>51</sup>

Trying to establish accurate numbers of Roma in Ireland is difficult as most Government services do not collect data on ethnicity, and even where they do, Roma is generally not included as a named category. This includes the absence of a 'Roma' category in the Census under 'ethnic/cultural background'. Furthermore, there is no single, uniform human rights based approach to ethnic data collection in those Government services that do collect data.<sup>52</sup> The lack of uniform, disaggregated data based on ethnicity, means there is a significant gap in reliable and comprehensive data in relation to the socio-economic situation of Roma in Ireland.<sup>53</sup> There are some areas where ethnic data is been collected. Since 2015, ethnic data has been collected and published in primary schools through the Primary Online Database.<sup>54</sup> According to the Department of Education and Skills circular (0023/2016) to boards of management of post-primary schools and the chief executives of education and training boards, ethnic data is now required to be returned to the Department of Education and Skills by schools from 2016/17 onwards. Additionally, an ethnic identifier was implemented in the Social Inclusion and Community Activation Programme in 2015 (SICAP – See section 1.9).<sup>55</sup>

Concerns have been raised by human rights bodies in relation to disproportionately high unemployment, poverty and health inequalities faced by Roma in Ireland in comparison to the general population.<sup>56</sup> The United Nations (UN) Committee on the Rights of the Child raised

<sup>51</sup> M Van Hout and T Staniewicz, 'Roma and Irish Traveller housing and health –a public health concern' (2011) 2(22) Critical Public Health 193-207; P Watt and K Charles, 'Housing Conditions of Roma and Travellers' (Ireland RAXEN Thematic Study) (2009).

<sup>52</sup> Pavee Point Traveller and Roma Centre, *Counting us in – Human rights count! Policy and Practice in Ethnic Data Collection and Monitoring* (Dublin 2016).

<sup>53</sup> *ibid.* Various international human rights bodies, such as the Advisory Committee to the Framework Convention for the Protection of National Minorities, the European Commission against Racism and Intolerance and Committee on the Elimination of Racial Discrimination (CERD) have observed Ireland's data deficit and have urged the State to develop a standardised approach to data collection in accordance with relevant human rights standards.

<sup>54</sup> Ethnic or cultural background is an optional question that is asked to all parents and can only be recorded on the POD with a parent or guardian's written consent. The 2016/2017 POD shows that 1,323 students indicated that they were of a Roma ethnic or cultural background. Available at: <https://www.education.ie/en/Publications/Statistics/Primary-Online-Database-POD-/POD-Interesting-Facts-First-Look-at-Data-from-POD-2016-2017.pdf>

<sup>55</sup> The Community Division of the Department of Rural and Community Development (formerly known as the Department of Housing, Planning, Community and Local Government) and Pobal commissioned Pavee Point Traveller and Roma Centre to design a programme and produce, support and guidance material to assist frontline staff to implement the ethnic identifier in the Social Inclusion and Community Activation Programme (SICAP). The project was collaborative and consultative involving SICAP Programme Implementers, Traveller, Roma and migrants/new communities representative bodies. A series of information leaflets, posters and staff manuals were produced. These were piloted and 'road tested' so to speak before being introduced. The use of an ethnic identifier in the SICAP programme management IT system and other routine administrative systems will provide up to date, accurate data on the ethnic profile of the population and this data will help promote equality by identifying gaps in services and preventing discrimination.

<sup>56</sup> United Nations Committee on the Rights of the Child, 'Concluding observations on the combined third and fourth periodic reports of Ireland' (2016) CRC/C/IRL/CO/3-4; United Nations Committee on Economic, Social and Cultural Rights, 'Concluding observations on the third periodic report of Ireland' (2015) E/C.12/IRL/CO/3.





concern over ‘alleged impunity for publicly expressed discriminatory remarks by public representatives.’<sup>57</sup> The Logan Report noted that:

The Roma have been collectively stigmatised as criminals by both international and domestic media; anti-Gypsy stereotypes continue to be spread and perpetuated across Europe, including in Ireland. The Inquiry notes in this regard that a number of media outlets report on Roma and Travellers only in the context of social problems and crime.<sup>58</sup>

Ireland has not had the experience of large extremist and openly racist groups and regular attacks against Roma as in other countries. However, anti-Roma sentiments in Ireland have emerged online primarily through social media and in cases, such as in Waterford, where four Roma families were intimidated in their home by up to 100 people, and were forced to leave their homes under Garda escort.<sup>59</sup>

### 1.8 Promoting Roma Inclusion: EU Framework for National Roma Integration Strategies

The development of Roma inclusion policies in Europe can be situated within the context of the work of the European Union, Council of Europe, and the Organization for Security and Cooperation in Europe (OSCE). UN human rights bodies, in particular the UN Committee on the Elimination of Racial Discrimination, have also made recommendations for the realisation of Roma rights.<sup>60</sup>

The European Commission has noted that in spite of some progress achieved in Member States and at the EU policy level there has been little change in the day to day situation of most Roma. Strong and proportionate measures are yet to be put in place to tackle the economic and social issues faced by a large part of the EU’s Roma population.<sup>61</sup> To this end, in 2011 the Commission published an *EU Framework for National Roma Integration Strategies up to 2020* with the aim of making a ‘tangible difference in Roma lives’ through coordinated action.

The Framework document required each Member State to draw up a national Roma integration strategy up to 2020 with specific actions and funding streams in areas of education, employment, health and housing. The strategies are required to have:

- a robust monitoring mechanism to ensure concrete results for Roma;
- follow the ‘10 Common Basic Principles on Roma inclusion’ by the Council of the European Union; and

<sup>57</sup> United Nations Committee on the Rights of the Child (n 56) para 27.

<sup>58</sup> See E Logan (n 14) para. 4.2.8.

<sup>59</sup> See Kitty Holland, ‘Waterford anti-Roma protests criticised as “cowardly and racist”’, *Irish Times* (Dublin 27 October 2014) Available at: <http://www.irishtimes.com/news/social-affairs/waterford-anti-roma-protests-criticised-as-cowardly-and-racist-1.1978572>

<sup>60</sup> United Nations Committee on the Elimination of Racial Discrimination, ‘General recommendation XXVII on discrimination against Roma’ (2000) A/55/18, annex V; United Nations Office of the High Commissioner for Human Rights, *The role of the UN in advancing Roma inclusion* (2013)

<sup>61</sup> European Commission (n 15).



- '[b]e designed, implemented and monitored in close cooperation and continuous dialogue with Roma civil society, regional and local authorities'.<sup>62</sup>

The Commission monitors Member States' efforts in advancing Roma inclusion through an annual reporting process. The Commission also has an obligation to report on the implementation and advancing Roma integration under the Council Recommendation on Roma integration measures (adopted in December 2013).<sup>63</sup>

### 1.9 Promoting Roma Inclusion in Ireland

In this context Ireland has developed a new *National Traveller and Roma Inclusion Strategy* (NTRIS) 2017 – 2021.<sup>64</sup> The new Strategy is to be monitored by the NTRIS Steering Group. Chaired by the Minister of State at the Department of Justice and Equality, the NTRIS Steering Group is comprised of officials from relevant Departments, and Traveller and Roma civil society representatives. A Roma committee, established in June 2016 as the first national level structure with Roma representation from across the country, will also play a role in monitoring the implementation of the NTRIS.

Section 42 of the *Irish Human Rights and Equality Commission Act 2014* also has a particular relevance for Roma inclusion. This outlines a positive duty requirement on public sector bodies<sup>65</sup> to have regard for the need to eliminate discrimination, promote equality of opportunity and protect human rights.<sup>66</sup> In their strategic plans, public bodies are required to assess equality and human rights issues relevant to their functions; set out policies and plans in place to address these; and report on developments and achievements in their annual reports, which means that public bodies should take proactive steps to advance equality, ensure non-discrimination, and protect and fulfil human rights of a range of vulnerable groups.

Following the introduction of the *Local Government Reform Act 2014*, new structures have been created to enable Local Authorities to lead on economic, social and community development at a local level. As part of this, the Social Inclusion and Community Activation Programme (SICAP) has named Roma as a target group. SICAP is managed and overseen by the Local Community Development Committees (LCDCs), which were established in each Local Authority area.

<sup>62</sup> *ibid.*

<sup>63</sup> Council of the European Union (n 16). The Council Recommendation is a broader document than the EU Framework. It covers the four pillars, and also horizontal issues such as anti-discrimination, the situation of Roma women, Roma children, empowerment, and structural issues, such as cooperation with civil society, local authorities, monitoring, funding and transnational cooperation.

<sup>64</sup> The National Traveller and Roma Inclusion Strategy 2017 – 2021, was launched in June 2017 by Minister Stanton and replaced Ireland's National Traveller/Roma Integration Strategy which was submitted to the European Commission in January 2012. Note the new strategy includes the term 'inclusion' rather than 'integration' upon a request from Traveller representatives who felt that integration has in the past been synonymous with assimilation.

<sup>65</sup> The *Irish Human Rights and Equality Commission Act 2014* defines a public body as 'any person, body, organisation or group financed wholly or partly out of moneys provided by the Oireachtas.' This includes Government bodies, local authorities, schools, the HSE, universities and institutes of technology.

<sup>66</sup> Irish Human Rights and Equality Commission Act 2014.



These committees comprise of stakeholders from local government, local development, State agencies and the community and voluntary sector. LCDCs are tasked with monitoring and implementing the community elements of Local Economic and Community Plans (LECPs) which coordinate the delivery of community supports within their area. This presents an opportunity for local level Roma inclusion measures to be adopted, which should be created in line with the *EU Framework for National Roma Strategies and the 10 Common Basic Principles on Roma Inclusion*.<sup>67</sup>

### 1.10 Framework: Needs, Human Rights and Equality

The following section describes the needs framework used in this research. The needs framework was based on Doyal and Gough's theory of need which is used widely by social policy analysts.<sup>68</sup> According to this theory of need, personal autonomy and health are the basic needs that people must have met in order to participate in society. These basic needs are supported by twelve intermediary needs, including food and water, housing, education, clothing, a safe work environment, health care and security in childhood. The theory of need recognises the importance of good physical health: 'to complete a range of tasks in daily life requires manual, mental and emotional abilities with which poor physical health usually interferes'.<sup>69</sup> To be autonomous is 'to have the ability to make informed choices about what should be done and how to go about doing it'.<sup>70</sup> Social policies and services have a distinct role in influencing the degree to which needs are met.<sup>71</sup>



Roma girl doing her homework.

<sup>67</sup> Council of the European Union, 'Council Conclusions on Inclusion of the Roma, annexing 10 Common Basic Principles on Roma Inclusion' (2009) 10394/09.

<sup>68</sup> P Kennedy, *Key Themes in Social Policy* (London, Routledge 2013).

<sup>69</sup> L Doyal and I Gough, *A Theory of Human Need*, (New York, Guilford, 1991) 56.

<sup>70</sup> *ibid*, 53. The basic needs outlined by Doyal and Gough are all encompassed in a human rights framework and many of these basic needs mirror Amartya Sen's capabilities approach, which links capabilities to well-being and is concerned with those things people need in order to thrive.

<sup>71</sup> One of the most enduring theories of human need is Maslow's hierarchy of needs. Organised in a pyramid, it begins with physiological needs. These include food, water and shelter. The next level is safety needs, including a preference for stability and order and a preference for the familiar over the unfamiliar. The next level is the need for love, affection and belongingness, followed by the need for self-esteem, a need for a highly based self-evaluation and finally self-actualisation needs, when one can realise one's full potential. See H Dean, *Understanding Human Need* (Bristol, Policy Press, 2010) 373.

### Human Rights Based Approach

This Assessment adopts a human rights based approach, which ‘...transforms passive beneficiaries into claims holders and identifies states and other actors as duty-bearers that can be held responsible for their discharge of legal, and not merely moral, obligations.’<sup>72</sup> Human rights are universal basic standards that aim to ensure that every person is treated with dignity and respect. They are inherent, meaning that they belong to all people without discrimination.

While international human rights treaties provide for the progressive realisation of economic, social and cultural rights the law also places a number of immediate obligations on states.

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**Non-discrimination is an immediate obligation. The principle of non-discrimination is at the core of the international human rights system. The state must refrain from discriminating; furthermore, it must also protect against discrimination by non-state agents.**

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The definition of racial discrimination in the UN Convention on the Elimination of Racial Discrimination is:

...any distinction, exclusion, restriction or preference based on race, colour, descent, or national or ethnic origin which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life.<sup>73</sup>

Institutional racism has been defined as:

... the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness, and racist stereotyping which disadvantage minority ethnic people.<sup>74</sup>

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**Discrimination can take place at the institutional and individual level and can be conscious or unconscious. Discrimination may be direct or indirect (where a policy or practice that appears neutral can have a disproportionate impact on particular groups).**<sup>75</sup>

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<sup>72</sup> A Yamin, ‘Will we take suffering seriously? Reflections on what applying a human rights framework to health means and why we should care’ (2008) 10(1) Health and Human Rights Journal 45-63.

<sup>73</sup> International Convention on the Elimination of All Forms of Racial Discrimination, Adopted and opened for signature and ratification by General Assembly resolution 2106 (XX) of 21 December 1965 entry into force 4 January 1969, Article 1(1).

<sup>74</sup> W MacPherson, *The Stephen Lawrence Inquiry - Report of an Inquiry by Sir William Macpherson of Cluny* (2009) Cm 4262-I.

<sup>75</sup> United Nations Committee on Economic Social and Cultural Rights, ‘General comment No. 20: Non-discrimination in economic, social and cultural rights (art. 2, para. 2, of the International Covenant on Economic, Social and Cultural Rights)’ (2009) E/C.12/GC/20.





Discrimination can be hard to identify, it can be insidious and institutions can operate in a discriminatory way without recognising this.<sup>76</sup> Tackling direct discrimination requires that states' policies, laws and practices do not discriminate on prohibited grounds. Addressing indirect discrimination may require differential treatment, as identified by the UN Committee on the Elimination of Racial Discrimination:

To treat in an equal manner persons or groups whose situations are objectively different will constitute discrimination in effect, as will the unequal treatment of persons whose situations are objectively the same... This could in particular circumstances warrant the adoption of temporary special measures designed to secure the full and equal enjoyment of human rights and fundamental freedoms for disadvantaged groups... In recognition that people have multiple and overlapping identities and that no group is homogenous the concept of intersectional discrimination is used.<sup>77</sup>

Intersectionality has been used as a concept to highlight how gender discrimination is often intertwined with discrimination on other grounds such as ethnicity and socio-economic background, thus challenging 'simplistic, singular understandings of the nature of women's disadvantage'.<sup>78</sup> Kóczé writes 'I have come to see my own subject position as a Romani woman as a site where multiple forms of power and hierarchy are enacted.'<sup>79</sup>

### An Equality Perspective

There is a continuum from minimalist to maximalist definitions of equality; from what Baker et al. describe as liberal egalitarianism to equality of condition.<sup>80</sup> Minimalist definitions involve formal equality, generally associated with equal opportunities and treating people equally before the law. This notion of equality has been central to some seminal human rights struggles such as anti-slavery, civil rights and women's suffrage.<sup>81</sup>

Equality of condition, on the other hand, refers to substantive equality, focusing on outcome. This looks beyond whether people are treated the same by policies or practices, to the impact and effect of such practices. It recognises that equal treatment may mean that dominant and subordinate groups are treated differently.<sup>82</sup>

<sup>76</sup> W MacPherson (n 74) para 6.23.

<sup>77</sup> United Nations Committee on the Elimination of Racial Discrimination, 'General Recommendation no. 32, The meaning and scope of special measures in the International Convention on the Elimination of All Forms [of] Racial Discrimination' (2009) CERD/C/GC/32, 3.

<sup>78</sup> A Vakulenko, 'Gender and International Human Rights Law: The Intersectionality Agenda', in Joseph and McBeth (eds), *Research Handbook on International Human Rights Law* (2010) 107.

<sup>79</sup> A Kóczé, *Missing Intersectionality: Race/Ethnicity, Gender, and Class in Current Research and Policies on Romani Women in Europe* (Central European University 2009).

<sup>80</sup> J Baker et al., *Equality: From Theory to Action* (Basingstoke, Palgrave & Macmillan 2004) 23.

<sup>81</sup> A Yamin, 'Shades of Dignity: Exploring the demands of equality in applying human rights frameworks to health' (2009) 11(2) *International Journal of Health and Human Rights* 1-15.

<sup>82</sup> D Majury, 'The Charter, Equality Rights, And Women: Equivocation And Celebration' (2002) 4(40) *Osgoode Hall Law Journal* 297-336.

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**Essentially this means that treating people equally does not necessarily mean treating people the same.**

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This is important for Roma as it is cognisant of the need to recognise historic and socially based differences in order to further equality.

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**A substantive understanding of equality acknowledges that discrimination may be so entrenched against certain groups that this may infer a positive obligation on the Government to provide systematic remedies to past injustices.**

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An equality perspective looks to the achievement of substantive equality for the Roma communities in Irish society; so that Roma of all ages, gender, sexual orientation, gender identity, ability, religion and civil status can enjoy equality.

These interlinked concepts provided a framework for analysing the research findings and developing recommendations. Chapter Two presents the methodology used for this Assessment, followed by a demographic profile of respondents in Chapter Three. The core findings of the study are then presented in chapters on the cross-cutting issues of discrimination, poverty and language. The findings from the thematic areas of employment and social protection, accommodation, health, and education are then presented. Each chapter concludes with specific recommendations drawn from the findings from that chapter.



## EMANUEL

My name is Emanuel. I came to Ireland in 1997 hoping for a better future for me and my family.

I am glad to be involved in this research because I really want to help our community and build up trust through the needs assessment. I want the future generation of my community to be accepted for who we are.



# CHAPTER 2

## METHODOLOGY

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|     |                         |    |
|-----|-------------------------|----|
| 2.2 | Peer Researchers        | 35 |
| 2.3 | Sampling                | 36 |
| 2.4 | Questionnaires          | 37 |
| 2.5 | Focus Groups            | 38 |
| 2.6 | In-depth Interviews     | 38 |
| 2.7 | Research Advisory Group | 39 |
| 2.8 | Mapping                 | 39 |
| 2.9 | Challenges              | 39 |







### 2.1 Introduction

This Needs Assessment is a mixed-methods study which begins to identify the needs of Roma communities in Ireland. Roma researchers have been involved at every stage of this project, from design to implementation, and will also be involved in the dissemination of results. This is the first national participatory research project of its kind with Roma in Ireland and, thus, the first time that such a large number of Roma participants have shared information about their experiences.

Roma peer researchers conducted quantitative interviews with 108 respondents and gained basic information for a further 501 household members. In addition, eight focus groups were held across Ireland, involving Roma, representatives from a wide range of civil society organisations and statutory agencies. 30 in-depth interviews were conducted with policy-makers, practitioners, service providers and civil society representatives working with Roma.

The terms of reference outlined several required elements to the research:

- Review of literature relating to Roma in Ireland and internationally;
- Preliminary mapping of Roma in Ireland;
- Quantitative analysis of Roma in Ireland;
- Collection of qualitative data through interview and focus group consultation with Roma, service providers and policy-makers;
- Consultations with other relevant 'experts' in the field;
- Conclusions and recommendations.

This study was informed by literature on the experiences of Roma communities.<sup>83</sup> Also, as an initial scoping exercise, consultation meetings were held with Roma, a wide range of statutory providers and civil society organisations. These consultation meetings were key to mapping the communities of Roma in Ireland. The fieldwork was undertaken by a principal researcher and 18 peer researchers with assistance from Pavee Point staff, as described below.

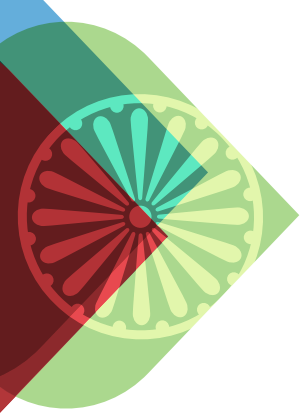
### 2.2 Peer Researchers

Participatory research is known to be beneficial for two reasons. Firstly, because of its implicit value, such as empowerment and inclusion, and secondly, because it improves our understanding of the relevant research area.<sup>84</sup> As a result, the key principle underpinning this research has been Roma participation. Building on the approach of the *All Ireland Traveller Health Study*, 18 Roma

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<sup>83</sup> Roma Support Group and Pavee Point Travellers Centre, Roma in Ireland, an Initial Needs Assessment (2002) L Lesovitch, Roma Educational Needs in Ireland: Context and Challenges (City of Dublin VEC and Pavee Point Travellers Centre 2005); Pavee Point Travellers and Roma Centre, Irish Travellers and Roma, shadow report: A response to Ireland's third and fourth report on the international convention on the elimination of all forms of racial discrimination (2011); F McGaughey, Roma Communities in Ireland and child protection considerations (Pavee Point Traveller and Roma Centre and Health Service Executive 2012) ; Pavee Point Traveller and Roma Centre, Challenging barriers and misconceptions: Roma maternal health in Ireland (2014); Pavee Point Traveller and Roma Centre, Roma and Education (2014); Pavee Point Traveller and Roma Centre, Irish Traveller and Roma Children, shadow report: A response to Ireland's consolidated third and fourth report to the UN committee on the rights of the child (2015).

<sup>84</sup> R Smith, M Monaghan and B Broad, 'Involving young people as co-researchers: Facing up to the methodological issues' (2002) 1(2) Qualitative Social Work 191-207.



peer researchers were contracted for this research.<sup>85</sup> Potential researchers were identified through civil society organisations and statutory agencies and were then contracted by Pavee Point to engage in training, research preparation, fieldwork, data analysis and dissemination of research results. The researchers represent a range of ages (all over 18), both men and women, and are all from Romania and the Czech Republic. They also represent a geographical spread throughout Ireland.

The peer researchers brought direct experience to framing the research and interpreting the data, facilitating greater understanding of the subject.<sup>86</sup> They created access to the wider Roma communities that would not have been possible otherwise, were able to engage with participants in their first language and build up trust and confidence in the research in the wider communities. They completed 108 questionnaires with Roma households throughout Ireland and participated in focus groups.

The researchers were trained in basic research methods to prepare for the implementation of questionnaires. As a result, they were confident in obtaining informed consent and had the skills to effectively communicate the limits of confidentiality, to conduct the research ethically, and to follow protocols to ensure researcher and respondent safety. A protocol document outlining ethical parameters was developed for reference.<sup>87</sup>

The Assessment was also recognised as being one step on the road to Roma inclusion, and the involvement of peer researchers as part of a longer process whereby Roma leaders are involved in social action and policy decisions in issues relating to their communities. In recognition of this, Pavee Point organised media training to prepare the researchers to present the results back to their communities and decision-makers. Work will continue on an ongoing basis to support the dissemination of the results by Pavee Point.

### 2.3 Sampling

At the design stage, various forms of sampling were considered,<sup>88</sup> and it was decided to use

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<sup>85</sup> Kelleher et al., *Our Geels All Ireland Traveller Health Study* (University College Dublin and Department of Health and Children 2010). The AITHS approached every identifiable Traveller family in Ireland as a potential respondent and had an 80% response rate. The involvement of Traveller researchers was seen as critical to this success.

<sup>86</sup> Cleaver, 'Institutions, Agency and the Limitations of Participatory Approaches to Development' in Cook and Kothari (eds) *Participation: The New Tyranny?* (London, Zed Books 2001), 139-152; Moore, Saunders and McArther, 'Championing choice – lessons learned from children and young people about research and their involvement' (2011) 4(2) *Child Indicators Research* 249-267.

<sup>87</sup> This outlined that all interviews are anonymous, that the confidentiality of participants would be maintained, that all participation would be voluntary and participants could stop an interview at any time. This applied to semi-structured interviews and focus groups also.

<sup>88</sup> Further consideration of the information available on Roma communities in Ireland ruled out the possibility of probability sampling as a sample frame for probability sampling is not available. Probability sampling involves 'selecting a relatively large number of units from a population, or from specific subgroups (strata) of population. This is done in a random manner where the probability of inclusion for every member of the population is determinable'. A Tashakkori and C Teddlie *Handbook of Mixed Methods in Social and Behavioural Research* (Thousand Oaks CA, Sage Publications 2003) 713. This means results are generalisable to the whole population.



purposive sampling.<sup>89</sup> A key consideration was to engage with the diversity of experiences within the Roma communities across geographical locations and categories of nationality, age and gender, while ensuring that the experiences of the most marginalised Roma were captured. An initial target of 100 households was set in order to capture as comprehensive and accurate snapshot as possible. The research targeted households, rather than families, to record the experience of people living with extended families. The principal researcher documented returned questionnaires in order to ensure a gender balance was maintained and to ascertain when saturation was reached. The final number of questionnaires completed was 108, which provided detailed information for 108 respondents and basic information for a further 501 household members. Given an estimated figure of 4,000 – 5,000 Roma in Ireland (as elucidated in the mapping process - See Section 2.8, this represents a sizeable proportion of the community.

Using initial data from the mapping exercise, targets were set for households to be surveyed across geographic areas. This was based on the population size of each county and adjusted as following:

- Numbers of interviews were increased in areas where we know higher numbers of Roma are living.
- Targets were adjusted to incorporate Roma from the Czech Republic and Slovakia.
- In some areas, interviews were not conducted due to logistical considerations including travel time, small population, or absence of peer researchers.

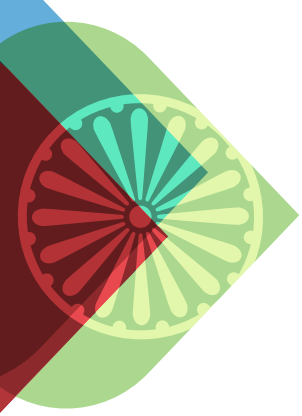
One of the objectives was to ensure that the experiences of vulnerable households were recorded and this was done through linking with established services as well as through the individual contacts of the peer researchers. Every attempt was made to capture a diverse cohort of Roma, through linking with services working with Roma, using Roma contacts from Pavee Point and other NGOs, church groups and youth groups. The responses are valid for this group only, which includes migrants who do not satisfy the habitual residence criteria for social welfare payments.

### 2.4 Questionnaires

After a pilot process (in September and October 2015), 108 questionnaires were completed by Roma peer researchers, working where possible in teams of two. They interviewed respondents and filled in the questionnaires. Questionnaires were conducted in multiple locations in Dublin, Wexford, Waterford, Kildare, Louth, Laois, Kerry, Galway, Longford, Clare, Limerick, Donegal, Westmeath, Cavan, Sligo, Carlow and Cork.

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<sup>89</sup> Purposive sampling techniques may be defined as selecting units based on specific purposes associated with answering research questions: ‘...particular settings, persons, or events are deliberately selected for the important information they can provide that cannot be gotten as well from other choices.’ JA Maxwell, ‘Designing a qualitative study’ in Bickman and Rog (eds) *Handbook of applied social research methods* (Thousand Oaks CA, Sage Publications 1997) 87.



Questionnaires covered demographic details including age, marital status, citizenship, right to reside, habitual residence, length of time in Ireland, language use, and literacy. There were also sections on discrimination, accommodation, income, education and training, and health. Respondents were asked to list the age and their relationship to all members of household and answer a range of questions relating to their status, education, employment and health.

Respondents were offered the option of being interviewed in their language of choice. The questionnaires were in English only, as this was deemed most appropriate by the peer researchers who read through the questions and translated as they interviewed. Consent forms were printed in English, Romanian, Czech, Polish and Slovak. The peer researchers were very clear that in order to maintain trust the questionnaires would have to be anonymised and confidential. Each questionnaire was coded and only the principal researcher had access to codes and names.

Once preliminary findings were collated from all the questionnaires, peer researchers were invited to participate in an individual and a group debriefing session with Pavee Point. This provided a space for peer researchers to reflect on their experiences of conducting the research and to discuss the preliminary findings.<sup>90</sup>

### 2.5 Focus Groups

Following the questionnaire stage, thematic focus groups were organised and conducted by the principal researcher and Pavee Point staff. In total, eight focus groups were held, distributed as follows: four in Dublin and one in each of the following locations: Cork, Kerry, Kildare, and Clare. These included Roma, representatives from a wide range of civil society organisations and statutory agencies including Tusla, the Child and Family Agency, the HSE, the Department of Social Protection, An Garda Síochána, and the education sector. In total, 120 people participated in the focus groups.

### 2.6 In-depth Interviews

30 in-depth interviews were conducted by the principal researcher with practitioners and service providers around Ireland across the specific thematic areas of health, education, social protection and accommodation. Civil society representatives working particularly closely with Roma were also interviewed. These were supplemented with a select number of interviews with policy-makers and other experts.

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<sup>90</sup> Peer de-briefing allows a peer to review and assess results and identify emerging categories. Many writers have suggested that peer debriefing enhances the trustworthiness and credibility of a research project. See for example, YS Lincoln and EG Guba *Naturalistic Inquiry* (Newbury Park CA, Sage Publications 1985); V Janesick, *Stretching Exercises for Qualitative Researchers* (2nd edn, Thousand Oaks CA, Sage Publications 2004); S Spall, 'Peer Debriefing in Qualitative Research: Emerging Operational Models' (1998) 4(2) *Qualitative Inquiry* 280–92; MA Spillett, 'Peer Debriefing: Who, What, When, Why, How' (2003) 7(3) *Academic Exchange Quarterly* 36–40.





### 2.7 Research Advisory Group

A Research Advisory Group, comprised of officials from relevant statutory bodies and non-governmental organisations was established. The role of the group was to:

- (a) offer a broad range of experience, contacts, research knowledge and ideas to achieve the aims of the research;
- (b) provide practical advice during the various stages of research, including liaison with statutory agencies, NGOs and Roma;
- (c) promote and raise awareness of the project;
- (d) provide feedback on progress of the research; and
- (e) provide feedback on research findings.

The group met twice throughout the research process and provided assistance and insightful feedback on drafts of the report.

### 2.8 Mapping

The mapping of Roma in Ireland took place in parallel with other stages of the research process. This was important in order to establish a rationale for where to conduct interviews, as well as providing more general information on where Roma are living in Ireland. To help estimate the population, service providers, civil society organisations and Roma peer researchers were asked for the estimated Roma population in the area in which they work or live. There was also information gathering by Roma peer researchers in each county, using their contacts and networks. The findings are discussed in Chapter Three: Demographics.

### 2.9 Challenges

For centuries, Roma people's social exclusion has been reinforced through research that has legitimized stereotypes rather than helping to overcome them. This has led Roma people to refuse to participate in the kind of research that has contributed to discrimination against them.<sup>91</sup>

Against this backdrop, peer researchers reported sometimes having difficulties convincing people that it was safe to impart information and that it would be used positively for the Roma communities. In doing this the researchers also invested great trust in this project. There were also some ethical considerations, for example, it was important that participants understood that the researcher's role was not to address the issues raised or advocate on behalf of individuals or assist them to access services or other supports. A resource pack was developed to give information on available services in a variety of languages and Pavee Point staff were identified as immediate contact points so that participants could be referred to the appropriate supports.

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<sup>91</sup> A Munté et al., 'From Research to Policy: Roma Participation Through Communicative Organization' (2011) 17(3) Qualitative Inquiry 256-266.



## ANGELA

My name is Angela. I was born in Romania. I've been in Ireland for sixteen years. I am training to be a nurse so that in my job I can help people.

I am very glad to be part of this research because I know I can make a difference in Roma lives by fighting against discrimination. I hope for a better future with change. We want to be seen as human beings and not by our stereotypes.



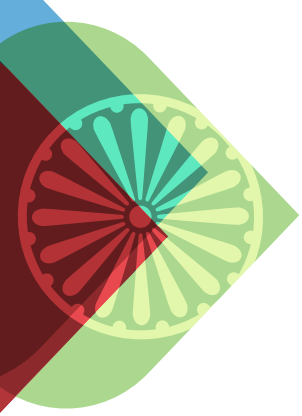


## DEMOGRAPHICS

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|     |                                   |    |
|-----|-----------------------------------|----|
| 3.1 | Introduction to Research Findings | 42 |
| 3.2 | Gender and Age of Respondents     | 43 |
| 3.3 | Country of Birth                  | 44 |
| 3.4 | Length of Time Living in Ireland  | 45 |
| 3.5 | Citizenship                       | 45 |
| 3.6 | Household Composition             | 46 |
| 3.7 | Discussion                        | 48 |
| 3.8 | Recommendations                   | 48 |

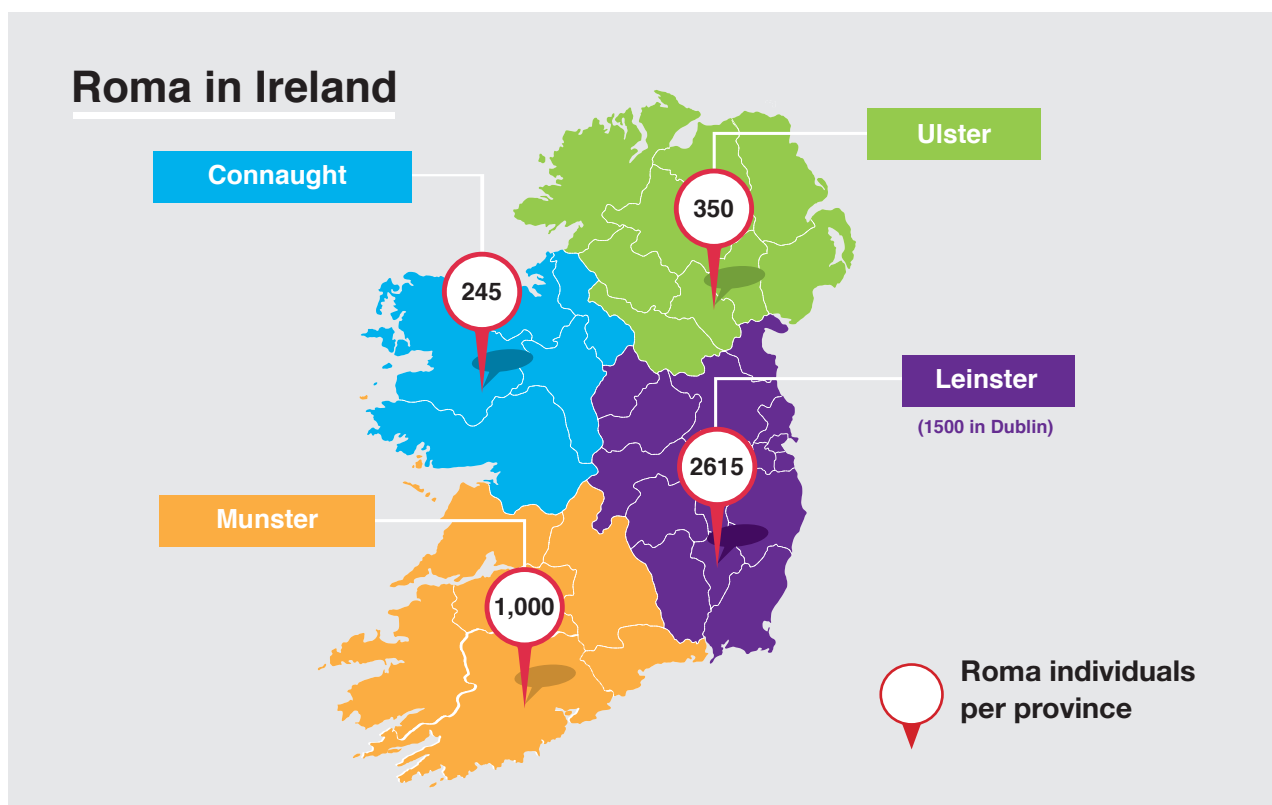




### 3.1 Introduction to Research Findings

A mapping exercise was undertaken of Roma in Ireland, based on estimates by Roma peer researchers and service providers. When cross-checked, these estimates came to 4,210. This is a crude estimate of the number of Roma in Ireland at a particular point in time. It may be an under-estimation as Roma may be living in communities but are not identifiable by service providers and civil society representatives. Also, while peer researchers have extensive networks and knowledge of Roma from their country of origin there may be Roma of other nationalities that were missed.

Roma families were identified in every county in Ireland. The largest communities of Roma are estimated to be in Dublin, Louth, Kildare, Wexford, Cork, Kerry, Clare and Donegal.<sup>92</sup> There has been confusion in Ireland in relation to the diversity of nationalities of Roma and a conflation of Roma and Romanian. The mapping identified Roma from Romania, Czech Republic, Slovakia, Hungary and Poland; with the majority from Romania (approx. 80%).



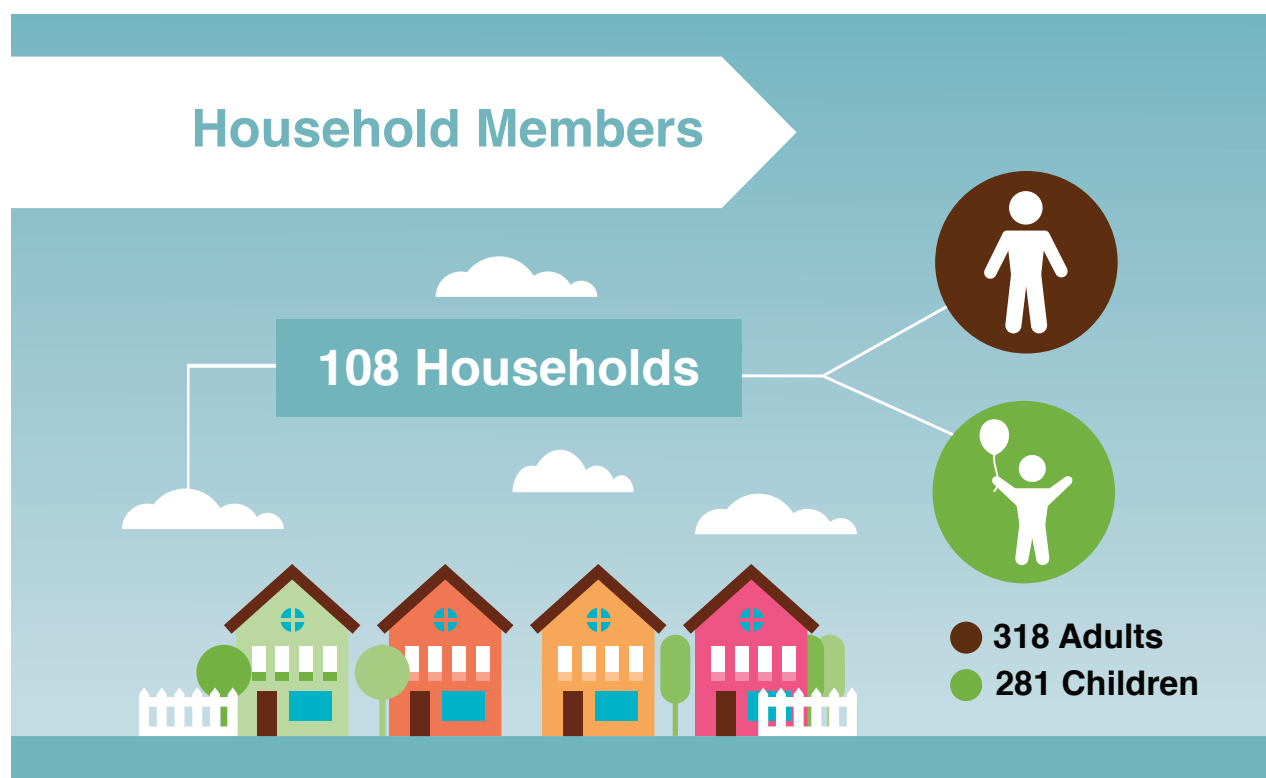
108 Roma respondents from urban and rural areas throughout Ireland provided information on their gender, age, nationality, length of time in Ireland and citizenship status. Respondents were also asked to provide information on all household members. Where findings are reported in

<sup>92</sup> These numbers may be quite fluid due to people being forced to move due to a lack of permanent accommodation.



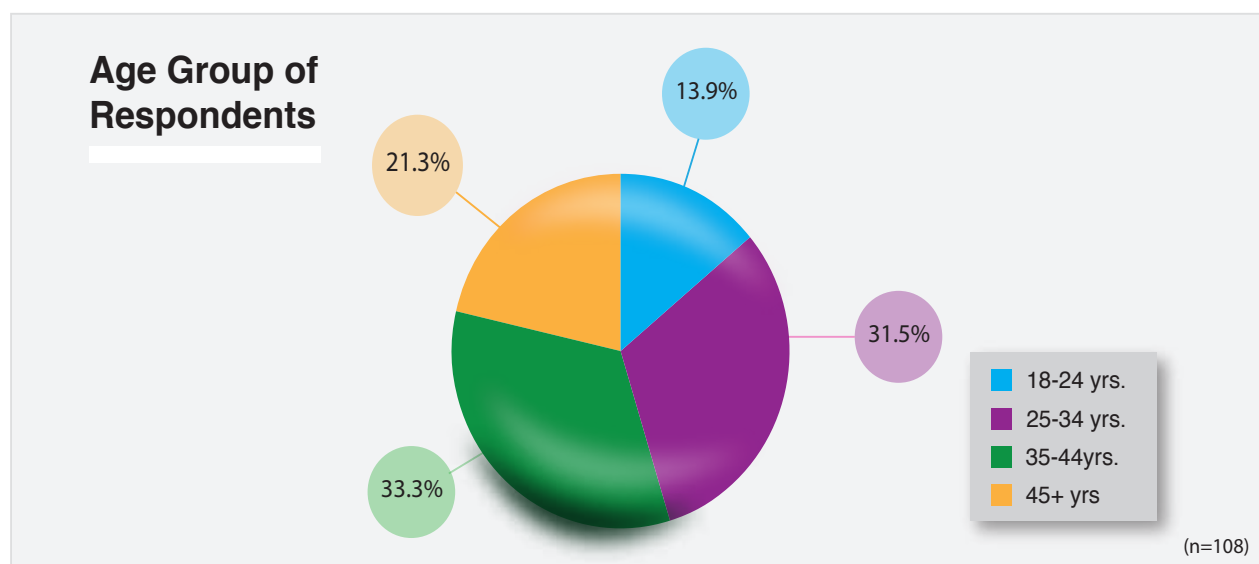


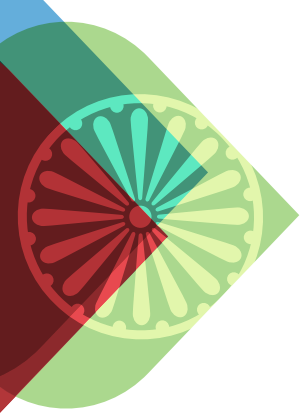
relation to respondents, it refers to the 108 respondents. Where data references the household, it refers to the 491 other household members, 210 of which are adults and 281 are children.



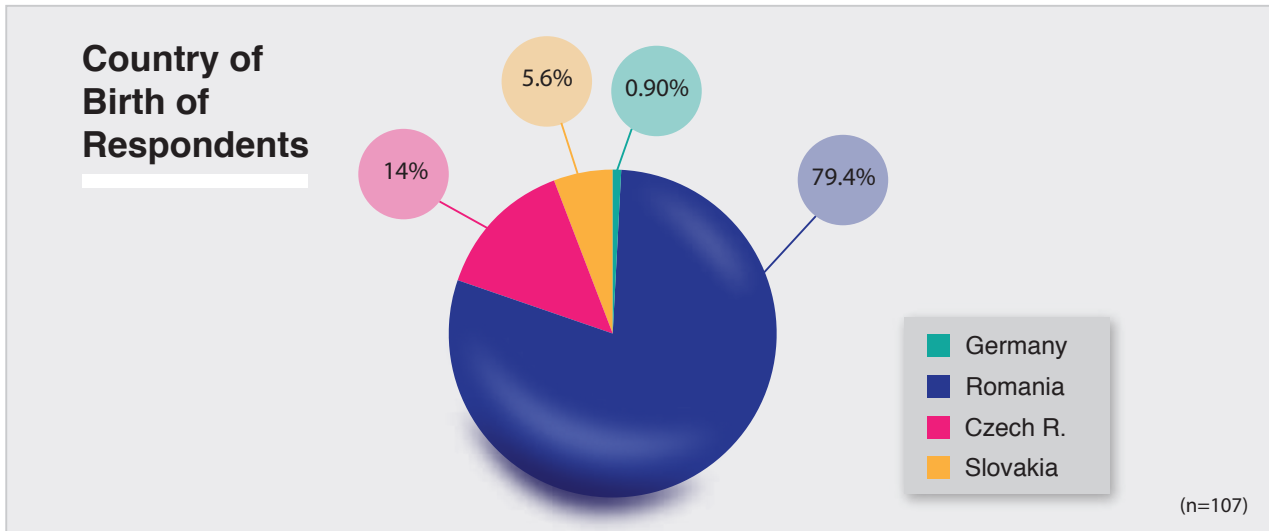
### 3.2 Gender and Age of Respondents

51.9% of respondents were women and 48.1% were men. Respondents ranged in age from 18 to 65, with only one respondent being over the age of 65.





### 3.3 Country of Birth



The vast majority of respondents, 79.4%, were from Romania. A further 14% were from the Czech Republic and 5.6% from Slovakia. Polish and Hungarian Roma living Ireland are much smaller in number and as a result there is limited insight into their experience.<sup>93</sup>

The birthplace of children in the household was recorded in 259 cases. Of these 63.3% of children were born in Ireland. 25.9% were born in Romania, 6.6% in the Czech Republic, 2.7% in Slovakia and 1.6% stated 'other'. All of the respondents (who were over 18) were born outside Ireland, yet over half of the children in households had been born in Ireland. This indicates a significant generational change in the Roma communities living in Ireland. As one respondent said

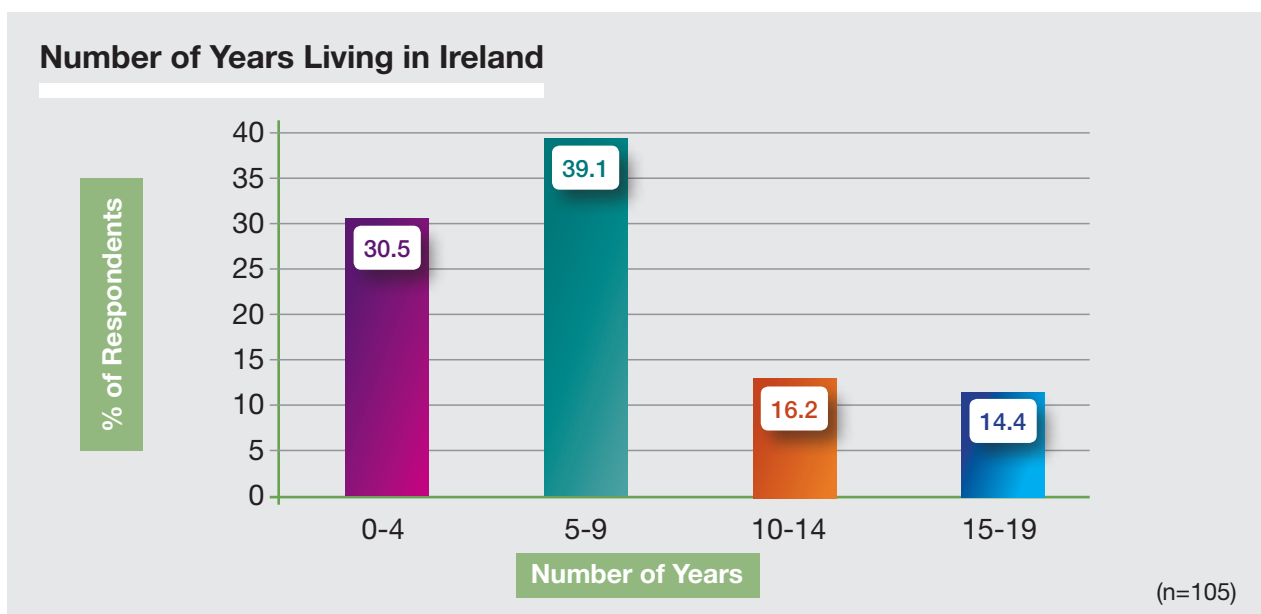


**'THIS IS MY HOME. I WOULD NOT CONSIDER ANYWHERE ELSE HOME, I GREW UP HERE.'**

<sup>93</sup> Efforts were made to include Hungarian and Polish respondents although it was not possible within the time constraints of this report.



### 3.4 Length of Time Living in Ireland



The length of time that respondents have lived in Ireland spans from less than a year to 19 years. 70% of respondents had been living in Ireland for five years or more; 14% for 15 years or more. 20% of respondents had been living in Ireland for eight years, coinciding with Romanian and Bulgarian accession to the EU in 2007. These figures demonstrate the complexity of migration patterns and flows as 36.3% respondents had moved to Ireland before the accession of these countries. A consistent reason that people gave for migration to Ireland was for a better life for their children.<sup>94</sup> As one respondent said:

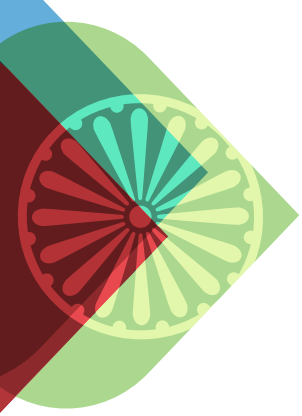
**'WE CAME FROM VERY BAD FINANCIAL SITUATION...AND CAME BECAUSE WE HOPED THAT OUR CHILDREN WOULD BE BETTER OFF HERE.'**

### 3.5 Citizenship

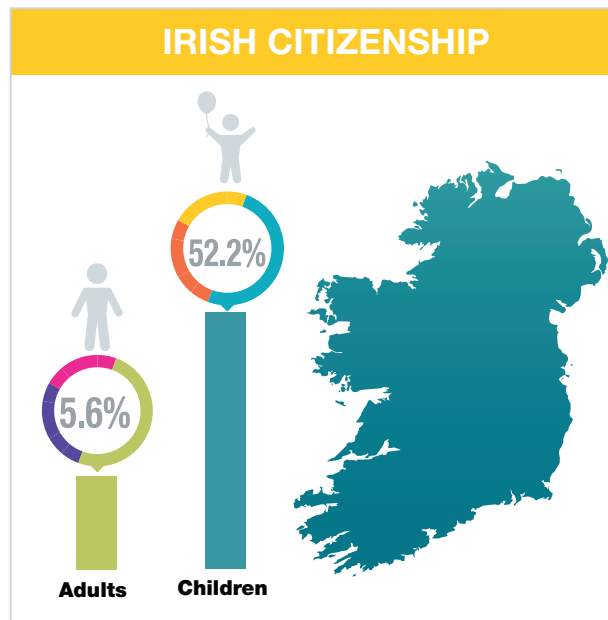
A small proportion of the 108 respondents (5.6%) were Irish citizens. However, the proportion of Roma children who were Irish citizens was much higher at 52.2%. Others were Romanian (28.8%), Czech (7.3%), Slovakian (2.9%) and other/don't know (9.4%). The younger generations of Roma were more likely to be Irish citizens.

In relation to 8.6% of children, the respondent did not know the children's citizenship status. Where 'don't know' was given as an answer, all reported that their children were born in Ireland after 2005 (with the exception of one child), the year the *Irish Nationality and Citizenship Act 2004*

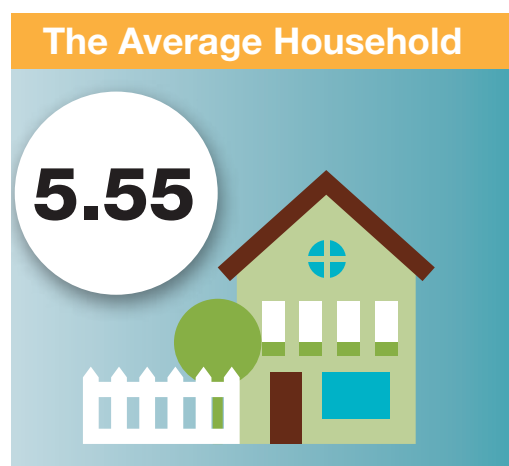
<sup>94</sup> This was not a specific question as the research focused on access to services; however it did come up in some of the further discussion with respondents when they were asked an open-ended question to describe their experience living in Ireland.



came into force. This meant that any person born in Ireland after 1 January 2005 is entitled to Irish citizenship if one parent was legally resident in Ireland for three of the preceding four years before the person's birth.<sup>95</sup> There is a connection between this change in law and a lack of clarity on children's citizenship status. This was elaborated upon in a focus group where Roma participants reported experiencing difficulties when applying for passports for children born in Ireland. This was linked to problems with proving their own residency. Documents that are accepted to prove residency include tax records, records of social protection payments, payslips, a rent book and bank statements. As a consequence, it is possible that someone may be living in Ireland for the required amount of time but unable to prove it if they do not have the required documentation.



Focus group discussions also revealed difficulty for some participants in registering the births of their children because their own identity cards were expired. Registration of children is a legal requirement and a birth certificate is necessary to enrol children in school and to apply for a passport. To register a birth, parent/s need photo identification and PPS numbers. Obstacles identified by the participants included a lack of the following: relevant documentation, English and literacy skills, interpreting services, an understanding of the process and knowledge of where to go, and awareness of the importance of birth registration.



### 3.6 Household Composition

Over 70% of households were comprised of 6 or less people and the average household size was 5.55. While the average household size of respondents was higher than the average household size in the general population, the findings show a diversity in household size.<sup>96</sup>

In almost 50% of households there were two adults living in the house. In a further 20% of households there were three adults living in the house. In a minority of households (4.6%) there were five or more adults living together. The majority of adults living with respondents

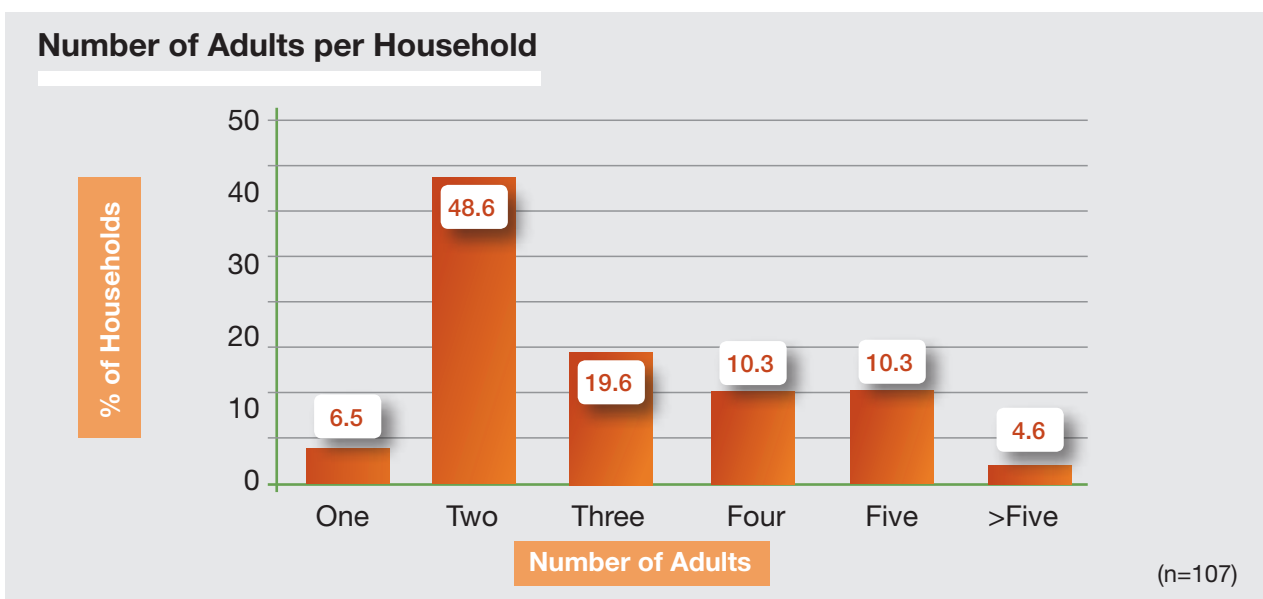
<sup>95</sup> Irish Nationality and Citizenship Act 2004.

<sup>96</sup> The national average household size was reported as 2.75 in Census 2016. See Central Statistics Office, 'Census of Population 2016 - Profile 4 Households and Families' (Website Update) (2017) Available at <http://www.cso.ie/en/releasesandpublications/ep/p-cp4hf/cp4hf/hhlds/>

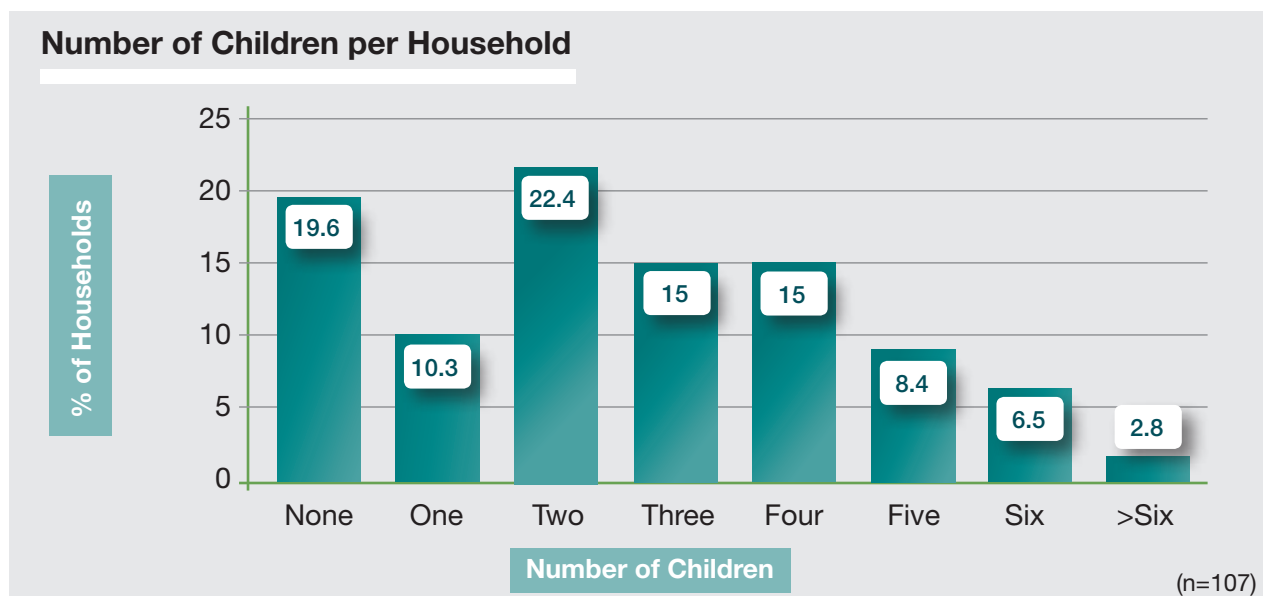




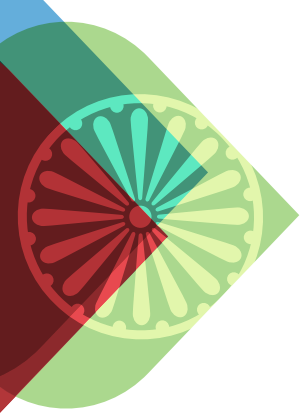
were relations (85.3%). These ranged from spouses, adult children of respondents, parents of respondents, siblings, brother or sisters-in-law, aunts, uncles, nieces, nephews and cousins. This indicates strong extended family networks of support and mirrors the findings of European wide research which finds that Roma migration is usually a migration of families rather than individuals.<sup>97</sup>



80.4% of respondents reported that there were children in the household, with 9.3% of households reporting 6 or more children. 52.6% were between 5 and 12 years. A further 23.5% were aged 13-18 years.



<sup>97</sup> MigRom, 'The immigration of Romanian Roma to Western Europe: Causes, effects, and future engagement strategies. 2013-2017' (Project Briefing) (Manchester 2014).



### 3.7 Discussion

The results show communities of Roma who have made Ireland their home and who need to be included and reflected in institutions and in the delivery of services. There are now second and third generation Roma living in Ireland - a new generation of Irish Roma.

These statistics and sentiments from respondents necessitate an understanding that Roma are part of Irish society and have been for some time now. For a minority of respondents there are concerns in relation to gaps in personal documentation including birth certificates and difficulties in accessing citizenship.

The demographic findings reflect a diverse picture of Roma communities in Ireland and it is important that this is widely recognised and understood. This demonstrates the need for consistent, comprehensive and accurate data to inform policy and practice and to avoid conscious or unconscious applications of stereotypes and generalisations about Roma. Along with further research the collection of ethnic data rooted in a human rights framework whereby all individuals voluntarily give details on their ethnicity through the application of a universal question, would elucidate experiences and provide systematic data in relation to Roma in Ireland.

### 3.8 Recommendations

- Introduce a standardised ethnic identifier<sup>98</sup> using the human rights framework in routine administrative systems and in the Census.<sup>99</sup>
- Undertake periodic research to monitor the situation of Roma in Ireland, using the Roma peer researcher model (working with Roma in partnership with an NGO who engages with Roma); and explore the introduction of stratified sampling to gather statistically significant data on Roma.
- Provide accessible support services for Roma in birth registration and citizenship applications.

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<sup>98</sup> This includes using standardised ethnic categories as in the national census with the addition of Roma as a named category.

<sup>99</sup> Ethnic data should be collected based on the principles of: participation, disaggregation, self-identification, transparency, privacy, and accountability. See: United Nations Office of the High Commissioner for Human Rights, 'Human Rights-Based Approach to Data: Leaving No One Behind in the 2030 Development Agenda' (Guidance Note) (2016). For more information on ethnic data collection see Pavee Point Traveller and Roma Centre, *Counting us in – Human rights count! Policy and Practice in Ethnic Data Collection and Monitoring* (Dublin 2016).



## JOSEPH

My name is Joseph Duna. I come from the Czech Republic. I came to Ireland in 2006 to my brother who was working here.

I am glad to be involved in this research because I am Roma and I often encounter racist approaches to “Gypsies”, whether in my neighbourhood or in the media.



# CHAPTER 4

## EXPERIENCES IN RELATION TO DISCRIMINATION

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|      |                         |    |
|------|-------------------------|----|
| 4.1  | Introduction            | 51 |
| 4.2  | Accommodation           | 52 |
| 4.3  | Employment              | 52 |
| 4.4  | Social Protection       | 52 |
| 4.5  | Health                  | 53 |
| 4.6  | Education               | 53 |
| 4.7  | Criminal Justice System | 53 |
| 4.8  | Public Spaces           | 55 |
| 4.9  | Shops and Restaurants   | 55 |
| 4.10 | Positive Experiences    | 56 |
| 4.11 | Discussion              | 57 |
| 4.12 | Recommendations         |    |







### 4.1 Introduction

Discrimination emerged as a key issue throughout the research. Respondents reported feeling discriminated against due to being Roma at both an institutional and individual level.

The respondents explained the complexity of their experiences. Discrimination was experienced directly through being identifiable as Roma, sometimes by association with others wearing 'traditional' Roma dress and sometimes because of skin colour or looking 'non-Irish'.<sup>100</sup> Roma women were identified as particularly vulnerable to racist abuse. Discrimination was also perceived as being particularly bad for Roma with low literacy levels. One respondent noted,

**'IT'S VERY BAD BECAUSE THEY DO BIG DISCRIMINATION FOR PEOPLE WHO NO READING AND WRITING AND ABOUT MY CLOTHES, BUT IT'S ALSO VERY GOOD FOR SCHOOL FOR CHILDREN AND FOR MY CHILDREN'S FUTURE.'**

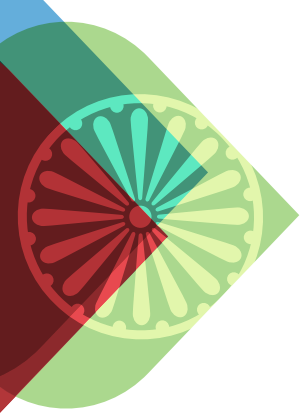
Another noted that,

**'IRELAND IS MY HOME BUT I FEEL EXCLUDED. I DON'T KNOW HOW TO READ OR WRITE VERY WELL. IT IS VERY HARD TO FIND WORK. PEOPLE ARE LOOKING DOWN ON US BECAUSE WE ARE ROMA. I DON'T WANT MY CHILDREN TO HAVE THIS EXPERIENCE.'**

Respondents also reported that younger people and children hid their identity, out of fear and shame. They felt discriminated against in a wide variety of settings, as shown in the table below.

| Felt discriminated against                                      | % of respondents |
|---|------------------|
| Getting a job   | 78.9% (n=76)     |
| Getting accommodation   | 93.3% (n=90)     |
| Getting social welfare  | 84.3% (n=83)     |
| At health services  | 70.5% (n=78)     |
| Getting served in a shop, restaurant, pub or other social venue | 74.7% (n=87)     |
| In the street or another public setting                         | 81.1% (n=90)     |
| From the guards or in the courts                                | 53.8% (n=78)     |
| By a landlord or local authority                                | 76.2% (n=77)     |

<sup>100</sup> Sometimes clothes associated with Roma were referred to as 'Roma clothes' or 'traditional dress'. Both raise issues around terminology. The use of the term 'traditional' raises issues of presenting an unchanging and rigid version of culture.



### 4.2 Accommodation

93.3% of respondents reported feeling discriminated against in accessing accommodation. In some cases, respondents stated that landlords said they do not accept Roma tenants, but in other cases, people would simply be told that the accommodation was now taken. Service providers also reported witnessing direct discrimination with landlords refusing to accept Roma as tenants. When in accommodation, 66.3% of the respondents reported feeling discriminated against by a landlord or local authority. In focus groups, the participants explained that the current housing crisis in Ireland was aggravating the situation as it was a ‘landlords’ market’.

### 4.3 Employment

78.9% of respondents reported feeling discriminated against in getting hired or getting a job. As one man reported,

**‘WHEN I WAS LOOKING FOR A JOB, I ASKED FOR THE BOSS AND I WAS TOLD THAT HE WAS NOT IN AND THE STAFF WAS LAUGHING AT ME.’**

Respondents reported hiding their identity to ensure this did not happen. For many, hiding their Roma identity was the only option to secure and keep work. The *Big Issue* was identified as an important lifeline for some respondents. In some cases there were reports of Big Issue sellers being victims of abuse and harassment, while in others, it led to positive relationships with service providers and the general public. Some sellers were reported to have regular pitches and customers, and also helped people with other tasks, such as helping to carry bags and return shopping trollies.

### 4.4 Social Protection

84.3% of respondents felt discriminated against in accessing social protection. Success in getting social protection did not preclude this perception of discrimination. Nearly two-thirds of those who were successful in applying for payments felt discriminated against in getting social welfare.<sup>101</sup> People with fluent English were less likely to report feeling discriminated against than those with less English (this was only the case with social protection and the Gardaí). This highlights the benefits of using interpreters as a tool to break down barriers by improving communication.<sup>102</sup>

<sup>101</sup> While this reflects perceptions of discrimination rather than reported incidents of discrimination, it is important to note that feelings of discrimination have mental health impacts and also impacts trust in service providers.

<sup>102</sup> Telephone interpreters are available in social protection services. However, these are not always accessed by Roma and there can be limitations with this service.



### 4.5 Health

70.5% of respondents feel that they had been discriminated in health care services. Men reported significantly less discrimination when accessing health services. 52.9% of men said they had experienced discrimination in health care services versus 84.1% of women. Nonetheless, when probed further about their experience in health services 58% (n=103) of all respondents expressed a level of trust in those treating them in the health service and 58.4% (n=101) stated health care teams have treated them with respect and dignity. 8.7% said they have no trust in health practitioners treating them and 5% felt they have not been treated with respect and dignity.<sup>103</sup>

### 4.6 Education

Only 18.4% of the respondents had attended education or training in Ireland. Those who had attended school saw this as a positive opportunity. However, they also spoke about having had to hide their identity to prevent or protect themselves against bullying and discrimination.

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**One young woman recounted how she had been taunted at school and singled out amongst her peers by being called ‘gypsy’.**

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She explained how she was identifiable as Roma because of her parents and grandparents, and said, ‘I felt like I had to deny it.’

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**Another respondent raised the issue of discriminatory attitudes in school by having heard a teacher refer to a Roma family as ‘just here to get welfare’.**

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Service providers noted how Roma culture and history is absent from the formal curriculum, and the lack of appropriate curriculum-linked resources to support its inclusion. It was acknowledged that schools need to recognise cultural diversity and implement inclusive practices in order to ensure the inclusion of Roma children and combat identity based bullying. More in-depth research is required to get a full picture of young Roma people’s experiences attending school in Ireland given the relatively low numbers of participants having had their education or training in Ireland.

### 4.7 Criminal Justice System

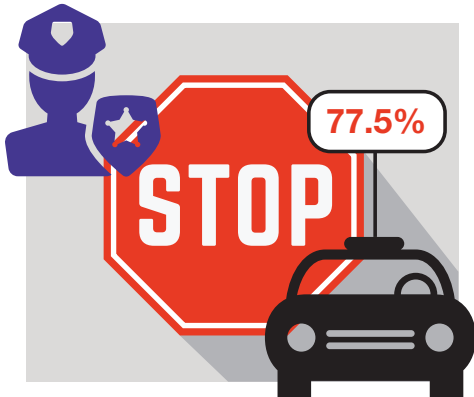
53.9% of respondents reported feeling discriminated against by An Garda Síochána or in the courts. The respondents and service providers reported incidents where Big Issue sellers have been searched by members of An Garda Síochána, arrested and charged with begging. There is a correlation between the level of English and perception of discrimination, where people categorised with less English were more likely to report feeling discriminated against by the Gardaí. The issue of fear of reporting and subsequent lack of accountability also emerged. In

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<sup>103</sup> Further research is needed here to investigate if people have differential experiences according to the type of health practitioner they engage with such as Accident and Emergency, GP, primary care centre or targeted health service; and the extent to which negative experiences in their country of origin affects their current engagement with services.

focus groups, when asked if people complained to senior Gardaí or reported incidents to the Garda Ombudsman, Roma participants explained that they did not report for fear of repercussions.

### Identification



77.5% of respondents reported being stopped by An Garda Síochána for ID and of those, 55.9% reported being stopped four times or more. This was explained by a member of An Garda Síochána in a focus group as follows: 'If you're asking them for their name or where you are living or their address, they find it hard to understand, the easiest thing [is to ask for ID], and luckily enough they carry identification cards, they understand ID.'

It was also posited by the Garda member that some Roma have had previous negative experiences of police in other countries, and as a result: '...they tend to clam up, they tend not to tell you what you're asking, they will tell you a lie, because they're afraid, because of maybe previous experience, that's my experience, it's a cultural thing with them.'

In explaining why Roma may be stopped by the Gardaí it was explained that:

...there are circumstances where businesses and people can make a complaint and that requires us to deal with them... We don't racially profile, we don't pick out certain groups, if it's 3 o'clock in the morning in [name of place] and there's a group of Roma women ...or another group that don't fit with that time and place...and that happens across the spectrum of nationality and ethnic groups.

Roma participants and service providers reported Gardaí taking people's ID. This was explained by a member of An Garda Síochána in a focus group:

There would be a lot of counterfeit identification cards and with some people if you take the ID card off them to check...and maybe say come back this evening, a lot of them won't come back because they have a fear that something is going to happen...and that they're going to be arrested... and they just won't come back or they'll send someone else in looking for it. Or back to the language barrier, they won't bring anyone with them that speaks English; it's hard for us and for them.

It was also explained in the focus group that normally if taking identification, a Garda should issue a receipt to the person and inform them that the authorities are going to investigate their identification. Gardaí need reasonable grounds to believe that it is being used in the committing of a crime or that it has been stolen.



### 4.8 Public Spaces

81.1% of respondents reported having experienced discrimination in a street or public setting. For many, this was experienced through verbal abuse and racist taunts, including being shouted at and told to **'Go back to your own country'**. A woman aged 43 explained:

**'IT IS BAD. PEOPLE DISCRIMINATE WHEN WE WEAR OUR CLOTHES.'**

A young woman explained her conflicting experiences, noting that she has had great experiences in Ireland and appreciated the opportunity to receive an education. However, she reported experiencing discrimination when wearing clothes that identify her as Roma: 'I would not dress in Roma [now] because we get treated badly, followed, and discriminated against'.

In many cases the respondents were concerned for their families, more than for themselves. One man described how his neighbours would not allow their children to play with his children. Another respondent reported high anxiety levels as a result of her children being called 'gypsy' and being told 'to go home'. 31% (n=104) of respondents said they did not feel safe in their local areas.

### 4.9 Shops and Restaurants

74% of respondents reported feeling discriminated against in shops, restaurants, pubs and other social venues. They highlighted being denied entry to shops or being followed around by security staff while they shop. A 39 year old woman described her experience: 'When I was in a shop the bodyguard put me out of the shop. He told me to go to your country and too many things'.

Several Roma participants in a focus group reported how they were repeatedly and frequently stopped in shops and had their bags checked. A 32 year old man, who has been living in Ireland for five years and felt in general that is a good place to live, reported:

**'EVERY TIME I GO TO A PLACE, PEOPLE ARE LOOKING AND THINKING WE ARE GOING TO ROB SOMETHING IN THE SHOPS'**

One man reported a similar experience: 'When I go to [name of shop] the security man follows me and my children all the time. I feel very uncomfortable'. The respondents disclosed that these experiences cause enormous emotional stress.



### 4.10 Positive Experiences

Some respondents also spoke positively about their experiences in Ireland. One respondent stated, 'From the first time I came here it was a country where I could see myself living. I have only positive experiences.'

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**Some respondents emphasised that there are also Roma who feel able and proud to express their Roma identity, including a young new generation of Roma.**

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For some respondents Ireland compares favourably to the country they were born in: 'It's better living here than back home, a lot more racist there. It's better for our kids. In our country people will pass you like a piece of dirt but here people say hello.'

### 4.11 Discussion

The research consistently reports respondents feeling discriminated against in a range of areas. The All Ireland Traveller Health Study noted the following and this point is also relevant to Roma: 'Even if this [experience of discrimination] was a collective misperception and had no basis in objective fact, such a perception is likely to lower a sense of efficacy and self-esteem and this is damaging to mental health and wellbeing.'<sup>104</sup> The majority of respondents in the current study are living in fear of discrimination. This is extremely stressful and borne out by reports of poor mental health.<sup>105</sup>

The association of a particular type of so-called 'traditional' dress with Roma also emerged as a strong theme in the study. In this context, Roma women are particularly vulnerable to on-street racism. This reflects a limited understanding of Roma identity in Irish society, which is narrowly linked to dress code. This suggests a need for increased spaces for more diverse and positive representations of Roma identity and Roma women.

Reports of people being shouted at on the streets and being told to 'go home' reveal negative public attitudes that need to be taken very seriously. Given the high levels of reported anti-Roma violence in other European countries it is important that Ireland takes action to ensure this does not escalate here. Despite the prevalence of verbal abuse and experiences of discrimination reported by Roma in this study, there are very low reporting rates of racist incidents by or in relation to Roma.<sup>106</sup>

Such a high rate of people of a particular ethnicity being stopped for ID checks raises serious concerns. The MacPherson report notes that:

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<sup>104</sup> C Kelleher et al., Our Geels All Ireland Traveller Health Study (University College Dublin and Department of Health and Children 2010) 148; I Kawachi and BP Kennedy, 'Health and social cohesion: why care about income inequality?' (1997) 314(7086) BMJ 1037-40; M Marmot et al., Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health, (Geneva, World Health Organization 2008).

<sup>105</sup> See Chapter 9.

<sup>106</sup> O'Curry & Michael, iReport.ie July-December 2014. (European Network against Racism Ireland and University of Hull 2015).



Whilst we must never lose sight of the importance of explicit racism and direct discrimination, in policing terms if the phrase “institutional racism” had been used to describe not only explicit manifestations of racism at direction and policy level, but also unwitting discrimination at the organisational level, then the reality of indirect racism in its more subtle, hidden and potentially more pervasive nature would have been addressed.<sup>107</sup>

This is crucial to consider in this situation. The findings also uncovered fear of, and a lack of trust in the Gardaí, by some participants. Along with actions by the Gardaí, the involvement of Roma communities is key to address these issues. This applies across service areas where there is a need for a network of community workers working with Roma. Organisations should be vigilant to ensure that any stereotypes are identified, challenged and corrected, ensuring that they do not play a part in decision-making.

While the experiences of discrimination are extremely high, they are not reported by all respondents and not reported all of the time. There are also respondents who articulated very positive experiences in Ireland. A consistent theme was hope for the future and for children. However, there was at times, an acceptance by adults that they would endure discrimination so that their children may have a better life.

#### 4.12 Recommendations

- Take effective measures to tackle anti-Roma discrimination and racism with a priority focus on Roma women.
- Take effective measures to combat anti-Roma rhetoric and hate speech where this is manifested in Ireland.
- Review and reform hate crime legislation.
- Examine issues in relation to the incidence of Gardaí ID checks.
- Support intercultural and anti-racism training (which includes a focus on Roma) for service providers at all levels. This should be monitored through public sector reporting under Section 42 of the Irish Human Rights and Equality Commission Act 2014. Agencies providing essential public services to Roma should be prioritised.
- Train and resource a network of community workers to work with Roma in areas including health, education, employment, accommodation, justice, human rights and equality.
- Fund an initiative to ensure Roma are aware of their rights, how to exercise them and how to make complaints.

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<sup>107</sup> W MacPherson, The Stephen Lawrence Inquiry - Report of an Inquiry by Sir William Macpherson of Cluny (2009) Cm 4262-1, 6.15.



## MARIANA

My name is Mariana. I live in Balbriggan. I came to Ireland for my children's future and to have a better life.

I wanted to be involved in this research so that I can help all Roma people for a better life. This research is important because it shows the needs and life of Roma in Ireland. We want to build something for our community so we are not scared and more included in Ireland.



## POVERTY

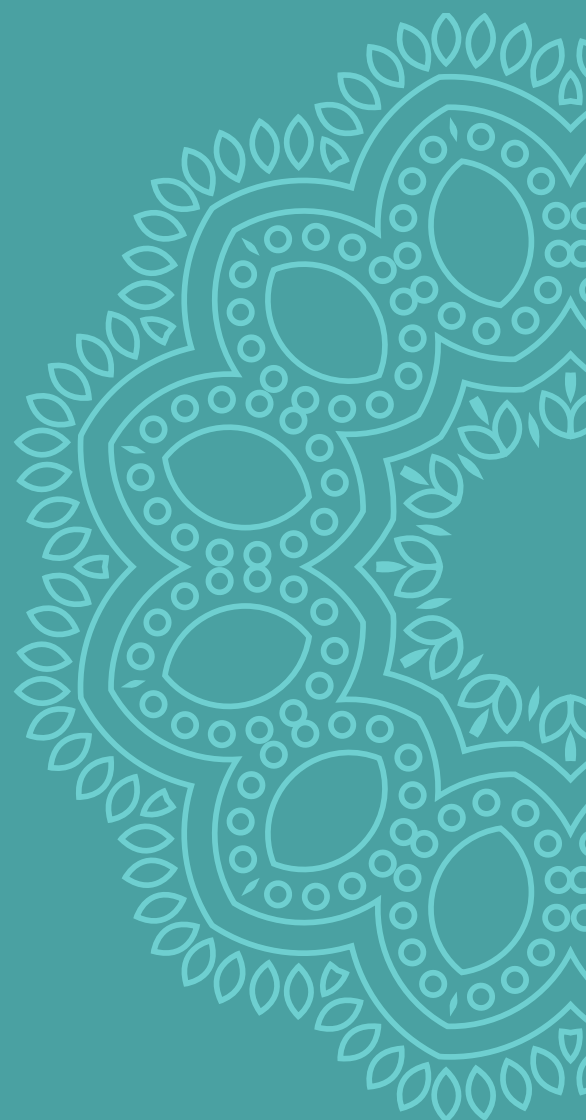
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|     |                                 |    |
|-----|---------------------------------|----|
| 5.1 | Introduction                    | 60 |
| 5.2 | Systematic Poverty              | 62 |
| 5.3 | Child Poverty and Child Welfare | 62 |
| 5.4 | Discussion                      | 63 |
| 5.5 | Recommendations                 | 64 |

# 5

## CHAPTER

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**'People are living in poverty if their income and resources (material, cultural and social) are so inadequate as to preclude them from having a standard of living which is regarded as acceptable by Irish society generally.'**<sup>108</sup>

## 5.1 Introduction

A snapshot of some of the situations encountered in the research is provided through several case studies below. The issues highlighted in these case studies arose consistently in the research and across all geographical regions.

A family came to me with a very sick baby. They are sharing a flat with someone else and when I visited the flat I saw that they have no cooker, kettle or microwave. They have a small fridge and they go into another flat to cook. The only furniture they have is a small table, a chair and one bed with a single mattress. There is no water in the bathroom. They have no money. The father begs and has been arrested several times. **Reported by a health care provider.**

I interviewed a pregnant mother of two children. She is living with a disability. She lost her home and lives with another couple. They have no gas or water in the house. The kitchen was empty except for a small table and there was no cooker or fridge. They had no food. Her children are going to school. The woman is afraid to admit to being homeless in case she loses her one-parent family payment. It was very upsetting and shocking to see this situation.

**Reported by a peer researcher.**

I am working with a family with a sick child of only five months. It is very difficult to communicate, they need an interpreter. The child has no GP or vaccinations and the parents said they did not know how to get a GP. They live in a bedsit with the father's brother's family. There are four adults and two children in the same room. The mother and father sleep with their baby on a mattress on the floor. They have no bed for themselves or cot for the baby. **Reported by a service provider.**

I interviewed a woman who has been in Ireland for about a year. She lives outdoors with her husband and teenage son. They sleep in a warehouse or outdoors every night. They are begging in the street but she said it's better here than in Romania. They were staying with her brother in a small flat, but they left as they were afraid when the landlord was asking questions and the brother was living in fear of eviction. **Reported by a peer researcher.**

<sup>108</sup> Department of Social Protection, 'What is Poverty?' Available at: <http://www.socialinclusion.ie/poverty.html>





When asked about their experiences in Ireland some of the responses below reveal the type of experiences of Roma living in poverty. The word ‘hopeless’ was repeated many times in questionnaires by respondents:

**‘HARD LIFE. VERY HARD BUT I DON’T KNOW WHAT TO DO, WHERE TO GO, I AM HOPELESS, PLEASE HELP ME, HELP ME, HELP THE ROMA.’**

**‘WE LIVE IN POVERTY; FOR US IT IS HELL ON EARTH.’**

**‘HOW I CAN DESCRIBE; I AM HOMELESS; NO WORK; NO HOUSE; BAD EXPERIENCE.’**

**‘THEY DON’T UNDERSTAND HOW HARD PEOPLE ARE LIVING WITH NO INCOME.’**

| Percentage of respondents    | Facing some or all of the issues below:   |
|------------------------------|---|
| 0 - 20% respondents (Approx) | <ul style="list-style-type: none"> <li>• No kitchen (12.4%)</li> <li>• No cooker (9.6%)</li> <li>• No fridge (13.5%)</li> <li>• Sometimes without food, gas, water and/or electricity</li> <li>• Household with 10+ people (7.3%)</li> <li>• Overcrowded and poor quality accommodation</li> <li>• No PPS number – limited access to services (19.8%)</li> <li>• Begging as a source of income (17.6%) and no income (14%)</li> </ul> |
| 0 - 60% respondents (Approx) | <ul style="list-style-type: none"> <li>• Children gone to school hungry (25%)</li> <li>• Not always enough food (49.5%)</li> <li>• Not always enough fuel (46.2%)</li> <li>• Cannot keep the house warm all the time (66.3%)</li> <li>• Not enough money for books and uniforms (57.5%)</li> </ul>  |

## 5.2 Systematic Poverty

The findings revealed systematic experiences of poverty and social exclusion. About 10% of respondents did not have basic necessities in their accommodation, including a fridge, cooker, or kitchen (n=104). 19.8% (n=106) of the respondents did not have a PPS number<sup>109</sup> and essentially lived outside of service provision.<sup>110</sup> Service providers reported families to be living without food, gas, electricity and water, and reports of rats in accommodation were frequent. One respondent reported that he lived off discarded food thrown out from supermarkets and shops. 17.6% of household members were begging as a source of income and 14% had no income (n=136).

Even those respondents who appeared to be in a more stable situation still reported fuel and food poverty, with nearly half of respondents reporting that they did not always have enough food (n=105). Shocking statistics revealed that over half of all respondents (51.9% / n=106) reported that someone in the household has gone to bed hungry. 46.2% (n=104) of all respondents reported not having enough fuel and 66.3% (n=101) were unable to afford to keep their home warm all of the time.

## 5.3 Child Poverty and Child Welfare

As noted previously, this research emanated from an inquiry concerned with the rights of Roma children. The research reveals child welfare situations that are unacceptable. In 50% of the households with children, the respondents reported that they did not always have enough food (n=84). They reported children going to school hungry and a lack of basic supplies for new born babies. Service providers reported cases of malnutrition among young Roma children.

Lack of employment and lack of access to social protection were identified as key issues causing poverty. 49.2% (n=71) of respondents in households with children were not successful in their application for social protection payments, which means they were not receiving child benefit. A 32 year old man described his situation: 'I live with my parents. I have three children. We don't have work, only occasionally. I applied for child benefit. No chance, I am not habitually resident.'

Another respondent said: 'I applied for single parent [payment] and I did not receive any money since I applied 7 months ago. It is very hard with two children and no income.' This experience of poverty gives rise to mistrust in service providers due to fears of children being taken into care.<sup>111</sup> As one woman stated:

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<sup>109</sup> The requirements for accessing a PPS Number are evidence of identity (current valid passport or national ID card) and evidence as to why a PPS Number is required. DEASP note that while evidence of address is also sought this is to try to ensure that the notification of the PPS Number is safely received and if a person has no address (e.g. homeless people) special arrangements can be made.

<sup>110</sup> Notwithstanding official policy, the reasons given for not having a PPS number in focus groups included not having an address or work. Some people had not applied for a PPS number as they feared engaging with the State. This fear may be carried over from their experiences in their country of origin.

<sup>111</sup> See F McGaughey, *Roma Communities in Ireland and child protection considerations* (Pavee Point Traveller and Roma Centre and Health Service Executive, 2012)



**‘WE LIVE AT THE MOMENT IN A HOUSE WITH NO ELECTRICITY, NO GAS AND NO FACILITIES. I AM AFRAID TO GO TO AUTHORITY. THEY CAN DO BAD THINGS TO MY FAMILY. I HAVE THREE CHILDREN. I LIVE FROM WHAT WE BEG.’**

Given that Roma are over-represented in care in European countries, this is a very prevalent and real fear.<sup>112</sup> There are some non-governmental organisations that are trying to plug these gaps through the provision of food parcels and free meals. Service providers also reported providing infant formula, nappies and other supplies to families in need from their own resources. Both focus group and interview participants highlighted the ethos of sharing, mutual support and looking after each other within the Roma communities - similar to the ethos in many other communities who emigrate, including Irish emigrants.

### 5.4 Discussion

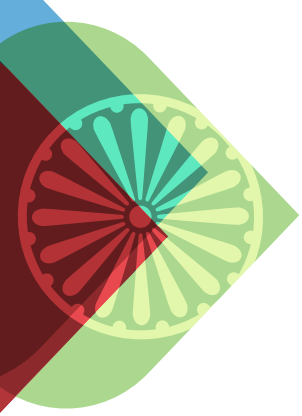
A consistent finding from this research is the experience of poverty, including for families with children. These findings reveal a depth of poverty that means Roma families affected are focused on surviving from day to day. The struggle to survive precludes people from full participation in Irish society with dignity. As expressed in the framework for this research, the goal of social inclusion should be to enable Roma in Ireland to flourish and thrive. These findings reveal that there is a lot to be done to achieve this.

However, the State does not have a responsibility to provide social security payments for migrants who fail to satisfy the habitual residence condition. Yet, the families that arrive and live in the most severe poverty nonetheless present serious challenges for statutory service providers working with Roma children, including serious child welfare issues.

The official Government approved poverty measure in Ireland is consistent poverty. People with an income below a certain threshold (less than 60% of median income) and who are deprived of two or more goods or services listed on the 11 indicators of poverty which are considered essential for a basic standard of living, are recognised as living in poverty.<sup>113</sup> While the data in this study is not directly comparable with the national survey on income and living conditions which provides national statistics on the at risk of poverty rate and the consistent poverty rate, approximately 20%

<sup>112</sup> European Roma Rights Centre, Bulgarian Helsinki Committee, Milan Šimečka Foundation and Osservazione, *Life Sentence: Romani Children in Institutional Care* (2011).

<sup>113</sup> Indicators are: two pairs of strong shoes; a warm waterproof overcoat; buy new not second-hand clothes; eat meals with meat, chicken, fish (or vegetarian equivalent) every second day; have a roast joint or its equivalent once a week; had to go without heating during the last year through lack of money; keep the home adequately warm; buy presents for family or friends at least once a year; replace any worn out furniture; have family or friends for a drink or meal once a month; have a morning, afternoon or evening out in the last fortnight, for entertainment. See Department of Social Protection (n 108).



of the respondents in this study are not meeting most of these indicators, leaving those people living below a basic standard of living. This unveils a depth of poverty that can only be described as extreme, and it is placing children's welfare at risk. In this context the United Nations Committee on the Rights of the Child has recommended that the State makes child benefit a universal payment that is not contingent of the fulfilment of habitual residence condition.<sup>114</sup>

One of the key poverty indicators for Europe 2020 is 'severe material deprivation'. This is described as an indicator incorporating housing and economic deprivation, and is measured by identifying people who do not meet 4 out of a set of 9 items.<sup>115</sup> The findings show that up to 20% of Roma respondents are likely to be experiencing severe material deprivation.

Although the data is not directly comparable due to different sampling methods, sizes and questions, it is important to examine similar findings of a study by the European Union Agency for Fundamental Rights (FRA). Measuring severe material deprivation in Romania and the Czech Republic, 90% of Roma households in Romania and 70% of Roma households in the Czech Republic were found to experience severe material deprivation.<sup>116</sup> This can shed light on why some Roma persevere in such poor conditions in Ireland, in the hope of some opportunities ahead.

When the wider group of respondents is examined there are indicators of consistent poverty. Although income was not measured for this study, the high rates of unemployment, inability to always afford heating and prevalence of someone in the household going to bed hungry, indicate a likelihood that over 50% of the respondents are experiencing consistent poverty.

### 5.6 Recommendations

- Enhance existing humanitarian responses for Roma families living in extreme poverty to ensure that adults and children are not living without food and basic accommodation facilities.
- Continue to provide targeted interventions to provide increased family support to address child welfare concerns in a preventative manner.
- Train and resource a network of community workers to work with Roma in Tusla, the Child and Family Agency.

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<sup>114</sup> See United Nations Committee on the Rights of the Child, 'Concluding observations on the combined third and fourth periodic reports of Ireland' (2016) CRC/C/IRL/CO/3-4.

<sup>115</sup> European Union Agency for Fundamental Rights, 'The situation of Roma in 11 EU Member States: Survey results at a glance' (Factsheet) (2012) Items are: to pay rent or utility bills; to keep their home adequately warm; to face unexpected expenses; to eat meat, fish or a protein equivalent every second day; to have a week's holiday away from home; a car; a washing machine; a colour TV; a telephone.

<sup>116</sup> *ibid.*





## TICA

My name is Tica Muntean. I work with Pavee Point as a community worker. I am a Pastor in Emmanuel church and a leader in our community.

I am glad to be involved in the research because I see that there are big issues facing our community. In the future I would like to see more jobs for Roma people.





# CHAPTER

# 6

## LANGUAGE

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|                     |    |
|---------------------|----|
| 6.1 Introduction    | 67 |
| 6.2 Interpreters    | 67 |
| 6.3 Literacy        | 69 |
| 6.4 English Classes | 70 |
| 6.5 Discussion      | 71 |
| 6.6 Recommendations | 72 |



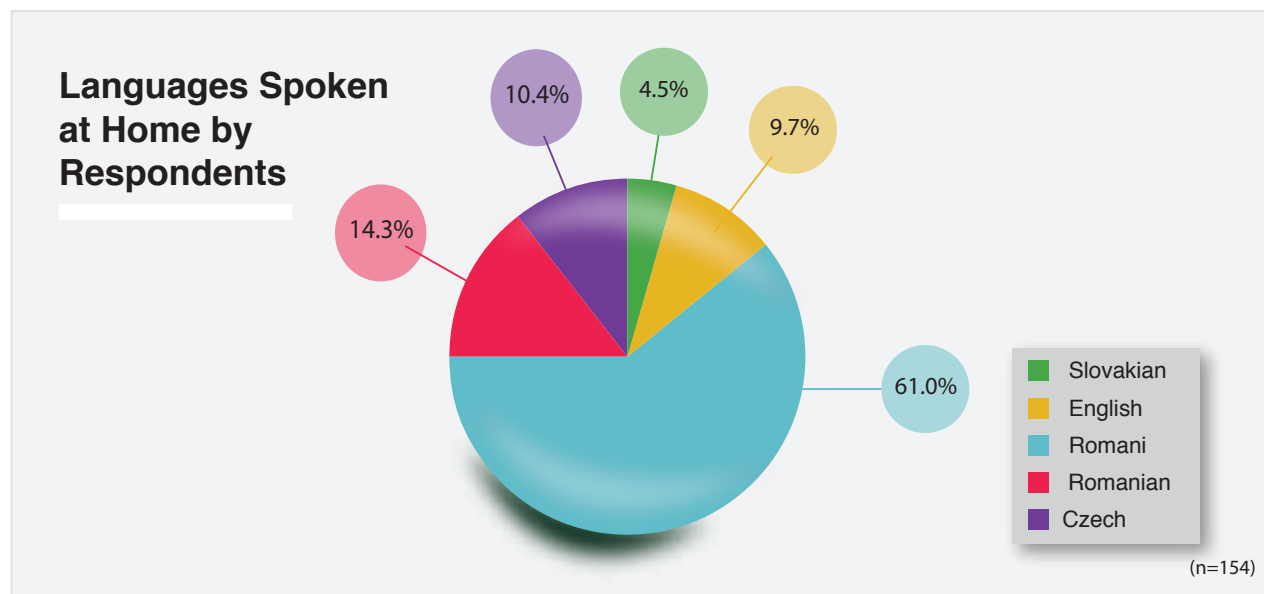
# ROMA IN IRELAND

## A NATIONAL NEEDS ASSESSMENT



### 6.1 Introduction

Across all services communication between Roma and service providers emerged as an issue. The findings show that there is a wide diversity of languages spoken among Roma in Ireland, with the majority of people speaking Romani as their first language.



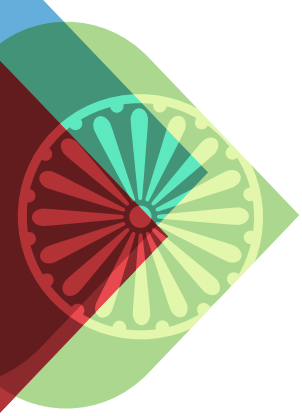
61% of respondents reported usually speaking Romani at home. This was followed by Romanian at 14.3%, Czech at 10.4%, English at 9.7% and Slovakian at 4.5%.<sup>117</sup> This is a feature of many communities; Census 2011 shows that the general figure for non-Irish nationals speaking a language other than English or Irish in the home is 363,929 persons (approx. 67%).<sup>118</sup> The diversity of first languages spoken by respondents demonstrates the importance of understanding that Roma in Ireland speak a variety of languages and their first language may be Romani rather than that of their country of origin.

### 6.2 Interpreters

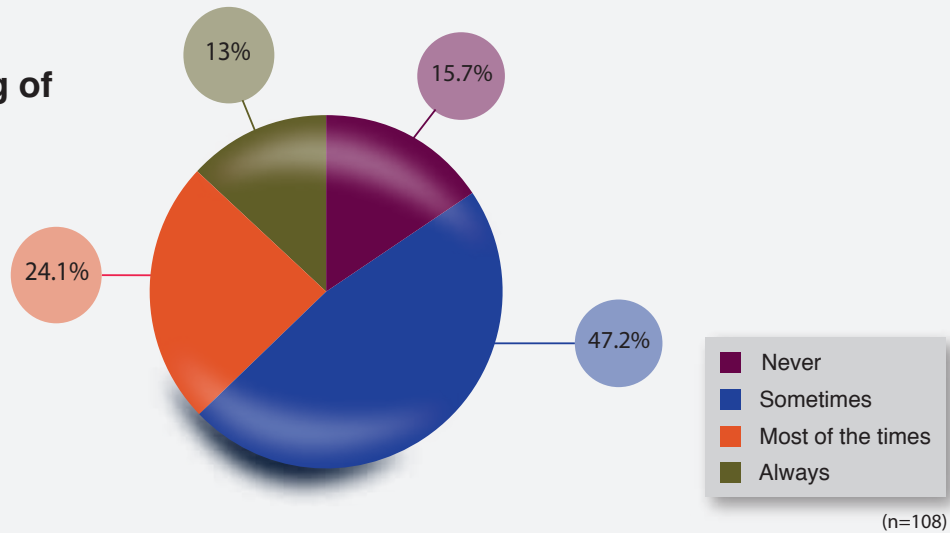
In a self-assessment of how well respondents could understand English, 15.7% reported 'never', 47.2% said 'sometimes', 24.1% said 'most of the time' and 13% said 'always'. There were similar figures for speaking English. The study revealed high interpreter needs for respondents. 55.8% (n=104) of respondents always had assistance in translation when speaking.

<sup>117</sup> Some respondents spoke multiple languages in the home.

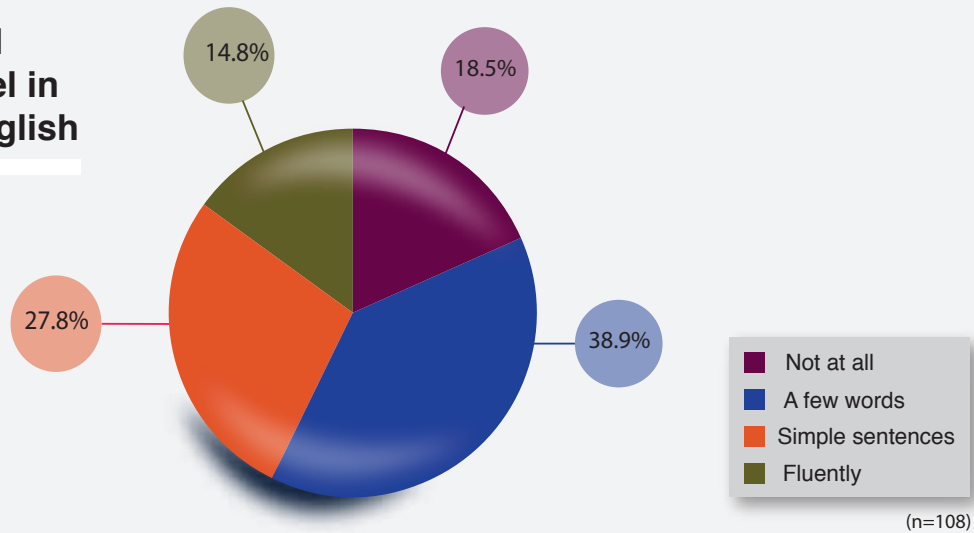
<sup>118</sup> Central Statistics Office, 'Migration and Diversity' (2012) 27.



### Self-reported Understanding of English



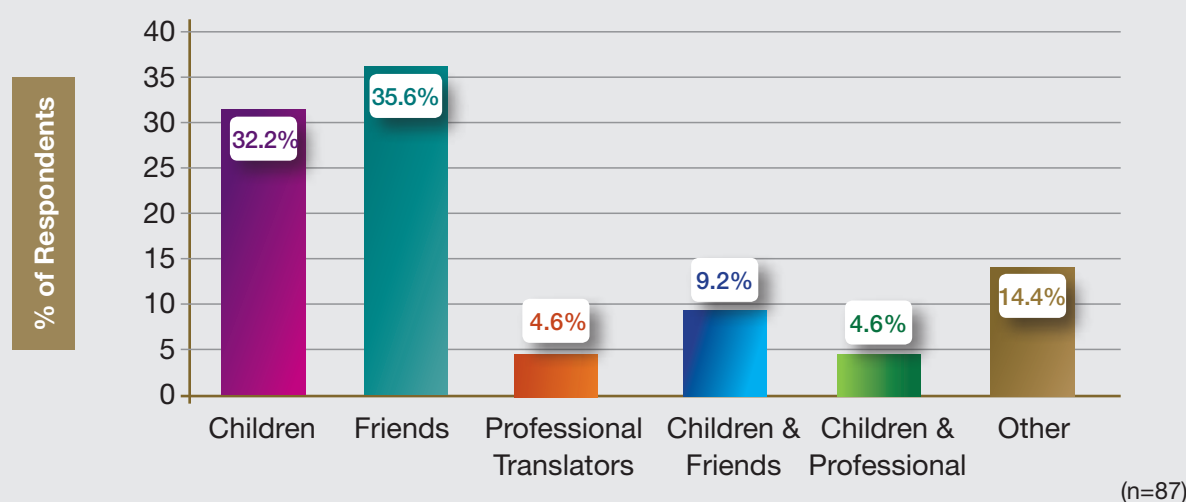
### Self-reported Fluency Level in Speaking English



Respondents also reported multiple people who would translate for them. 32.2% of respondents reported that children interpreted for them; 35.6% of respondents reported that friends interpreted for them and 4.6% respondents mentioned professional interpreters.



### People who Translate for Respondents



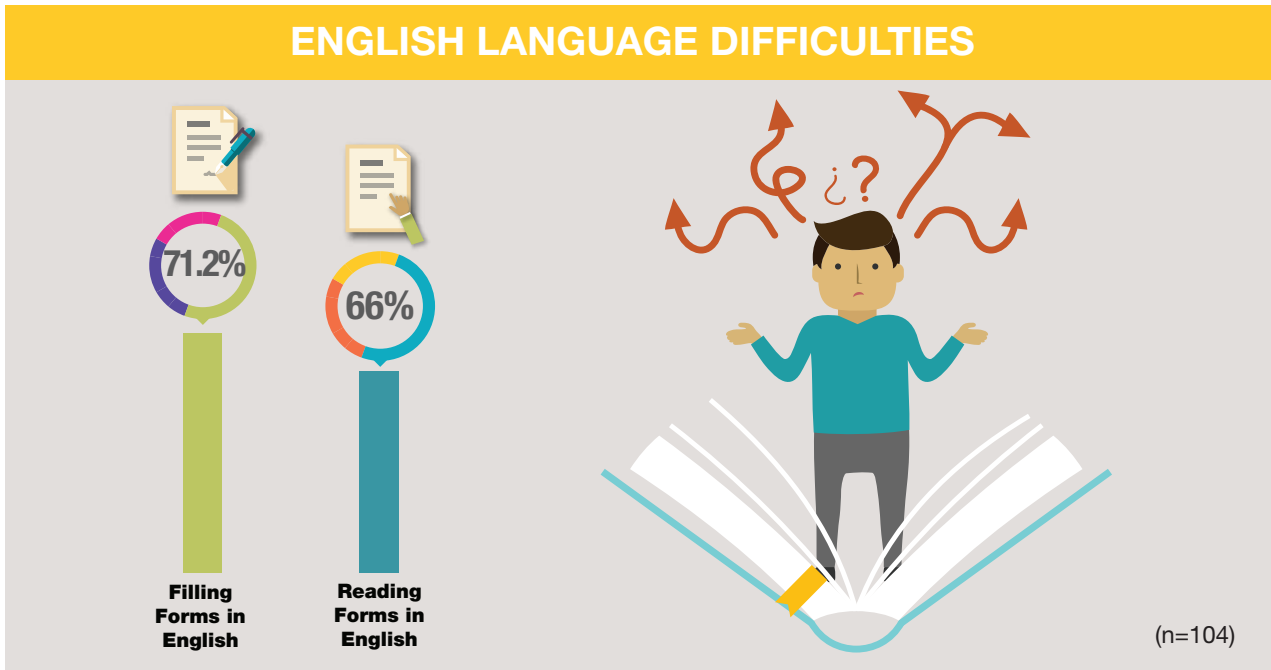
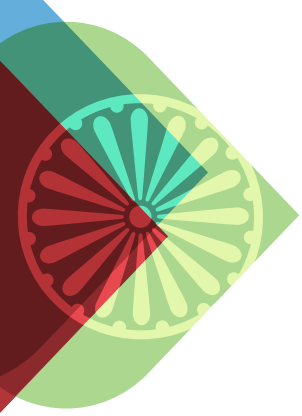
The low numbers reporting professional interpretation and high numbers of children interpreting is concerning. The regularity with which children act as interpreters was emphasised in focus groups and interviews, having complex repercussions for appropriateness, confidentiality and school attendance. This arose across services including the Gardaí <sup>119</sup>, health services and social protection services.<sup>120</sup> In this regard, Department of Employment Affairs and Social Protection (DEASP) staff guidelines expressly forbid the use of minors as interpreters. Roma participants noted how important it is for a service provider to be clear on a person’s first language before providing an interpreter.

### 6.3 Literacy

Given that engagement with many services also requires English literacy, this also arose as a significant issue. 71.2% of respondents reported that they have difficulty reading English forms and 66% said they had difficulty filling in English forms. In 84% of households respondents received help reading and writing in English. Therefore services which require a lot of written material to engage with, need to take this into account.

<sup>119</sup> The Logan report identified gaps in Gardaí interpreter services and outlines that Child A’s parent’s should have been offered an interpreter which could have addressed the communication deficits and states: ‘An Garda Síochána must ensure that its policy on interpretation and language supports, diversity training for staff and community engagement conform to the highest standards.’ See E Logan, *Garda Síochána Act 2005 (Section 42) (Special Inquiries relating to Garda Síochána) Order 2013 – (The Logan Report) (2014)*

<sup>120</sup> The Department of Employment Affairs and Social Protection policy is as follows: The provision of translation and interpretive services where required by customers: a translation service for documents required to process a claim; a language interpretive service provided by 3-way phone conversation; a face to face service, where an accredited language interpreter attends in person, to facilitate customer/staff interaction. See Department of Social Protection *Translation and Interpretive and Sign Language Services*.



The findings show low education levels in households. 37.8% of adults in households had never been to school. This was particularly marked for women with 41.1% of women having never been to school, while 22% of men had never been to school.

Therefore, translating written material to other languages will not reach all Roma. This was raised as an issue in focus groups. This is also a key issue when considering English classes and design of appropriate classes, which must consider literacy as well as language.

#### 6.4 English classes

The importance of speaking English was stressed across interviews and in focus groups. As one service provider noted: 'Without English you are stymied... If you have better English it is much easier. It solves a lot of problems'.







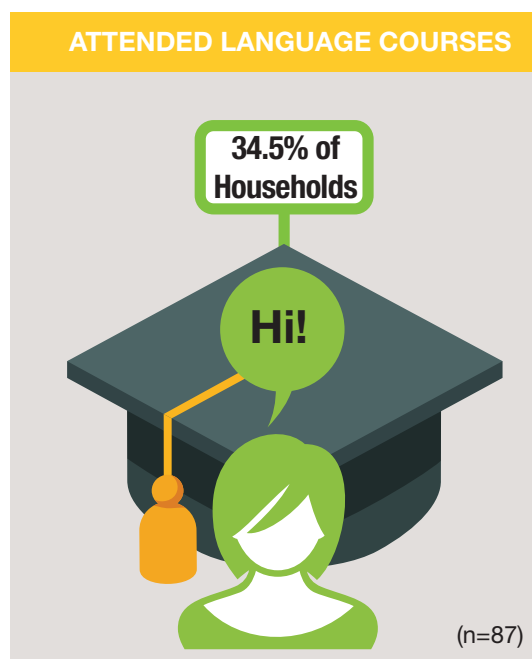
In 34.5% of households someone had attended language courses and in 11.9% of households someone had attended literacy courses (n=87). Some service providers noted the significant challenge for some in trying to learn English and improve literacy at the same time. Focus group participants also identified other barriers in accessing classes including hunger, childcare issues and travel to the venue. In focus groups Roma participants asserted very strongly the importance of Roma participation in the delivery of English classes.

### 6.5 Discussion

There are clear needs for services to take into account the possibility of language barriers when Roma are engaging with services. Where this is absent, the potential for miscommunication combined with a potential fear of authorities, can create a disconnect with the service. The HSE points out the importance of using ‘professional interpreters who are neutral, independent and who accept the responsibility of keeping all information confidential.’<sup>121</sup> The use of friends, family and particularly children in interpreting is not good practice. Therefore, the low number of respondents in this research who are using professional interpreting services is of concern.

Interestingly in focus groups there was more of a focus on Roma learning English than on the provision of interpreter services. While the ability to speak English is of huge benefit in navigating services and participating in wider society, inability to speak English should not be a barrier to accessing services. Existing policy provisions note that the availability of professional interpreters are part of state services’ human rights and duty of care obligations.<sup>122</sup>

The issue of written translation also arose. Taking into account the statistics on school completion among respondents the development of accessible materials for people with low literacy is advisable, such as a focus on the use of images. In some cases, for completing forms and legal



<sup>121</sup> Health Service Executive, *On Speaking Terms: Good Practice Guidelines for HSE Staff in the Provision of Interpreting Services* (2009).

<sup>122</sup> The Health Service Executive (2009) policy document on interpretation and inclusion notes that ‘The legal duty to provide services without discrimination includes the duty to ensure that services accessible to the majority community are also accessible to members of minority ethnic communities. The need to communicate in languages other than English is often implicit rather than explicit. Nevertheless, failing to provide interpreting facilities in relation to service provision, when it is known that there is a language barrier, could be construed as unlawful racial discrimination’. Likewise Tusla, the Child and Family agency, includes professional interpreters as part of its duty of care obligations. See Health Service Executive, *Child Protection and Welfare Practice Handbook* (2011) 91.



documents, this may not be possible. The availability of translations into Romani, Romanian, Czech, Slovakian, Polish and Hungarian would be advisable.

Finally, as identified in previous chapters, there is a correlation between the level of English and perceived discrimination in the areas of social protection and the Gardaí – those with less English are more likely to have felt discriminated against. For this reason, English languages classes and supports are critical for the empowerment and inclusion of Roma in Ireland.

### **6.6 Recommendations**

- Ensure Government agencies develop and implement policy on interpreting and translation supports – as part of this interpreter services should be clearly publicised so that Roma service users can avail of these.
- Support a professional Roma interpreter training programme in order to develop a pool of qualified Romani interpreters.
- Support the development of appropriate and accessible English classes for Roma in relevant geographical areas. Include members of the Roma community in the development and delivery of classes.
- Develop accessible guides to key social protection, housing, education, legal rights, supports and health services for Roma.



## EMILIA

My name is Emilia. I was born in Romania and came here in 1997 for a better future. I am glad to be involved in this research because I am able to help our community by collecting data about us and to point out the needs of our community.

I want Roma in Ireland to be active in decisions affecting our lives. For our future we want to be treated fairly and to be accepted in society.

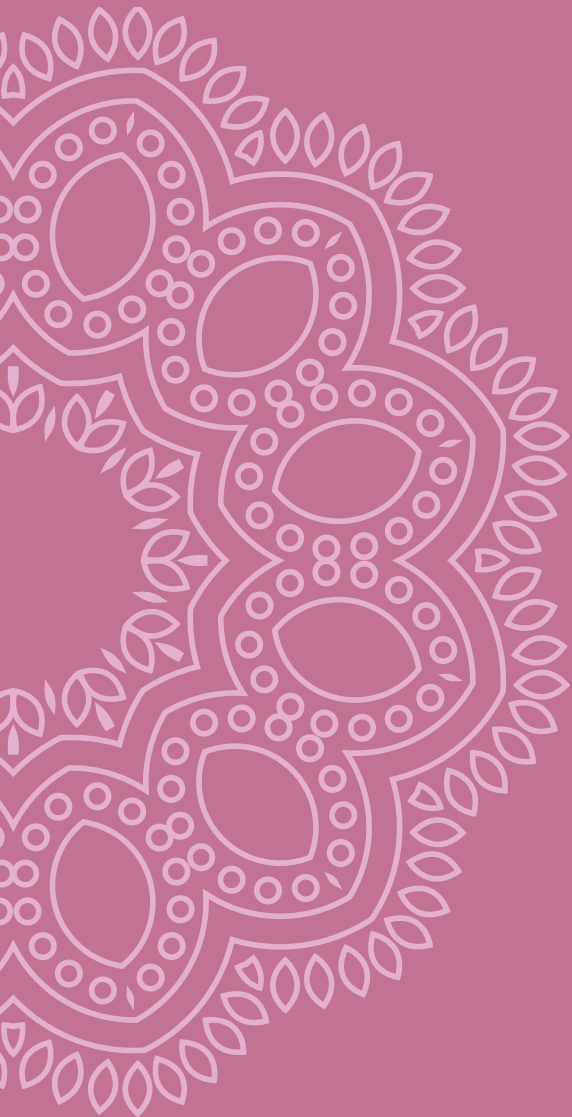


# CHAPTER 7

## EMPLOYMENT AND SOCIAL PROTECTION

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|     |   |    |
|-----|---|----|
| 7.1 | Employment                                  | 75 |
| 7.2 | Right to Reside and Habitual Residence      | 76 |
| 7.3 | Personal Public Service Number (PPS number) | 79 |
| 7.4 | Begging                                     | 81 |
| 7.5 | Discussion                                  | 82 |
| 7.6 | Recommendations                             | 83 |





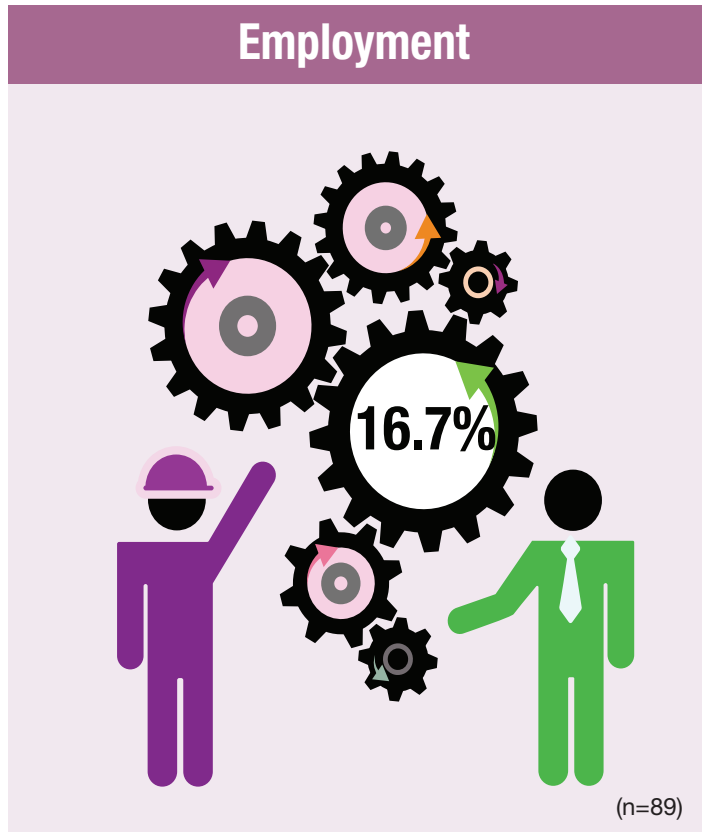


### 7.1 Employment

16.7% of respondents reported that they were in employment. (Likewise 16.2% (n=136) of all household members were reported to be in employment).

Respondents also reported doing informal work and engaging in different ways to earn money, such as selling at markets and fairs. One man stated:

**'I AM LOOKING WHERE I CAN, FOR EXAMPLE, SOME PEOPLE HAVE A CONTAINER OR SKIP AND I ASK IF I CAN LOOK IN THE CONTAINER. SOME SAY YES, SOME SAY NO, AND WHAT I FIND I SELL ALMOST FOR NOTHING AT MARKET, FOR LIVING FOR ME AND MY PREGNANT GIRLFRIEND.'**

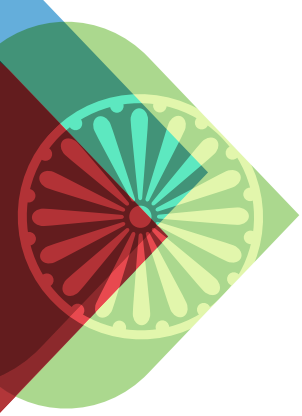


A twenty-eight year old man who has been in Ireland for eight years explained that he was unable to find work and has been refused a medical card and social protection: He stated, 'It is very hard to live in Ireland without any support. It's very hard to find a job especially in [name of place] where there is no jobs, no work.' Respondents expressed a strong desire to find work and talked about the stress of not having work or income. One respondent stated: 'I am worried and helpless. I would like to have somewhere to work and a place with kitchen and bathroom.'

In 9.5% (n=84) of households there was someone attending a training course. The figures for education completed by respondents and adults across households show that almost 40% have never been to school. There are clear adult education needs among Roma in Ireland. There is also an appetite to change this. As one respondent said, 'What I would like to change, lots of adults have no schooling, we need classes for people to learn, write and other skills.'

Respondents identified a desire to access training and education ranging from construction; security; woodwork; social care; computers; driving licence; sports; English; drawing; music; sports and music; human rights and equality; retail training; translation; community work; travel and tourism; hairdressing and cooking. The barriers to attending training and education





included: no help to access courses/not knowing where to go; stress; ill health; lack of childcare; language barriers; lack of qualifications; shortage of finances required; problems with social welfare and homelessness.

### 7.2 Right to Reside and Habitual Residence

All of the respondents interviewed in this study are EU citizens and have the right to live and work in other EU Member States. Under the European Directive 2004/38/EC all EU citizens have a right of residence without restriction for three months.<sup>123</sup>

After this time, the right to reside is based on not being an 'unreasonable burden' on the State; usually through engaging in economic activity or accessing their own resources.<sup>124</sup> Establishing a right to reside is a prerequisite to meeting the habitual residence condition which a person must meet in order to access non-contributory benefits, including child benefit, job seekers allowance and access to some employment and training supports. The habitual residence test is intended to evaluate if a person has a connection with the Irish State.<sup>125</sup>



When respondents were asked about the status of all adults in the household 34.8% were reported as having the right to reside, 25.5% were reported as not having the right to reside

<sup>123</sup> Under the European Directive 2004/38/EC every EU citizen has a right of residence in another member state for up to three months. During this time, they do not have any right to social assistance. They have a right of residence for more than three months if they: are workers or self-employed in the member state; have sufficient resources for themselves and their families so as not to become a 'burden' on the social assistance system of the host state and have comprehensive sickness insurance cover; are enrolled at a private or public establishment for study purposes and have sufficient resources for themselves and their families so they are not a 'burden' on the social assistance system; or are family members accompanying or joining the Union citizen who satisfies the above conditions as appropriate. See Article 7 of Directive 2004/38/EC of the European Parliament and of the Council of 29 April 2004 on the right of citizens of the Union and their family members to move and reside freely within the territory of the Member States (2004) OJ L158.

<sup>124</sup> *ibid.*

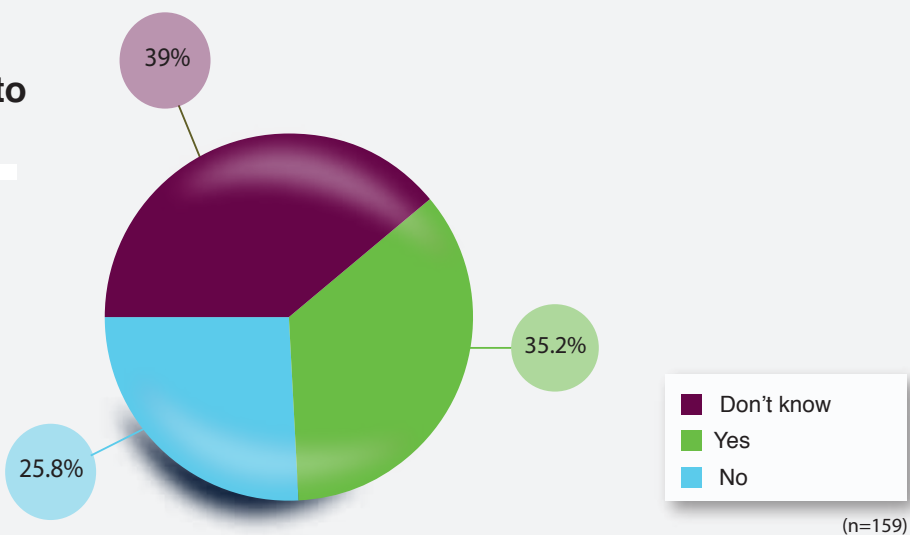
<sup>125</sup> Five factors are considered to determine habitual residence:

1. the length and continuity of residence in the state or in any other particular country;
2. the length and purpose of any absence from the state;
3. the nature and pattern of the person's employment;
4. the person's main centre of interest;
5. the future intentions of the person concerned as they appear from all the circumstances.

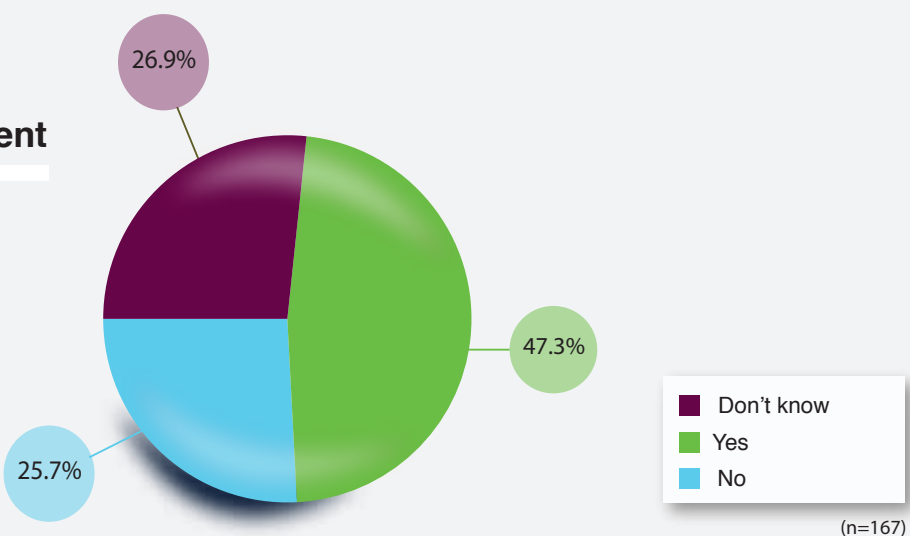
Social Welfare Consolidation Act 2005, s. 246(4), as inserted by the Social Welfare & Pensions Act 2007, s.30.



### Household Members' Right to Reside Status



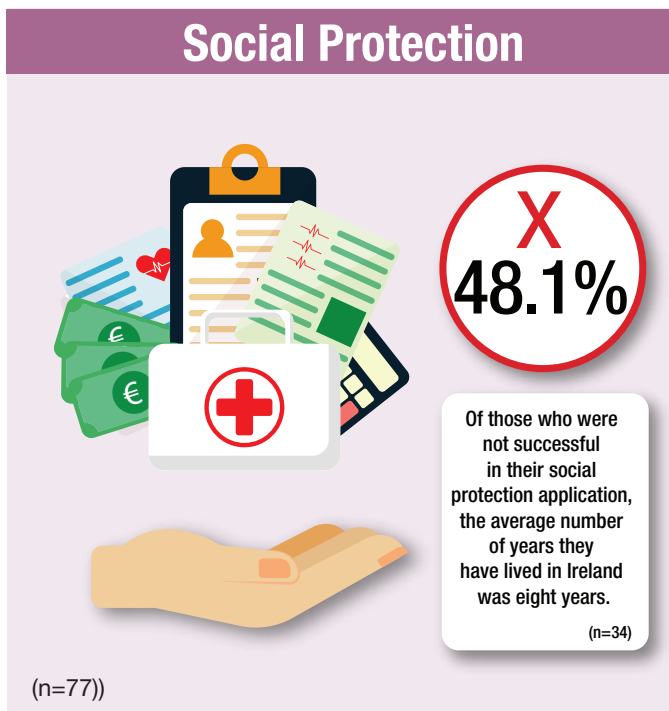
### Household Members are Habitually Resident



and the highest proportion of answers was don't know of 38.5%. 47.3% were reported as being habitually resident, 25.7% were reported as not being habitually resident and a significant proportion of answers were don't know at 26.9%.

These findings indicate a number of issues. Firstly, there is a lack of clarity among respondents in relation to household members' status which may indicate confusion and distance from the legal and policy framework. Secondly, at least a quarter of household members are reported to not have the right to reside or to be habitually resident. This may be an underestimation of the actual

figure, taking into account that there are such a large number of 'don't knows'. In any case this demonstrates that a significant proportion of household members are in vulnerable positions.



Of respondents who applied for social protection, 48.1% were not successful. When asked about lack of success in accessing payments, 16.7% of respondents did not know why and 66.7% mentioned the habitual residence condition and/or right to reside. Although the Department of Employment Affairs and Social Protection (DEASP) issues written decisions on all applications, as noted in the previous chapter 71.2% of respondents had difficulty reading forms and this may contribute to a lack of clarity on behalf of some respondents as to why they were refused. Of those who were not successful in their social protection application, the average number of years they have lived in Ireland was eight years.<sup>126</sup> These issues were discussed further in interviews and focus groups.

It was noted that some people simply do not meet the habitual residence requirements. A service provider in a focus group stated:

The problem is the HRC conditions; do you know what I mean? They don't be devoid of giving us the information that they have been staying with friends or that they don't have the rights to their tenancy... we do have a lot of information and applications are very good, it's just the conditions of the HRC and the right to reside make it very difficult.<sup>127</sup>

However, in interviews and in focus groups it was repeatedly stated that the lack of documentation was problematic, and is a barrier to meeting the habitual residence condition as some Roma cannot prove the length of time they have lived in Ireland or their connection with the State. If a person is unemployed or has worked informally, is living in accommodation without a tenancy agreement or utility bills and has not been keeping documentation to prove residency in the State,

<sup>126</sup> EEA/EU nationals and family members of EEA/EU nationals, who have resided legally in Ireland for 5 years or more, have a right of permanent residence here, regardless of whether they continue to be self-supporting or have become dependent on social welfare support. This right however ceases to exist if they are absent from the State for more than 2 years.

<sup>127</sup> HRC refers to the Habitual Residence Condition



difficulties can arise. This is compounded by language and literacy issues which are discussed in Chapter 6. One service provider noted:

There is a gap, they've obviously been in the country for two or three years, but no evidence of that residency... there has to be a kind of a trail to show that they've come in and that they've stayed and applied for social welfare in this State, if there's a total gap there and nobody knows where they've been to it does create uncertainty in terms of the following application.

Some service providers have noted spending significant amounts of time trying to navigate the system with Roma that they are working with. However, this is an ad hoc approach that depends on the individual service provider and the time they are able to commit to this work. Others noted that regardless of the issues, the human impact of this was unacceptable and while people are waiting on the decisions; or if they are refused that they still have no income and are living in very drastic conditions:

**YOU HAVE PEOPLE OUT THERE THAT HAVE ABSOLUTELY NOTHING; THEY NEED TO PUT SOMETHING IN PLACE TO TAKE CARE OF THOSE PEOPLE. THEY CAN'T JUST DEPEND ON AGENCIES TAKING THEM IN FOR A DAY OR DOING SOMETHING, OR FEEDING THEM FOR A DAY OR WHATEVER. THEY NEED TO PUT SOMETHING IN PLACE JUST FOR THOSE PEOPLE THAT DO FALL BETWEEN THE CRACKS...I DON'T KNOW WHAT, BUT WE SHOULD BE CONSIDERATE.**

The Supplementary Welfare Allowance (SWA) scheme is considered the 'safety net' within the overall social welfare system. However, apart from the Exceptional Needs Payments and Urgent Needs Payments, SWA schemes are also subject to the habitual residence condition.<sup>128</sup> Participants in focus groups did note that discretionary payments were not always available and people were relying on food banks services instead. One participant stated:

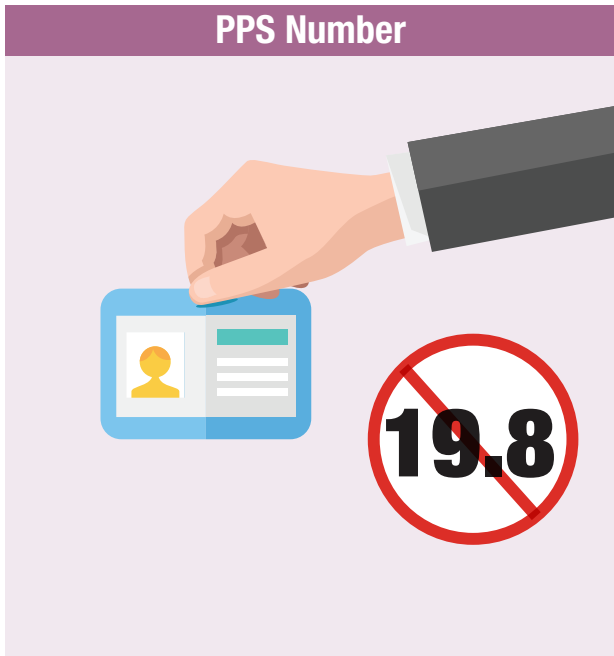
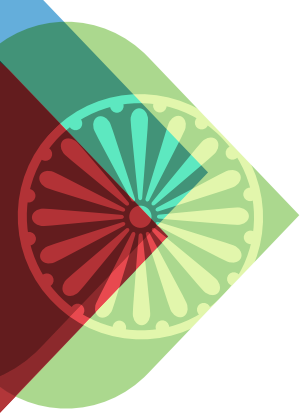
The difficulty is the lack of discretionary payments that exist and the lack of money to give, so I would know that the services on the ground would have to be doing food banks, meeting families on Fridays to put meat into a bag to give them, particular families who have limited access to money, other than perhaps some begging.

### 7.3 Personal Public Service Number (PPS number)

19.8% of respondents reported that they did not have a PPS number. A PPS number is a unique reference number used to access public services. State agencies that use PPS numbers to identify

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<sup>128</sup> Under the supplementary welfare allowance (SWA) scheme, DEASP can make a single exceptional needs payment (ENP) to help meet essential, once-off expenditure, which a person could not reasonably be expected to meet out of their weekly income. ENPs are payable at the discretion of the officers administering the scheme and are not subject to the habitual residence condition.



individuals include DEASP, the Revenue Commissioners and the HSE. Having a PPS number is vital to apply for a range of supports include child benefit and medical cards. A PPS number is also needed to register the birth of a child and will mean that the child will then receive a PPS number. The problems associated with not having a PPS number were a recurrent theme in this study. It was an area of particular concern raised by service providers in relation to those trying to access GP services and obtain a medical card.

Reasons for not having a PPS were explained either by refusal to issue one or non-application for one. Before a person can be allocated a PPS number they must show that it is needed for a transaction with a specified body. The requirements for accessing a PPS number are

evidence of identity (current valid passport or national ID card) and evidence as to why a PPS Number is required. DEASP note that while evidence of address is also sought this is to try to ensure that the notification of the PPS number is safely received and if a person has no address (e.g. homeless people) special arrangements can be made.

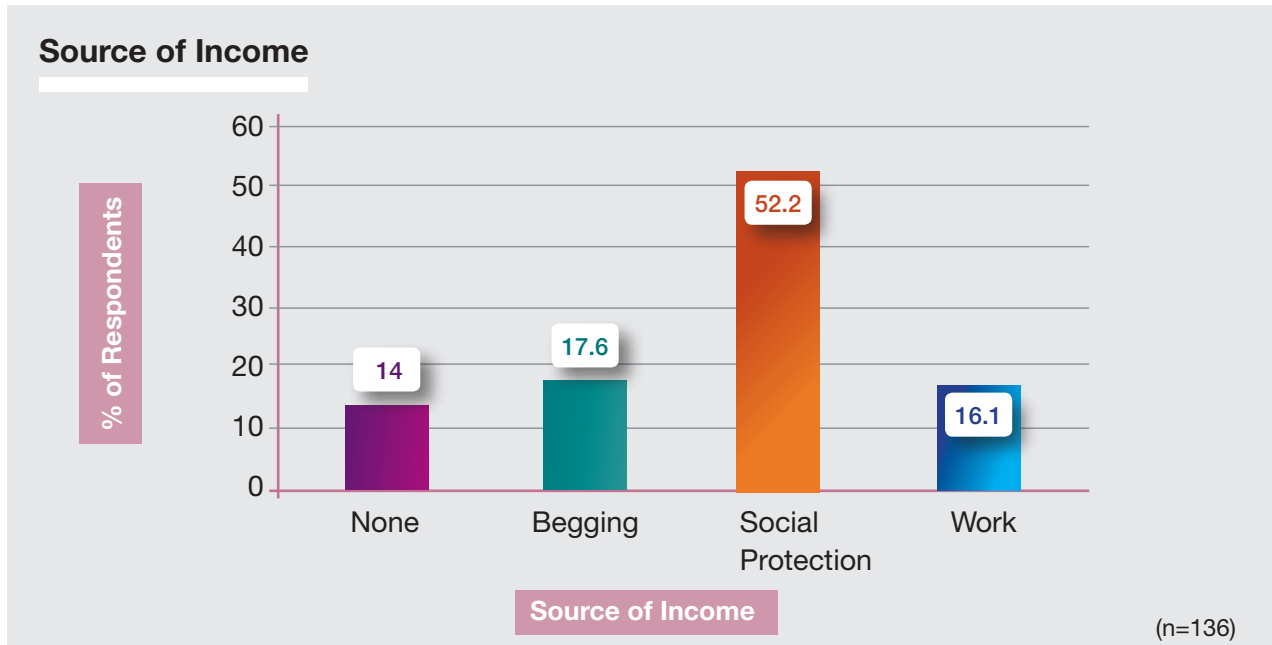
Notwithstanding official policy, the reasons given in focus groups for not having a PPS number included not having an address or work. A twenty-five year old man explained that when he went to ask for a PPS number he was told he could not have one unless he was working. Not having a PPS number was also connected with not having an address. A twenty-nine year old who lived in an abandoned house, wouldn't say where, as he was afraid of the Gardaí, explained: 'I don't have PPS because I don't have a house.'

Some people, with a fear of officialdom, may not try to get a PPS number. Some respondents had simply not engaged with statutory agencies, which is linked to experiences of discrimination, lack of trust in the State and fear of the State. Those without a PPS number were more likely to report that they often experienced discrimination in Ireland due to being Roma and are more likely to have no English. While this reflects perceptions of discrimination rather than reported incidents of discrimination, it is important to note that this impacts trust and engagement with service providers.





### 7.4 Begging

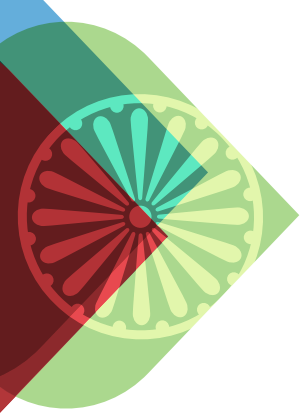


Given the poverty and difficulties in accessing employment and supports outlined above, some Roma beg to survive. 17.6% of adults across households reported begging as their source of income and 14% reported having no income. All of those that were begging were identified as having none or poor English and having had no education or primary education only. Begging often results in arrests, unpaid fines and prison sentences and stigmatisation of all Roma in Ireland. There were reports of young mothers receiving prison sentences following non-payment of fines after being arrested for begging. The frustration felt by a fifty-seven year old man was palpable:

**'I LIVE FROM BEGGING. I WANT TO WORK IF SOMEONE GIVES ME IT. I AM TIRED OF BEGGING FOR MANY TIMES. I AM ASHAMED. BUT MY SITUATION LEADS ME TO BEGGING, BECAUSE I HAVE NO WORK OR HELP FROM ANYONE.'**

A forty-two year old man who is one of eight in a household explained how even though he has been in Ireland nine years:

I have supported me and my family selling Big Issue, begging and rubbish...Now I am living with my family with my sister in law who is a widow and does not know until she can help me. I am hopeless and very sick. I suffer from chronic hepatitis, diabetes, blood pressure and others.



One respondent described life in Ireland as ‘the most horrific experience he ever had’. The lack of access to employment and social supports was often viewed as leaving people in a situation where they had very little options. A focus group participant stated: ‘I suppose it leads on to what activities are these people being forced into to try and put a roof over their head and to put food on the table and feed their children... It’s a very dark subject to look at but it needs to be said too.’

### 7.5 Discussion

The impact of a lack of employment, not having the right to reside and not being habitually resident was highlighted throughout the research. This acts as a block to any ongoing financial support, housing and many employment training supports, creating a vicious cycle where those in most need of employment supports cannot access them.<sup>129</sup> It can also impact access to medical cards whereby people cannot prove their means. It impacts on access to education where families struggle with the finances needed to support children in school. It also creates a situation where people are begging to survive and then facing fines or prison. It has also been highlighted by a range of UN and other experts as a potential concern and has been consistently highlighted by Irish NGOs as an issue negatively affecting Roma in Ireland.<sup>130</sup>

The right to reside and habitual residence test are applied equally to all citizens. As DEASP state, the habitual residence condition ‘is provided for in Irish social welfare legislation and is in accordance with EU legislation and with European Court of Justice jurisprudence. Being habitually resident in the State is a requirement, amongst others, for receipt of certain social protection payments and applies equally to all applicants and beneficiaries, regardless of nationality or ethnic background.’<sup>131</sup> However it is widely recognised that policies that may appear neutral can have a disproportionate and discriminatory impact on particular groups.<sup>132</sup> In practice the lack of access to employment for Roma, combined with issues in having appropriate documentation make it very

<sup>129</sup> People who are not on the Live Register can get information, advice and job search assistance from some Intreo offices, but would not qualify for certain employment schemes such as Community Employment.

<sup>130</sup> See United Nations Committee on the Rights of the Child, ‘Concluding observations on the combined third and fourth periodic reports of Ireland’ (2016) CRC/C/IRL/CO/3-4; United Nations Committee on Economic, Social and Cultural Rights, ‘Concluding observations on the third periodic report of Ireland’ (2015) E/C.12/IRL/CO/3; Irish Human Rights and Equality Commission, *Ireland and the United Nations Convention on the Rights of the Child - Report by the Irish Human Rights and Equality Commission to the UN Committee on the Rights of the Child on Ireland’s combined third and fourth periodic reports* (2015); Irish Human Rights and Equality Commission, *Ireland and the International Covenant on Economic, Social and Cultural Rights* (2015) 65.; Pavee Point Traveller and Roma Centre, *Irish Traveller and Roma Children, shadow report: A response to Ireland’s consolidated third and fourth report to the UN committee on the rights of the child* (2015); European Commission against Racism and Intolerance, *ECRI Report on Ireland (fourth monitoring cycle)* (2013); United Nations General Assembly, ‘Report of the independent expert on the question of human rights and extreme poverty, Magdalena Sepúlveda Carmona’ (2011) A/HRC/17/34/Add.2, para. 102.

<sup>131</sup> Department of Social Protection, ‘Habitual Residence Condition’ (Information Leaflet) (2016) Available at: <http://www.welfare.ie/en/downloads/sw108.pdf>

<sup>132</sup> United Nations Committee on Economic Social and Cultural Rights, ‘General comment No. 20: Non-discrimination in economic, social and cultural rights’ (art. 2, para. 2, of the International Covenant on Economic, Social and Cultural Rights) (2009) E/C.12/GC/20, para 10(b).



hard for many Roma to fulfil the requirements of the right to reside and habitual residence. This does not affect all Roma, as the findings in this study show, some Roma have found employment and nearly half of household members were reported as being habitually resident in Ireland. However it does affect a significant proportion of Roma respondents in this study.

### 7.6 Recommendations

- Develop national Roma training and employment actions including positive action in the following areas:
  - A. Undertake targeted training to support labour market activation of Roma in key areas, for example, Roma community workers and professional Roma translators.
  - B. Support training programmes for Roma who are not habitually resident to provide opportunities for employment and self-employment or community based co-operative enterprises.<sup>133</sup>
- Provide support to Roma in ensuring documentation for social protection applications and investigate alternative/complementary models of evidencing eligibility, rights and entitlements.
- Consult with Roma civil society representatives regarding the improvement of information and support mechanisms for Roma to access PPS numbers.

<sup>133</sup> An example of an existing programme that could be replicated is the Roma Men's Training, Diversion and Health Literacy Programme 'Atelier', which is delivered by U-casadh, a social inclusion project on the border of Kilkenny and Waterford. This has been developed by HSE Social Inclusion CHO 5; the Integration and Support Unit, Waterford; the Ferns Diocesan Youth Service, Wexford; and U-casadh in collaboration with An Garda Síochána, Waterford. This programme is being primarily funded by HSE Social Inclusion CHO 5 and the Department of Justice and Equality with support from the Department of Employment Affairs and Social Protection.



## ALEX

My name is Alex. I work in Enniscorthy as a health advocate and I set up and coordinate the Roma Community Project in Enniscorthy. I believe that the most important thing in all our lives is to not let a day pass without a smile. I believe a smile can change lives.

I am glad to be involved in this research because I have the opportunity to fight for something that I believe in – human rights.



## ACCOMMODATION

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|     |                          |    |
|-----|--------------------------|----|
| 8.1 | Overcrowding             | 87 |
| 8.2 | Availability of Services | 88 |
| 8.3 | Habitable Accommodation  | 89 |
| 8.4 | Security of Tenure       | 89 |
| 8.5 | Homelessness             | 90 |
| 8.6 | Access and Affordability | 91 |
| 8.7 | Discussion               | 91 |
| 8.8 | Recommendations          | 92 |

# 8

## CHAPTER



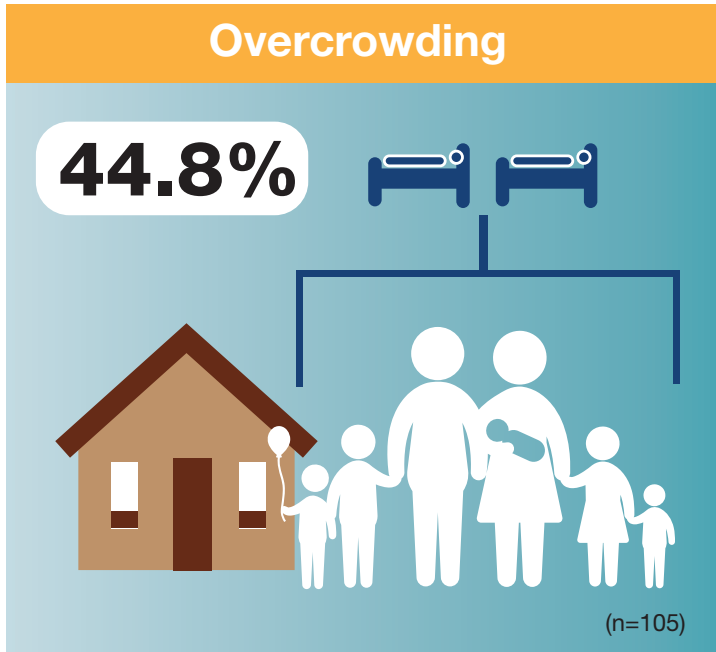
Housing is a basic human and social requirement. Good housing anchors strong communities, a performing economy and an environment of quality...We are on a mission to ensure that everyone can access a home, either with support from the State or from their own resources.

**Simon Coveney TD. Former Minister for Housing, Planning, Community and Local Government.** <sup>134</sup>

The majority of respondents reported living in private rented accommodation (76.9%); of these 77.1% were renting from a private landlord and 13.3% were renting from a local authority. 6.6% of respondents reported that they are homeless.

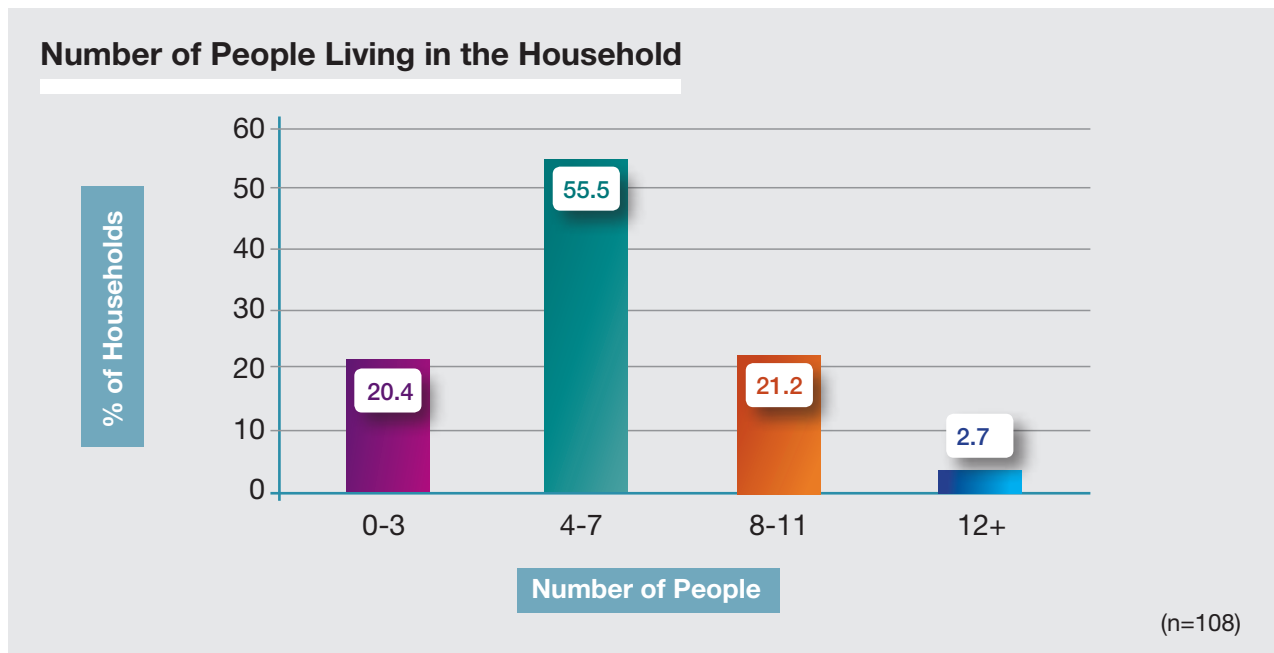


<sup>134</sup> Department of Housing, Planning, Community and Local Government, *Rebuilding Ireland – Action Plan for Housing and Homelessness* (2016).

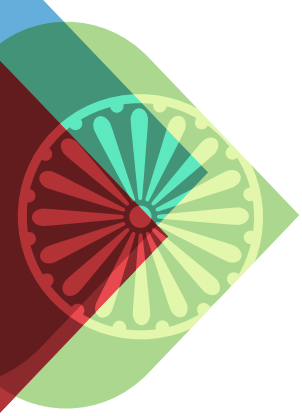


#### 8.1 Overcrowding

Overcrowding was identified as a major concern by service providers, which is often accompanied by poor quality accommodation with a lack of facilities. Even though the demographic data showed a diversity in household size with the majority of households comprising five people or less, nonetheless 24% of Roma respondents lived in households of 8 or more people. 44.8% of respondents said they did not have enough beds in their accommodation.



One family support worker reported having to step over six men sleeping on mattresses on the floor, to access a young mother and baby. Similar situations were reported by social workers and public health nurses. There were several examples cited of up to six people living in one room.



A 42 year old woman who has lived in Ireland for nineteen years described her situation in a household of ten people:

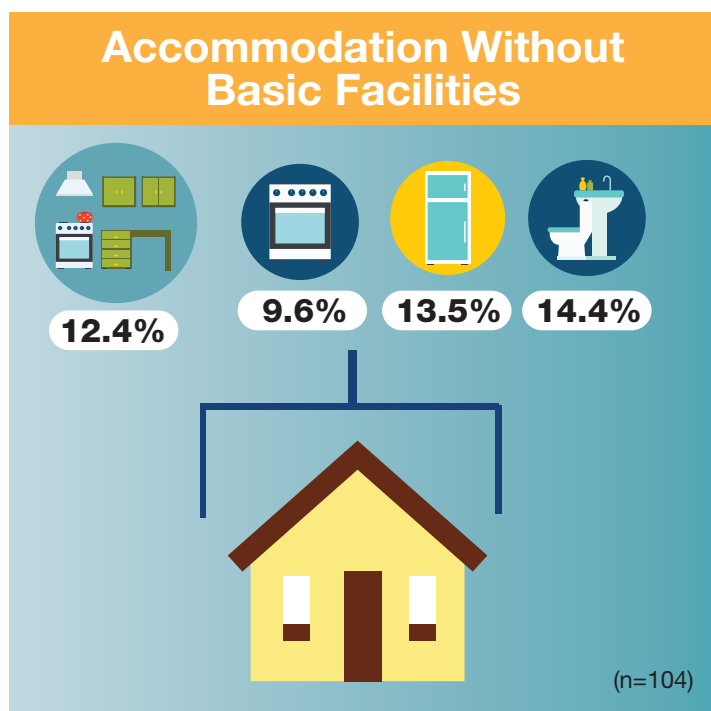
My husband and I live with my son, his wife and five kids and my youngest child in a two bed apartment. We have been living here for six years I sleep in the living room on the floor, in the same room is the kitchen, the dining room, sitting room and bedroom. It is very hard for me to get rent for myself.

A 20 year old man who has been in Ireland for six years, one of 14 in a four bedroom house with seven children aged under eight years explained: 'I am hopeless, homeless, and workless, I have no support.'

### 8.2 Availability of Services

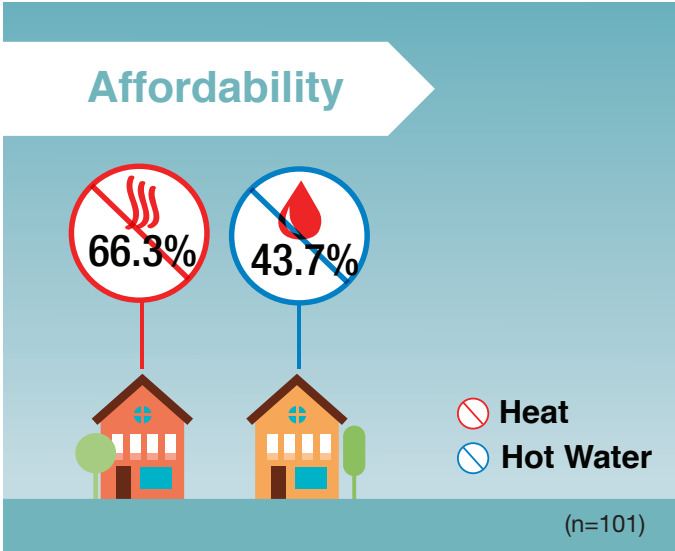
There was a cohort of respondents living in accommodation without basic facilities. 12.4% of respondents did not have a kitchen. 9.6% did not have a cooker and 13.5% did not have a fridge. 14.4% did not have a bathroom in the house or flat. A twenty-nine year old man described how he was lacking the basic essentials:

**'THERE IS NO ELECTRICITY AND NO GAS IN THE HOUSE. THERE IS NO TABLE OR CHAIRS. IT IS AN EMPTY HOUSE. I DON'T HAVE A PPS NUMBER.'**



There were several accounts of homes with no heating and no water or sanitation. Service providers described utilities being cut off due to non-payment of bills as regular occurrences. They also reported water being cut off and fuses being removed by landlords when rent is overdue. There were reports of landlords engaging in exploitative behaviour, but although less frequently, there were also reports of landlords acting to support Roma families and in one case letting a family live rent free for a period of time.

On several occasions in interviews and focus groups, participants described families living in rooms with young children where open electric plates were placed on the floor and used for both cooking and heating. While the issues above emerged in relation to more vulnerable families, fuel poverty emerged as a wider concern affecting a larger proportion of respondents. 66.3% of



respondents said they cannot afford to keep the house warm all the time.<sup>135</sup> 43.7% of respondents said they cannot afford hot water when needed.

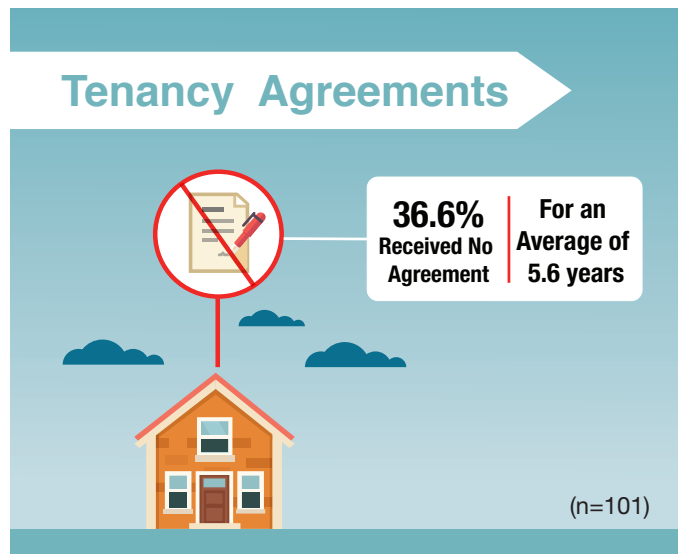
**8.3 Habitable Accommodation**

Rat infestation emerged as a regular theme in this research. In the Midlands a family support worker described how when she was showing a child how to do exercises prescribed by a physiotherapist, a rat ran across the floor. In the South East, where many Roma have lived for over a decade and are well established in the community, inadequate housing remains a serious issue. Service providers reported seeing rats

tunnelling through properties and explained that the rent-paying tenants did not complain for fear of becoming homeless. In Dublin’s Inner City, reports of rat infested basements were a common feature. Public health nurses and family support workers as well as workers from homeless organisations had witnessed rat infestation and expressed concerns about food safety and general health and well-being of adults and children. Service providers noted a fear of contacting the services responsible for environmental health as there was fear that the family would then be evicted with no alternative accommodation provided. The issues highlighted in relation to accommodation which are detrimental to health were damp, rats, broken windows, leaking toilets, sewerage, mould, mildew, and for many children, no light to do homework.

**8.4 Security of Tenure**

36.6% of respondents reported that they did not have a tenancy agreement. The average length of time in Ireland for those without tenancy agreements was 5.6 years. Therefore, people have been living here a significant amount of time but still do not have security of tenure or basic documents to prove their length of time living in Ireland. Those with tenancy agreements lived in smaller households (average 4 people) than



<sup>135</sup> The Department of Employment and Social Protection does provide a fuel allowance but this is subject to some of the same requirements as other forms of social protection and so Roma do not always meet the eligibility criteria. See [http://www.citizensinformation.ie/en/social\\_welfare/social\\_welfare\\_payments/extra\\_social\\_welfare\\_benefits/fuel\\_allowance.html](http://www.citizensinformation.ie/en/social_welfare/social_welfare_payments/extra_social_welfare_benefits/fuel_allowance.html)

those without (average 5-6 people). This leaves people in a very insecure position and vulnerable to eviction without notice.

### 8.5 Homelessness

In this study 6.6% of respondents reported that they are homeless. It was acknowledged that the experiences of Roma are taking place in the context of a wider housing crisis. For example, cases were reported where homelessness occurred as a result of private landlords having their houses repossessed and in the context of a lack of availability of private rented accommodation. To access homeless services a household must present to the relevant Housing Authority within whose functional area they reside. A consistent issue as reported in interviews and focus groups is the inability of Roma to prove their residency in an area and upon becoming homeless, having no access to homeless services.<sup>136</sup> Another challenge to accessing homeless services is meeting the criteria outlined by a Department Circular that was issued in 2012. This Circular outlines access to social housing supports for non-Irish nationals and states that as an EU citizen living in Ireland, an individual must be in employment in order to be assessed for social housing support. If not, they must be unemployed due to illness, accident or involuntarily unemployed after being in employment for over a year and registered as a jobseeker with the Department of Social Protection. This is preventing Roma who do not meet this criteria from accessing homeless supports, despite that fact that Housing Authorities' ability to provide homeless services and supports are specified in primary legislation without any such qualification.<sup>137</sup> Participants noted that sometimes the only option of support is to give homeless people the freephone emergency number to get a hostel for the night. For people with very little English and in need of a range of supports, this is inadequate.

As household data shows, there is a willingness to support extended family members and friends within Roma communities. This is likely to mean that homelessness is under-reported as people are living with family and friends in overcrowded conditions but may not identify as homeless. If relationships break down and people have to move out, there are major gaps in statutory provision of services. 45.7% of respondents reported having been homeless at some stage of their lives. This is extremely high and provides a stark indicator of the systematic nature of oppression and human rights issues faced by



<sup>136</sup> See the report by Focus Ireland and Immigrant Council of Ireland, 'Homeless in my new home - Migrants' experiences of homelessness in Dublin' (2011) 3.

<sup>137</sup> Department of Environment, Community and Local Government, 'Access to social housing supports for non-Irish nationals – including clarification re Stamp 4 holders' (2012) Housing Circular 41/2012.





the Roma community across Europe. In the absence of accessing homeless services people are staying in abandoned buildings. One respondent reported that his home is a 'house that nobody lives in - an abandoned house.' One support agency reported several incidents where families are living in and paying rent for accommodation in unsafe and unhygienic warehouses.

### 8.6 Access and affordability

The low number of respondents in local authority accommodation is notable. The Departmental Circular referred to above precludes Roma who do not meet the criteria from completing a needs assessment for a range of social housing supports.<sup>138</sup> The Housing Assistance Payment cannot be accessed unless a housing needs assessment has been completed by the relevant Housing Authority. These criteria were identified as barriers for Roma respondents in accessing housing supports, and some respondents identified their housing situation as linked to difficulties accessing social protection payments.

### 8.7 Discussion

Accommodation emerged as one of the most critical areas of concern for respondents with many living in uninhabitable conditions. Families with children are living in quite shocking, overcrowded and unsafe conditions. This needs to be viewed as a crisis issue facing the Roma community

The application of Housing Circular 41/2012 is precluding many Roma from accessing a range of housing supports, including homeless supports. Secure shelter is a basic need and this security can create the conditions where a person can gain employment. Instead, Roma who are not in employment are not eligible for housing supports.

Roma are living in poor accommodation without security of tenure and are vulnerable to eviction without notice. The findings reveal that on average, Roma living in Ireland with no tenancy agreement have been here for six years.

Addressing housing will have positive impacts on other areas of rights, for example health and access to education. Poor housing has been identified as the environmental factor most frequently associated with conditions for disease and high mortality and morbidity rates.<sup>139</sup>

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<sup>138</sup> *ibid.*

<sup>139</sup> The Health Principles of Housing prepared by the World Health Organization which view housing as the environmental factor most frequently associated with conditions for disease in epidemiological analyses; i.e. inadequate and deficient housing and living conditions are invariably associated with higher mortality and morbidity rates. See World Health Organization, *Health Principles of Housing* (2011).

Also, secure housing has a major impact in relation to access to services in situations where service providers have developed relationships with families, as these would not be disrupted by evictions and families moving on to other locations. This is also crucial for children to have uninterrupted attendance in school.

Finally, it is notable throughout this study that family and friends, often with very little resources, support each other. While this can have positive aspects the inability for people to gain housing independently reduces options for people who may be living in situations of domestic abuse or other exploitation. The lack of options and support leaves people more vulnerable to abuse and exploitation. It is also important that in the context of a wider housing crisis that Roma are not overlooked.

### **8.9 Recommendations**

- Provide support to Roma in ensuring documentation for homelessness and housing support and investigate alternative/complimentary models of evidencing eligibility, rights and entitlements.
- Further research to be carried out to ascertain the housing situation of Roma.



## ISAAC

My name is Isaac. I was born in Romania. I have lived in Ireland for 16 years. I came to Ireland for a better life. I like to play music. I would like to be a chef in the future.

I am glad to be involved in this research because I would like to see a better future for Roma people. This research is important because it shows what the Roma community are facing and how we are living.



# CHAPTER 9

## HEALTH

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|     |                                  |     |
|-----|----------------------------------|-----|
| 9.1 | Health Status                    | 95  |
| 9.2 | Accessing Primary Care           | 97  |
| 9.3 | Maternal and Child Health        | 99  |
| 9.5 | Health Information and Knowledge | 102 |
| 9.5 | Violence Against Women           | 104 |
| 9.6 | Discussion                       | 104 |
| 9.7 | Recommendations                  | 106 |

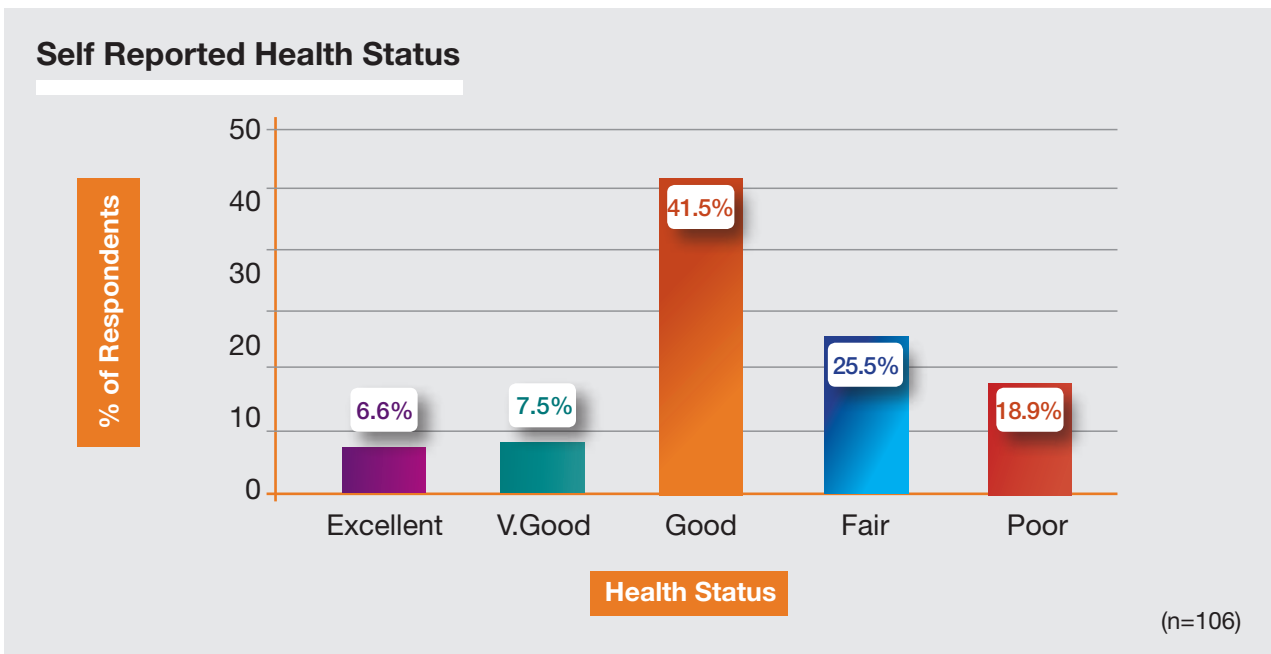




The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

**World Health Organization.<sup>140</sup>**

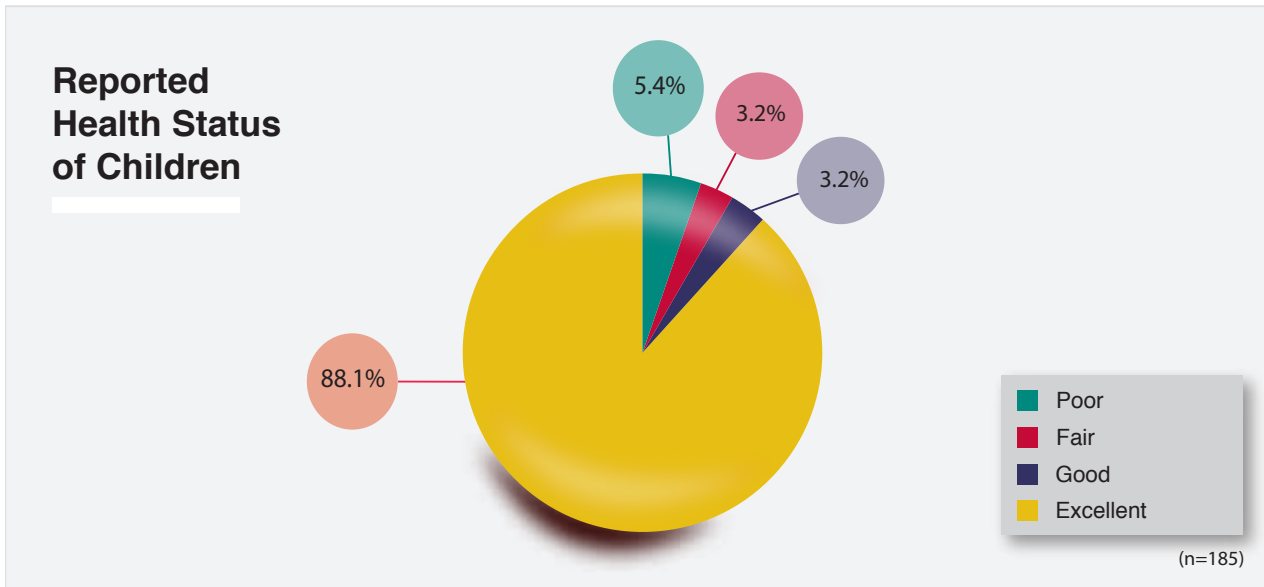
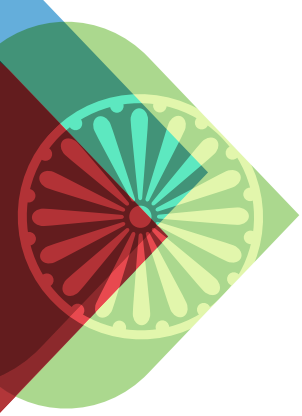
### 9.1 Health Status



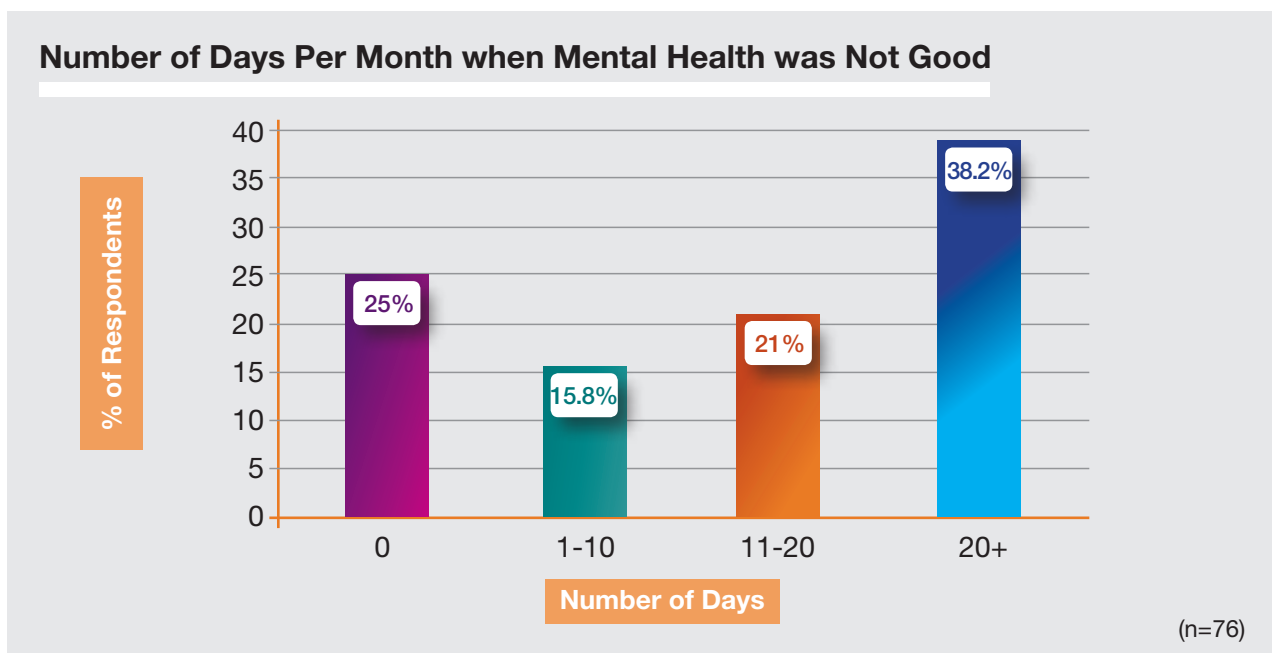
Self-reported health status varied widely among respondents. The majority of respondents described their health as good, very good or excellent (55.1%). Almost one fifth of respondents described their health as poor. Diabetes emerged as a significant health issue with 22.5% of respondents reporting that they have been medically diagnosed with diabetes (n=80).

<sup>140</sup> World Health Organization, 'What are the social determinants of health?' Available at: [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)





When describing the health of children in the household 88.1% of respondents described the health of children in the household as excellent. 5.4% reported poor health of children in the household. However, when respondents were probed further about children’s health in relation to children who have been born in Ireland, 25.8% (n=78) of respondents reported that these children have health problems.<sup>141</sup>

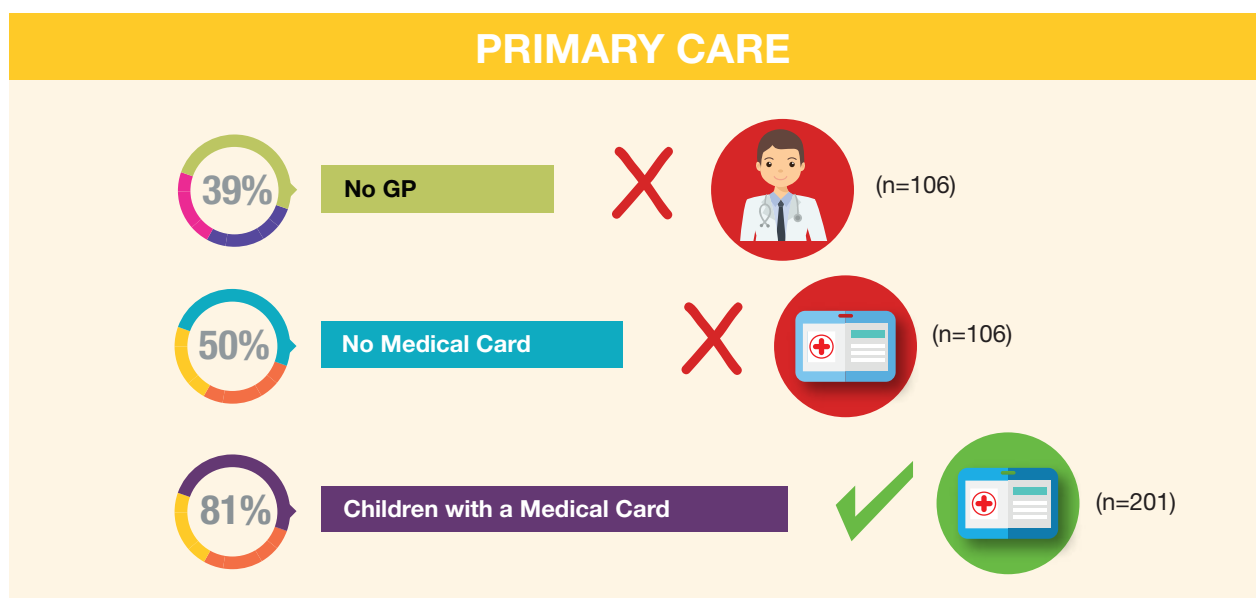


<sup>141</sup> 64% of respondents reported a woman in the household had given birth in Ireland.



The levels of reported poor mental health were extremely high with 51.3% of respondents reporting more than 14 days of the previous month when their mental health was not good. This means that over half of respondents experienced frequent mental distress.<sup>142</sup> 34% of respondents reported that they did not experience one day when their mental health was not poor in the previous month. 33.3% of respondents said that their daily activities were interrupted by mental health difficulties in all of the preceding 30 days (n=66). Discrimination, unemployment and lack of social protection were identified by respondents as sources of stress.

### 9.2 Accessing Primary Care



In the study, 61% of respondents had a GP. The majority of respondents were satisfied with their GP service (59%, n=84). 13.1% reported that they were not satisfied with their GP service. 38.9% of respondents reported that they did not have a GP. The key reason that emerged for this was a lack of income to pay for a GP and a lack of access to a medical card.<sup>143</sup>

50% of respondents reported that they did not have a medical card. The respondents who did not have a medical card usually did not have a GP either (76.9% of these respondents did not have a GP). Regarding other adults in the household, 63.4% (n=183) had medical cards. 81.1% of children in households were reported to have medical cards.

<sup>142</sup> Using the definition from C Kelleher et al., *Our Geels All Ireland Traveller Health Study* (University College Dublin and Department of Health and Children 2010).

<sup>143</sup> The HSE always considers other exceptional circumstances where a person or family has personal or social issues causing undue financial hardship. The card may be granted for the whole family, or for individual members of a family on the grounds of undue financial hardship. 38.4% of the general population had medical cards in 2015. Department of Health, *Health in Ireland - Key Trends 2015* (2015).



In focus groups and interviews the gap in access to medical cards was noted as a serious concern.<sup>144</sup> One of the issues highlighted is that if a person does not have any income [that is no official "means" proven by an employment or social welfare record] they cannot be means tested for a medical card. Another issue that was raised was that some people have difficulty proving where they live (and that they are ordinarily resident in the State), particularly if living in overcrowded accommodation with no tenancy agreement. This results in a situation where the most vulnerable are excluded from a service due to their level of poverty. This was linked to the habitual residence condition, which restricts access to social protection, and was highlighted by participants as a barrier to accessing health care:

The difficulty is that some of these people have no habitual residency and so they are in the appeal system around social welfare. We are trying to get them to apply for a medical card again, if they go through that process and get a refusal, we can then apply for an emergency medical card. The families have to do a little bit of that work themselves and that's been slow... there are children of 8/9 years of age who have never seen a GP, and that's unacceptable really.

Service providers reported multiple cases of children up to the age of thirteen who had never been seen by a GP in Ireland. A twenty-eight year old man explained that he had been living in Ireland for eight years and was refused social welfare and a medical card. A fifty-two year old woman stated:

**'I LIVE FROM WHAT I BEG. I DON'T HAVE ANY MONEY TO TAKE MY MEDICINE. I HAD KIDNEY SURGERY. I HAVE NO MEDICAL CARD AND NO INCOME. IT IS A HARD LIFE FOR ROMA IN IRELAND.'**

A 25 year old man explained:

**'I AM VERY UNHAPPY AND POOR... I FEEL HELPLESS. WHEN I DO NOT FEEL IN GOOD HEALTH, I'M NOT GOING TO THE DOCTOR BECAUSE I HAVE NO MEDICAL CARD.'**

People without access to medical cards rely on services that try to plug this gap. There are examples in Ireland of accessible free GP services (mostly funded by the HSE), for example Tallaght Roma Integration Project (TRIP), the Capuchin Centre and Crosscare in Dublin, and the Low Threshold Clinic in Limerick. In other areas of the country there are examples of GPs

<sup>144</sup> Any person aged over 16 years who is 'ordinarily resident' in the State is entitled to apply for a medical card. A person living in Ireland for at least one year is considered by the HSE to be 'ordinarily resident' and is entitled to either full eligibility (Category 1) or limited eligibility (Category 2) for health services. People who have not been resident in Ireland for at least one year must satisfy the HSE that it is their intention to remain for a minimum of one year in order to be eligible for health services. See Health Service Executive, 'Who can Access Health Services in Ireland' (Web information) Available at: [http://www.hse.ie/eng/services/Find\\_a\\_Service/eligibility.html](http://www.hse.ie/eng/services/Find_a_Service/eligibility.html)



providing free services from goodwill and charity organisations paying doctor's fees.<sup>145</sup> However, these services are not country wide and the underlying issue of lack of access to medical cards and mainstream health services remains. Participants noted that these gaps result in people not accessing care, or attending accident and emergency in lieu of primary care, usually reluctantly because of fear of receiving bills.<sup>146</sup>

Some services have built up important relationships with Roma in Ireland. For example, staff at the Capuchin Centre explained that they had built up trust with the Roma community over a number of years and this was an important part of their success. Some patients have been attending there for up to five years and patients come from as far afield as Monaghan and Portlaoise. Similarly, in the Tallaght Roma Integration Project, the presence of an interpreter, Roma volunteers and workers has facilitated greater trust and access for the local community. The volunteers play a role in assisting and advocating on other issues and access to wider services, which is crucial. The HSE has also funded support workers to work with Roma; at national level, in the South East and the Mid-West, which has been extremely important in making links with Roma in these areas. The role of the Roma Health Advocates in the South East is to support access to health information and health services so as to improve the health outcomes of Roma. This work adopts the approach of intercultural mediation by facilitating Roma and agencies to dialogue effectively together to resolve their issue.<sup>147</sup> Beyond this other agencies and NGOs are working with Roma in various ways as part of their wider mandate.

### 9.3 Maternal and child health

In 63.7% of households, women in the household had given birth in Ireland. Where the respondent was a man, the woman in the household was interviewed instead on this topic, as advised by the peer researchers. The percentages below are based only on the households where women have given birth in Ireland.

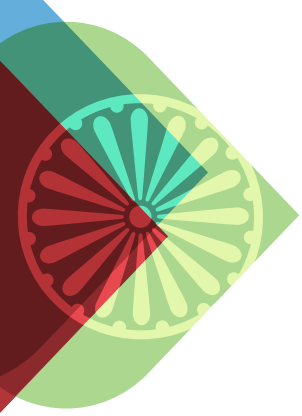
#### Access

Women in 65.6% of households attended a doctor or hospital before birth (n=102). In 24.6% of households women had not accessed a doctor or hospital while pregnant and first accessed a hospital to give birth.

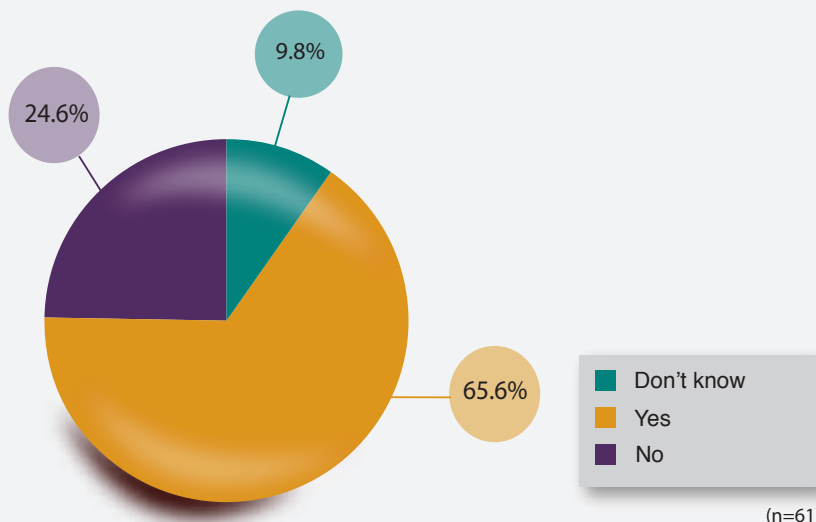
<sup>145</sup> In Cork an NGO paid doctors' fees for the last three years and now, because of the financial strain have to limit it 'to those with terminal illnesses'.

<sup>146</sup> This was an issue highlighted in Pavee Point Traveller and Roma Centre, *Challenging barriers and misconceptions: Roma maternal health in Ireland* (2014). Also see D Jacob and G Kirwan, *The Tallaght Roma Integration Project: working for inclusion in health care through a community development model* (2016).

<sup>147</sup> See C Rus, A Raykova and C Leucht, 'ROMED1 Trainer's Handbook - European training programme on intercultural mediation for Roma communities' (Council of Europe 2016). This outlines the ROMED1 methodology and the human rights based approach. It notes that the Council of Europe's Committee of Ministers adopted 'Recommendation CM/Rec(2012)9 of the Committee of Ministers to member States on mediation as an effective tool for promoting respect for human rights and social inclusion of Roma'.

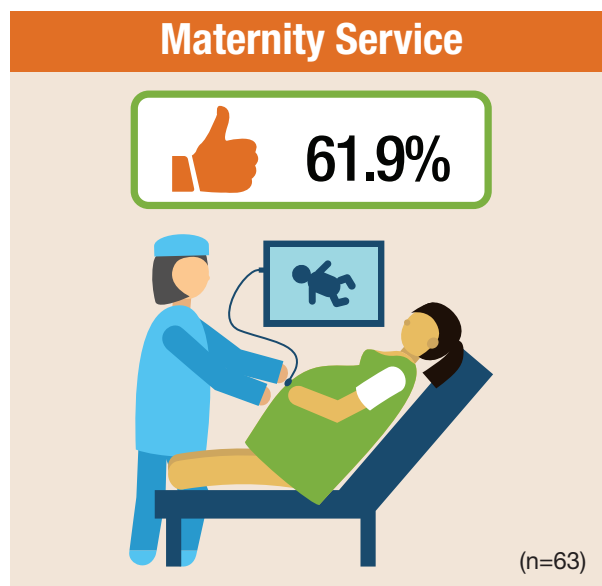


### Women Attended a Doctor or Hospital before Birth



This was explored in focus groups and interviews and it was reported that there is a fear of being charged for maternity services. The other issue that was highlighted by service providers are cases of young Roma girls giving birth under the age of 16.<sup>148</sup> This raised serious issues of children's rights and of medical consent, particularly where girls had no guardian in attendance with them or there was no known guardian in the country.

When maternity services were accessed, there was quite a high level of satisfaction with these services. 61.9% of respondents reported that women were satisfied with their maternity care, with 9.5% reporting women not being happy with their maternity experience. In all cases except one, the birth had occurred in hospital. In one interview a respondent reported that she was aware of Roma women giving birth at home, saying that the mother-in-law would know what to do. However, this was not an issue that had come to the attention of service providers. The issue of girls under 16 giving birth was also raised, having serious implications for children's rights.



<sup>148</sup> Figures were not available to the researcher to indicate how widespread or not that this issue may be. This issue is related to early marriage; for more information on early marriage see N Bitu and C Morteau, *Are the rights of the child negotiable? The Case of early marriages within Roma communities in Romania* (Romani Criss and UNICEF 2010).





**Follow up care**

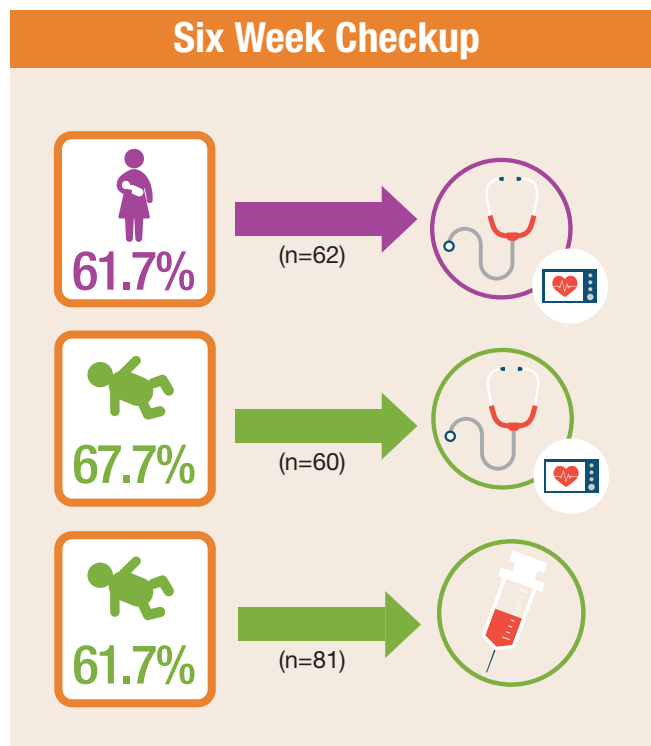
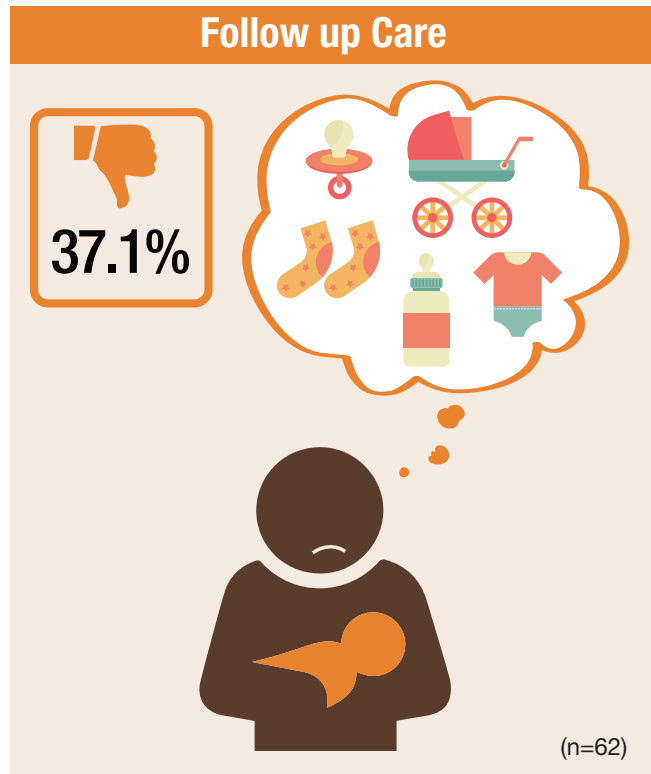
In interviews with midwives, public health nurses, social workers, family support workers and teen parent support workers it was recognised that many Roma women attending for maternity care did not have access to the supplies generally required for childbirth. In 39.3% of households respondents reported that women did not have supplies such as baby clothes for the hospital (n=61). 37.1% of respondents reported that they did not have adequate supplies for the baby after birth.

In interviews, service providers reported the unacceptable levels of deprivation they encountered in homes with new born babies, including lack of all basic essentials such as sanitation and heating.

**Malnutrition and poverty were also identified as serious issues. In one situation charity organisations had provided nappies and infant formula to a family for a full year as the parents had no access to social protection payments.**

In 66.1% of cases respondents reported that the public health nurse visited women (n=62). Public health nurses reported that this could be challenging. Due to the housing situation the public health nurse had difficulties in contacting young mothers post-discharge as they may have moved or been evicted. It also emerged in focus groups that some mothers evaded public health nurses for fear of children being taken into care due to poverty and poor living conditions.<sup>149</sup>

67.7% of respondents reported that women attended for the six week check up for baby and 61.7% in relation to the the six week check up for the mother. In 61.7% of



<sup>149</sup> Pavee Point Traveller and Roma Centre (n 146).



households children were immunised, however, it is unclear if the full schedule of immunisation was adhered to. In interviews and focus groups, service providers indicated that it was often difficult for this to be monitored due to women having to change accommodation and also having difficulties accessing GP services.<sup>150</sup>

Family support workers also raised issues in relation to infant care, feeding issues, bottle hygiene and issues such as how to communicate with infants on the verge of language acquisition. Some of these issues again came back to poverty and living conditions, including the lack of facilities to assist in bottle hygiene.

### 9.5 Health Information and Knowledge

It was recognised that there are also other barriers to accessing services. Service providers highlighted what they saw as gaps in knowledge and information about services among Roma that they work with. Communication and language was a key concern. For example, it was reported that there was a lack of access to community based services such as Child and Adolescent Mental Health Services (CAMHS) and counselling due to language barriers.

One of the major problems identified by those working in health services is that there are a limited number of GPs working with interpreters and interpreting service provision is fragmented. It was also reported that in some cases the use of interpreters was seen by GPs as being time consuming in a busy surgery. Using children as interpreters is a recurring issue. Those providing GP services explained the need for Roma advocates who can speak English well and know their way around the local area. This was also an issue across other health services, with health practitioners in hospitals also noting that language was an issue for consenting to medical procedures. In the South East, having HSE funded health advocates who can interpret as part of their role, was found to be very beneficial to link Roma in with a local practice and the hospital. Issues with interpreter services were raised in relation to maternity hospitals also. It was reported by midwives that language support was dependent on what was available in a particular hospital.

General practitioners who have had considerable contact with Roma highlighted a reluctance among Roma to discuss personal issues, and in some cases a reluctance to remove clothing to facilitate physical examinations. In relation to primary health care it was reported:

There are massive education issues and an unbelievable lack of knowledge; bodily knowledge and no idea of how body the works...There is no knowledge of medicines. Some people are taking multiple medication and don't know the name of drugs. They are not able to read instructions and are relying on memory, can't read it.

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<sup>150</sup> For further information on accessing vaccinations see report by Health Protection Surveillance Centre (HPSC) *Guidelines for Vaccinations in General Practice* (2015).



**Roma community members at a Pavee Point event.**

Other service providers reported a lack of health education among Roma that they worked with. They reported that they felt there was a tendency to give babies sugary drinks in bottles and to feed very small children salty snacks and that some people are surviving on chips, burgers and takeaways, which is contributing to health problems. Preventable illness was highlighted and the importance of health education and health promotion, including culturally appropriate healthy eating and diet programmes. Others suggested this was related to poverty and there were several accounts of Roma taking discarded unfinished chips from windowsills after pubs and clubs closed.

Some also noted that attendance at appointments can vary quite considerably: 'We have the same issues in the hospital, even understanding of appointments or what is being said to them at the appointments.' As one GP explained, even though directions and instructions are written down, it doesn't mean they are understood. She emphasised that in the health service where everything is done by letter, waiting for secondary care can take three months for an appointment, by which time the patient may have moved on, does not receive the letter or may not be able to read the letter.



Those working in medical services commented on how often they are asked for information regarding issues other than health; in particular, parents raised the issue of not knowing how to enrol their children in schools. The need for a Primary Health Care Project for Roma, similar to that for Travellers, was identified by service providers and policy makers.<sup>151</sup>

### 9.5 Violence against women

Domestic violence was identified by service providers as a health issue. It was stated that: 'women have no protection from domestic violence.' Another service provider said: 'There can be massive control of young women by the mother in law and husbands. Women are never alone.' It was stated by some service providers that 'it is necessary to highlight to Roma that domestic violence is wrong.' Others pointed to barriers that would prevent a woman leaving such a situation such as lack of economic independence, networks and the lack of access to refuge accommodation where a person does not satisfy the habitual residence condition – in certain cases short-term access is provided for people who do not meet the habitual residence condition.

### 9.6 Discussion

The right to health is the enjoyment of a range of services, goods, facilities and conditions necessary to ensure that people can reach the highest attainable standard of physical and mental health, including the social determinants of health.<sup>152</sup> Many of the health concerns highlighted in these findings relate to these underlying determinants; particularly the experience of poverty, poor housing and unemployment; and the lack of access to health services. The reports of poverty, poor living conditions and malnutrition for new born babies and children are reminiscent of tenement conditions.<sup>153</sup> The reported levels of poor mental health among respondents are also extremely striking and worrying. The levels and depth of poverty cited throughout this research are likely to be having a major negative impact on physical and mental health outcomes.<sup>154</sup> Academic literature also establishes a strong link between self-reported racism and poor mental health and this must be considered in response to these mental health findings.<sup>155</sup> Addressing health

<sup>151</sup> Funding is to be made available for a Roma Primary Health Care Training Project to be piloted in Pavee Point in 2018, through Dormant Account Funds.

<sup>152</sup> United Nations Committee on Economic, Social and Cultural Rights, 'General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12 of the Covenant)' (2012) E/C.12/2000/4.

<sup>153</sup> The findings of this study mirrored the findings of the previous Pavee Point study on maternal health which cites obstacles to accessing maternal health care as including: financial barriers, poverty and lack of social protection; concerns over child protection; negative experiences in health care services; lack of clear and accessible information; lack of adequate translation and interpretation services; inadequate housing conditions and homelessness. Pavee Point Traveller and Roma Centre (n 146).

<sup>154</sup> Respondents self-reported quite good health; however, these reports must be considered in light of academic literature which suggests that people tend to overestimate their own health and that self-assessment of health is contingent on social experience, whereby disadvantaged groups are less likely to report the presence of illness or health deficits. A Sen, 'Health: perception versus observation' (2002) 324 *BMJ* 860-1.

<sup>155</sup> Y Paradies, 'A systematic review of empirical research on self-reported racism and health' (2006) 35(4) *International Journal of Epidemiology* 888-90.





inequalities requires action in the areas of discrimination, addressing poverty, unemployment and poor accommodation. A standardised ethnic identifier across health services is crucial to monitor health outcomes for Roma as part of ethnic equality monitoring and to identify inequalities in health access, experience and outcome.

Accessibility is a particular concern that emerged from this study.<sup>156</sup> A major issue that arose from the findings is the lack of access to medical cards and GP services for respondents. While services are trying to plug these gaps and individual advocates are making huge efforts to assist people on a case by case basis, they are not available country wide and this does not address the structural issue of lack of access to medical cards and mainstream health services. Ensuring access to GP and preventative health services is a vital part of addressing health inequality and would also have a broader public health benefit, particularly in relation to increasing vaccination uptake.

Another important aspect of accessible health care services is information. It emerged from the study that Roma need extra support to access information due to issues of language, literacy, and understanding of the health system in Ireland. There were also major gaps in available interpreters. The need for general public health awareness and education programmes also emerged. It also emerged that some service providers need more information in relation to Roma. There was at times quite paternalistic attitudes and generalisations expressed in relation to Roma in Ireland.

A Primary Health Care Project for Roma; modelled on the successful Primary Health Care for Travellers Project could address some of these issues. Primary Health Care is a very specific approach based on particular values of social justice, the right to better health for all, participation and solidarity.<sup>157</sup> The importance of this approach is that it would promote and foster Roma leadership; it would develop a country-wide network of trained Roma workers who will work to address health issues of the whole community based on principles of equality and human rights. This is what is needed for a transformational change, for changes in the way Roma are treated by policy and practice and also to progress changes from within the communities.<sup>158</sup> It would also increase trust between Roma and the health services, allow for the provision of information about health services and broader health promotion, and allow Roma communities to relay health issues and community health priorities back to service providers and policy-makers. As noted in

<sup>156</sup> In relation to health services, all services must be available, acceptable, accessible and of good quality and there is an understanding that vulnerable groups are to be prioritised. Hunt, 'Report of the UN Special Rapporteur on the Right to Health' (2008) (A/HRC/7/11) 17.

<sup>157</sup> World Health Organization and the United Nations Children's Fund (1978) *Primary Health Care: Report of the International Conference on Primary Health Care (Health for All Series No. 1)* (World Health Organization 1978). Available at: <http://apps.who.int/iris/bitstream/10665/39228/1/9241800011.pdf>

<sup>158</sup> European Commission, 'An EU Framework for National Roma Integration Strategies up to 2020' (2011) COM(2011) 173 final. Available at: [http://ec.europa.eu/justice/policies/discrimination/docs/com\\_2011\\_173\\_en.pdf](http://ec.europa.eu/justice/policies/discrimination/docs/com_2011_173_en.pdf)



other sections this model of peer support workers should be expanded to other areas also so that trained Roma advocacy workers could develop competencies in the area of education, accommodation and employment services also. Violence against women also arose as an issue, highlighted by service providers. In considering these views, it is also important not to take a paternalistic approach. For example, an understanding of the barriers Roma women may face in leaving a situation of violence is needed.<sup>159</sup> In particular economic factors and anti-Roma racism in the wider community are key factors.<sup>160</sup>

### 9.7 Recommendations

#### Health - Recommendations

- Review the legislative and policy restrictions that impact on the provision of medical cards for Roma with no income.
- Train and resource a network of Roma community health workers within the context of available resources; this should be modelled on the Primary Health Care for Travellers Project.
- Work towards ensuring access to interpreters in GP consultations and across health services, as appropriate.
- Improve mental health outcomes for Roma by ensuring that health service staff are supported to respond effectively to their needs.
- Support women to access maternal health services (including through provision of health information and support from Roma Primary Health Care workers to increase trust in services).
- Ensure Roma women experiencing violence are provided with appropriate supports, including access to women's refuges.
- Develop and implement a public health information programme targeted at Roma in collaboration with Roma Primary Health Care workers.



Roma Peer Researcher

<sup>159</sup> For a discussion on intersection of ethnicity and gender inequality and how this affects experiences of violence in relation to the Traveller community, see: Pavee Point Traveller and Roma Centre, 'Position Paper on Violence against Women' (2011)

<sup>160</sup> '[I]n the area of violence against women ... issues of race and gender intersect... Therefore women are often in an ambivalent position. They want to fight for justice and equality within their community, while ensuring that their community as a whole is respected among the peoples of the world. Their struggle is often made worse by the arrogant gaze, where outsiders...fight their cause with what is seen as contempt for their culture and their community.' Former UN Special Rapporteur on violence against women, 'World Conference Against Racism, Racial Discrimination, Xenophobia and Related Intolerance' (2001)

## ROMA IN IRELAND

### A NATIONAL NEEDS ASSESSMENT

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- Continue to recognise the importance of and provide appropriate training for staff to respond to the unique health and care needs of Roma service users.
- Seek funding for Roma health advocates within the HSE, on the basis of a needs assessment.
- Promote immunisation uptake among members of the Roma community, with a particular emphasis on early childhood vaccinations.



Celebrating International Roma and Traveller Day (8th April) in Pavee Point.





## DELIA

This research has been a great uplifting experience and I have learnt new skills. I have trained with a really great group of Roma and I'm very happy to be part of the first group of Roma peer researchers in Ireland. I want to be part of making this change happen for Roma in Ireland, if not for me for the future.



## EDUCATION

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|                                       |     |
|---------------------------------------|-----|
| 10.1 Introduction                     | 110 |
| 10.2 Financial Barriers               | 110 |
| 10.3 Educational Disadvantage         | 112 |
| 10.4 Language and Literacy            | 113 |
| 10.5 School Attendance and Completion | 113 |
| 10.6 Discussion                       | 115 |
| 10.7 Recommendations                  | 116 |

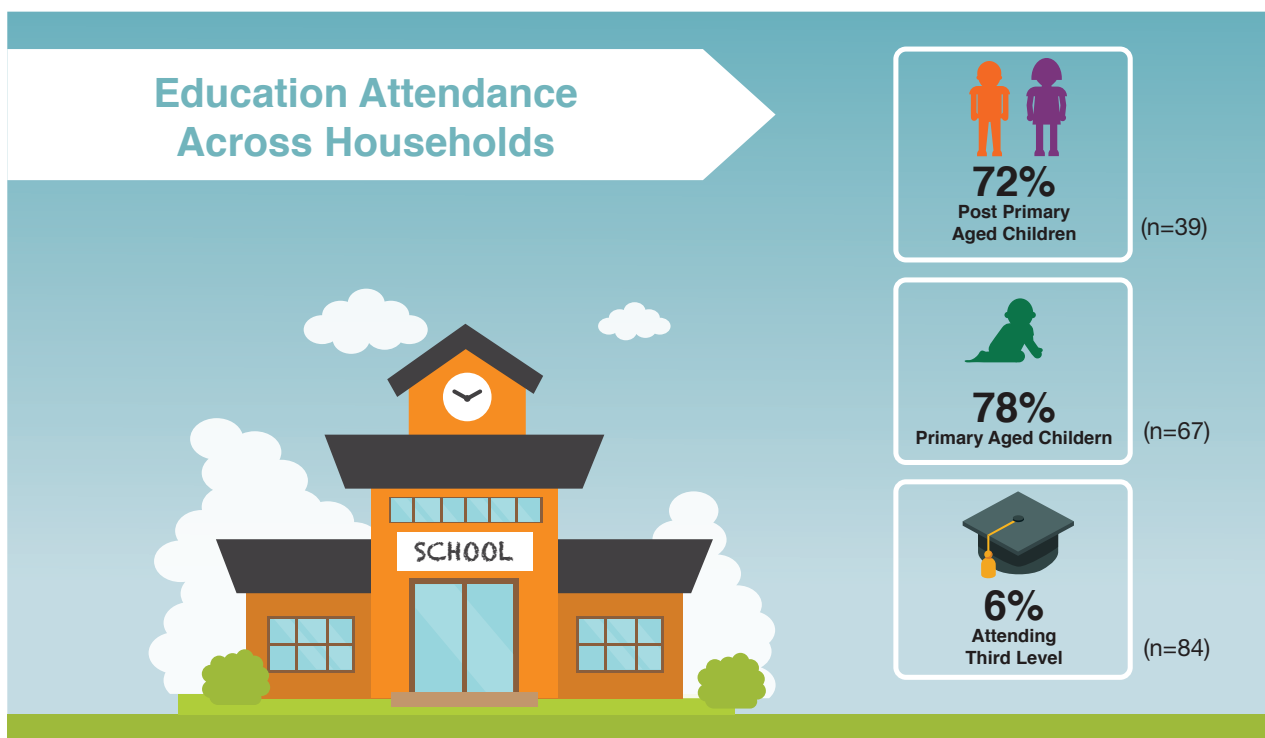
# 10

## CHAPTER

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## 10.1 Introduction



Throughout the research respondents viewed education as a positive opportunity for Roma children in Ireland and parents repeatedly stressed the value they placed on their children receiving an education. 40% (n=75) of households with children under the age of five reported that children were attending pre-school.<sup>161</sup> In 78% of households primary aged children attended school. Post primary aged children were attending school in 37.8% of households. 6% of households had a member attending third level.<sup>162</sup>

## 10.2 Financial Barriers

In 25% of households respondents reported that children have gone to school hungry and 35% of households respondents reported that children have gone to school without adequate school lunches. This significantly impacts on children's capacity to concentrate and participate in class. 57.5% of



<sup>161</sup> The age category for pre-school is an approximation. Data was collected on households where under 5s may not be of pre-school age, as a result it likely that this is an underestimation in percentage terms.

<sup>162</sup> It was not possible to extract data to analyse this further as there is not a particular age bracket that can signify third level attendance.

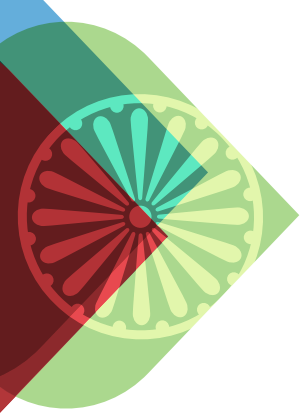




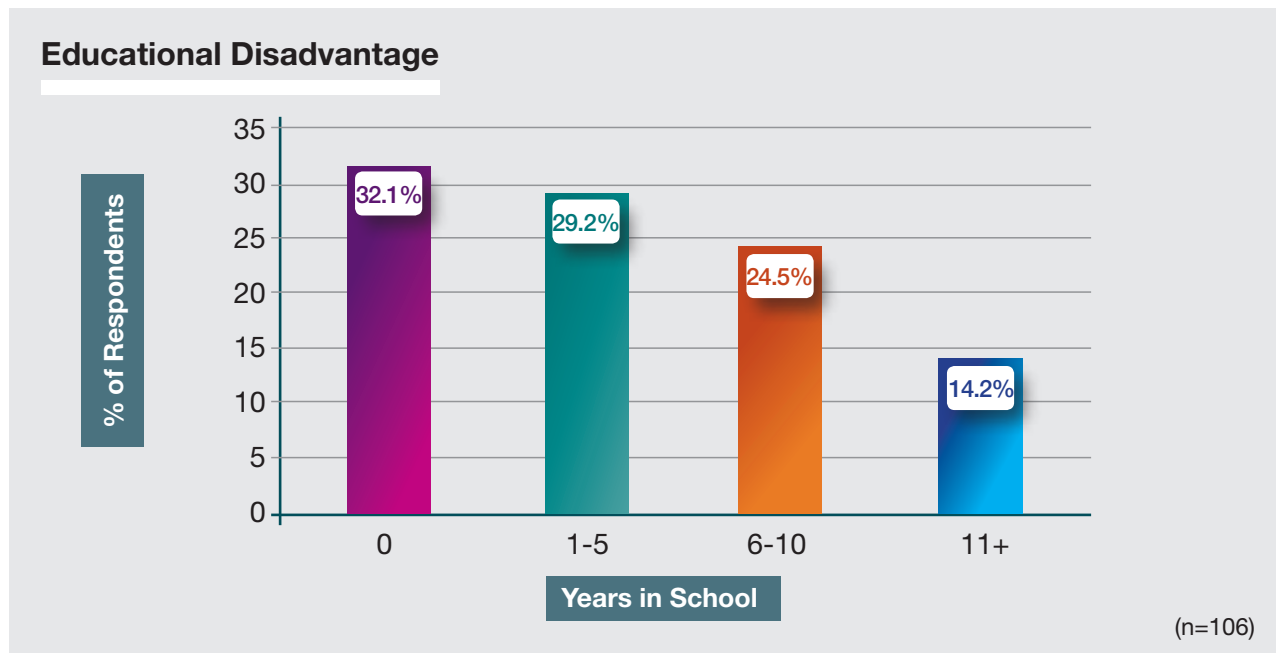
respondents reported not having enough money for books and uniforms. In 40% of households, respondents reported being in receipt of the back to school clothing and footwear allowance (n=72). This payment was developed to support those in greatest need, however respondents in this study who were experiencing financial hardship and struggling to send children to school were not in receipt of this support. The majority of respondents not in receipt of this payment reported that they could not afford books and uniforms for children. As is highlighted throughout this research it appears that often the most marginalised families are left without supports and for some this prevented children's participation in education. One respondent noted:

Me and my two children live with my sister. She has five members living with her. My Dad is old and ill. We all live in a house where there is no electricity, no hot water. Nobody cares about us. I don't have social welfare. My two children were taken out of school because they had nothing to eat at school. I am not able to pay for their books or uniforms. They went for a while when I was able to sell Big Issue but I couldn't anymore because I became ill. I live on my Dad's money from social welfare. I am very poor. I have a very hard life. I came to Ireland to have a better life, but instead I am worse.

The challenges were reiterated by service providers, however they also noted that many parents are very determined that their children complete their education and manage to achieve high levels of attendance despite difficult living conditions. Service providers noted that, in some cases despite families living in one or two rooms, children were still attending school and completing their homework each evening.



### 10.3 Educational Disadvantage



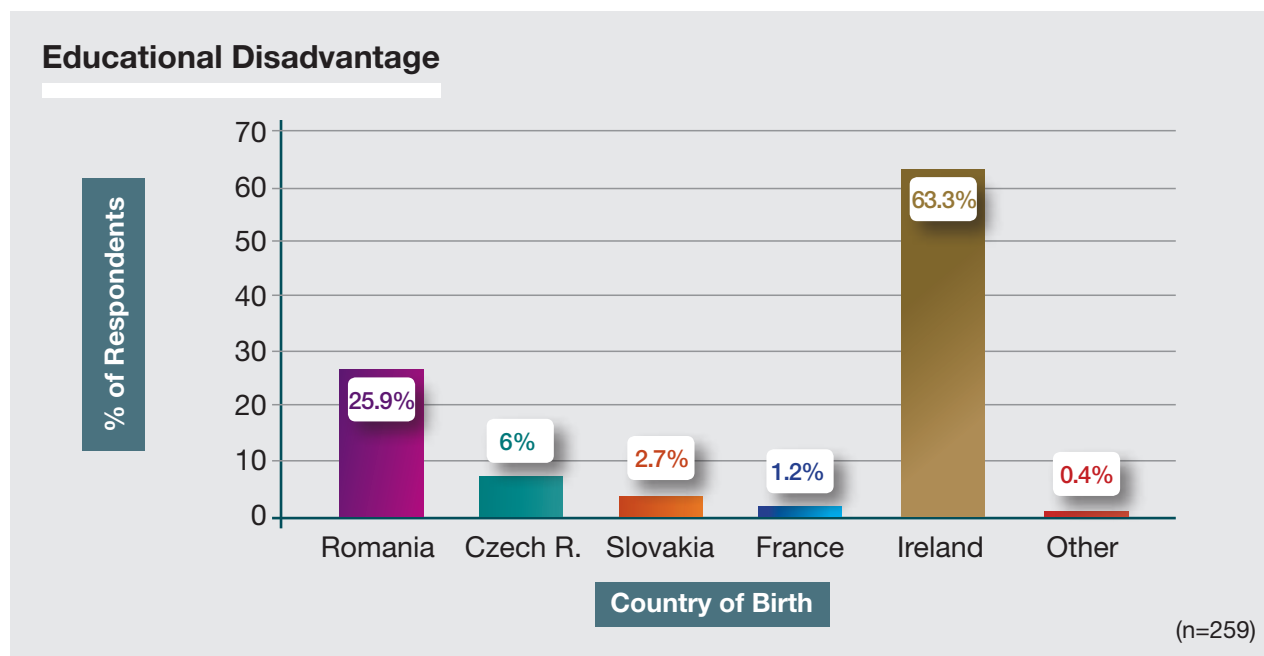
The research indicates significant levels of educational disadvantage experienced by adult respondents, which should be considered when services are developed and delivered to support Roma inclusion in the Irish education system. The majority of adult respondents' experiences in education were from education systems outside of Ireland. The average duration of school attendance for those that had attended school was 5 years. Only 11.1% of respondents reported completing 12 or more years of education. One respondent stated: 'I went to school for few months in Romania and left with bad experiences with the teacher slapping and treating me badly because of being Roma ... Roma children were made sit at the back of the class, were said to have fleas, this is very common in Romania, even today.'

Service providers highlighted the importance of supporting and empowering Roma parents to facilitate their children's participation in the Irish education system, particularly when parents had no experience or negative experiences of formal education. Despite the evident experiences of educational and economic disadvantage one service provider commended Roma parents commitment to education:

The community is doing a sterling job, with so many not having a background in education, that so many kids are going ahead and engaging in education.....when you are handing someone over to another authority... if you have no experience of that yourself or the benefits of it, is quite a thing that so many kids are going to school and are engaging.



## 10.4 Language and Literacy



The challenges for migrating children also need to be taken into account. 25.9% of children in households were born in Romania, 6.6% in the Czech Republic, 2.7% in Slovakia and 1.6% stated 'other'. Language and literacy were identified by service providers as significant barriers preventing children from fully engaging with the curriculum and parents from participating and engaging with the school community.<sup>163</sup> A number of service providers felt that additional supports and resources were required to facilitate meaningful participation in the education system.

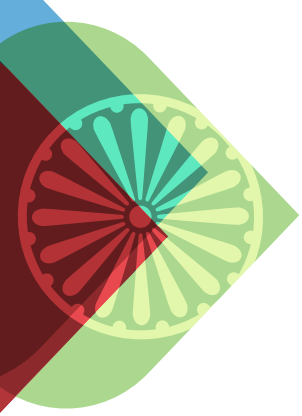
Similarly, children and parents previous experiences in other education settings need to be taken into account as they can directly contribute to the attendance, attainment levels and participation of children in Ireland.

## 10.5 School Attendance and Completion<sup>164</sup>

Service providers felt that there was a lack of awareness about the free pre-school year and the benefits of early childhood education within Roma communities. Given the pivotal importance of years 0- 5 for all children, particularly for children coming from communities that have a history of educational disadvantage, it was felt that more community work was necessary to encourage

<sup>163</sup> It has previously been highlighted that due to lack of literacy and language skills many older children are placed in classes with younger peers. A senior educational welfare officer reports this is likely to have a negative effect on the level of motivation and attendance among these students, as this is often experienced as uncomfortable and embarrassing by students. See Pavee Point Traveller and Roma Centre, *Roma and Education* (2014) 32.

<sup>164</sup> Data is not currently available on school completion and attendance rates, both of which were raised as concerns by service providers. Overall more research in this area would prove useful.



parents to enrol their children in pre-school and to inform them of the importance of interactive play and early childhood education.

Service providers working in education also expressed the need for a multi-disciplinary approach including home school community liaison (HSCL) coordinators and public health nurses to ensure parents are linked in with pre-school and other services as part of developmental check-ups. The role of the primary care social worker was also regarded as key to ensuring and increasing engagement with early childhood education and services. The Parent Child Home Programme (PCHP) an early year literacy initiative (18 months – 2 years) was identified as positive intervention which has proven to be successful in communities experiencing marginalisation and which could be rolled out to Roma communities.



**Roma children completing their homework**

School attendance and completion were identified as issues by service providers. HSCL coordinators and educational welfare officers (EWOs) face a number of challenges in ensuring attendance and participation. Poverty and poor accommodation were identified as significant issues. It was reported that many parents struggle with the financial costs of sending children to school, with issues of eviction, and inadequate and overcrowded accommodation. This was identified as impacting the attainment levels and participation of Roma children. Some service providers felt that supports were adequate but that culture acted as block to school attendance and participation: ‘... there are huge supports within schools but it’s not addressing the attendance issue either... there is a cultural aspect to this as well, that mitigates against integration into society as well.’

Keeping track of children and families who may be forced to move frequently due to the instability of the private rented sector was raised as a significant challenge by service providers. In some cases it was felt that the response by child welfare services when children failed to attend school was inadequate. Others pointed to inadequate systems of data collection and sharing as barriers to establishing whether children had moved schools or were no longer attending school. Service providers expressed a concern that young children are being kept out of school to interpret for parents when parents may not speak English and adequate interpreter services are unavailable.

Interviewees noted cases of teenage Roma girls being taken out of school earlier than Roma boys, due to pregnancy, preparation for marriage or childminding. In some areas it was considered a serious barrier to school completion for Roma girls; whilst in other areas the practice was not prevalent. One respondent noted that moving to Ireland gave her the opportunity to get an education and avoid early marriage: ‘If I stayed would not have got an education, I would have



been married early with kids.’ Service providers reported that some Roma women who had been taken out of school early expressed a strong desire to return to education once their own children were attending school.

### 10.6 Discussion

Education is identified as a vehicle which can lift people out of poverty and enable them to participate fully in society.<sup>165</sup> The findings show engagement by Roma with the education system in Ireland. However, poverty and poor living conditions were repeatedly identified by education stakeholders, service providers and Roma respondents as formidable barriers to accessing and completing education. Previous research notes that some schools are reported to help Roma families who cannot afford to purchase necessary items. This can often be the only source of financial support for Roma families.<sup>166</sup>

Beyond economic barriers there are a range of other issues that were raised throughout the study including the challenge of supporting children in school when parents may have negative, limited or no experience of formal education. As discussed in the introductory section, policies and practices that exclude or separate Roma children from others in education are found in several European Member States.<sup>167</sup> It is important that education stakeholders understand this history of segregation and exclusion; and avoid identifying culture as a reason for poor education.

There needs to be further exploration of the experiences of Roma children in education in Ireland. Respondents who had been to school in Ireland reported hiding their identity. The 2014 State of the Nations Report found that when compared to other children, Traveller children, immigrant children and children with a disability and/or chronic illness were more likely to report that they were bullied at school.<sup>168</sup> Respondents stated that identity based bullying continues to be a significant issue for Roma and Traveller children.<sup>169</sup>

Language barriers were repeatedly raised as a concern by service providers. Addressing the language needs of both parents and children is essential in facilitating Roma participation in the education system. However given the experience of educational disadvantage highlighted in this section it is clear that addressing language barriers alone will not act as a panacea. For many Roma children English is not spoken at home, early intervention measures which seek to develop English language skills in early childhood would ensure that Roma children are more prepared to start pre-school and support greater educational success. Ensuring that adequate and appropriate English language supports are available at both primary and post primary level would support the

<sup>165</sup> United Nations Committee on Economic, Social and Cultural Rights, ‘General Comment No. 13: The Right to Education (Art. 13 of the Covenant)’ (1999) E/C.12/1999/10.

<sup>166</sup> Pavee Point Traveller and Roma Centre (n 163).

<sup>167</sup> See L Farkas, *Report on discrimination of Roma children in education* (Belgium, European Commission 2014)

<sup>168</sup> Department of Children and Youth Affairs, *State of the Nation’s Children: Ireland 2014* (2014) 59.

<sup>169</sup> Pavee Point Traveller and Roma Centre (n 163).





successful inclusion and integration of Roma children and ensure that the curriculum is accessible. Facilitating parent's access to English language supports would have a host of benefits: not only would it increase employability and participation in wider society it would also facilitate parental engagement in the school community, demonstrate the importance of education to younger generations and enable parents to support their children in education. International best practice in this area stresses that flexible, adaptable classes which take place in the vicinity of the child's school and consider the previous, possibly negative, experiences of Roma parents are most successful.

Early marriage was raised as preventing some Roma girls from completing and succeeding in education. The diversity in experiences on this issue demonstrates the need to avoid simplistic equations between culture and child marriage.<sup>170</sup> Early marriage does not belong exclusively to Roma communities and is not necessarily motivated by the culture of the group. It can be motivated by a range of factors including the social function of managing a family's wealth and heritage, and the function of 'escaping' poverty, where solid alternatives for the future do not exist.<sup>171</sup> It is important that early marriage is addressed as it undermines the human rights of Roma girls and in this context their right to education. Communities need to be made aware of the legislative and policy provisions in Ireland in relation to the age of marriage. Addressing such issues requires creating future opportunities and alternatives for Roma women. Funding and supports that empower community leaders are also needed.

### 10.7 Recommendations

- Ensure that the supports to address the costs associated with attending school are available for Roma children experiencing poverty.
- Support and encourage Roma families to avail of free pre-school education.
- Develop and implement targeted early education intervention initiatives with Roma families.
- Support and enhance the early intervention, inter-agency approach to address the cycle of poor attendance, participation and attainment levels of Roma children in education.
- Maintain intercultural and anti-racism training as a compulsory component in teacher training at pre-service and in-service levels, along with the requirement for anti-racism policies and initiatives in schools.

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<sup>170</sup> Romani customs and values surrounding marriage and partnership are often misunderstood, and sometimes misrepresented. It is important to ensure that interventions serve to protect the right of the child and also support community cohesion. See A Oprea, 'Child Marriage a Cultural Problem, Educational Access a Race Issue? Deconstructing Uni-Dimensional Understanding of Romani Oppression' (Article) (2005)

<sup>171</sup> N Bitu and C Morteau, *Are the rights of the child negotiable? The case of early marriages within Roma communities in Romania* (Romani Criss and UNICEF 2010)



## ROMAN

My name is Roman Bartos. I live in Ennis. I am from the Czech Republic and I am living in Ireland 12 years. I hope this research will improve things for our community so that we don't have to hide who we are.





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|                            |     |
|----------------------------|-----|
| Legislation and Directives | 119 |
| Publications               | 119 |
| Articles                   | 123 |



# ROMA IN IRELAND

## A NATIONAL NEEDS ASSESSMENT

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### Legislation and Directives:

Directive 2004/38/EC of the European Parliament and of the Council of 29 April 2004 on the right of citizens of the Union and their family members to move and reside freely within the territory of the Member States (2004) OJ L158.

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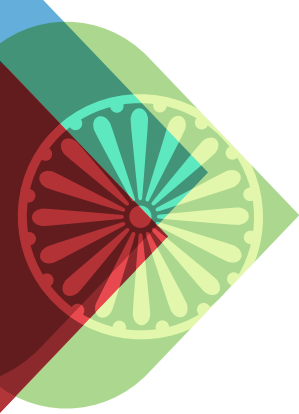
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## APPENDICES

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|   |     |
|---|-----|
| Organisations and Inter-Agency Groups Working with Roma | 126 |
| Questionnaire   | 132 |





## APPENDIX I

### Organisations and Inter-Agency Groups Working with Roma

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#### INTER-AGENCY GROUPS

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##### **Kerry Roma Inter-Agency Group**

This group was established in 2015 to respond to needs within the Roma community in Kerry and to support leadership and engagement with the community.

##### **Our work**

- Supporting a community development led initiative where the Roma community work in partnership with the inter-agency group; on casework, advocacy, research and developing local initiatives with the Roma community;
- Co-ordinating activities and work and trying to secure funding for work;
- Research - A research subgroup has been established to research the family support needs in the Roma community in Co.Kerry;
- Advocacy and raising awareness of issues affecting the community.

##### **Agencies/organisations in this group are:**

Tralee International Resource Centre (TIRC); Killarney Immigrant Support Group (KASI); NEKWD & SKDP (local partnership companies); Tralee Women's Resource Centre; HSE; Kerry Travellers Health and Community Development Project and members of the Roma community.

##### **Kildare Traveller & Roma Inter-Agency Group (CKTRIG)**

Relationship building with Roma community commenced in 2015 under SICAP in response to growing awareness of Roma, a SICAP beneficiary group, in County Kildare. Ongoing SICAP supports to Travellers in collaboration with Kildare Traveller Action highlighted the need for a targeted inter-agency response to the needs of the Roma community. Support for development of CKTRIG was adopted by Kildare Local Community Development Committee in early 2017.

##### **Our work:**

- Relationship building and case work supports to Roma Community under SICAP since 2015;
- Development of referral system for Roma community in County Kildare;
- Development of effective relationship with Pavee Point Traveller & Roma Centre;
- Roma specific inter-agency round tables in 2016/2017;
- Ongoing SICAP supports to Travellers in County Kildare in collaboration with Kildare Traveller Action;
- Development of county-wide Traveller Roma Interagency Group to oversee the development of a Traveller Roma Integration Strategy.

##### **Agencies/organisations in this group are:**

Kildare County Council; Department of Employment Affairs & Social Protection; Kildare Local Community Development Committee; Children & Young Persons Service Committee; Kildare Traveller Action; County Kildare LEADER Partnership; KWETB Youth Officer and Pavee Point Traveller & Roma Centre (in an advisory role).



### **Tallaght Roma Integration Project**

This group was established in 2009. Tallaght Roma Integration Project, formerly the Roma Families Working Group, has been working alongside members of the local Roma community to identify and address some of the health and social issues directly impacting their lives.

#### **Our work:**

- Working for inclusion in health care by providing primary healthcare and support services to members of the local Roma community in Tallaght; this primary healthcare initiative was developed by TRIP in conjunction with Safetynet Primary Care Network;
- Provision of a GP and interpreter service;
- Identifying needs and gaps in delivery of services to the Roma and exploring how those gaps can be bridged;
- Create awareness, collect case studies and advocate for the delivery of services that meet the needs of this migrant community, encouraging cultural awareness and sensitivity in the delivery of services;
- Influence policies to accommodate the diverse range of needs within the Roma population in Ireland;
- Foster collaborative actions among all stakeholders.

#### **Agencies/organisations in this group are:**

HSE; South Dublin County Partnership; South Dublin County Council; Fettercairn Community Health Project; Tusla; and Pavee Point Traveller and Roma Centre.

### **Waterford Roma Inter-Agency Group (WRIG)**

This group was established early 2014 in response to initial child protection issues, health inequalities, poor vaccination records, some children not attending regular school, poor housing and living conditions etc.

#### **Our work:**

- Work towards equality of health outcomes for the Roma community in Waterford City & County with particular emphasis on the social determinants of health.
- Advocating, promoting and supporting individuals and families from the Roma community in Waterford City & County to access services and supports; including in emergency situations and in cases where Roma are not deemed to be habitually resident;
- Creating greater awareness in the wider sector of the issues, life situations and the barriers to services / supports that members of the Roma community in Waterford face;
- Supporting the Roma Men's Training and Diversion Programme 'Atelier' which has been developed by HSE Social Inclusion, the Integration Support Unit, the Ferns Diocesan Youth Service, U-casadh social inclusion project and supported by the Department of Justice and Equality through an Garda Síochána.

#### **Agencies/organisations in this group are:**

HSE Social Inclusion, CHO Area 5; Tusla, Child and Family Agency; St. Brigid's Family Resource Centre; An Garda Síochána; Public Health Nurse, the Integration and Support Unit; Waterford Traveller Primary Healthcare; Waterford Institute of Technology and two Romanian speaking Roma Health Advocates (1 female & 1 male).

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### ORGANISATIONS

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#### Capuchin Health Clinic

This service was established in 2005 by the Capuchin Day Centre. It was evident to Day Centre staff that people of all ages (including many Roma people) that were attending the Day Centre for meals had significant unmet health care needs.

##### Our work:

- Provision of primary health care – acute, chronic and preventative with Romanian interpreter;
- Nursing;
- GP;
- Dentistry;
- Chiropody;
- Optician;
- Diabetes Clinic.

#### Clare Immigrant Support Centre

Clare Immigrant Support Centre started working with all immigrants with special interest in the Roma communities in 2007. The work started in response to a population of over 200 Roma living in Ennis, Clare, who were availing of our services, while needing some specialist dedicated work. Roma participation is key to our work, we have employed a Roma case worker through a community employment scheme. CISC hope to be able to fill this particular role after the current worker finishes.

##### Our work:

- Casework;
- Community organising;
- Event and activities, including football, socials and gym work.
- Participating in a network with specific interest in the wellbeing of the Roma.

#### Crosscare Housing & Welfare Information, Roma Service.

This service was established in 2007 as a response to a gap in information and advocacy service provision for members of the Roma community. The service, provided through Roma language, has a focus on access to social protection, housing and homeless services and supports.

The aim of our service is the provision of accurate information & advocacy on matters relating to access to social welfare, housing, homeless services and other related matters. We also aim to foster and promote Roma integration and empowerment through supporting self-advocacy among Roma community in their interactions with mainstream services.

##### Our work

Crosscare Housing & Welfare Information is a direct access service working with individuals presenting with difficulties accessing social protection, housing and homeless services and supports. In many cases those we work with are homeless or at risk of homelessness. We work by assessing the situation of those presenting to our service and providing them with accurate information and support to make informed decisions about their situation. Where appropriate, we advocate on their behalf for access to rights, entitlements, services and supports. We work from a human rights based approach. Crosscare also work to identify gaps in, or barriers to



service provision and work to bring this to the attention of decision making bodies in order to bring about positive social change.

### **HSE Social Inclusion (CHO) Area 5 (South Tipperary, Carlow/Kilkenny, Waterford, Wexford).**

CHO 5's Social Inclusion Team supports the development and implementation of appropriate initiatives that enhance health care delivery to ensure equality of health outcomes for minority and vulnerable communities within the catchment area.

#### **Our work:**

- Provides guidance, support and funding to Roma Health Advocacy Projects in Counties Wexford and Waterford; and is currently supporting the provision of a Health Outreach Programme in counties Carlow and South Tipperary.
- Works towards enhancing the ability of HSE service providers to address the health needs of Roma and facilitate the provision of culturally appropriate services.
- Works with NGO's, voluntary, community and statutory agencies to support them to respond to the wider determinates of health.

### **Integration and Support Unit (Waterford)**

This organisation/role started working specifically with Roma in 2013. The work started in response to child protection issues. The Habitual Residence Condition was the main barrier to Roma families accessing income support or access to health and other services.

#### **Our work:**

- Employment of a Roma Health Advocate who provides translation, health advocacy and other supports on a daily basis. Supports can include schools and childcare registration for Roma children, sourcing appropriate housing for families, supporting access to GP & hospital appointments, supporting Roma women to access English language and craft classes;
- Working according to human rights based principles to ensure that the Roma community has access to services and supports on an equitable basis;
- Advocating for additional supports for Roma – in recognition that Roma are not coming from the same starting point as other marginalised groups in terms of language, literacy and health status, therefore they require additional supports.

### **Killarney Immigrant Support Centre (KASI)**

This organisation/role started working specifically with Roma in 2012/2013. The work started when group of Romanian Roma women started accessing our Language Support Project. They got to know KASI and became familiar with our support/services, they started referring other Roma to KASI for information and other practical support, i.e. filling in forms (specifically Social Welfare forms).

KASI provides practical, moral and social support to Asylum Seekers, Refugees and other Migrants; and help to facilitate their integration into the community.

#### **Our work:**

- Free English conversation classes;
- Support with form filling;
- DEASP queries and support in liaising with DEASP and appeals;
- Some local activities for families;



- Various health information talks in conjunction with HSE;
- Legal Advice Clinic.

In 2015, KASI received once-off funding from South Kerry Development Partnership under SICAP to contract a worker to execute a mapping exercise of the needs and issues of Roma population in Killarney.

### **Musicantia Culture and Education Centre**

Musicantia was set up in April 2013 to educate service providers to prevent discrimination and racism against Roma and cultivate respect for the dignity and rights of all individuals of Roma origins. We aim to:

- To promote equal access and opportunity for all children and young people of Roma backgrounds.
- To promote the integration of Roma communities into Irish society.
- To promote the cultural and sporting potential of Roma communities.
- To educate service providers to prevent discrimination and racism against Roma and cultivate respect for the dignity and rights of all individuals of Roma origins.
- To assist Roma communities with regard to their rights and responsibilities.
- To promote equal access and opportunity for all children and young people of Roma backgrounds.
- To promote equity of healthcare access and outcomes for the Roma communities.
- To promote the positive contribution of the Roma communities in Ireland.

#### **Our work:**

- Translating and typing documents;
- Interpreting cases for Roma families working in collaboration with Tusla and Garda Siochana;
- Advocacy;
- Music School.

### **Nasc, Ireland**

This organisation/role started working specifically with Roma in 2010. The work started in response to an increasing number of Roma seeking to access our frontline service. They were experiencing difficulties in accessing their rights and services and were also encountering discrimination and ethnic profiling.

We operate a frontline service that deals with casework and access to justice and services. We use the evidence base from our clinics to bring about changes in policy and legislation to vindicate the rights of the Roma in Ireland.

**Our work:** Specifically we work on access to social protection, citizenship rights especially for Roma children born in Ireland. Tackling racism and discrimination both institutional and social. We also build the capacity of the community to become agents of change. We train service providers in particular and Garda Siochana on issues such as Ethnic Profiling of the community

This work funded by the Open Society Foundations but this funding ceased in 2015. We are currently seeking funding to continue to deliver on this work.





### **Roma Health Advocate, FDYS (Ferns Diocesan Youth Service)**

The aim of the Wexford Roma Health Advocacy Project is to work towards equality of health outcomes for Roma in County Wexford taking into account the social determinants of health. The project is informed by the values of human rights and equality and uses a community development approach to work.

#### **Our work:**

- To support access to health information, health services and other social services;
- To provide health advocacy supports;
- To facilitate the development of health initiatives and programmes in response to health needs;
- To support Roma participation and representation on health related groups and in policy making fora.

### **Roma Support Group Ireland**

Roma Support Group Ireland was formed in October 2011 in Blackpool Community Centre, primarily to serve the Roma families in Blackpool with information, liaison and referrals. It subsequently took on a citywide remit. We aim to promote justice, empowerment, social inclusion and equality for the Roma Community in Ireland.

#### **Our work**

- One to one advocacy and referral;
- Community development programme, e.g. weekly meetings to identify and address issues;
- Outreach to vulnerable families;
- Adult literacy and English language classes;
- Women's health classes in collaboration with the HSE;
- Campaigning and advocacy work for the community as a whole;
- Work with children through after-school homework clubs;
- Dress making classes for women in collaboration with the ETB;
- Soccer sessions for men and boys in collaboration with the ETB.

### **Tralee International Resource Centre (TIRC)**

This organisation started working specifically with Roma in 2013/14. The work started in response to Roma using drop-in centre, coming with specific queries and the centre questioning whether or not they were responding to the needs of the Roma community effectively. We support integration in Tralee by providing a drop in facility and services to asylum seekers, refugees and the broader international community.

#### **Our work:**

- Free English conversation classes;
- Support with form filling;
- DEASP queries and support in liaising with DEASP and appeals;
- Some local activities/intercultural events for families in the centre;
- Health information and access to services;
- Legal advice clinic;
- Specific food initiative for Roma families in extreme poverty, in conjunction with North East and West Kerry Development (NEWKD);
- Commissioned research on the family support needs of the Roma community in Kerry, funded by Tusla, Child & Family Agency.



## APPENDIX II - QUESTIONNAIRE

### A. PERSONAL DETAILS

1. Gender .....
2. Age .....
3. Marital status    Never Married     Married     Co-habiting     Separated   
                                 Divorced     Widowed
4. Country of Birth .....
5. Are you an Irish Citizen?    Yes     No     Don't know
6. How long have you lived in Ireland?.....
7. What language do you usually speak at home?.....
8. How well can you speak English?    Not at all     A few words   
   Simple Sentences     Fluently
9. How well do you understand English when people speak to you?  
Never     Sometimes     Most of the time     Always
10. Can you usually read and fill out forms you might have to deal with? Yes  No  Don't know
11. Can you usually read them:    Easily     With difficulty     Don't know
12. Are you regularly taking any prescribed pills or medication?  
Yes     No     Don't know     Refused
13. Do you ever have any difficulties reading the instructions?  
Yes     No     Don't know     Refused
14. Does somebody assist you with reading/ writing English?    Yes     No
15. Does someone help you to translate when speaking?  
Never     Sometimes     Always
16. If so, who? .....
17. Have you ever been to school?    Yes     No
18. For how long? .....

### B. RACISM/ DISCRIMINATION

1. Overall how often do you feel that you or your family are discriminated against because you are Roma?

Mark from 1-5 where 1 is strongly disagree and 5 is strongly agree.

| Never                    | Rarely                   | Sometimes                | Often                    | Very often               | Don't know               | Refused                  |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



2. Have you ever experienced discrimination, been stopped from doing something, or been hassled or made to feel inferior in any of the following situations because you are a member of the Roma community? (“HAVE YOU EVER FELT DISCRIMINATED AGAINST?”)

|  | Never                    | Once                     | Two or three times       | Four or more times       | Don't know               | Refused                  |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | 1                        | 2                        | 3                        | 4                        | <input type="checkbox"/> | <input type="checkbox"/> |
| a. At school   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Getting hired or getting a job                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. At work   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Getting on a sports team  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Getting accommodation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Health care services  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Getting social welfare  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Getting served in a shop, restaurant, pub or other social venue | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Getting insurance, bank loans or a mortgage                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. In the street or in a public setting                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. From the guards/police or in the courts                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. In the last year, how much did you worry about experiencing unfair treatment because you are a member of the Roma Community?

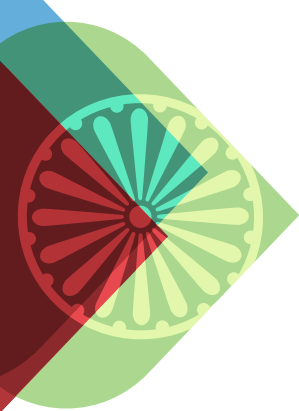
Never  Rarely  Some of the Time  Most of the Time   
Don't know  Refused

**C: TRUST AND RESPECT**

1. Do you agree or disagree with the following statement: “Generally speaking, most people can be trusted?”

Mark from 1-5 where 1 is strongly disagree and 5 is strongly agree.

|                          |                          |                            |                          |                          |                          |                          |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly disagree        | Disagree                 | Neither agree nor disagree | Agree                    | Strongly agree           | Don't know               | Refused                  |
| 1                        | 2                        | 3                          | 4                        | 5                        |                          |                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**D. HOUSEHOLD COMPOSITION**

|                      |        |        |        |        |             |
|----------------------|--------|--------|--------|--------|-------------|
| <b>English Level</b> | 0 none | 1 poor | 2 fair | 3 good | 4 excellent |
| <b>Literacy</b>      | 0 none | 1 poor | 2 fair | 3 good | 4 excellent |
| <b>Health Status</b> |        | 1 poor | 2 fair | 3 good | 4 excellent |

1. How many people usually live with you?.....

|         | Age | Relationship to you | Marital Status | Right to Reside  | Habitual Residency | Income Source | Education Level |   |   |   | English Level | Literacy | Health status | Disability | Medical card | GP Card   |
|---------|-----|---------------------|----------------|------------------|--------------------|---------------|-----------------|---|---|---|---------------|----------|---------------|------------|--------------|-----------|
|         |     |                     |                |                  |                    |               | 0               | 1 | 2 | 3 | 0-4           | 0-4      | 1-4           | Yes or no  | Yes or no    | Yes or no |
| Adult 1 |     |                     |                |                  |                    |               |                 |   |   |   |               |          |               |            |              |           |
| Adult 2 |     |                     |                |                  |                    |               |                 |   |   |   |               |          |               |            |              |           |
| Adult 3 |     |                     |                |                  |                    |               |                 |   |   |   |               |          |               |            |              |           |
| Adult 4 |     |                     |                |                  |                    |               |                 |   |   |   |               |          |               |            |              |           |
| Adult 5 |     |                     |                |                  |                    |               |                 |   |   |   |               |          |               |            |              |           |
|         |     |                     |                |                  |                    |               |                 |   |   |   |               |          |               |            |              |           |
|         |     |                     |                | Country of birth | Citizenship        |               |                 |   |   |   |               |          |               |            |              |           |
| Child 1 |     |                     |                |                  |                    |               |                 |   |   |   |               |          |               |            |              |           |
| Child 2 |     |                     |                |                  |                    |               |                 |   |   |   |               |          |               |            |              |           |
| Child 3 |     |                     |                |                  |                    |               |                 |   |   |   |               |          |               |            |              |           |
| Child 4 |     |                     |                |                  |                    |               |                 |   |   |   |               |          |               |            |              |           |
| Child 5 |     |                     |                |                  |                    |               |                 |   |   |   |               |          |               |            |              |           |
| Child 6 |     |                     |                |                  |                    |               |                 |   |   |   |               |          |               |            |              |           |
| Child 7 |     |                     |                |                  |                    |               |                 |   |   |   |               |          |               |            |              |           |

**E. ACCOMMODATION**

1. Are you in rental accommodation?    Yes     No     Don't know
2. Is it:    A private landlord?     Local authority?     Don't know
3. Do you have a tenancy agreement?    Yes     No     Don't know
4. How many bedrooms do you have?.....
5. Do you have enough beds?    Yes     No     Don't know
6. Do you have enough cots?    Yes     No     Don't know
7. Do you have a kitchen?    Yes     No     Don't know
8. Do you have a cooker?    Yes     No     Don't know
9. Do you always have enough fuel to use it?    Yes     No     Don't know
10. Do you have a fridge?    Yes     No     Don't know

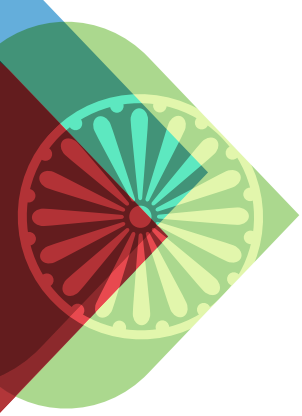


11. Do you have a safe cupboard to store food?    Yes             No             Don't know
12. Do you always have enough food?            Yes             No             Don't know
13. Has anyone in the household ever gone to bed hungry?  
Yes                             No                             Don't know
14. Do you have a sitting room?    Yes             No             Don't know
15. Do you have a bathroom in your house/ flat?    Yes             No             Don't know
16. Do you have a bath/ shower?            Yes             No             Don't know
17. Is it accessible to all?            Yes             No             Don't know
18. Can you afford hot water when you need it?    Yes             No             Don't know
19. Do you have adequate heating?            Yes             No             Don't know
20. Can you afford to keep the house warm all the time?  
Yes                             No                             Don't know
21. Have you ever been homeless?            Yes             No             Don't know
22. Do you feel safe in your home?            Yes             No             Don't know
23. Do you feel safe in the area where you live?    Yes             No             Don't know
24. Do you have a mobile phone?            Yes             No             Don't know
25. Can you afford to use it?            Yes             No             Don't know
26. Do you have access to the internet?            Yes             No             Don't know
27. If yes, where?.....
28. Would you like to say more about any of the above? .....
- .....

**F. INCOME**

1. Do you have a pps number?    Yes             No             Don't know
2. Economic status?
- 1. Employed ("WORKING")
  - 2. Self-employed ("WORKING FOR YOURSELF")
  - 3. Looking for first regular job
  - 4. Unemployed ("NO JOB")
  - 5. On a course/scheme (CE/FAS)
  - 6. Student or pupil
  - 7. Looking after home/family
  - 8. Retired from employment
  - 9. Unable to work due to permanent sickness or disability
  - 10. Don't know
  - 11. Refused





3. Have you applied for a social protection payment/s?  
Yes  No  Don't know
4. Which one/s? .....
5. Were you successful?  
Yes  No  Don't know
6. If not, was it to do with: HRC  Right to reside  Other  Don't know
7. If not, did you appeal? Yes  No
8. What was the outcome?.....
9. Did you get a letter from DSP to let you know?  
Yes  No  Don't know
10. Does anyone receive payments on your behalf?  
Yes  No  Don't know
11. Would you like to say more about any of the above?.....  
.....

## G. EDUCATION AND TRAINING

1. Have you accessed any education / training in Ireland?  
Yes  No  Don't know
2. What education/ training would you like to access?.....
3. What is preventing this? .....
4. Are any of the children in pre-school? Yes  No  Don't know
5. Are any of the children in primary school? Yes  No  Don't know
6. Are any of the children in secondary school? Yes  No  Don't know
7. Have any of the children gone to school hungry? Yes  No  Don't know
8. Do the children always have adequate school lunches?  
Yes  No  Don't know
9. Do you have enough money for school books/ uniforms?  
Yes  No  Don't know
10. Do you/ did you ever receive a back to school allowance?  
Yes  No  Don't know
11. Does anyone in the household attend training courses?  
Yes  No  Don't know
12. Does anyone in the household attend third level education?  
Yes  No  Don't know
13. Has anyone in the household attended language courses?  
Yes  No  Don't know



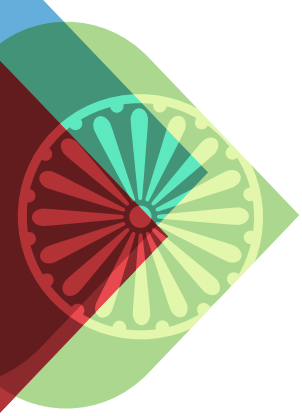
14. Has anyone in your household attended literacy courses ?  
 Yes                       No                       Don't know
15. Would you like to say more about any of the above?.....  
 .....

**H. HEALTH**

1. Do you have a GP?                      Yes                       No                       Don't know
2. If so, are you satisfied with the service?    Yes                       No                       Don't know
3. Do you have a medical card?                      Yes                       No                       Don't know
4. Do you have a GP card?                      Yes                       No                       Don't know
5. Have you applied for one?                      Yes                       No                       Don't know
6. Have you ever been hospitalised in Ireland?    Yes                       No                       Don't know
7. Were you satisfied with the service?    Yes                       No                       Don't know
8. Do you have regular contact with a Public Health Nurse?  
 Yes                       No                       Don't know
9. Did you ever/ do you have contact with a Social Worker?  
 Yes                       No                       Don't know
10. In relation to health are you in contact with any other support services ?  
 Yes                       No                       Don't know
11. Did you have confidence and trust in the people/ health professionals treating you?  
 No     Yes     Yes, to some extent     Yes, completely     Don't know
12. Did the healthcare team treat you with respect and dignity?  
 No     Yes, some of the time     Yes, all of the time     Don't know     Refused
13. Would you like to say more about any of the above? .....  
 .....

**I. ILLNESS**

1. In general, would you say your health is...  
 Poor     Fair     Good     Very Good     Excellent     Don't know
2. Thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?  
 Number of Days:    None     Don't know     Refused
3. During the past 30 days, for how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation?  
 Number of Days:    None     Don't know     Refused



4. Is your daily activity or work limited by a long term illness, health problem or disability?  
 Yes  No  Do not have any of the above  Don't know  Refused

5. In the last 12 months, have you been screened or tested for any of the following?

*Was this done by/at:*

GP/Family Health Hospital Workplace Other  
 doctor clinic

- |                   |                          |                          |                          |                          |                          |
|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Diabetes       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Cholesterol    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. In the last 12 months, has a doctor diagnosed that you have any of the following?

- |  | Yes                      | No                       | Don't know               | Refused                  |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Asthma  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Angina  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Arthritis                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Long term breathing problems                    |                          |                          |                          |                          |
| 5. like bronchitis or emphysema                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Stroke  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Heart Attack                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Lower back pain or other chronic back condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Cancer  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Diabetes                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Chest Infection                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Urinary Tract Infection                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Eye/ ear infection                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Throat Infection                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Other  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**J. MATERNITY**

1. Have any women in your household given birth in Ireland?  
 Yes  No  Don't know
2. Did they have difficulty accessing maternity services?  
 Yes  No  Don't know
3. Did they attend doctor/ hospital before the birth?  
 Yes  No  Don't know
4. If yes, Once  More than once  Don't know
5. Where did they give birth? Home  Hospital  Other  Don't know



6. Were they satisfied with the experience?      Yes       No       Don't know
7. Did anyone stay with them in the delivery unit?      Yes       No       Don't know
8. Did they have language support?      Yes       No       Don't know
9. Did they have supplies for hospital, for example baby clothes?  
Yes       No       Don't know
10. Did they receive medical care after the baby was born?  
Yes       No       Don't know
11. Did they attend 6 week check-up for baby?      Yes       No       Don't know
12. Did they attend 6 week check-up for mother?      Yes       No       Don't know
13. Did they breastfeed?      Yes       No       Don't know
14. Did they receive any information/ advice on contraception?  
Yes       No       Don't know
15. Did they have adequate supplies after birth, for example cot?  
Yes       No       Don't know
16. Did the Public Health Nurse visit?      Yes       No       Don't know
17. Would you like to say more about any of the above?.....  
.....

**K. CHILDREN'S HEALTH**

1. Have all of the children been immunised?      Yes       No       Don't know
2. Have all of the children attended for developmental checks?  
Yes       No       Don't know
3. Do any of the children have health problems?      Yes       No       Don't know
4. Have any of the children ever been in hospital?  
Yes       No       Don't know
5. Would you like to say more about any of the above?.....  
.....

**L. ELDERLY**

1. Are there people over 60 in the household?      Yes       No       Don't know
2. Do they do paid work?      Yes       No       Don't know
3. Do they receive any social welfare payments?      Yes       No       Don't know









**ROMA IN IRELAND**  
A NATIONAL NEEDS ASSESSMENT