

Towards Care, Compassion, Trust and Learning

**Evaluation for the Health Service Executive of Community
Healthcare Organisation Area 5 Social Inclusion's work
with Roma communities in counties Waterford and
Wexford**

**Health Service Executive Community Healthcare Organisation Area 5
Social Inclusion**

SEPTEMBER 2016

HSE Social Inclusion Community Healthcare Organisation (CHO) Area 5 in the South East covers five counties: Carlow, Kilkenny, South Tipperary, Waterford and Wexford.

CHO Area 5's Social Inclusion Team supports the development and implementation of appropriate health initiatives that enhance healthcare delivery to ensure equality of health outcomes for minority and vulnerable communities in the South East.

All intercultural health work undertaken in CHO Area 5 is informed and guided by:

- The values of the HSE: Care, Compassion, Trust and Learning (as set out in the Corporate Plan 2015–2017)
- The National Intercultural Health Strategy 2007–2012
- The Health Information and Quality Authority (HIQA) National Standards for Safer Better Healthcare (June 2012)
- The Equality and Human Rights Statement of the Social Inclusion Team in CHO 5 (developed in May 2016)

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Michael Keating and Sam O'Brien-Olinger who helped with the final editing of the report.

Glossary

A & E

Accident and Emergency Unit.

Comhairle na nÓg

The Youth Council for the local authority area of Co Wexford which is co-funded by the Department of Children and Youth Affairs and Wexford County Council.

Cultural competence

Cultural competence is more than an awareness and knowledge of different cultures and ethnicities; Lister describes a culturally competent staff member as one:

who provides or facilitates care which respects the values, beliefs and practices of the client, and which addresses disadvantages arising from the client's position in relation to networks of power.¹

Department of Social Protection

The Department of Social Protection is a department of the Irish Government. Its mission is to promote a caring society through ensuring access to income support and other services, enabling active participation, promoting social inclusion and supporting families.

Ferns Diocesan Youth Service (FYDS)

Ferns Diocesan Youth Service works with young people in Co Wexford to support them in realising their full potential. Their work is young person centred; encourages wellbeing; promotes equality, diversity and inclusiveness through the provision of quality youth work; and takes place in a safe and trusting environment.

FETAC

The Further Education and Training Awards Council is the former statutory awarding body for further education in Ireland. It has recently been dissolved and its functions passed to a body entitled Quality and Qualifications Ireland (QQI).

GP

General practitioner (primary care family doctor).

HAP

The Housing Assistance Payment is a form of statutory social housing support for people who have a long-term housing need. It allows people to take up full-time employment and keep their housing support.

Health Information and Quality Authority (HIQA)

The Health Information and Quality Authority is an independent authority established to drive high quality and safe care for people using health and social care services in Ireland. Its mandate extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered.

¹ Lister, P., 'A Taxonomy for Developing Cultural Competence', *Nurse Education Today*, May 1999; 19(4): pp.313–8

Health Service Executive (HSE)

In Ireland, health and personal social services are delivered by the HSE. Services are delivered in hospitals, health facilities and in communities across the country.

The HSE values are identified in the Corporate Plan 2015–2017 *Building a High Quality Health Service for a Healthier Ireland* as: Care, Compassion, Trust and Learning. The Corporate Plan sets out its five goals as follows:

1. Promote health and wellbeing as part of everything we do so that people will be healthier
2. Provide fair, equitable and timely access to quality, safe health services that people need
3. Foster a culture that is honest, compassionate, transparent and accountable
4. Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them
5. Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

HPSC

The Health Protection Surveillance Centre (HPSC) is the national agency dedicated to the surveillance of communicable diseases.

HRC

The habitual residence condition is an eligibility condition that applicants for most means-tested social welfare payments in Ireland must satisfy. It came into effect from 1 May 2004 following the enlargement of the European Union.

HSE Social Inclusion Teams

There are Social Inclusion units in the HSE at national and regional levels. The Community Healthcare Organisation Area 5 Social Inclusion Team supports the development and implementation of appropriate initiatives that enhance healthcare delivery to ensure equitable health outcomes for minority and vulnerable communities within its catchment area, the five counties in the South East of Ireland: Carlow, Kilkenny, South Tipperary, Waterford and Wexford. The project being evaluated in this document was initiated and funded by the South East Regional Social Inclusion Team of the HSE. All instances of 'Social Inclusion', 'Social Inclusion Team' or to the 'HSE Social Inclusion Team' refer to the Social Inclusion Team in Community Healthcare Organisation Area 5 in the South East region, unless otherwise indicated.

Community Healthcare Organisation Operation Plan 2016, Area 5 (South East) states that:

The core objective of the HSE Social Inclusion is improvement of health outcomes for the most vulnerable in society. This includes provision of targeted interventions for people from traditionally marginalised groups who experience health inequalities, have difficulties accessing services and present with multiple, complex health and support needs. Vulnerable people and communities falling within the remit of Social Inclusion include Irish Travellers and Roma, Asylum seekers and refugees and LGBT service users. Issues of Addiction, Substance Misuse, Homelessness and Domestic, Sexual and Gender based violence are

overarching themes within the work of HSE Social Inclusion. The cross-cutting nature of social inclusion, with the intersection of a range of issues across service user groups demands a partnership approach across statutory and voluntary sectors where responses are flexible, sophisticated, coordinated and aimed at eventual integration of service users into mainstream services, where possible. At the same time, social inclusion works with mainstream services towards assuring accessibility to disadvantaged service users.

Integration and Support Unit

The Integration and Support Unit is an humanitarian NGO in Waterford city and its mission statement is:

To integrate, empower and enhance lives of New Communities in Waterford through the provision of information, Initial Skills Education and Integration Programmes and to support effective access to mainstream services.

Their work is based on core principles of promoting basic human rights, respect to all, social inclusion and integration.

Intercultural/cultural mediation

Intercultural or cultural mediation is a process through which a professionally trained mediator, usually from a minority ethnic background themselves (in this case from a Roma background), facilitates cross-cultural communication and mutual understanding between a service provider and people from minority ethnic backgrounds. It is an internationally recognised tool for promoting equality of access and outcome to key services for people from minority ethnic backgrounds. Using a cultural mediator from a Roma background is a tool that is of particular value in working with Roma clients, because of the nuanced complexities of Roma culture and the mistrust and misunderstanding that often exists between Roma people and service providers.

Interculturalism

A process that comprises an open and respectful exchange between individuals, groups and organisations with different cultural backgrounds or world views. The definition of interculturalism in the context of service provision provided in the HSE's *Health Services Intercultural Guide* is particularly relevant to this evaluation report:

The willingness and capacity of an organisation to ensure that cultural difference is acknowledged, respected and provided for in a planned and systematic way in all systems, processes and practices.²

This involves developing individual and organisational 'cultural competence'.

Interpreting and translation

In this context, the term 'interpreting' is the *oral* translation from one language into another and translating the term used to convey the translation of *written* material.

Local development companies

Kilkenny LEADER Partnership; Waterford Area Partnership; Wexford Local Development.

² HSE, *Health Services Intercultural Guide: Responding to the needs of diverse religious communities and culture in healthcare settings*, April 2009, p.14

Nasc

The Irish Immigrant Support Centre, based in Cork.

NGO

Non-governmental organisation

PPS

A Personal Public Service Number (PPS number) is a unique reference number that helps a person access social welfare benefits, public services and information in Ireland. Before one can be allocated a PPS number, one must show that it is needed for a transaction with a specified body.

Safe Pass

The Safe Pass Programme is a one-day basic safety awareness training course aimed at all construction site personnel/workers. Its purpose is to ensure workers have a basic knowledge of health and safety with the aim of accident prevention and avoidance of health hazards. Safe Pass is mandatory for all construction site personnel.

SICAP

The National Social Inclusion and Community Activation Programme which operates at county level. It aims to tackle poverty, social exclusion and long-term unemployment through local engagement and partnership between disadvantaged individuals, community organisations and public sector agencies.

Social determinants of health

The concept of socio-economic factors and the key part they play in individual and population health was first advanced by the English public health consultant Sir Michael Marmot who identified a range of related factors, including inequality, poverty, social exclusion, socio-economic position, health services, employment, education, housing, and stress as social determinants. The Institute of Public Health in Ireland reiterates this, stating:

Health inequalities are preventable and unjust differences in health status are experienced by certain population groups ... health inequalities are not only apparent between people of different socio-economic groups – they exist between different genders and different ethnic groups.³

Social Inclusion

See HSE Social Inclusion Teams.

South East Region

The South East region of Ireland comprises five counties: Carlow, Kilkenny, South Tipperary, Waterford and Wexford.

Supplementary welfare allowance

Supplementary welfare allowance is a weekly statutory allowance paid to people who do not have enough means to meet their needs, those of their qualified adult relatives and any qualified children.

³ Marmot, M., *The Health Gap: The Challenge of an Unequal World*, 2015, p.1, Bloomsbury Publishing, London

Tús

A community workplace scheme which provides short-term work experience for unemployed people. It is managed by local development companies for the Department of Social Protection.

Tusla

Tusla, the Child and Family Agency, was established on 1 January 2014 and is now the national dedicated state agency, under the Department of Children and Youth Affairs, responsible for improving wellbeing and outcomes for children.

TREO Portlairge

Waterford Community Youth Training and Employment Programme.

U-Casadh

A Waterford-based social inclusion project working towards change in attitudes to crime, social exclusion, rehabilitation and social justice.

Foreword

I am delighted to welcome the report *Towards Care, Compassion, Trust and Learning: Evaluation for the Health Service Executive of Community Healthcare Organisation Area 5 Social Inclusion's work with Roma communities in counties Waterford and Wexford*.

The Social Inclusion Team in the South East has been actively supporting the Roma community to access services with a view to enhancing their health and wellbeing and active participation in their community since 2014, when we appointed a Regional Community Participation Officer with a remit for Roma health.

The initial needs identified, particularly in Waterford, were crisis driven and demonstrated the significant barriers Roma faced even to meeting basic needs such as food for children. The Public Health Nursing services highlighted concerns in relation to child malnutrition. There were many challenges to supporting access to all services, including health, primarily due to the ineligibility of many within the Roma community to meet the habitual residence condition.

Despite the barriers and challenges, through concentrated efforts and working together with statutory, voluntary and charitable organisations, and with the Roma community themselves, we have collectively begun to make inroads to ensuring that a new community can access services, supports, employment and training opportunities that will allow them to reach their full potential.

It has been slow and difficult and we acknowledge that we are only beginning to make a difference. However, it is clear from this review that we are indeed making a difference on which we can continue to build.

We would not have been able to begin this journey without the dedication and determination of Suzanne Nolan, the Health Service Executive (HSE) Social Inclusion Regional Community Participation Officer; and in turn the first Roma Health Advocate, Mirela Vlasceanu; and subsequently, the Wexford Roma Health Advocate, Alex Petrovics. (We are pleased to report that a third Roma Health Advocate, Dragos Simileanu, is about to join the team since the completion of this evaluation). Working with Suzanne, the Health Advocates and their agencies, the Ferns Diocesan Youth Service, and the Integration and Support Unit of the Edmund Rice Centre (a humanitarian non-governmental organisation) in Waterford, alongside Thelma Blehein in Tusla, have all been instrumental in engaging the Roma community effectively.

The Waterford Roma Interagency Group was invaluable in ensuring a coordinated interagency response was provided to vulnerable families within the Roma community living in Waterford city. Membership of this interagency group is comprised of representatives from the Integration and Support Unit, St Brigid's Community & Family Centre, the Area Public Health Nursing Department, Tusla Child and Family Agency, Waterford Traveller Group, Waterford City and County Council, and An Garda Síochána, as well as HSE Social Inclusion Community Healthcare Organisation Area 5.

In Wexford, we have collaborated with Tusla Child and Family Agency, including the Child and Family Network Coordinator and Social Work Department; Children and Young People's Services Committee; Public Health Nursing Department; Primary Care Lead; disability

services; Wexford General Hospital; An Garda Síochána; the Department of Social Protection; Wexford County Council; Community Welfare Officers; Citizen's Information Centre; Barnardos; Wexford Local Development; and Ferns Diocesan Youth Service.

We have also worked with An Garda Síochána, the Department of Justice and Equality, and the U-Casadh Project to progress the Atelier Roma Men's Training, Diversion and Health Literacy Programme. This programme was designed to engage a group of very excluded Roma men and offer them the opportunity to benefit from a 20-week skills-based training programme incorporating traditional stonework, woodwork/woodcraft, English language, health awareness and health literacy programme. The external evaluation of this programme has found that it has been extremely successful in meeting many of its intended outcomes.

There are now two active Roma Health Advocacy Projects in counties Wexford and Waterford which provide health advocacy supports to Roma community members. These projects are funded by HSE Social Inclusion Community Healthcare Organisation Area 5 (South East) and managed by the Ferns Diocesan Youth Service in Wexford and the Integration and Support Unit of the Edmund Rice Centre in Waterford. The Roma Health Advocate posts are part of a collaborative model of intercultural health work in our region, developed from the Intercultural Healthcare Pilot Project, which employs peer health workers to work with their own communities in order to support access to and uptake of health services. Supporting such access is one of the recommendations of the National Intercultural Health Strategy 2007–2012 which underpins all intercultural health work undertaken in Community Healthcare Organisation Area 5.

This evaluation has tracked all of the Roma health work undertaken with Roma communities in Ireland South East over a one-year period. The evaluators have worked consistently to capture and document all of the details of the work undertaken and the outcomes achieved, and I wish to commend them on this. I also wish to take this opportunity to thank the Interagency Steering Group who supported the evaluation. Both the evaluators and the steering group worked to ensure the evaluation process was culturally appropriate and supported Roma participation throughout the entire process.

HSE Social Inclusion Community Healthcare Organisation Area 5 is committed to the development and implementation of initiatives that enhance healthcare delivery to ensure equality of health outcomes for minority and vulnerable communities within our catchment area. We have particular regard for the new Section 42 public sector equality and human rights duty and are currently working on a model of integrating equality and human rights into all our work.

I look forward to all of us working together to build upon the work to date, including our work on reducing health inequalities, to ensure that all members of our communities experience positive health and wellbeing and reach their full potential.

Dr Derval Howley
General Manager HSE Social Inclusion
Community Healthcare Organisation Area 5

September 2016

Executive Summary

For the evaluators, getting to know and observing this project closely has been a pleasurable and valuable learning experience. They are very grateful for the time and generous cooperation of the project team, the Roma community members and the many consultees who spoke to them over the course of the work. The evaluators found that the projects displayed a number of exemplary traits:

- a focus on actions aimed at supporting equal access to health services
- the provision of support to develop Roma capacity to identify and address their own care needs
- interagency collaboration
- sensitivity to the lived experience of the Roma populations
- an empowering community development approach in which Roma communities are actively engaged in the planning and development of health programmes
- attention to the wider health impacts of poverty
- the importance of using project learning to inform local, national and European policy making

These traits have contributed to what are two groundbreaking and successful projects.

ORIGINS OF THE ROMA HEALTH ADVOCACY PROJECTS

There were indications of unmet health needs among the Roma communities in Waterford city and in Enniscorthy from 2012 onwards. The HSE Social Inclusion Team in Community Healthcare Organisation Area 5 (Ireland South East), hereafter referred to as Social Inclusion, began to work with other agencies to collectively build links with Roma to explore their needs and develop trust within the local Roma populations. Despite the need for crisis intervention on housing, child welfare and nutrition (particularly in Waterford city), from the outset the evaluators found that there was a long-term vision for the work, which was both creative and flexible and focused on supporting access to health and other services and reducing health inequalities.

The evaluators learned how with Social Inclusion taking a lead role, the projects in the two counties took a careful, sensitive community development approach, listening directly to Roma to get an accurate picture of the communities, their needs and strengths. The creation of the Regional Community Participation Officer role within Social Inclusion was vital to the design and establishment of the work in line with the HSE objectives. Also crucial was the decision taken by Social Inclusion to re-distribute existing funding and secure new funding towards the establishment of Roma Health Advocate posts in counties Waterford and Wexford, hosted by the Integration and Support Unit and Ferns Diocesan Youth Service.

One of the key aims of both projects was to support Roma to access information about health services, as well as to support access to health services in general. The evaluation found that supporting access to information and take-up and usage of health services is a

key part of the work of the Roma Health Advocates and one of their particular successes. This approach is consistent with the National Intercultural Health Strategy 2007–2012 which states that increasing access to interculturally appropriate primary health services is a prerequisite to the achievement of positive health outcomes. Supporting such access is underpinned by the principles of equality and inclusion evident in the Roma Health Advocacy Projects as supported by Social Inclusion.

The evaluators saw how the Roma Health Advocacy Projects supported Roma to develop their capacity to identify and address their own health and care needs. Using a community development approach, Roma were facilitated to play an active role in identifying and addressing their own health needs and to plan and develop Roma-specific services and supports at local level. The evaluators note that facilitating communities to play an active role in determining and addressing their own health needs is a valuable social inclusion strategy which was recommended in the National Intercultural Health Strategy 2007–2012.

The evaluation found that the coordinated approaches within and between agencies at local, regional and national levels contributed greatly to the achievement of the projects' aims. In particular, the interagency cooperation resulted in Roma rights being vindicated, with the attainment of improved health and social gains for children and adults.

EVALUATION PROCESS

As part of its long-term strategy, Social Inclusion commissioned the external evaluators to review the work up to autumn of 2016 and to make recommendations for future direction and sustainability. An Evaluation Steering Group was set up with representatives from the Roma communities to guide the evaluation process. The evaluators met Roma and a range of service providers and other stakeholders in the course of their work. Their overall assessment is that the projects are extremely innovative and that they have achieved their key objectives as set out by Social Inclusion and as informed by the National Intercultural Health Strategy 2007–2012.

OVERALL BENEFITS AS EXPRESSED BY THE ROMA EVALUATION CONSULTEES IN WATERFORD CITY AND ENNISCORTHY

- Their perception that a safe space is available to them, where their individual concerns and needs are listened to and where they receive an appropriate information and advocacy response (This ensures them access to and use of health services, education, housing, welfare and other services)
- A strong sense that the project promotes the human rights, equality and dignity of the Roma population
- Their increased confidence in everyday communication within their host communities
- Improved rates of employment and self-employment for them
- Improved rates of achieving eligibility for social protection for them
- Feeling confident to advocate on their own behalf, express their identity and organise collectively, using community development principles

BENEFITS FOR AGENCIES AS EXPRESSED BY STAKEHOLDERS CONSULTED FOR THE EVALUATION

- That there is now a central place which has expertise in Roma culture, language and someone Roma people trust, which statutory and voluntary service providers can contact to ask for advice and support in their professional engagement with Roma. The evaluators found evidence that this is facilitating service providers to provide a more culturally competent service.
- An opportunity to innovate by using new working methods: the challenge of working with people from a different culture has prompted people to use diverse ways of working.
- The modelling and leadership in how to speak about and work with a particularly marginalised community from a minority ethnic background (by all those closely involved in the project), has been a positive example for staff in other agencies. This shows the benefits of interagency communication and collaboration.
- The project has in a variety of ways worked hard to address the social determinants of health issues and also to promote an awareness of the health impact of these social determinants in its policy submissions.
- The piloting of cultural activities, crafts skills and vocational training, creatively combined with the provision of health information, has the potential to inspire future work by mainstream vocational training agencies and future collaboration between these agencies and the HSE.
- Intercultural training focused on health issues is now available through project staff for staff of other statutory and voluntary agencies.
- The project serves to remind mainstream agencies of their general responsibilities (under Section 42 of the Irish Human Rights and Equality Commission (IHREC) Act) to ensure that they treat Roma equitably in all service provision.
- The identification of policy issues and barriers to Roma vindicating their rights and having their needs met, and inputting detailed descriptions of these at local, regional, national and European levels.

SPECIFIC MODELS OF GOOD PRACTICE

In addition to the general benefits, the evaluators identified four specific examples of good practice, all of which are founded on the projects' core values of recognising the importance of addressing health issues as they intersect with the reality of people's lives. The emphasis on listening to the Roma themselves when assessing their health needs and the customised intercultural health training programme for service providers were seen as excellent strategies to achieve sustainable health gains. Social Inclusion's mapping of the situation of Roma had identified poverty and poor nutrition for children and families as key issues from a population health perspective. The evaluators commend the projects' use of vocational training as a practical step to support Roma to access stable employment, which can greatly improve the health and wellbeing of Roma families. The specific training on children and families which was provided for a group of young Roma women volunteers in Enniscorthy,

so that they could enhance the work of the Roma Health Advocate, increased the capacity of the project there. To summarise, the specific models of good practice related to the following:

- **Community consultation**
- **Intercultural awareness in health and social care training**
- **U-Casadh Atelier Roma Men's Programme**
- **Training on the needs of children, young people and families**

RECOMMENDATIONS

Through their experiences with the projects the evaluators have made a long list of relevant recommendations in the main report. The following are some key points:

For all stakeholders engaged with the projects

- That all agencies participating in the projects learn from and further develop the highly successful practice of interagency collaboration pioneered by the projects
- That key stakeholder agencies secure multi-annual funding sources as their contribution to sustaining work which is customised to the specific needs of the Roma, on a long-term basis
- That participating agencies promote the effective use of Section 42 of the Irish Human Rights and Equality Commission Act 2014, to improve the experiences of Roma in accessing and using their services

HSE

That these exemplary projects in the South East are recognised by the HSE nationally in two respects:

- by allocating sufficient funding to put the work on a multi-annual basis
- disseminating it as a good practice model to Social Inclusion Teams in all other regions

Tusla Child and Family Agency

That Tusla, nationally and at local area level, follow through on the positive contribution they have made by allocating resources to ensure the continued development of the projects, particularly because a substantial focus of the work is for the benefit of children and families.

Local authorities

That the improved response from all local authorities in the region during the lifetime of the project in relation to housing support and provision be sustained and integrated into mainstream housing policy and service provision for Roma populations.

Local development companies

That the relevant local development companies review their current budgets and allocate sufficient resources and funding to undertake this work with a particularly marginalised ethnic group on a sustainable basis.

CONCLUSION

The Roma Health Advocacy Projects are exemplary initiatives which address the health and wellbeing needs of Roma in a flexible and creative way. These projects are supporting equal access to health and other services and reducing health inequalities among Roma in Community Healthcare Organisation Area 5 (South East). It is clear that this work is underpinned by the principles of equality, inclusion and human rights collectively shared by the Roma Health Advocacy Projects and Social Inclusion. Multi-annual funding would facilitate the strategic development of Roma health work in the region and the achievement of equality of health outcomes for Roma in the longer term. It is important that the lessons learned and the strategies developed by these projects be disseminated widely so that others working with Roma populations in Ireland can use them to develop coherent intercultural responses at local level.

1 Introduction

It is stated in the National Intercultural Health Strategy 2007-2012 that:

The National Intercultural Health Strategy provides a framework via which both staff and service users may be supported to participate actively and meaningfully in designing, delivering and evaluating the provision of healthcare to minority ethnic service users in Ireland. This strategy, reflecting input from a range of service users and service providers across the country, and informed by best practice, is aimed at reducing the social exclusion experienced by many in this cohort, enhancing their access to health services and in the longer term, promoting positive health outcomes and social gain.⁴

This evaluation recognises the Social Inclusion Roma Health Advocacy Projects as unique initiatives. They are firmly based on many important values and principles that are part of national health and social policy, including those contained in the National Intercultural Health Strategy. Both projects proactively reach out and respond to the health and social needs of one of the most marginalised and discriminated against minority ethnic groups in Europe. Roma people have been coming from Central Europe to live in Ireland since the 1990s. They and their children, many of whom were born here, now form part of local populations around the State. Although there is little accurate data available nationally, an estimate of between 3,000 and 6,000 Roma living in Ireland is often used.

Who are the Roma?

The Roma are a European ethnic group who have lived in Europe for centuries. They form a significant percentage of the population in Romania, Bulgaria, Turkey, Poland, the Czech Republic, Slovakia and some other countries of the Balkan peninsula. The experience of the Roma has included enslavement, persecution, discrimination and marginalisation. They were an identified minority population specifically targeted in the Nazi Holocaust, an event the Roma call the *Porajmos* (the Devouring). The Roma have their own distinctive language, Romanes, which is part of the Indo-European language group, as are English and the Celtic languages.

Following the collapse of the Berlin Wall in 1989, a new possibility of international migration for Roma coincided with an intensification of hostility directed at this minority group in many Central European countries. From 1994 small numbers of Roma, mainly from Romania, began to arrive in Ireland mostly to seek asylum from persecution. They and their children, born and raised here, now form part of local populations around the State. Since Romania (2007) and Poland (2004) and other Central European countries joined the European Union, Roma citizens of those states have not been eligible to apply for asylum in another European Union state.

However, in the main Roma can now avail of freedom of movement rights for European Union migrant workers. In the past 10 years this has allowed Roma to come to meet specific needs in the labour market here in Ireland. Although there is little accurate data available

⁴HSE, [National Intercultural Health Strategy 2007–2012](#), 2008, p13

nationally, a broad estimate of between 3,000 and 6,000 Roma who have settled in Ireland, is often used. Within the Roma population in Ireland, there is substantial diversity in terms of religion, education, economic status, professional skills, culture, traditions and family background.

The countrywide work of discovering how to respond effectively and with intercultural competence to the specific health and psychosocial needs of Roma in Ireland is still at an early stage. The publication of the first ever National Roma Needs Assessment is expected during 2017. This document, commissioned by the Department of Justice and Equality, is intended to provide a better understanding of the experiences of the Roma community in accessing public services. It will include a socio-economic analysis of the situation of Roma in Ireland and a demographic profile nationally. It will make recommendations which are intended to feed into government strategies.

This evaluation report looks at the experience of initiating work with local populations of Roma in the South East region of Ireland. The evaluators believe that the achievements and lessons of this project established through the Social Inclusion Team present models of good practice. These models have the potential to influence the future development of national, regional and local responses for the benefit of the Roma population of Ireland as a whole over the coming years.

2 Origins and Background of the HSE South East Social Inclusion Roma Health Advocacy Projects

2.1 A Brief Background to the Work in Counties Waterford and Wexford

2.1.1 Initial contact with the Roma population and identifying unmet health needs

From 2013 in Co Waterford, Tusla, the Child and Family Agency; the Public Health Nursing Department; St Brigid's Community and Family Centre; the Integration and Support Unit; and the gardaí, began to respond to the specific needs of the Roma populations in Waterford city, using a partnership approach. Tusla staff had already begun tentatively engaging with individual mothers and their children from Roma backgrounds, through concerns referred by the gardaí about children accompanying parents who were begging. It is crucial to note that these were classed as child welfare concerns which were related to the income poverty and poor housing conditions being experienced by their families. The agencies mentioned above formalised their structure into the Waterford Roma Interagency Group, which began to meet on a regular basis and invited Social Inclusion to join the group.

In Co Wexford, Barnardos (an independent children's charity that works with vulnerable children and their families and campaigns for the rights of all children) had been developing relationships with families from Roma backgrounds over a number of years. In 2014, the HSE appointed a part-time Regional Community Participation Officer who also worked part-time for Barnardos. A crucial factor in the development of the subsequent project work with local Roma was that this worker had already developed relationships of trust with several Roma families in Enniscorthy. As a result of seeing that there were unmet health needs among this population, Social Inclusion took the lead in developing a partnership with the Community Development Department of Tusla and began to consider a joint strategic response. This involved developing partnerships locally with Barnardos, the Ferns Diocesan Youth Service and within the HSE and Tusla.

2.1.2 Building trust and identifying service users' needs and preferences

In the spirit of the HSE National Intercultural Health Strategy, a crucial decision was made by Social Inclusion, to make the Regional Community Participation Officer a full-time post. The brief for this expanded role was to support Roma health actions in the region, and to begin the critical process of engaging in dialogue with and mapping the Roma population in the South East region, with a view to planning services and supports. The evaluators found that the personnel involved in planning and implementing this work showed the intercultural competence and openness needed for these processes. These skills and attributes were essential to building a solid foundation of trust with people of Roma origins who have experienced discrimination and social exclusion, both in their countries of origin and here in Ireland. The evaluators note that the nature of this sensitive and consultative response was also informed by the Health Information and Quality Authority National Safer Better Healthcare Standards, particularly in relation to person-centred care and support and the requirement that the planning, design and delivery of services are informed by service users' identified needs and preferences.

2.1.3 Interagency partnership and customised pilot health advocacy projects

Very importantly in terms of strengthening the work, in late 2014 Social Inclusion formed a partnership with the Tusla Community Development Department in Co Wexford to jointly respond to the high level of needs emerging from initial community consultations there. In Co Waterford, in order to build trust and ensure effective intercultural communication, Tusla provided funding for a part-time interpreter who had existing links to the Roma population there. Through prioritising the tasks of listening directly to Roma themselves and developing dialogue with them (in consultation meetings with individuals and families), a picture began to emerge of the extremely challenging circumstances of poverty in which many Roma were living in Waterford city. Initially working with Romanian language interpreters (on a voluntary basis in Co Wexford and part-time paid basis in Co Waterford), this culturally sensitive work resulted in the establishment of pilot health advocacy projects in the two counties. Part-time Roma Health Advocates were employed in Co Waterford in February 2014 and in Co Wexford from July 2015 with HSE funding.

What is notable is that although the health, housing and welfare needs of the Roma were very immediate and acute, the chosen working methodology went much further than a short-term crisis response. It came from a holistic and longer term viewpoint, recognising the HSE's understanding of the social determinants of health. The work and the issues arising from direct engagement and dialogue with the target communities in the two counties were meticulously recorded. In Co Waterford, this allowed Social Inclusion and the member agencies of the Waterford Roma Interagency Group to plan a customised strategic response. In Co Wexford, Social Inclusion, Tusla and their partner agencies were able to develop a specific response for that county. These tailored approaches to the needs of Roma living locally in each county were seen by the partner agencies as matching their own institutional objectives, and were based on values which are at the intersection of equality, human rights and social justice.

3. The Evaluation Process and the Regional and Local Contexts

3.1 Methodology and Practice Issues for the Evaluation

In the autumn of 2015, Social Inclusion made a strategic decision to fund an independent evaluation of the project over the course of one year. That autumn of 2015, the HSE tendered for a consultant with experience in the areas of social inclusion, health inequalities and health outcomes to evaluate the pilot projects to date, in line with best practice. To manage this process, an interagency Evaluation Steering Group was set up which included representatives of the Roma communities and key stakeholder agencies in counties Wexford and Waterford. The joint evaluators were appointed in November 2015 and this final report is the result of their investigations, interviews, reflections, analysis and recommendations. The following terms of reference were agreed:

The Evaluation Steering Group will work with and support the evaluators in their task of undertaking the evaluation according to the agreed brief and ensure that the process used is culturally appropriate and that Roma participation is supported.

The steering group met three times to discuss the evaluation work and revised the brief as follows:

Evaluate the following elements of the programme:

- The general benefits of the interventions and inputs including the interagency approach
- Specific benefits of the work to date particularly the health outcomes
- Value of using a community development model to address health inequalities and improve health
- Make recommendations for future interventions

The joint evaluators attended the meetings of the Evaluation Steering Group in order to familiarise themselves with the history and development of the project; to clarify members' expectations for the evaluation process; to develop an evaluation framework; and to take guidance on conducting the evaluation. The evaluation was carried out between November 2015 and June 2016. After that date, the evaluators reviewed documentation which outlined subsequent project developments and have summarised them factually towards the end of the report.

The evaluators began by collating and reviewing the initial data which mapped the Roma populations in the catchment areas, which had been collected by Social Inclusion and Tusla staff before the projects were established. They visited both projects to see the context of the work at first hand, meeting participants in Waterford, and observing a meeting of the Roma Community Group Enniscorthy. They then set up key interviews with those who had initiated the work and with staff in Ferns Diocesan Youth Service and the Integration and Support Unit. Other stakeholders in statutory agencies were interviewed to evaluate the impact of the project work on their engagement with their local Roma populations. As well as

evaluating the direct benefits of the projects for Roma, the evaluators also looked at how the diverse agencies worked together, and what results this produced.

The evaluators then consulted with the Evaluation Steering Committee in detail on how best to create a safe space for Roma project participants to speak about the impacts of the two projects on their lives. In Waterford this was done in a small group and with individual interviews, and in Wexford a community meeting was held for participants of all ages.

This evaluation report is designed to give an overview of the circumstances which led to the formation of these projects as a response to the needs and concerns of people of Roma backgrounds living in the South East region. It also seeks to evaluate the actions carried out by project founders, their partner agencies and the project staff employed. A key focus is on how the projects have engaged with the local Roma populations in Co Waterford and Co Wexford: specifically, what changes individuals and families from Roma backgrounds have experienced as a result of interventions planned and carried out as part of the two projects, with a particular focus on identifying positive health outcomes. The evaluators also sought to assess the value of using a community development approach and to review the development of the interagency work which have both been crucial elements of the projects. The evaluators have spoken to Roma participants in the projects, project staff, line managers of project staff at the Integration and Support Unit and Ferns Diocesan Youth Service, the projects' initiators in Social Inclusion, Tusla staff and members of the Waterford Roma Interagency Group and other key agencies as well as other stakeholders.

Substantial project documentation has been reviewed, face-to-face and telephone interviews have been carried out, consultations with members of the Roma communities have been held and project activities have been observed. In addition, the evaluators have reviewed health, equality, human rights and youth work policies which are pertinent to the objectives and partner agencies of the projects. The evaluators have been greatly supported in their work by the Evaluation Steering Group members, Social Inclusion, the Regional Community Participation Officer, the Roma Health Advocates and their line managers.

In the course of conducting their research and interviews for the evaluation, the evaluators were struck by the sense that the project work was continually evolving and progressing, and that project staff were open to innovation and developing new partnerships. During the course of the evaluation work, it was often discovered that a project action had been recently altered to reflect new circumstances or emerging opportunities. The evaluators note that this demonstrated that project staff and management were not content to carry on providing services and advocacy in the same way over time, but constantly sought new ways of ensuring an incremental improvement in the effectiveness and cultural sensitivity of responses which they and other agencies could develop.

3.2 Context – South East Region

3.2.1 Social Inclusion

The HSE Social Inclusion Team leads the work on intercultural health in that region and in December 2014, they set the following objectives for their work on Roma health:

- To map the location of the Roma community in the South East informed by best practice
- To support the Roma community to access information and to access services
- To identify the health needs of the Roma community in the South East
- To enhance the ability of the HSE service providers (especially the Primary Care Teams) to address the health needs of Roma and facilitate the provision of culturally appropriate services
- To work with NGOs, voluntary, community and statutory agencies to support them to respond to wider determinants of health
- To further develop the existing model of intercultural health-community knowledge workers
- To develop strategic links working towards inclusion in intercultural health with the local implementation teams/groups and Primary Care Teams
- To research and secure funding so as to ensure the sustainability of work with Roma on health issues

Considerable work has been done by Social Inclusion, both through the project actions and their own strategic initiatives, towards achieving the above objectives. The mapping and identification of health needs have been carried out thoroughly at the start, and continued at regular intervals. The health advocacy work to date has enhanced the capacity of HSE and other service-providing staff to raise awareness and to respond in a culturally appropriate way to the identified needs of the local Roma populations. Considerable work has been done to communicate to relevant agencies the specific living circumstances faced by Roma, and how these wider determinants impact on their health status.

Through continuing to encourage increased take-up of English for Speakers of Other Languages classes, and expanding the number of Roma individuals with the capacity to represent their community in local fora, the projects have over time been able to greatly increase the level of influence it has on local stakeholders and policymakers. The projects also expanded their role in research and mapping, through enhanced internal data collection systems, the use of the 'unique identifier' with an ethnic component, and the planned revision of the National Intercultural Health Strategy. This evaluation will also support Social Inclusion's efforts to secure longer term funding to sustain this vital work to reduce health inequalities among Roma of all ages.

3.2.2 Regional Community Participation Officer role

Social Inclusion established the Regional Community Participation Officer position 'to take a lead in relation to the development and implementation of Roma health within the South East'. This role was vital in laying the groundwork for the interagency cooperation which has provided important access for project staff to key statutory and other personnel in Enniscorthy, Waterford city and at county levels. This in turn facilitated resolving barriers and challenges to accessing health, welfare, education, vocational training and other services for Roma participants. The Regional Community Participation Officer's focus on a sensitive community development approach led to the painstaking trust building work, both with Roma and service providers, which built the foundations of the project in both counties. The coordinating function of the Regional Community Participation Officer role was also crucial in ensuring that the project was well documented. The meticulous recording of all project meetings, consultation events with the Roma and the preparation of funding proposals greatly facilitated the evaluators in their work.

Models of Good Practice 1 Intercultural Training

A key output of the Social Inclusion Team was the development and delivery of an accredited training programme in Intercultural Awareness and Practice in Health and Social Care and a Train the Trainers programme and accompanying toolkit. Social Inclusion commissioned Nasc (the Irish Immigrant Support Centre) and Quality Matters (not-for-profit consultants) to develop the programmes.

The aim of the programmes was to enhance the provision of culturally competent health services that are respectful of, and responsive to, the cultural and ethnic diversity of service users, and in that way enhance the quality of effective service delivery, in line with recommendations contained in the National Intercultural Health Strategy 2007–2012. The Roma Health Advocates in both counties completed the Train the Trainers Module of this Intercultural Awareness and Practice in Health and Social Care Training Programme, so they have the capacity to co-facilitate the training of HSE and other staff.

The importance of the central coordinating role of the Regional Community Participation Officer was obvious to the evaluators. This role was essential in keeping the focus on social inclusion and health inequalities in order to ensure that the project continually responded to the real needs of Roma individuals and families as identified by themselves. Through this role effective working relationships were built up with key staff in local agencies. These agencies had the resources and expertise to address these needs to the best advantage of the Roma population, paying attention to equality, human rights and community development principles. One example of this was the negotiation of the interagency cooperation necessary to design and deliver a Roma Men's Training, Diversion and Health Literacy Programme called 'Atelier' ('workshop' in Romanian). Another is the project's continuing active participation in national and European consultation processes.

A crucial aspect of the role of the Regional Community Participation Officer has been to support the Integration and Support Unit and the Ferns Diocesan Youth Service in the recruitment and induction of the Roma Health Advocates and conducting their external support programme on an ongoing basis.

Models of Good Practice 2

U-Casadh Atelier Roma Men's Programme

'Atelier is the best thing in my life' — Roma participant

The Atelier Roma Men's Programme was an innovative programme which was initiated by Social Inclusion and developed in collaboration with An Garda Síochána (Waterford Division), U-Casadh, the Integration and Support Unit, Ferns Diocesan Youth Service, Wexford Local Development and the Kilkenny LEADER Partnership. The programme included traditional stonework, woodwork/woodcraft and health literacy for Roma men from both Waterford and Wexford (20 weeks: 1 day/week). The project received funding from Social Inclusion, the Department of Justice and Equality, and the Department of Social Protection, with subsidiary funding from Wexford Local Development and Kilkenny LEADER Partnership. The evaluators judged this initiative to have been an example of good practice, demonstrating innovation and collaboration to other agencies such as the local development companies, which include Wexford Local Development, Kilkenny LEADER Partnership and the Waterford Area Partnership. We noted that this programme creatively included a health focus by designing a customised men's health literacy module delivered by U-Casadh trainers with assistance from the Wexford Roma Health Advocate.

A good example of the project's response to the specific needs and sensitivities of the participants is the following example. At the start of the project the Co Waterford Roma men showed considerable resentment to the project because of their sense that the Wexford men were being favoured by receiving welfare benefits. In order to address these feelings openly, a conflict resolution process was set up by the Regional Community Participation Officer and the Integration and Support Unit Manager with the Waterford Roma men, resulting in a resolution of the difficulties. The reaction of the men from Waterford is not unusual in any deeply disadvantaged group, but the project team's response demonstrates the sensitivity of the project to these kinds of complex but very understandable tensions.

In line with the project's commitment to good practice and the ongoing review of its work, the U-Casadh Atelier Roma Men's Programme was externally reviewed in a process involving the participants and the organisers. The review judged the programme to be 'an innovative, forward-looking response to meeting the needs of local Roma men who are excluded from the labour market by lack of employability skills, work experience and [English] language'. It found the programme was extremely successful in meeting many of its intended outcomes. The review acknowledged the key role in the programme's success of the Wexford Roma Health Advocate, who it found 'was a bridge between participants and the project', ensuring not just good communication and interpreting but also conflict resolution and the encouragement of full participation. A recommendation was made that this valuable role be built into future programmes and the review concluded that 'the project has enormous potential to improve the lives of Roma communities, improve local relations and allow the Roma community to contribute to the economic and social wealth of Waterford and Wexford.' The evaluation strongly recommended that in the second phase of the Atelier Roma Men's Programme and in future vocational programmes, greater emphasis be placed on English language skills, employability skills and strategies to support participants to progress to work/further training.

3.2.3 The role of the Ferns Diocesan Youth Service and the Integration and Support Unit

When Social Inclusion secured funding to establish the two Roma Health Advocacy Projects, it put the work out to tender. The staff of the successful tenderers, Ferns Diocesan Youth Service in Co Wexford, and of the Integration and Support Unit in Co Waterford worked very hard to set the projects up from scratch in a very short time frame. The evaluators noted that both host agencies committed management, administrative and other resources very quickly in order to ensure that the projects would be fully operational. It is also obvious that both agencies saw the Roma Health Advocacy Project as closely matching their existing institutional values, which included social justice, human rights, equality and community development principles. The Ferns Diocesan Youth Service and the Integration and Support Unit provided ongoing line management for the Roma Health Advocates and worked to integrate these new posts into their existing staff structures and overall work plan. In both agencies there was evidence that there have been advantages for the Roma community from being connected to existing youth, integration and community work with other sectors of the local population.

3.2.4 The creation of the posts of Roma Health Advocate

A key strategic decision was made by Social Inclusion to resource dedicated project staff in the form of Roma Health Advocates working from an accessible location. Project management acknowledged that even before their recruitment, both of the original Roma Health Advocates were 'volunteer champions' who were dedicated to improving the quality of life of Roma in both locations. The Roma Health Advocates were chosen for their knowledge and professional skills relevant to the project objectives, and their linguistic and cultural knowledge and understanding of the local Roma population. They have demonstrated the critical ability to build and sustain trusting relationships with individuals and families among the local populations of Roma. It is the evaluators' opinion that the commitment, energy and skills of these two individuals have contributed greatly to the achievements of the projects to date. They are responsible for day-to-day engagement with, and provision of support services to, Roma individuals and families in order to respond to their identified support needs. They have been ably supervised by their line managers in the Integration and Support Unit and the Ferns Diocesan Youth Service, and have received continuous external support from the Regional Community Participation Officer. This ongoing support has allowed them to further develop and expand the health advocacy and community support services over time as the needs of the Roma population change, and as opportunities for new areas of work arise.

The Roma Health Advocate posts support local Roma to identify their health needs, consider their options, access information and claim and secure their entitlements to health and social services (social welfare, housing, information, education, immigration, citizenship and family support). This advocacy work involves, where necessary, representing and negotiating on clients' behalf. In this way, advocacy is a way of ensuring access to information and services and enhancing equality of both opportunity and outcome, which are key recommendations of the National Intercultural Health Strategy.

4. The Evaluation of the General Benefits of the Interventions and Inputs Identified by the Evaluation, Including the Interagency Approaches in the South East Region

4.1 Links to the Goals of the National Intercultural Health Strategy

As stated at the outset of this document, the evaluators have recorded evidence showing how the Roma Health Advocacy Projects exemplify the vision of the National Intercultural Health Strategy. For example, the strategy identifies the principles of intersectoral collaboration, equality and targeting, interculturalism and anti-racism, community participation in health needs, and partnership working, as key values and principles in promoting an intercultural health strategy. These values and principles have been seen to actively underpin the Roma Health Advocacy Projects in a number of creative ways, for instance in the way collaborative links have been developed with a range of statutory, voluntary and community agencies; the way the principles of equality and interculturalism inform all the projects' actions; and the way a community development approach facilitates community participation in service development.

In line with these values, the National Intercultural Health Strategy 2007–2012 recommended three priority areas of work:

- 'Access to Services (access to services and service delivery)
- Data, information and research
- Human resources and organisational development'

In each of these three areas, the evaluators recognise that the Roma Health Advocacy Projects have made significant strides. They include effective advocacy to improve access for Roma to health services; collection of accurate information on marginalised populations and improved intercultural communication in relation to health and other services; enhanced and creative access to those services; intersectoral and coordinated actions that draw on the wider determinants of health, linking with education, training, work, housing and social welfare; mainstreaming interculturalism and equality in the host organisations and their partner agencies; recruitment of ethnic minority staff; and development of indicators on minority ethnic health outcomes.

Through the evaluation process, the following general benefits were identified by participants in conversation with the evaluators:

4.1.1 For Roma

- The perception by Roma that a safe space is available to them
- Staff in this safe space whom they trust and who listen to their individual concerns and needs and who can respond appropriately
- Having a focal point which Roma can easily access, for information, advocacy and support, to ensure access to and use of health information and health services

- Access through this focal point to education, housing, welfare and other services
- Take-up of services made available through the Roma Health Advocates:
 - women’s and adult health services
 - school, pre-school and children’s health services
 - involvement in the pilot vaccination project
- English for Speakers of Other Languages and Vocational Training opportunities
- Promotion of the human rights, equality and dignity of the Roma population
- Increased confidence of the Roma in everyday communication within the host communities
- Improved rates of employment and self-employment
- Improved rates of achieving eligibility for social protection
- Roma feeling confident to advocate on their own behalf, express their identity and organise collectively, using community development principles
- Improved safety and public perception to varying degrees

4.1.2 For agencies

- There is now a central place with expertise in Roma culture, language and someone Roma people trust, which statutory and voluntary service providers can contact to ask for advice and support in their professional engagement with Roma. The evaluators found evidence that this is facilitating service providers to provide a culturally competent service. Two examples which struck the evaluators were as follows: in Wexford the Housing Officer reported to the evaluators that she can explain to the Roma Health Advocate which specific documents Roma applicants need. This makes her work easier, helps the Roma client understand how the system works, which facilitates timely processing of the housing application. In Waterford, families reported that they can have an experienced Interpreter/Advocate present at GP and other health appointments, to ensure effective intercultural communication.
- The use of a formal structure for interagency work in Co Waterford and looser interagency communication in Co Wexford has allowed a multiplicity of agencies at local levels to contribute their staff expertise and resources to specific elements of the project work as appropriate. It has also allowed project staff to encourage new agencies to partner with the project work to create new opportunities for Roma to enhance their skills, economic integration, Roma community development and cultural expression.

- An opportunity to innovate by using new working methods: the challenge of working with people from a different culture has prompted people to use diverse ways of working.
- The modelling and leadership in how to speak about and work with a particularly marginalised community from a minority ethnic background, by all those closely involved in the projects, has been a positive example for staff in other agencies. This shows the benefits of interagency communication and collaboration.
- The projects have in a variety of ways striven to address the social determinants of health issues and also to promote an awareness of the health impact of these social determinants in their policy submissions.
- Piloting cultural activities, crafts skills and vocational training has the potential to inspire future work by mainstream vocational training agencies.
- Intercultural training focused on health issues is now available through project staff for staff of other statutory and voluntary agencies.
- The projects serve to remind mainstream agencies of their general responsibilities (under Section 42 of the Irish Human Rights and Equality Commission (IHREC) Act) to ensure that they treat Roma equitably in all service provision.
- The identification of policy issues and barriers to Roma vindicating their rights and having their needs met, and inputting these at local, regional, national and European levels.

5. Detailed Evaluation Analysis of Health Advocacy Work in Counties Waterford and Wexford

5.1 Waterford – the Context and Specific Benefits

5.1.1 Introduction

The programme with Waterford Roma originated from a very different starting point to that based in Wexford. The Waterford Roma Interagency Group was set up in late 2013 to provide a coordinated response to the needs of a number of Roma families in Waterford city, many of whom had come to the attention of the courts and Tusla due to charges of begging while accompanied by young children. A wide range of concerns and needs were identified in relation to the families which included: income poverty and a lack of sufficient food; malnutrition and poor health/wellbeing among the children; a lack of access to social welfare supports, health and education services; inadequate housing; social exclusion; and language difficulties.

The staff who initiated the first response to the needs of the families were the Area Public Health Nurse, the Child and Family Network Coordinator (formerly Local Area Pathway coordinator with Tusla), the Manager of St Brigid's Community and Family Centre and the Manager of the Integration and Support Unit (a humanitarian NGO in Waterford city). These staff later formalised the structure, and the Waterford Roma Interagency Group was set up in late 2013 with the purpose of providing a coordinated response to the needs of Roma families in Waterford. An Garda Síochána was represented on the Waterford Roma Interagency Group from the early stages. A request for support was made to the HSE and in May 2014 the Regional Community Participation Officer from Social Inclusion joined the Waterford Roma Interagency Group. The following groups are also members of the Interagency Group: Waterford Area Partnership, Waterford Traveller Group, and Waterford City and County Council.

5.1.2 Reframing the presenting problem and the Meitheal response

Tusla local management team made a clear decision in relation to referrals of Roma: that although children accompanying their parents to beg on the street was a serious risk and not in their best interests, the risk did not require a child protection response. The risk was assessed as being to do with the parents' limited capacity to care adequately for their children due to extreme poverty. In line with Tusla's recently initiated programme for children who are deemed to have additional needs but who are not at high risk, it was decided to establish a 'Meitheal'. The Meitheal is a multi-layered intervention which is part of the Tusla national practice model. It includes supporting and promoting the development, welfare and protection of children; supporting the effective functioning of families; maintaining and developing support services in local community services; providing preventive family support services; and, most importantly, facilitating enhanced interagency cooperation to ensure that services for children are coordinated and provide an integrated response to the needs of children and their families.

A key element of the Meitheal is that it cannot happen without the consent of the child's parent, in accordance with the underpinning value of empowering parents. Securing parental consent has been a particular challenge in the case of the Roma families, given their distrust of statutory services and their fear of their children being taken into state care. The Public Health Nurse who had made the initial referrals spent a lot of time explaining to the mothers involved the purpose of the Meitheal and the potential value to them of this action. A decision was subsequently made by the HSE that this Public Health Nurse, who had developed a relationship of trust and mutual understanding with Roma women and children, would work with all Roma families in the catchment area of Waterford city. Normally, once a family moved to another area of the city, they would be allocated a different Public Health Nurse according to the district.

Developments in Waterford coincided with the work being initiated by Social Inclusion with Roma people in Enniscorthy. It was decided that the work of the Waterford Roma Interagency Group should be included within Social Inclusion's broad response to Roma health needs in the South East. The Waterford and Wexford parts of the response are run separately and in accordance with the particular needs of each group and their differing local contexts. The appointment of the HSE Regional Community Participation Officer in May 2014, who has overall responsibility for both projects, ensures that there is reciprocal sharing of learning and resources where relevant.

5.1.3 Mapping, outreach and consultations – Roma needs and aspirations

The four families (approximately 8 adults and 12 children) that Waterford Roma Interagency Group initially worked with come from Hunedoara, Timisoara and Galati in Romania. The evaluators were informed by the Roma Health Advocate that these families are particularly traditional in all aspects of their culture, including their dress. Their family structure is also very traditional: men have a dominant role and women need their partner's or father's permission to engage in activities outside the home. The Roma Health Advocate's experience of the community is also that they are critical of any Roma whom they perceive to have abandoned aspects of their culture. On their part (the Roma Health Advocate informed us), some other Roma, both in their countries of origin and in Ireland, are critical of these more traditional Roma and that this has led to tensions in the Waterford context.

A mapping exercise was carried out by the Regional Community Participation Officer in October 2015. At that time it was estimated that there was a total of 43 people who self-identified as Roma in the Waterford area: 12 women, 14 men and 17 children. All of these people were living in Waterford city. The project was aware of other Roma living in the city who have not identified themselves as Roma.

CURRENT SITUATION

A total of 24 known Roma families (64 people in all) living in Waterford City and County had been identified by the project team by September 2016. The team is aware that the numbers fluctuate due to the lifestyle of many Roma people, which involves frequent moves, both within Ireland and between Ireland and their countries of origin. This is due to a variety of factors: maintaining contacts with family; visiting sick relatives; and the constant need to find work. Since January 2016 the number increased to 88 people. It would seem that word of the programme has spread to outlying areas of Waterford, where Roma had previously been hidden within the community due to stigma and stereotyping.

NEEDS IDENTIFIED BY WATERFORD ROMA INTERAGENCY GROUP IN LATE 2013

- **Income and food poverty:** Not one of the original eight adults had been employed, and because of the application of the habitual residence condition, only one individual had succeeded in accessing a social welfare payment; families had insufficient food and local doctors confirmed that children were malnourished. Families had no source of income except through activities such as begging or washing windscreens at traffic lights.
- **Accommodation:** Most of the families lived in what was generally considered to be tenement and grossly substandard accommodation in Waterford city centre. Conditions in all the accommodation was poor and overcrowded, and in some situations was so damp that it contributed to health problems including respiratory difficulties among adults and children. Families sometimes had limited or no access to water, electricity and cooking and washing facilities.
- **English language and education:** Most of the adults had no experience of education before coming to Ireland, and none of them had more than a few words of English. Their poor English skills and their lack of access to English for Speakers of Other Languages classes contributed to difficulties in all other areas of their lives in Ireland, e.g. isolation from the wider community; securing tenancy agreements; and understanding and accessing health and other services.

None of the school age children had been enrolled in school, for a number of reasons including their parents' poor experience in school and a fear that their children might be targeted in school in the same way that they were themselves in the wider community.

- **Health:** Income poverty and their appalling living conditions obviously contributed to significant health problems among children and adults. However, people were not accessing health services; no one had a medical card and there was also no understanding of what services were available to them and how to access them. Children had received none of their vaccinations. In situations of a medical emergency people tended to use the local A & E Department. The only service that they were linked in with was the HSE Public Health Nursing Service. This was because they had young children (for whom the Public Health Nursing Service has a statutory responsibility) and because of the good relationships which the Public Health Nurse had built up with Roma mothers and their children.

This needs assessment was refined and updated in late 2014. The following observations were included:

- **Language and cultural barriers:** The lack of appropriate English for Speakers of Other Languages classes, together with the lack of linguistic and cultural interpreting, contributed to barriers in understanding and accessing social, health, educational and other services. The lack of access to and funding for childcare was an issue for mothers whose very young children were not in pre-school. Children of parents who are not in receipt of welfare benefits are not eligible for the early childhood care and education (free pre-school service) programme.

The evaluators note that there are cultural issues around pre-school for some Roma mothers. The belief common to most parents that '*nobody knows better than them how to look after their children*' is particularly strong among Roma parents. At the same time they have been used to a more comprehensive subsidised pre-school service in their countries of origin, and find the Irish system restricts their ability to avail of development opportunities such as English for Speakers of Other Languages classes.

- **Health:** Women rarely accessed health services including ante-natal care; the children's vaccination schedule was incomplete.
- **Racism and stereotyping:** There was considerable antipathy towards the Roma community in Waterford among the general public, with many myths being perpetuated. A general lack of understanding about the history, culture and values of the Roma was also common among service providers. The negative attitudes in the wider community have at times been fuelled by explicitly racist content directed against the Roma population on social media. This culminated in a serious racist incident in October 2014 in which a large crowd gathered outside their accommodation and mounted a disturbing and frightening attack on the adults and children gathered inside. The attack went on for four or so hours until the gardaí evacuated the families. Other families were targeted over the two days of the October bank holiday weekend. These incidents have had far reaching effects and still have repercussions, particularly for the children involved.

5.1.4 Changes resulting from the establishment of the Roma Health Advocacy Project

From its inception in 2013 the Waterford Roma Interagency Group implemented a programme of care and supports to address the immediate and complex needs of the families, particularly the health needs of the women and children. The approach of the group was characterised by a multi-pronged, solution-focused and highly creative response to these many needs. The group drew on the resources and expertise within the group and when the requisite skills were not available within the group, contacts were established with others, or new members were invited into the group from other appropriate agencies. The approach was also characterised by a respect for the Roma target group and the same commitment to communicate the details of all relevant actions to the Roma participants that had been a feature of the establishment of the Meitheal. Core values identified and reiterated by Waterford Roma Interagency Group members and by Social Inclusion included a commitment to human rights and social justice. This approach to the work has continued

under the leadership of Social Inclusion with the setting up of the Roma Health Advocacy Project in February 2014.

5.1.5 Acknowledgement of the social determinants of health – a commitment to the Health Information and Quality Authority National Safer Better Healthcare Standards

The evaluators note these specific examples of actions taken by Waterford Roma Interagency Group in the early stages, which were clearly informed by the above standards and health concept:

- Funding was secured from Tusla to employ an Interpreter/Support Worker for three hours a week to assist Roma women to access services. The person employed was an ethnic Romanian woman who had long established links and relationships of trust with Roma people in Ireland and had worked with Tusla staff as an interpreter in the past.
- Funding was obtained through another small Tusla fund to set up a special family scheme with a local GP service, whereby mothers and children were able to avail of unlimited GP visits, including children's vaccinations over a six-month period. This arrangement has been extended twice since then and has now been running for almost three years. Eighteen children have been vaccinated through the scheme.
- A local charity supplied vouchers to assist families with purchasing essential food and medication; each family received food vouchers to the value of €75 weekly for a period of time. The part-time Interpreter/Support Worker assisted mothers with food shopping with a focus on buying healthy and nutritious food and coping with not having a cooker or a fridge.
- An arrangement was made with St Brigid's Family Resource Centre for children to attend the centre crèche.
- English for Speakers of Other Languages classes customised to the needs of the Roma population were established with the support of the Integration and Support Unit.

The employment of the Regional Community Participation Officer has resulted in a more focused continuation of these actions, the initiation of others and in a linking of Roma needs as uncovered by the project into more strategic policy recommendations and developments. Examples include:

- Meeting with each Roma family in the target group and supporting their application for Department of Social Protection allowances, in conjunction with the Roma Health Advocate. The habitual residence condition has been applied not only to applications for weekly living allowances but also to applications for other benefits such as medical cards and the free early childhood care and education pre-school year. Initially, challenging the inevitable negative decision that followed each application was part of the work of the Regional Community Participation Officer and the Roma Health Advocate and had limited success.

- Awareness raising and lobbying key agencies in relation to the impact of the interpretation and application of the habitual residence condition to the Roma population. The consensus among Waterford Roma Interagency Group members was that there may be evidence of direct or indirect discrimination in the way in which the habitual residence condition was being applied to the Roma population. It was therefore decided in mid-2015 to continue to advocate at local level but to partner with Pavee Point (a national agency working with Travellers and Roma) and seek a change in government policy on human rights grounds. The Waterford Roma Interagency Group (jointly with Pavee Point) commissioned a legal paper on the rights of the Roma to social protection in August 2015.
- Annual mapping of the Roma population in the catchment area. The care which the project has taken to carry out a mapping and needs assessment exercise directly with the target group on an annual basis is consistent with the Health Information and Quality Authority Safer Better Healthcare standards and the HSE National Intercultural Health Strategy.

5.1.6 Waterford Roma Interagency Group review

The early days of the interagency group between its inception in 2013 and early 2015, especially around the time of the racist attacks on the four families, were exceptionally demanding and members were involved at a very intense level in supporting the families. On one level this was successful, as families were kept together and no children were taken into care. However, due to the level of work and the fact that a number of agencies had either joined or left, the original piece of work changed from its initial purpose. This led to what one Waterford Roma Interagency Group member described as ‘a sense of frustration about the purpose and direction of the work’. The group followed good practice and sought an external review with the objectives of clarifying the Waterford Roma Interagency Group’s direction and purpose; identifying areas of work that needed prioritisation; and establishing the required structures to meet the group’s purpose, as well as ensuring a collective sense of ownership in the decision-making of these actions.

The review reached a number of decisions. The following vision statement was agreed:

The Roma community will be able to sustain and support themselves
– and actively participate in community life.

The mission statement was agreed as follows:

To advocate, promote and support the needs of the Roma community with statutory, community and voluntary agencies, with a view to accessing services and entitlements in accordance with human rights based principles.

It was also agreed to concentrate on five priority areas of work: family support and child welfare; creating opportunities to access training, education, employment and enterprise; researching rights and entitlements in relation to accommodation and living conditions; promoting healthcare, wellbeing and life skills through exploring alternative methods such as that used in the Traveller health projects; and addressing income poverty through

progressing the legal paper that was being progressed with Pavee Point. Subgroups were established to work on each of these priorities (except for the last, as it was considered to be already in hand).

5.1.7 Changes resulting from the employment of the Roma Health Advocate

The Roma Health Advocate, who had initially been contracted on a self-employed basis by the Integration and Support Unit as an Interpreter/Support Worker, was appointed as Waterford Roma Health Advocate in February 2015 following a recruitment and selection process. Prior to her appointment, she had already shown exceptional knowledge of and commitment to Roma people in the South East region, both as an interpreter (with child and family services, the gardaí and others) and as a volunteer advocate. Additional funding was granted by Social Inclusion to extend the hours to 14 a week, and responsibility for her post, including management and supervision, was taken on by the Integration and Support Unit. The post was further extended in July 2015 when her hours were extended to 19.5 a week. A more detailed job description was agreed and drawn up. This included interpreting and advocacy for Roma clients to promote their access to health and other services and representing and raising awareness on Roma issues to participating agencies.

Analysis of the progress reports from the Roma Health Advocate in 2015 and 2016 showed that much of the Roma Health Advocate work with individual Roma clients was concentrated in the following areas:

- **Health issues:** this included supporting Roma to make health appointments; accompanying people to GPs and other health-related appointments; following up on children's vaccination schedules; assisting with medical card applications.
- **Education:** liaising with schools and providing relevant information on Roma culture; advising mothers on how to negotiate contact with schools.
- **General advocacy work:** one of the key tasks of the Roma Health Advocate has been providing an information, support and advocacy service aimed at empowering the Roma community. This involves supporting them to identify their health needs; explore options; access information; and claim and secure their entitlements to health and social services, including social welfare, housing, information, education, immigration, citizenship and family support. Where necessary, the Roma Health Advocate represents and negotiates on behalf of clients.
- **Income supports and employment:** assisting with Department of Social Protection applications; linking with TREO Portlairge, as the local community youth training centre; liaising with the *Big Issue* magazine as a way of supporting Roma to secure an income. The Roma Health Advocate, supported by the Regional Community Participation Officer, has also facilitated members of the community to register with Waterford Area Partnership who have a brief to support Roma under the Social Inclusion Community Activation Programme.
- **Other areas of work:** providing support to individuals who had been trafficked into the country; linking with the Romanian Embassy in Ireland.

- ***Towards community development:*** the Roma Health Advocate has also been engaged in developing more wide-ranging activities: setting up a weekly drop-in facility; supporting the English for Speakers of Other Languages classes; setting up a weekly craft and sewing group with the multiple aims of assisting women to develop their craft skills, and to enhance their trust in the project and in the Integration and Support Unit in general, and to give informal support to their English for Speakers of Other Languages learning.

The Roma Health Advocate, supported by the Regional Community Participation Officer from Social Inclusion, also organised a number of community consultation meetings in the summer of 2015 with a view to developing a collective approach to some of the identified issues affecting the community. However, this work was constrained by the ongoing immediate needs of the families and their desire to be supported individually. These families were dealing with acute situations such as being in receipt of eviction notices and having members of their family requiring serious medical treatment, but not having a medical card or any form of income. In this context, confidentiality was crucial and individual advocacy considered the most appropriate response.

This extensive list clearly illustrates the pivotal role of the Roma Health Advocate in ensuring access to and usage of key health, social and educational services. Her work in community development, by developing more wide-ranging activities, is noted by the evaluators as being particularly important but also very challenging. As stated earlier, most of the Roma population involved with the project in Co Waterford were particularly disadvantaged in Romania and continue to be seriously disadvantaged in Waterford through the application of the habitual residence condition and serious difficulties in accessing housing services, social protection payments and accommodation. The external context in Waterford has therefore not been conducive to a community development approach, as the Roma population has been dealing with very basic financial, housing, health and welfare issues. Responding to these basic survival needs and ongoing crises has been a constant but essential element of the workload of the Roma Health Advocate. Another significant challenge is that because this Roma population is more traditional and patriarchal in its social structure, women frequently need to ask their husband or father for approval to participate in the English for Speakers of Other Languages classes or other project activities. Many of the creative responses to these challenges by the Roma Health Advocate, such as the craft and sewing classes, have been a way of promoting group solidarity and therefore a form of pre-community development. These responses are also in line with the projects' consistent adherence to the HSE National Intercultural Health Strategy's principle of developing 'responsive, flexible ways of facilitating equal and optimal access to and utilisation of health services'.

RECENT DEVELOPMENTS

In line with the above principle and in acknowledgement of these traditional gender sensitivities, a male Roma Health Advocate was employed and is due to commence working (part-time) in October 2016 on the Waterford project. The positive outcomes achieved by the male Wexford Health Advocate while working on the Atelier Roma Men's Programme, both in engaging participants and in further engaging them in a customised health module within

the project, indicated that a male Roma Health Advocate would be better placed to continue promoting similar outcomes with Roma men in Waterford.

5.1.8 Roma views on the changes brought about by the setting up of the Roma Health Advocacy Project and the employment of the Roma Health Advocate

'I feel that I am not alone; I have someone' — Roma participant

A group of four women and five men who are a core part of the target group were interviewed as part of the evaluation. It was decided to meet with each of them individually because of the possibility that they might be nervous about revealing information in front of their peers, but in fact only the women were met with individually; the four men met with us as a group and talked freely. The Regional Community Participation Officer and the Roma Health Advocate assisted with trust building and communication.

Participants were asked about their lives before the project and about what difference the project had made to their lives. Comments about life before the project included:

'If you [Mirela] were not here for us, we didn't know where to go.'; 'I didn't know where to go, who to talk to.'

Comments about the difference made by the project included:

'You [Mirela] help us a lot; maybe people don't know how much you helped.'

'I felt you were all on my side the whole time.'

'Life was not very good but is better now.'

'I didn't know where to go, who to talk to; since I met you, you worked with me.'

'We are happy that you struggle for us.'

'I had no school in Romania; I come here every week to learn English.'

'We want to thank you for what you have done for us.'

'You open our minds.'

'The project will change something for good.'

The men made special reference to the benefits of attending the Atelier Roma Men's Programme being delivered in U-Casadh, a social inclusion project on the borders of Waterford city and Co Kilkenny:

'It takes our minds from our problems.'

'I'm worse than a dog; this is not a life.'

'It [the project] helps us forget about everyday life.'

'This project will change everything for good.'

'You told us we had to go to U-Casadh every Friday and we go; I'm very happy to go there.'

'We want a future for our children.'

Two central themes ran through the conversations with all the Roma participants. One was that the projects in general, and the Roma Health Advocate and the Regional Community Participation Officer in particular, had given them a significant lifeline together with a gateway to important health, education and other services. The other was a sense of hopelessness about their chronically difficult lives because of the ongoing struggle to get Department of Social Protection payments, child benefit, medical cards and their consequent and never-ending dependence on begging (for the women) and washing windscreens (for the men), both activities they described with intense shame and frustration. In the course of the conversation with the men, they talked with some feeling about how a garda had removed their windscreen washing materials the previous week and asked them to cease doing it *'because they were bringing shame on Ireland'*.

5.1.9 Changes observed by other stakeholders, including Waterford Roma Interagency Group members

The project was seen as a timely and relevant initiative in responding to the needs of Roma in Waterford. The value of the Waterford Roma Interagency Group was emphasised by its members and by outside agencies. A common view was that it had allowed for group strategising around particular issues, and accessing resources either from within the group or from outside. This strength was particularly valuable during the racist events of October 2014, when members of the Waterford Roma Interagency Group worked long hours and in extraordinarily difficult circumstances to protect the Roma victims and to find alternative accommodation for them. Members also talked about the way they have learned about Roma culture, issues and needs through the group. One member commented that *'the project gave me an insight into Roma people and the role played by different agencies.'*

It was also acknowledged that both the Waterford Roma Interagency Group and the Roma Health Advocate have done a *'huge'* amount of work and acquired *'a lot of learning'*, which they felt has been carefully documented and should be showcased. The garda member of Waterford Roma Interagency Group described how before the project his main relationship with Roma people was *'moving them on'* but *'thanks to the project, we have now moved away from that – it has pushed us [the gardaí] to get to know and talk to the Roma'*. The positive involvement of the gardaí has been further enhanced by what was described by Waterford Roma Interagency Group members as a very active local Chief Superintendent *'who is more into diversion than enforcement'* and had secured funding to contribute to the recently established Atelier Roma Men's Programme (the traditional stonework, woodwork/woodcraft, and health literacy project begun in 2016).

The Regional Community Participation Officer commented that working collaboratively with the Garda Chief Superintendent was most beneficial in addressing some of the key issues for the Roma community in Waterford, including their general exclusion and the barriers they face in relation to securing employment and training for employment opportunities. In 2014

when the Roma families in Waterford were being protected by local agencies from threats and intimidation which forced them to leave their accommodation, the national Garda Racial, Intercultural and Diversity Office became involved in a supportive role. That specialist national garda unit carried out a Roma cultural awareness training programme for selected gardaí in every region of the country over a period of two years. The solid working relationship that developed between Social Inclusion and the Garda Chief Superintendent in Waterford, in the year after the October 2014 attacks on Roma families, facilitated dialogue that resulted in the development of the Atelier Roma Men's Programme. The evaluators note the complete lack of employment training or work opportunities previously experienced by the Roma men from Waterford. It is a major achievement that they have engaged with, grown in confidence and gained new skills from this interagency project and that they have particularly benefited from the external work placements.

However group members also noted that the Waterford work has been beset by constant '*stumbling blocks*' and crises which have been mainly to do with external factors such as housing, poverty and accommodation issues and the application of the habitual residence condition. Waterford Roma Interagency Group members find it frustrating that the ever present difficulties to do with accommodation and the habitual residence condition put such a heavy demand on project resources that there has been little spare capacity to influence other areas of the very challenging policy context in Waterford.

Many stakeholders noted that Tusla was one of the key agencies involved in the establishment of a creative and innovative interagency response to the needs of Roma families in Waterford. It provided once-off funding to a number of projects, and played a special role in project development. Tusla funding at earlier stages of the project included the special family healthcare scheme with a local GP practice and providing food vouchers to families. Individual Tusla staff members continue to play an active role, particularly the Child and Family Network Coordinator, and are represented on the Waterford Interagency Group. Nevertheless, a concern was expressed by some members of the project that Tusla as a body, through increasing demands on its resources, may have to limit some of its financial commitment to the project in the future.

5.1.10 Specific health outcomes

In Waterford as in Wexford, part of the project's aim has been to focus on the broader lens of the social determinants of health to ensure positive health outcomes. However, when policy barriers proved an obstacle to improvements in income, housing and social inclusion, the project had to compensate by creating new access points to basic health services. An example of this was the continuing arrangement with a local GP practice to provide services to women and children, some of whom are deemed not to be eligible for medical cards. This valuable initiative was necessary to compensate for the fact that barriers such as the habitual residence condition prevented Roma accessing the mainstream public health insurance programme for those on welfare, which is the medical card system. The evaluators note that the individual advocacy work of the project has resulted in most families being deemed eligible for medical cards. This is a significant achievement of the Waterford project.

With regard to more specific health outcomes, the availability of the Roma Health Advocate, who also provides linguistic interpreting and intercultural mediation, is of pivotal value in ensuring ease of access to and usage of the health services. The participation by the Regional Community Participation Officer at Primary Care Team meetings has also been useful in this regard. The arrangement with the local GP practice has also ensured access to a sympathetic and increasingly aware family doctor practice for Roma women and children, none of whom had medical cards when the project began. Respondents to the evaluation exercise have noted the significant jump in the practice GPs' understanding of Roma culture and needs. A further benefit, noted by HSE respondents, is that prior to the project there was a significant number of Roma attending the local hospital A & E department rather than GP practices, as they did not have a medical card or funds to pay a family doctor. In addition, on occasion Roma people could not be discharged from hospital as they could not afford to pay for prescribed medication. The Primary Care Lead informed the evaluators that the setting up of the arrangement with the local GP practice and a related arrangement to provide prescribed medication at low cost through a local pharmacy have ensured that there have been no Roma inappropriately accessing the local hospital A & E Department in recent times. The Primary Care Lead also commented on the significantly improved networking and communication around Roma health and wellbeing issues, as a result of initiatives undertaken by the project or developed in collaboration with the project.

CURRENT SITUATION

The project team drew up a set of evaluation indicators to assess health outcomes for children and for families in Waterford and established a new health casework monitoring system in early 2016. This has resulted in a more detailed breakdown of health referrals and health outcomes from January to June 2016 as seen in the following table:

ROMA HEALTH AND OTHER INTERVENTIONS

Medical cards	Health advocacy	Housing	Education supports	Social welfare	Community	Child health
14	6	92	21	71	19	26
GP supports	Hospital	Dental	Health promotion	Child welfare, protection & family support	Others	ISU internal
21	4	4	19	12	95	17

5.2. Wexford – the Context and Specific Benefits

5.2.1 Introduction

The presence of Roma (mostly from Romania) in the Enniscorthy area came about largely because local fruit farmers had begun to recruit individuals from Roma backgrounds to meet labour shortages in the summer fruit-picking season from about 2006/07. While this gave short-term employment, resulting in families settling locally, the work was seasonal and did not allow for year-round income. Gradually, more family members joined relatives already living in Co Wexford, and the population of people from Roma origins increased. Due to their low incomes, low proficiency in English and lack of information about and entitlement to welfare services, they had little initial engagement with statutory personnel. This resulted in them living in the poorest quality rented accommodation available in or near the town. Over time, the Roma came into contact with staff from the HSE, Tulsa and Barnardos.

The Co Wexford population of people from Roma backgrounds had grown to a figure of 350 by December 2015 and with the arrival of some new families from Romania by September 2016, project staff estimated it to have risen to 400.

5.2.2 Mapping, outreach and consultations – Roma needs and aspirations

When the HSE became aware of this population and their needs and circumstances, there was a pre-engagement phase which involved making contacts with individual Roma and providing the advocacy supports they needed. From May 2014 the HSE Regional Community Participation Officer was appointed, with a brief to support better access and outcomes for Roma people with regard to health and other statutory services. She began to seek advice from other agencies around Ireland who were working with Roma, and to undertake outreach work with Enniscorthy Roma to establish and build trust and relationships and to support families to begin to access these services. At that stage the Tulsa Senior Community Development Officer joined the project at the request of Social Inclusion and a decision was made to hold a series of community consultations with the local Roma population from November 2014. The key issues presented by the Roma themselves were as follows:

- **Poverty and powerlessness:** Lack of regular income; inadequate food and clothing; and very poor and overcrowded housing conditions were pressing issues.
- **Communication with the statutory service providers and the local Irish population:** Previous Roma experiences of discrimination meant that they had relationships of trust with very few individuals and that they were living in isolation from both local services and the local community. The combination of previous discrimination and isolation had led to the build-up of fears, including the fear of having their children removed from their care, fear of being sent back to Romania, of community violence against them and of ill health. They had a history of not being able to access the information and services they needed. Apart from one or two women who were developing their English language proficiency, the level of spoken English in the community was very poor and interpreting was not usually available to them.

- **Health – clinical:** Issues included a lack of health information and little understanding of how to access health services. Some children were not vaccinated, and both children and adults did not have easy access to GP services. Hospitals reported Roma coming to A & E due to them not having medical cards and not being registered with GPs. Lack of trust and cultural taboos led to women not attending pre- and post-natal services. Poor nutrition and poor dental health were prevalent as a result of their levels of poverty.
- **Health and wellbeing:** Project personnel reported high levels of stress and lack of self confidence among the adult Roma women and men they encountered. Worries about their poverty and the struggle to feed their children led to disturbed sleep patterns and low mood.
- **Lack of cultural awareness:** The deficit of intercultural knowledge and intercultural competence on occasion among health, social welfare, child and family, education and An Garda Síochána service providers was noted. This led to inappropriate communication and poor quality service resulting in discrimination (both unintentional and intentional) and, at times, violations of the basic rights of members of the Roma population. The lack of provision of interpreters and the use of English written materials, such as appointment or compliance letters, without having them translated were barriers to Roma having equitable access to essential health services.
- **Education/skills training:** Lack of access to English classes for Speakers of Other Languages (ESOL) had an impact on the income levels of families, the social isolation of individuals and the lack of integration of the Roma community as a whole. Without proficiency in English, adults could not access vocational skills training or regular employment. Family poverty, parental isolation and lack of information about education services led to many children not being enrolled in schools.

5.2.3 Interagency response. Statutory and voluntary agency roles and responsibilities – finding a home for the Roma projects

In Co Wexford, Social Inclusion took the lead and partnered with Tusla to begin engaging sensitively with local Roma to ensure their needs, views and autonomy were central to the planned work. Personal contacts and relationships of trust were used by HSE and Tusla personnel to build allies among local statutory and voluntary agencies. Individual Roma volunteered as interpreters and translators in the initial stages.

Before the project began, the Ferns Diocesan Youth Service had been getting referrals of Roma young people through schools and requests from Tusla and the HSE to look into the needs of Roma pre-school children. Ferns Diocesan Youth Service works to the Department of Children and Families guidelines ‘Better Outcomes, Brighter Futures’, a set of cross-cutting transformational goals to improve the health, education and wellbeing status of children and young people nationally. In line with these national goals, Ferns Diocesan Youth Service works to support parents, while at the same time actively involving children and young people. It also has a strong focus on early intervention and prevention. As a significant socially excluded population in the Enniscorthy area, young Roma were regarded by the local branch of Ferns Diocesan Youth Service as part of its catchment population.

Ferns Diocesan Youth Service had previously been contracted to carry out other projects funded by Social Inclusion when it made a strategic decision in 2015 to tender for the contract to run the Roma Health Advocacy Project for Co Wexford. It saw this work as fitting very well within its own strategic objectives and the key youth work values, which include ensuring that young people are *'active and healthy', 'connected, respected and contributing'* and *'safe and protected from harm'*. The Ferns Diocesan Youth Service staff members are passionate about the work of the Roma Health Advocacy Project, seeing the opportunity to work with participants from a different culture as bringing a welcome intercultural dynamic into their organisation and giving their staff the chance to learn new ways of working, inspiring them to be more innovative.

5.2.4 A customised local response – rationale, trust building and vindication of a human rights and equality response

When the Regional Community Participation Officer took up her post, she contacted all groups working with Roma around the country for their advice in engaging directly with Roma. They specifically highlighted that establishing trust from the outset was essential. Initial contact with the Roma community in Co Wexford reinforced that view. The priority placed by HSE, Tusla and project staff on taking time to meet with and listen carefully to the reality experienced by Roma living locally allowed them to build that trust gradually.

The HSE and Tusla staff had considerable experience of working with other marginalised groups such as Irish Travellers. The evaluators noted that this may have contributed to the flexibility and openness of approaches taken and the willingness to design specific actions which were customised for the needs of a single identity group. It can also explain why these staff saw the value of an interagency approach.

The HSE and Tusla staff began advocacy work for individuals and families with acute needs, particularly assisting them with Department of Social Protection welfare applications, and this further developed the trust building and gave them credibility with the wider Roma population. The involvement of local Roma as voluntary interpreters who were already trusted by local Roma and who had the necessary intercultural understanding and communication skills also contributed to the high level of trust which was achieved. The evaluators have been struck by the respectful attitudes towards Roma shown by all project staff. The evaluators recognise that such attitudes, founded as they are on principles of human rights and equality, have been the foundation of the project's affirmation of the lived experience of the Roma. Another factor which has been very important for facilitating cohesion and a sense of mutual understanding among project staff is that both Tusla and HSE staff, along with the Wexford Roma Health Advocate and his line managers, participated together in equality and human rights training via the Children and Young Persons' Services Committee.

5.2.5 Development of a collective Roma 'voice' and recognition of Roma cultural identity

In turn, project staff quickly came to appreciate the sense of pride in Roma cultural identity and the strongly held positive aspirations for a better life for themselves and their families, which are evident among the Roma locally. Such positive attitudes expressed by key project personnel, recognising the strengths of Roma, both individually and collectively, have been

vital in helping to achieve later project outcomes, such as the cultural events and the setting up of the Roma Community Project Enniscorthy. The first such expression in Enniscorthy of local Roma cultural identity was held on 8 April 2015, International Roma Day. The introductory speech by the Tusla Senior Community Development Officer reinforced the beliefs of the project founders in the inherent talents and resilience of the Roma by referring to their '*joyfulness, their passion for living, their hard work, intelligence*' and of '*their clear desire to make a better life for themselves and their families*'. She also was careful to express equality as a project objective by saying, '*We have a desire for, and are ambitious for equality.*'

5.2.6 Choice of a community development model

It is notable that Roma themselves identified respect and dignity as being key values which had been lacking in their life before the project, and which had led to their isolation and fear of trusting people outside their own group. Responding to this reality and best practice in similar projects, a community development model was chosen with the following principles, which are consistent with the Health Information and Quality Authority National Safer Better Healthcare Standards:

- **Collective action:** The evaluators note (from documents and interviews), that there was a specific focus on giving Roma a clear expectation that through collective action, they could be actively involved in improving their situation. The Tusla Senior Community Development Officer and the HSE Regional Community Participation Officer used their considerable community development skills and experience to gradually and sensitively build trust with individual Roma, which then led to opportunities to introduce a collective approach. The value placed on the community development model is seen in the use of regular group drop-in sessions and specific community consultation events. This methodology seemed to resonate with this population and seems to have been the catalyst for the later development of an independent Roma Community Group in Enniscorthy, with a representative function.

The evaluators observed one of the drop-in sessions and could see the level of enthusiasm and communal solidarity which has been generated among the Enniscorthy Roma population. The evaluators were told that before the project, local Roma would not have felt free to speak about their needs and concerns openly with other members of the Roma population, so it is obvious that the project work has created a safe space for such dialogue and fostered a sense of mutual acceptance and self-help.

The evaluators heard and observed that there is a level of gender equality within the Roma population in Enniscorthy which facilitates women and men to share needs, concerns and ideas and solutions together in community meetings which has been essential in fostering a sense of respectful dialogue and communal solidarity. The capacity for men and women to work together in a team has created the conditions for the formation of the Roma Community Group Enniscorthy.

- ***Inclusion of excluded communities:*** The HSE and Tusla devoted considerable staff time to developing a customised organisational response for Roma in Co Wexford because they recognised that the health needs of Roma had not been met and that there were barriers for them in accessing health and other important services. Based on the principles of autonomy and empowerment, the priority was to give Roma the opportunity to develop English language skills and know-how to avail of local health and welfare services in the first instance. Once their basic needs were met and they had acquired confidence and language skills, the community development model would then support a process which could lead to their inclusion in local community life.
- ***Empowerment of those who are marginalised:*** The emphasis on collective dialogue, both through the weekly drop-in sessions and the larger community consultation meetings, encouraged Roma to expect that they could establish their own representative structure. This valuing of the recognition of their own lived experience by professionals from statutory agencies cannot be underestimated. For people who have experienced repeated marginalisation and discrimination, hearing statutory personnel say '*That is not right*' when they were facing eviction or denial of services seems to have helped them to feel confident to express aspirations for a better life in Enniscorthy.

It is significant that just when many Roma families were facing imminent eviction from an apartment complex in the town during 2015 some of those same individuals took pride in dancing in a mainstream local festival, as they believed strongly that this would help to change local perceptions of the Roma population as a whole. This also shows the positive benefits resulting from the project personnel's recognition of the positive benefits for individuals and the community of being involved in artistic expression of their cultural identity. Another outcome of this cultural work is that Roma sat alongside members of the local Chamber of Commerce on the planning committee for the 2016 Enniscorthy Street Rhythms Dance Festival. There Roma engaged with other migrant groups to put the diverse communities of Enniscorthy at the centre of local community life, through the use of music, dance and seminars. The evaluators note that it is unique in Ireland for the Roma community to have spearheaded a cultural diversity event by convening a planning meeting with representatives of other migrant and culturally diverse groups to join them in organising a special element of the 2016 Street Rhythms Dance Festival.

- ***Active involvement of participants in identifying their own needs:*** The evaluators note that, following the community development approach, statutory staff and now the Wexford Roma Health Advocate have, from the start, created safe spaces for the Roma in Co Wexford; this has allowed them to reflect on and express the challenges they face in everyday life and the aspirations they hold for themselves and their children. In addition to internal project consultations, the evaluators recognise the benefits of holding community events as part of national consultation strategies.

Models of Good Practice 3 Community Consultation

Social Inclusion and the Tusla Community Development Department jointly facilitated a consultation event in Enniscorthy to feed into the National Roma Needs Assessment. This was attended by 64 Roma community members, including young people. The Tusla Senior Community Development Officer wrote up the findings of the consultation. The Wexford Roma Health Advocate translated this into Romanian and a written submission was made to the Department of Justice and Equality. The first National Traveller Roma Integration Strategy consultation, organised in Limerick by the Department of Justice and Equality, was attended by two representatives of the Enniscorthy Roma community, and the Regional Community Participation Officer attended the Dublin consultation event.

5.2.7 Changes resulting from the setting up of the Roma Health Advocacy Project

While the Ferns Diocesan Youth Service was already engaged in delivering health projects for Social Inclusion, the nature of the Roma Health Advocacy Project meant that the work would encompass advocacy with a wider focus on health, social welfare, vocational training, cultural diversity and other issues, and would include Roma of all ages. However, the Ferns Diocesan Youth Service accepted that this work comes within the framework of addressing the social determinants of health and the Department of Children and Youth Affairs' policies on improving family infrastructure to benefit children and young people. Ferns Diocesan Youth Service was keen to engage with the equality and human rights framework which underpins the Roma Health Advocacy Project. Their staff are enthusiastic about the added value which the Roma Health Advocacy Project brings to their organisation in terms of cultural diversity. In turn, the Ferns Diocesan Youth Service ethos includes a culture of ongoing evaluation, innovation and interagency cooperation, which the evaluators judge as having benefited the project. There is evidence that the project is well integrated into the Enniscorthy branch of Ferns Diocesan Youth Service.

The Roma Health Advocate and Ferns Diocesan Youth Service staff have been representing the project ably at local fora and to advocate for more equitable service provision and appropriate changes in policy to ensure the ambitious project aims can be realised. This work has included attendance at the Co Wexford area Children and Young Persons' Services Committee meetings, and this responsibility has since been taken on by a representative of the Roma Community Group Enniscorthy. The evaluators noted that at Children and Young Persons' Services Committee meetings, Roma Health Advocacy Project representatives have encouraged statutory agencies to respond to Roma as clients of their own services, where appropriate, rather than always referring them back to the Roma Health Advocacy Project. The evaluators also heard that project staff have been able to model the use of positive and respectful language when speaking about the Roma community to other service providers, as a way of influencing behaviours and attitudes among personnel in other agencies. Those attending these county-wide Children and Young Persons' Services Committee meetings come from all the major statutory and community agencies with which the Roma community and the Roma Health Advocacy Project need to interact. During the evaluation period, the Roma and Travellers were the only migrant and culturally diverse groups represented on this interagency body dealing with policy on children and young people.

Project staff commented on the sustained energy and commitment required to develop and maintain effective interagency working from the outset of the project. The evaluators sensed that there is ambition among both project stakeholders and the Roma population of Enniscorthy to strive for even greater achievements in the future.

5.2.8 Changes resulting from the employment of the Roma Health Advocate

The Enniscorthy Roma Health Advocate who was employed had a legal qualification, had good advocacy skills and a strong commitment to social justice, human rights and a community development approach. He has used a dual approach to advocate for more equitable access to rights and essential health and other services for individuals on the one hand, and simultaneously mentored the group collectively to participate actively in the local community networks and events. He worked part-time from July to December 2015 and the post was made a full-time one from 1 January 2016. From August 2015 to March 2016, he handled casework for over 250 beneficiaries. This included 90 health-related cases, including filling out medical card applications, GP registrations, appointments with the Public Health Nurse, making GP and hospital appointments and responding to queries from 10 health service providers. The Roma Health Advocate drafted letters for over 40 clients and also handled 120 general advocacy issues, covering the Department of Social Protection, housing, education and general information requests. The Roma Health Advocate noticed that welfare and benefit claims got a speedier result when all the necessary information was submitted with the initial application, when he was advocating for a client. He also reported that without his explanation of exactly how a certain application process is likely to work, Roma clients may repeatedly contact a particular local service, because they do not know that the local staff person has completed their tasks and sent the file up to the county or national level for a decision. This type of misunderstanding by Roma could lead to frustration for them and annoyance for local service providers, and is a good example of a less obvious benefit of providing an advocacy service.

Except in exceptional circumstances, if a Roma client requires interpreting, the Roma Health Advocate organises it through the HSE telephone interpreting service, or if possible through a face-to-face interpreter. In the case of other local services, apart from those funded by the HSE or by Tusla, there does not appear to be any budget allocation for regular interpreting to be made available to clients who do not have fluent English. In some cases the Roma Health Advocate has interpreted for a Roma client at an appointment with the service provider. Ferns Diocesan Youth Service expressed serious concerns about the inappropriate use of children and young people to interpret for their parents.

Prior to the employment of the Roma Health Advocate, community development and fostering a sense of solidarity among the Roma population in Enniscorthy had already been a strong part of the work with the group. The Tusla Senior Community Development Officer was largely responsible for this, through her support work in the establishment of the Roma Community Group Enniscorthy and the setting up a community Solidarity Fund called the 'Good Will Fund'. This fund involved a bank account established by the Roma Community Group Enniscorthy to hold a contingency fund to support newly arrived Roma before they could become economically self-sufficient.

The Roma Health Advocate has continued this strong emphasis on community development with the group. The evaluators observed one of the weekly community meetings and were impressed with the way the Roma Health Advocate facilitated the group meeting and the level of participation by group members. Much of the group discussion on that particular day focused on how a newly arrived family could be supported, and a decision was taken by the group to contribute financial aid to the family from the community's Good Will Fund. This self-help initiative is a good example of the emphasis the Roma Health Advocate places on empowering Roma to make their own decisions to improve the situation of their community. The Roma Community Group Enniscorthy has continued to grow in strength: it has agreed its constitution, based on human rights and equality values, and held its first AGM, attended by 60 Roma. The Tusla Senior Community Development Worker assisted with the drafting of the constitution document and the organisation of the AGM. Representatives of the Roma Community Group Enniscorthy sat on the project's Evaluation Steering Group and the planning group for the 2016 Enniscorthy Street Rhythms Dance Festival.

In response to an expressed need for more physical activities, the Roma Health Advocate started a salsa class once a week, mainly with young Roma participants. This later developed into a twice-weekly health and wellbeing group for young Roma, dealing with mental health. Young Roma also participated in mainstream Ferns Diocesan Youth Service activities. Two Roma young people joined the Wexford Comhairle na nÓg as representatives. As with all Comhairle na nÓg work, this initiative is funded by Wexford County Council.

In the spring of 2016, one young Roma woman from Enniscorthy went to Lithuania and Wicklow on an EU programme with other Ferns Diocesan Youth Service youth participants. The aim was that she would design a youth project which she would implement back in Enniscorthy, with mentoring from the Roma Health Advocate.

Together with the Regional Community Participation Officer, the Roma Health Advocate recruited five young Roma women from the community and liaised with Barnardos to run a customised course on health issues for women and children, which he attended with the young participants. It was planned that these young women would work as volunteer community health workers, specifically with young women and their children.

Models of Good Practice 4

Training on the Needs of Children, Young People and Families

Barnardos were engaged by the project to deliver a four-week programme to Roma community leaders in spring 2016. This followed consultations between the Tusla Senior Community Development Worker and the Regional Community Participation Officer and Barnardos in relation to identified needs, and subsequent consultations with the community. The Roma Health Advocate recruited five young Roma women from the community to participate in this programme, which he also attended. The aims of the programme for the chosen participants were:

- To develop a better understanding of the support needs of the Roma community in Enniscorthy, particularly in relation to children, young people and their families
- To support the Roma community to have a better understanding of the role of voluntary and statutory services in Wexford
- For members of the Roma community to be more informed regarding services provided by Barnardos in Wexford, e.g. the Family Support and Teen Parent Support Programme
- For members of the Roma community to be aware of the legislative and cultural context in which child rearing/parenting takes place in Ireland
- To discuss understandings of the different stages of child and young person development, and the needs of children and young people at each stage
- To explore issues related to child health, safety and wellbeing
- To provide an opportunity to meet representatives from Public Health Nursing and the Tusla Social Work Department
- To provide other relevant information based on needs presented by members of the Roma community before or throughout the course of the workshops

The evaluators view this as an excellent example of interagency collaboration. It is consistent with the community development model of the project. In particular it is a response to the gender dimension of the project, in that it builds on the capacity of the participating women to deliver peer-to-peer gender-sensitive health education and parenting work.

5.2.9 Roma views on the changes brought about by the setting up of the Roma Health Advocacy Project and the employment of the Roma Health Advocate

'I feel so good about this project' — Roma consultee

As part of the project's external evaluation process, an evening consultation event was organised and attended by around 50 members, of all ages, of the Enniscorthy Roma community. The event was supported by the Wexford Roma Health Advocate and the Regional Community Participation Officer.

The evaluators were struck by the enthusiasm and energy displayed by the group as a whole and the clarity with which they could articulate the changes in their lives brought about by the setting up of the Roma Health Advocacy Project and the employment of the local Roma Health Advocate. Evidence of the project's impact on the confidence and English language levels of the consultees is that the evaluators were ably assisted in facilitating the event by four articulate, confident young Roma with sufficient English, both in spoken and written comprehension.

Roma consultees said that before the community meetings run by the project, they never shared their concerns or problems with other Roma. The evaluators witnessed how willing they were to speak of the issues and problems they have faced, and the challenges they still need to overcome. There was a very special energy in the room as people opted to remain standing while they answered the questions posed by the evaluation team. The main changes expressed by the Roma were as follows:

HEALTH-CLINICAL

- Before the project, Roma said it was *'very hard to understand the language'* and they had difficulties applying for and receiving medical cards. As a result of the project they said, *'Now you can ring Alex'* [the Roma Health Advocate] *and he will translate.'*
- Roma said, *'Now we have medical cards and interpreting.'* People expressed their satisfaction with having the Roma Health Advocate to go to, to explain official letters and documents.

HEALTH AND WELLBEING

- Before the project, Roma said, *'Everyone was sad, stressed, disappointed because they were kicked out of their houses, but that has now changed.'* (This is a reference to nine families who were supported through an eviction process).
- Roma reported a significant change in how they feel in themselves and also in relation to positive changes in local people's attitudes towards the Roma population as a whole.

INCOME

- Lack of regular income was identified as the root cause of many of the past difficulties faced by Roma in Wexford: *'People didn't have money.'*

- Roma said, *'Now we know where to go'* to apply for social welfare payments in between seasonal work, and they have opportunities to get vocational skills training. They see an improvement in their situation as people now have personal public service (PPS) numbers which in turn allow them to access other services and benefits.

ACCOMMODATION

- *'Very hard to find, and still is'*. Housing is still a challenge, with good quality accommodation very hard to find, and Roma are still vulnerable to evictions and having to accept poor housing standards and uncertain short-term rentals.
- *'Too expensive'; 'no rent allowance, they won't accept'*.
- Roma have frequent experiences of racism and discrimination in the housing sector and say, *'They [landlords] will not accept us because we are Romanian.'*
- Communication with prospective landlords had also been an issue as they explained: *'It was hard for people to find places to live because they didn't know the language.'*

EDUCATION

- *'For children it was ok, but we couldn't help our children with homework.'*
- *'For adults it was hard with the language'* before the project, but they also said, *'We now have English courses and it's much better now.'* A mother of three boys who had been learning English for six months was very happy that she now understands well and is keen to continue learning further.
- Two young women have applied for a Further Education and Training Certificate (FETAC) Social Care course and have been assessed as needing further development of their reading and writing skills in English. This has motivated them to intensify their language learning.
- Young men under 18 who are not in school are being supported to find suitable training opportunities.
- Before the project, Roma said, *'It was really hard for people to communicate with other people because they couldn't understand the language.'* *'People didn't know English; now you can come to Alex – with letters, with papers – for interpreting and translation.'*
- The evaluators observed that many people have attained a reasonable level of English, which was confirmed by Roma who said, *'More people know English. Before there were no English for Speakers of Other Languages classes; now there are English classes.'* *'There was no work experience before; now there is, for example a chainsaw course.'*

ROMA COMMUNITY GROUP ENNISCORTHY

- Roma said, *'Before the Roma community project started there was [sic] no meetings or people gathering together to talk about our problems ... for example if we have money to pay bills and other things. But now we can discuss about lots of things.'* They also said that in the past, *'People didn't share problems before; now they do.'*

CULTURAL IDENTITY

- Roma said it was *'very nice to do all the festivals'*. They were happy to see the Roma *'young people enjoying themselves'* as *'they have somewhere to go when they want to gather together'*.
- Of the 2016 Street Rhythms Dance Festival performance by the Roma community young people said, *'The show in the street showed other people what we're like; people began to know us.'* One person said, *'I'm in Enniscorthy since 2007; we never had a chance to show people what we are'* until the project gave them the opportunity.

DISCRIMINATION

- Roma feel that the Roma Health Advocacy Project has *'helped fight discrimination'* but that there is still a level of discrimination, so people discussed how further promotional and cultural activities are needed to improve the image local people have of Roma: *'Project has brought a little bit change; we need more!'*

LOCAL PERCEPTIONS OF ROMA

- People explained that before the project started, *'Lots of people used to judge us because we are from different place and we have different life culture.'* They also said, *'Before the project began we didn't know a lot of Irish people and their personalities.'*
- *'Before this project people considered us bad people but after the project started people got to know us better and they like us now.'*
- Roma are very clear about the impact of the project's work on the way they are perceived by local people and how this improves their own lives: *'I feel so happy about this project and now a lot of people know us.'*
- Roma also understand the value of a wider cultural diversity approach: *'The project helps us because before people didn't know each other, but since we made this project lots of different [people] ... from different nationalities got to know us.'*

5.2.10 Changes observed by other stakeholders

Service providers reported that having had the Roma Health Advocate assisting a claimant facilitated them to do their job more efficiently for a Roma client, as they received a completed application with all the necessary supporting documentation at the outset of the process. Roma clients who approached them without the advocacy support of the Roma

Health Advocate are less likely to have understood fully what information and documents the statutory agency required, and to have to wait much longer for a decision on their application.

Local teachers attended the International Roma Day celebration in 2015 and the evaluators were told that this had a positive impact on their understanding of Roma children's culture and community background. Other service providers also said they gained a lot from attending the cultural events at which members of the Roma community showcased their music, dance and costumes. There is anecdotal evidence that these events contributed to an improvement in local acceptance of the Roma population in Enniscorthy.

There have been positive changes too in relation to accommodation. The eviction of families due to fire safety issues in 2016 has led to improved communication on the housing and accommodation situation of Roma families between the various relevant sections of Wexford County Council. Generally, stakeholders reported improvements in housing to the evaluators, observing that many Roma families had settled well in housing estates around the town and were well integrated with their neighbours. Many landlords have been happy to rent to Roma and have had very good experiences with long-term tenants. The lack of new social housing becoming available was mentioned as a challenge and the only emergency housing unit held by the Council in the town had been occupied by a Roma family for a year after them becoming homeless, due to the lack of available alternative housing for them to move on to.

With the up-turn in the construction industry, Roma men were beginning to be offered work on building sites. To commence work, they needed to complete the Safe Pass training and acquire a Safe Pass card. The National Social Inclusion and Community Activation Programme aims to engage with the most hard to reach among those seeking employment, with Roma named as a specifically marginalised target group. Wexford Local Development has worked in close partnership with the Roma Health Advocate to support Roma through specific training inputs and also to access mainstream vocational skills training where appropriate. Information from the National Roma Needs Assessment and the Census 2016 results may assist the relevant statutory agencies in quantifying the levels of need for support and skills training among Roma who are unemployed or underemployed. Stakeholders have already considered using the Tús Community Work Placement Initiative to offer work experience to one or two Roma in the future.

The Co Wexford project does not have a formal interagency structure. This is because Social Inclusion, Ferns Diocesan Youth Service, Tusla and the Roma Health Advocate took a decision that, in line with the community development approach, the Roma community would be facilitated to find their own voice and representative role first. It was felt that if the agencies started meeting together regularly, this could be disempowering for the emerging Roma community organisation. What has resulted is that individuals from the Roma community have now been given responsibility for representing their community at different local and regional consultative groups. One stakeholder felt that a local interagency group at Enniscorthy level would have value, but only if it was action-oriented rather than focused on policy issues. It was suggested that it might be convened in times of crisis.

6. Recent Developments

The evaluators conducted their observation and monitoring of the project up to April 2016. Since then the project has continued its pioneering and innovative work, and between then and the publication of this final report in September 2016, there have been a number of significant developments as follows.

6.1 ROMACT Training Project

In April 2016 Social Inclusion initiated a partnership with the five local authorities in the South East, three local development companies and the Integration and Support Unit and Ferns Diocesan Youth Service (organisations who employ the Roma Health Advocates funded by Social Inclusion) in order to apply to the transnational ROMACT programme. This programme is a joint initiative of the Council of Europe and the European Commission which aims to promote the integration of Roma at local level.

6.1.1 Intercultural training

An application under the intercultural training objective was successful and will enable the provision of one-day intercultural training before the end of 2016 to approximately 100 staff from local authorities, the HSE, local development companies, Tusla, An Garda Síochána, Education and Training Boards, Department of Social Protection, and some non-governmental organisations. The training will be delivered in interagency groups across the five counties in the South East region, with the following intended outcomes:

- To enhance the existing knowledge and understanding of the needs and civil status of Roma community members
- To enhance the skills and resources of staff, in order to enable them to respond more effectively to the needs of local Roma
- To enhance the provision of culturally competent state services that are respectful of and responsive to the cultural and ethnic diversity of services users
- Development of commitment to Roma inclusion on the part of authorities

6.1.2 Intercultural mediator training

The application for Intercultural Mediator Training was also successful, with four places secured on a customised training programme which aims to build the skills and capacity of participants to effectively communicate and articulate issues relating to Roma participation and access to services. It is intended that the two Roma Health Advocates, as well as the new Roma Men's Health Advocate for Waterford, will participate in this training along with the Regional Community Participation Officer.

6.2 Pilot Vaccination Project

Both Roma Health Advocacy Projects have continued to encourage Roma community members to avail of the childhood vaccination programme, as part of their health work. The initial need for work in relation to vaccinations was identified through the direct work with local Roma communities in Wexford and Waterford, particularly in light of the Health Protection Surveillance Centre research on Roma uptake of vaccinations in Dublin.

In spring 2016, Social Inclusion initiated work with the Health Protection Surveillance Centre in Dublin, the Regional Public Health Department, the Director of Public Health Nursing in Wexford, and the Wexford Roma Health Project to undertake a desk research project to establish baselines of current immunisation uptake among children and young adult Roma in Wexford and Waterford. As such, Roma parents in Co Wexford are being offered a free confidential service to determine the status of their children's vaccinations. Provision has been made for an information meeting with a medical professional to provide specific medical advice to parents on this topic.

As of September 2016, of the approximately 60 children (of self-identified Roma parents) in Co Wexford, consent had been given for vaccinations checks for 26 children, with indications of further interest. This service had been extended to Co Waterford where there were 17 known Roma children (whose parents had self-identified as Roma) in Waterford city. Up to that date, the parents of 16 Roma children had provided written consent to engage in the vaccination status check. Due to the response to date, high participation rates are expected to continue in this very successful pilot programme which is ongoing at time of this report completion.

The preliminary results of this vaccination check are not yet available. If a need is identified following an analysis of this data, a voluntary screening service for Roma community members will be offered. This pilot voluntary screening service will be offered to Roma community members living in Wexford/Waterford areas aged from birth to 25 years and for older adults who wish to avail of this service. The assessment of vaccination needs for this population will assist in planning an appropriate and effective response to the needs identified.

6.3 Health Outcomes Tool

Social Inclusion staff working on all intercultural health projects in the South East have initiated a process of developing a health outcomes measurement tool in conjunction with a client care and case management system. This is being undertaken in partnership with the Roma Health Projects and other agencies by the HSE.

6.4 Outreach Support to Roma in Carlow

In spring 2016, Tusla requested that Social Inclusion develop a response to the needs of Roma families identified as living in Carlow. Working closely with the Wexford Roma Health Advocate, an information meeting was organised and promoted locally. This meeting was not attended by any Roma. It was later reported that this was due to the fears many Roma have that their children might be taken into care. It was subsequently agreed that the

Regional Community Participation Officer and the Wexford Roma Health Advocate would progress this work, and further consultation with agencies and outreach work to Roma in Carlow has been planned.

6.5 Support to Roma in South Tipperary

In September 2016, an extended Roma family was identified as living in South Tipperary, a county where Roma had not been previously recorded. This family were identified by a Public Health Nurse who is supporting the family to access health services. Social Inclusion are supporting this work and planning an outreach support service.

6.6 Involvement in the new Traveller Roma Inclusion Strategy Consultations

The Wexford Roma Health Project organised an information night in May 2016 to:

- inform Roma community members of the new Irish Traveller and Roma Inclusion Strategy and the planned consultations being undertaken by the Department of Justice and Equality
- support Roma to attend the consultations
- look for people to go forward on to the Roma Subgroup of the National Committee developing the strategy.

This meeting was well attended and four people agreed to travel to Dublin to participate in the consultation session; five people expressed an interest in being considered for membership of the eight-member national Roma subgroup being established. The Department of Justice and Equality subsequently allocated one place on this subgroup to a Roma woman from Enniscorthy, while the Wexford Roma Health Advocate had already been allocated a place.

The Waterford Roma Health Advocate consulted with the Waterford Roma community but no member was in a position to attend the consultations, or to go forward to the subgroup due to extenuating circumstances, including the eviction of two families.

6.7 Celebration of International Roma Day

The Wexford Roma Health Advocate and the Regional Community Participation Officer organised an event to mark International Roma Day on Sunday 1 May 2016 in Enniscorthy, Co Wexford (later than the official day due to unforeseen circumstances within the Roma community). The event was funded by the Department of Justice and Equality. The celebration involved hosting a men's team from the Roma community in Ennis, Co Clare (West of Ireland), who were predominantly from the Czech Republic, in a soccer match followed by traditional food. The event was also used as a way of further developing leadership and media skills within the Roma community. Four Roma community members along with the Roma Health Advocate participated in a media and public relations skills programme and developed and implemented a media strategy, including a press release for the event.

The event helped develop relationships with the Roma community in Ennis, Co Clare, as well as with the Football Association of Ireland's Intercultural Office. The event also helped promote a positive endorsement and profiling of Roma culture, increased pride in Roma culture among Roma community members, and increased their awareness of the value of sports and physical exercise generally.

6.8 Roma Holocaust Memorial Day

A Roma Holocaust Memorial event was held on 2 August 2016 in Enniscorthy to commemorate Roma Holocaust Memorial Day and to remember the estimated 500,000 Roma who were murdered by the Nazis. This event was attended by Enniscorthy's Roma community, Enniscorthy Garda Síochána, Social Inclusion, Barnardos, Wexford County Council, other local voluntary and statutory agencies, and political representatives.

The event, hosted by the Roma Health Advocacy Project, included presentations from Roma young people, the Roma Health Advocate and the Department of Justice and Equality. Deaglán Ó Briain, who represented the Minister for Justice and Equality, Frances Fitzgerald TD, and the Minister for State for Equality, David Stanton TD, stated:

Today is a day of memory, of conscience and of solidarity. Remembering those who perished, remembering what happened and how it happened, resolving in conscience that we will not allow intolerance and discrimination to flourish in our own country, and standing in solidarity with our Roma community on this solemn day.

6.9 Other Developments in Wexford

A course entitled 'The Mask of Conflict' was provided to young Roma in August 2016 with the aim of teaching them practical conflict resolution.

A group of young Roma and other Ferns Diocesan Youth Service youth members participated in the Ferns Diocesan Youth Service entry in the 2016 St Patrick's Day Parade, with the theme of 'Unity and Equality' for their display. Some of the Roma youth members led the research on this theme to produce core messages which were made into placards for the whole group to hold. This was a very empowering process for the young Roma involved.

The Roma Health Advocate and the Regional Community Participation Officer also supported Roma to plan their own celebration of Orthodox Easter on Sunday 1 May 2016. This involved linking with the Football Association of Ireland's Intercultural Office. The Roma Health Advocate also coordinated a group from diverse migrant backgrounds to mark World Cultural Diversity Day on Saturday 28 May 2016, with a seminar and street performance as part of the Enniscorthy Street Rhythms Dance Festival, inviting other migrant groups to engage with them.

6.10 Other Developments in Waterford

The Waterford Roma Health Advocate notes a number of positive developments since the completion of the evaluation process in April 2016:

- Improved relationships between Roma service users and staff in the Department of Social Protection: she notes that department staff seem more open and respectful towards Roma clients, and for their part, Roma clients show more patience and respect towards Department of Social Protection staff.
- Significant improvements in the housing situation of Roma people: at least six Roma families are in receipt of Housing Assistance Payment Scheme; others are in receipt of rent allowance; many landlords are cooperating with the Roma Health Advocate and are consequently more sympathetic to Roma tenants.
- A reduction in the causes of poverty among Roma people: Roma applicants are now eligible for supplementary welfare allowance because the allowance has been removed from the habitual residency condition.
- Knowledge of and trust in the project seems to be growing among a range of other professionals and among the Roma community. Health and other professionals and Roma themselves are referring people to the project.

7. Relevant Policy Issues, Conclusions and Recommendations for Future Project Development

7.1 International Level Policy Issues Which Can Impact on the Roma Health Advocacy Projects

7.1.1 United Nations Convention on the Rights of the Child

Since 1998, Ireland has reported regularly on progress in implementing the children's rights under this Convention to the United Nations Human Rights Committee. That committee's most recent concluding observations on the Irish Government's report in March 2016, made several specific recommendations relating to the rights of Roma children living in Ireland.⁵

7.1.2 Budgetary allocation

The committee expressed concern about the *'pronounced budgetary reductions in budget allocations for ... Roma children'*. They suggested Ireland use *'a child rights approach on the formulation of the ... budget'* and *'define specific budgetary lines for ... Roma children'*. The committee was concerned at *'the lack of disaggregated data on ... Roma children, including their socio-economic situation'*. They also asked Ireland to *'ensure that such data are disaggregated to clearly allow monitoring of the situation of ... Roma children.'*

7.1.3 Non-discrimination and minority groups

With regard to the principles of non-discrimination, the committee recommended that Ireland *'strengthen its efforts to combat discrimination against and the stigmatization and social inclusion of ... Roma children'*. They also recommended that *'an appropriate high level, comprehensive successor to the National Action Plan Against Racism 2005–2008'* be established. It urged Ireland *'to address the structural discrimination against ... Roma children, in particular with regard to access to education, healthcare and an adequate standard of living'*. It also asked Ireland to consider recognising Roma as an ethnic group and to use such disaggregated data *'to facilitate the provision of targeted support programmes and measures'*. The committee also urged respect for *'the right to the cultural practice of nomadism'*, particularly by ensuring adequate safeguards against forced eviction. They also urged Ireland to *'conduct transparent, accessible and meaningful consultations with the ... Roma'* community to give the National Traveller and Roma Integration Strategy a clear human rights basis.

7.1.4 Habitual residence condition

The committee urged that child benefit payments be made universal so they are no longer contingent on the parent fulfilling the habitual residence condition.

⁵ Committee on the Rights of the Child, UN Convention on the Rights of the Child, March 2016, *Concluding observations on the combined third and fourth periodic reports of Ireland*, [CRC/C/IRL/CO/3-4](https://www.unhcr.org/refugees/crc/c/irl/co/3-4)

7.1.5 Medical cards and health services

The committee's report particularly stressed their deep concern that *'the state of health of ... Roma children is significantly worse than the national average'* and that a lower proportion of Roma children currently have medical cards than children in general. They recommended specific programmes to ensure that Roma children are issued with medical cards and have the same access to and quality of healthcare services as other children.

7.1.6 Standard of living and poverty

The committee were also very concerned that the number of children living in consistent poverty has increased in recent years and that evidence shows that poverty disproportionately affects children from Roma backgrounds. It urged Ireland to strengthen its efforts to reduce poverty among children living in vulnerable situations, including Roma children, and to increase the availability of social housing and emergency housing support, taking children's needs into account.

7.2 European Level Issues Which Can Impact on the Roma Health Advocacy Projects

7.2.1 European Framework for National Roma Integration Strategies

In 2011 the European Commission adopted an EU Framework for National Roma Integration Strategies focusing on four key areas: access to education, employment, healthcare and housing. It states:

First of all, Member States need to ensure that Roma are not discriminated against but treated like any other EU citizens with equal access to all fundamental rights as enshrined in the EU Charter of Fundamental Rights. In addition, action is needed to break the vicious cycle of poverty moving from one generation to the next.⁶

7.3 National Level Issues Which Can Impact on the Roma Health Advocacy Project

7.3.1 Public sector human rights and equality duty

Section 42 of the Irish Human Rights and Equality Commission Act 2014, places a public sector human rights and equality duty on government departments and statutory agencies. This confers a responsibility to be proactive about identifying and responding to groups who may experience inequality and barriers to vindicating their human rights. This duty applies to information about, access to and actual service provision. The Equal Status Act 2000 prevents direct and indirect discrimination in the provision of services on grounds which include nationality and ethnicity, the public sector human rights and equality duty goes much

⁶ European Commission, *An EU Framework for National Roma Integration Strategies up to 2020*, April 2011, p.2

further, encouraging service providers to take action to ensure that minority groups have access to and receive services on an equitable basis with the rest of the population. As a minority ethnic grouping, the Roma population can benefit from Section 42 as statutory agencies begin to review whether their information is tailored appropriately for Roma and if their service provision is culturally competent and facilitates equitable outcomes for Roma. There is an opportunity for these projects to promote the effective use of Section 42 of the Irish Human Rights and Equality Commission Act to improve the experiences of Roma in accessing and receiving statutory services from a wide range of agencies.

7.3.2 Unique identifier for HSE clients

The National Intercultural Health Strategy 2007–2012 proposed a specific ‘ethnic identifier’ which has already been piloted by the HSE National Social Inclusion Office. However, there is now an initiative to roll out a ‘unique identifier’ for each client of the HSE which will record a number of characteristics including ethnicity. It would be useful for this to be adopted and rolled out nationally, with appropriate staff training. Currently Roma originally from Romania or other Central European countries are registered by nationality, so they are counted as either EU or Irish citizens. Such statistics do not differentiate between people of Roma and other ethnic origins and therefore cannot inform service providers’ efforts to identify Roma as a distinct minority ethnic community with a requirement for culturally appropriate service provision. As a population facing health inequalities and specific barriers to welfare and health benefits and services, it is vital that there are statistics to show how many Roma people, and of which age and gender, are accessing mainstream service provision.

A unique identifier with an ethnic component will also help to show the value of this type of Health Advocacy Project. If the collated data can be used to track any increases in the uptake of services and improved health outcomes as a result of the project inputs and actions, this could demonstrate how health outcomes for Roma can be improved through intensive intercultural advocacy and community development.

7.3.3 Housing, environmental health and other issues which impact on Roma health

The national housing shortage impacts on regional and local contexts and is partly the result of national government decisions not to expand the social housing stock. Families on low incomes are competing for a reduced stock of private rented accommodation, often in poor condition. Housing is one of the social determinants of health and has been seen as one of the factors contributing to the poor health of Roma adults and children. A change of national housing policy is needed in order to increase the regional and local stock of social housing, which can facilitate long-term security of accommodation for Roma families on low incomes. A national focus on greater enforcement of housing standards, security of tenure and rent certainty in the private rented sector has the potential to ensure an improvement in the quality of accommodation being offered to Roma families.

7.3.4 Provision of interpretation services

During the recession, the provision of interpretation services was reduced. In some cases, telephone interpreting was being offered in place of face-to-face interpreting, which is considered best international practice for substantive communication with health and other service providers. Universal availability of face-to-face interpreting for health service appointments is therefore desirable but requires adequate financial resources to ensure national implementation. It would then be possible for adequate budget provision to be made regionally to ensure that Roma, and other health service clients who need it, are always given the services of a face-to-face interpreter so they can have the same level of health service and health outcomes as clients with fluent English. This was a strong recommendation in the National Intercultural Health Strategy 2007–2012 and is best practice in the United Kingdom and other jurisdictions with large minority ethnic populations.

7.3.5 Intercultural mediation

The National Intercultural Health Strategy 2007–2012 has acknowledged the role of cultural mediators in supporting service providers to deliver culturally responsive services. As part of its generic work in pioneering intercultural mediation in Ireland, Access Ireland, in partnership with the National HSE Intercultural Unit, piloted a training programme in intercultural mediation tailored to the needs of Roma participants between 2008 and 2010. Six people from the Roma population were successfully trained in this programme, which was funded through EU funding and the HSE. Unfortunately, the programme has not been rolled out nationally but many of those working with Roma people believe the tool has enormous potential, both in empowering Roma communities and in promoting more equal access and usage for Roma service users. Fortunately, the soon-to-be implemented ROMACT training initiative includes provision for the training of four intercultural mediators as noted earlier.

7.3.6 Education and training

The Department of Education and Skills has responsibilities for issuing guidelines on human rights to schools and community education centres, including the Education and Training Boards. Guidelines to encourage education services to develop the necessary procedures and practices to engage effectively with their local Roma populations would be most welcome. This could include community outreach approaches to ensure that Roma children, young people and adults can access appropriate education provision at all levels so they can reach their full potential in Irish society.

7.3.7 Roma Inclusion Strategy

With respect to Ireland's domestic commitments under the EU Framework for National Roma Inclusion Strategies up to 2020, the Department of Justice and Equality plays the lead role. The Department of Justice and Equality also has the responsibility to liaise with all other relevant government departments to ensure they meet their respective obligations to the Roma population in Ireland, under the EU framework. We hope that the learning from and achievements of these projects can inform the delivery of the forthcoming strategy and that financial supports can be sourced for the projects to meet their full potential. We note that the Department of Justice and Equality has already supported the Roma Health Projects in

the South East in respect of activities and programmes including the Atelier Roma Men's Programme, the International Roma Day event 2016 and the Roma Holocaust Memorial event.

7.3.8 The National Traveller Roma Inclusion Strategy

The Department of Justice and Equality held a national consultation process in 2016 on the National Traveller Roma Inclusion Strategy (2016–2020). The published strategy will provide a written document with national policy status that can be used to support the further development of the work in the South East region in the coming years.

Staff from the Roma Health Advocacy Project participated in this consultation. They noted that there are significant differences between Roma and Irish Travellers. Many Roma either have not yet been naturalised and or have not applied for naturalisation as Irish citizens. This results in complex differences between the civil status of Irish Travellers, an indigenous Irish group who are Irish citizens, and the position of Roma as migrants within the European Union. As detailed in this report, this latter status has a significant impact on Roma people's access to services. It could be argued that the appropriate human rights, equality and intercultural responses of government departments and statutory agencies to their needs require a national strategy dedicated solely to the integration of the Roma population living in Ireland as it develops over the coming decade.

7.3.9 Habitual residence condition

The habitual residence condition is a qualifying condition for certain social welfare payments, and was introduced on 1 May 2004 in response to EU enlargement. All persons seeking means-tested social welfare payments and child benefit after that date have been required to satisfy this condition.

The eligibility test undertaken by service providers for the habitual residence condition seeks to ascertain whether the claimant has established his or her 'centre of interest', i.e. close link to the Irish State, by examining family connections, length of stay in the State, employment history, etc.

The operation of this policy can be a barrier for EU migrants including Roma in accessing entitlements to health, social protection, housing and other services. Project staff have experience of it being used in a rigid manner. Roma project participants have reported experiencing stress through having to present considerable documentation to service providers to prove there is a link between them, as a claimant of social protection, and the State. Roma have decided to establish themselves in Ireland with their families, but many also wish to maintain their extended family and Roma subgroup connections in their countries of origin, such as Romania. Roma feel a need to maintain a strong sense of their own cultural identity which leads to them regularly visiting and sustaining links with another EU country. Project staff have also noted that Roma from the South East often travel to Romania to obtain official documentation such as when they need to renew passports. However, these journeys can conflict with the way in which their 'habitual residence' status is assessed for the purposes of eligibility to important social, housing and health benefits and services.

A legal paper has been jointly commissioned by the Waterford Roma Interagency Group and Pavee Point to examine the rights of the Roma in Ireland to social protection, with a specific focus on the right to reside and the habitual residence condition. The purpose of the paper is to provide a description of the current context of Roma rights to social protection (applicable legal frameworks); experiences of Roma as evidenced through legal cases and social welfare proceedings; current challenges for Roma in accessing social protection; and guidance/criteria in terms of meeting key requirements, as well as recommendations for change. It is expected that the legal paper will be completed in early 2017.

7.3.10 Issues for consideration by the Department of Social Protection

- In the light of the challenges facing Roma from the application of the habitual residence condition the evaluators believe it would be useful for an Equality Impact Assessment to be carried out on the habitual residence condition to explore how it is being interpreted in practice.
- There may be a need for the national habitual residence condition guidelines to be revised to take account of the above review and the specific experiences of the Roma which have been so well documented by this project.
- The evaluators concur with the United Nations Human Rights Committee recommendation that child benefit payments be made universal so they are no longer contingent on the parent fulfilling the habitual residence condition.

7.3.11 Health Information and Quality Authority

The Health Information and Quality Authority is the independent national authority responsible for driving high quality and safe care for people using health and social care services. Among its mandates, across a range of public, private and voluntary sector services, are included the monitoring of children's services and healthcare safety and quality. The Health Information and Quality Authority would seem to be ideally placed to assume a proactive role in overseeing the specific application of Section 42, the equality and human rights duty, and mainstreaming equality and interculturalism in relation to the Roma.

7.3.12 Department of Children and Youth Affairs' Better Outcomes, Brighter Futures guidelines

The Department of Children and Youth Affairs' document Better Outcomes, Brighter Futures: the National Policy Framework for Children & Young People 2014–2020 states that its overall vision is:

for Ireland to be one of the best small countries in the world in which to grow up and raise a family, and where the rights of all children and young people are respected, protected and fulfilled; where their voices are heard and where they are supported to realise their maximum potential now and in the future.⁷

⁷ Department of Children and Youth Affairs, *Better Outcomes, Brighter Futures: The national policy framework for*

The work of these Roma Health Advocacy Projects has shown that the reality facing children from Roma backgrounds can be very challenging and far removed from these aspirations. It is vital that the rights of Roma children, who have to date been marginalised in Irish society, are put at the centre of the review and implementation of this important national policy.

The guidelines state that all children and young people need to achieve the national outcomes, not just the 80 per cent who currently do. The document therefore suggests it is important to focus on what makes some of our children slip through the system, to suffer disadvantage and damage that can cripple their capacity to learn, grow, have a healthy life and productive relationships. For the 20 per cent of children who need additional support, the document stresses the need to identify them and intervene early: through good quality universal systems open to all, like our schools and primary healthcare services, backed up by additional targeted services and income supports to give 'at risk' or vulnerable children and young people the extra help they need to keep up with their peers and lift more children out of poverty, aiming to break the cycle of intergenerational disadvantage.

The Ferns Diocesan Youth Service which hosts the Co Wexford project has integrated the Better Outcomes, Brighter Future guidelines into its objectives and it has influenced the work of the Roma Health Advocate Project in Wexford. The Child and Family subgroup of the Waterford Roma Interagency Group has also developed a framework for its work based on the guidelines. Tusla operates on the basis of the above document nationally and regionally.

7.4 Recommendations

7.4.1 For all stakeholders engaged with the projects

The Roma Health Advocacy Project is an exemplary initiative which addresses the health and wellbeing needs of Roma in a flexible and creative way. It is important that the lessons learned and the strategies developed by these projects be disseminated widely so that others working with Roma populations in Ireland can use them to develop coherent responses at local level.

RECOMMENDATIONS

- That all agencies participating in the projects learn from and further develop the highly successful practice of interagency collaboration pioneered by the projects.
- That this evaluation report and subsequent Roma Health Advocacy Projects documentation be distributed widely at local, regional, national and EU levels.
- That the commitment of all key stakeholders be sustained through ongoing staff engagement.
- That participating agencies support staff to attend the ROMACT training in the South East.

- That key stakeholder agencies secure multi-annual funding sources as their contribution to sustaining Roma work on a long-term basis.
- That participating agencies promote the effective use of Section 42 of the Irish Human Rights and Equality Commission Act 2014 to improve the experiences of Roma in accessing and using their services.
- That the census figures on the demographics of the Roma in the South East (taking account of their possible limitations) be used by all agencies as follows:
 - To encourage all agencies to review their responses to the new Roma statistics for the South East region.
 - To consider how the projects can best respond to other Roma groupings outside the current project participants, within the South East region.

(Roma were encouraged to participate in Census 2016, for which a video was produced through a Central Statistics Office partnership with Pavee Point and other Roma projects, including the Wexford Roma Health Advocacy Project.)

7.4.2 HSE Community Healthcare Organisation Area 5

RECOMMENDATIONS

That the pioneering work of Social Inclusion in developing these exemplary projects in the South East is recognised by the HSE nationally in two respects:

- Allocating sufficient funding to put the work on a multi-annual basis
- Disseminating it as a good practice model to Social Inclusion Teams in all other regions

7.4.3 Tusla Child and Family Agency

RECOMMENDATIONS

- That Tusla nationally and at local area level follow through on the very positive attitude to the projects expressed by local area management, in conversation with the evaluators. The local area agency's strong commitment to the projects' continuation is evidenced in the involvement of Tusla staff in the projects to date.
- That the local area prioritises resources and personnel to progress their proposal of a future Service Level Agreement with partner agencies under a Child Protection, Welfare and Family Support remit, in response to the ongoing needs of Roma families locally.

7.4.4 Local authorities

From the outset Wexford County Council has worked collaboratively on Roma accommodation issues. The evaluators note the improved response from Waterford County Council during the lifetime of the projects in relation to housing support and provision for Roma.

RECOMMENDATION

That these improvements be sustained and integrated into mainstream housing policy and service provision.

7.4.5 Local development companies

The agencies with a remit to support Roma community members to take up employment and job-related training, such as the local development companies, in particular Wexford Local Development, Waterford Area Partnership and Kilkenny LEADER Partnership, have already made commitments to Roma work.

RECOMMENDATIONS

- That the relevant local development companies now review their current budgets and allocate sufficient resources and funding to undertake this work sustainably.
- That they would base those decisions on funding priorities in the national Social Inclusion Community Activation Programme guidelines. These name the Roma community as a specific target group for individual pre-vocational and vocational training and customised supports for those currently excluded from the labour market.

7.4.6 U-Casadh

RECOMMENDATION

That U-Casadh is adequately resourced to continue its innovative vocational training programmes which are customised to the needs of Roma men and that equivalent programmes be considered and planned for Roma women.

7.4.7 HSE Social Inclusion

The evaluators note the value of data collection on health outcomes to inform service development. The evaluators have seen that it has taken time and resources to develop systems of collecting data within the projects and between the projects and service providers, which are needed to provide evidence of health outcomes, and monitoring their progression over time.

RECOMMENDATION

That Social Inclusion implement the proposed unique identifier with an ethnic component in order to provide a comprehensive record of health outcomes for the specific Roma populations in the two project catchment areas. This could be piloted initially with a small

group of health service providers. This action could be informed from the roll out of data on ethnic origin which has been compiled in the local Drug Treatment Programme, also managed by Social Inclusion. The unique identifier with an ethnic component can complement the use of a client identification number in the projects' internal record keeping which started in January 2016, to help provide anonymised data on the take-up of and outcomes from health services by project clients.

7.4.8 Evaluation Steering Group and future working groups

The projects have shown a genuine commitment to creating a representative Evaluation Steering Group by inviting Roma representation onto the steering group and paying particular attention to ensuring that these representatives are supported and feel as included as possible.

RECOMMENDATIONS

- As a further step in promoting this inclusivity, the evaluators think it would be useful for group such as this to spend some time exploring and understanding cross-cultural communication in respect of the format and style of meetings.
- That additional ways of ensuring Roma women's participation in future working groups be investigated.

7.4.9 Waterford and Wexford Roma Health Advocacy Projects

The evaluators have been impressed by the significant progress, even in the limited time period of the evaluation and report writing process. What is striking is the unique contribution made by the Roma Health Advocates and other Roma participants and the strong commitment to interagency collaboration for the benefit of the Roma population. Other crucial elements of the work include the willingness displayed by the Ferns Diocesan Youth Service and the Integration and Support Unit to take on and manage an innovative project with a particularly marginalised group.

RECOMMENDATIONS

- That the Roma Health Projects seek funding from other sources in order to expand their work beyond a health context, particularly from agencies which have statutory responsibilities for the inclusion of Roma in other aspects of Irish society.
- That the two projects take advantage of the cultural knowledge and experience to date of their participants to design and implement short cultural awareness workshops, to be delivered by Roma project participants to key local service providers, e.g. gardaí; HSE; Tusla; county councils; local development companies; family resource centres; schools; and youth training centres. This would be distinct from, but complementary to, the more formal intercultural training already being provided by Social Inclusion.
- That both projects continue to prioritise capacity building of other Roma to take on leadership positions and to look at progression into voluntary representation and paid employment, particularly in the health and social care fields.

- That the two projects further develop their vision for the Roma Health Projects into a three-year strategic plan and that this be part of the development of regional strategic plans for all intercultural health work in the South East.

7.4.10 Wexford Roma Health Advocacy Project

RECOMMENDATIONS

- That the project continues to train and empower new volunteers from the Roma community who can assist Roma with basic form filling and referrals to outside agencies, in order to ensure that the workload of the Roma Health Advocate remains sustainable.
- That the project staff use their equality and human rights training to further enhance local service providers' understanding of the need for action to ensure equitable access to and outcomes from statutory services for Roma. This work can be based on the public sector human rights and equality duty under Section 42 of the Irish Human Rights and Equality Commission Act 2014.
- That the project focuses on consolidating the pre-vocational and vocational training for individual Roma over 16 years old as outlined in the Social Inclusion Community Activation Programme, in partnership with relevant stakeholders.
- That the project continues to work within the Ferns Diocesan Youth Service to promote positive integration between young people from Roma, indigenous Irish and other migrant backgrounds in regular youth service activities.
- That the project staff contribute to the proposed Intercultural Awareness and Practice in Health and Social Care Training, through the programme developed by Social Inclusion in partnership with Nasc and Quality Matters.
- That the project staff train volunteers to work with them on the delivery of Intercultural Awareness training among different sectors locally, outreaching to all age groups.
- That the project continues to find and use local opportunities to promote positive perceptions of Roma of all ages and to increase representation of women and men from Roma backgrounds in all local media and other fora.
- That the project continues to sustain existing partnership and networking on an informal basis and to build new working relationships to expand its network, taking account of the evolving needs of the local Roma population and new opportunities in the local context.
- That the project continues to build its regional, national and EU level representation and input to consultations.
- That the project continues to identify new funding sources to put its work on a sustainable footing into the future.

7.4.11 Waterford Roma Interagency Group and Waterford Roma Health Advocacy Project

Waterford Roma Interagency Group members can commend themselves by acknowledging the excellent work they have done in supporting the project to this stage, through some extraordinarily difficult challenges.

RECOMMENDATIONS

- The Roma Health Advocate as an ethnic Romanian is in a minority position within Waterford Roma Interagency Group, whose members are mainly from the majority indigenous Irish ethnic background. There is potential to use this dynamic to maximise intercultural sharing and learning within Waterford Roma Interagency Group meetings and interagency activities. A good starting point would be for Waterford Roma Interagency Group members and the Roma Health Advocate to engage in intercultural and equality and human rights training together.
- The Integration and Support Unit could consider how to maximise the potential for mutual learning between the Roma Health Advocacy Project and the other work of the Integration and Support Unit, building on the work already underway between the Roma Health Advocate and the other Community Knowledge Workers.
- That the Interagency Group and the project staff continue to identify new key partners and to build relationships and networks to expand the impact and influence of the work.
- That the Waterford project continues to reach out to other Roma families in the Waterford catchment area.
- That the Waterford project continues to develop group cohesion, as evidenced in the various pre-community development actions, as a way of embedding community development in the project practice.
- That the project work with local statutory agencies to explore ways in which barriers to Roma eligibility for health, welfare and housing benefits and services can be addressed so that Roma can avail of mainstream services instead of the temporary alternative arrangements which had been put in place, such as with GPs and pharmacists.

7.5 Lessons Learned

- The importance of a multi-faceted holistic approach that addresses the complexity of a marginalised community's needs and acknowledges the social determinants of health in their fullest sense.
- The need for a careful and sensitive phase of building trust with individuals and with the community as a whole when initiating work with Roma. Building trust with a marginalised group such as Roma requires service providers to show respect to each Roma and to consider their individual needs.

- The need to be sensitive to gender issues. As is the case in many traditional societies, gender roles can be quite circumscribed within Roma society. At the same time, there is considerable variation around gender across the Roma population. The projects have acquired a lot of learning in being sensitive to the subtlety of these variations. They need to continue to take account of them and plan for the fact that in certain situations a female or male worker may be more appropriate or even essential, e.g. in relation to women's or men's health issues.
- The value of using a community development approach in tandem with individual advocacy supports.
- The importance of working at the pace of the individual or of the community, as evidenced by the sensitive way the project has responded to the differing contexts in the two counties.
- The requirement to be acutely sensitive to Roma project participants' perceptions and responses to elements of the work.

7.6 Challenges and Opportunities

As is common in innovative pilot work, all those involved in this project have 'gone the extra mile'. This has involved working outside of normal hours, building trusting relationships with the Roma population, developing interagency relationships, solving crises, securing funds and ensuring that the immediate and medium-term needs of the Roma target group are responded to. Now that the project is becoming more established, the challenge is to retain that initial energy and enthusiasm while at the same time putting supports in place to ensure that project staff and management are not overstretched by their day-to-day responsibilities. Implementing the evaluators' recommendation for the projects to develop a three-year strategic plan will afford the staff the time to reflect and strategise about the future development of the project and the interagency work.

The Social Inclusion Team have shown leadership in supporting vocational training as a tool to achieve increased employment/self-employment among Roma men. The outcomes were the very successful Safe Pass, Manual Handling and Atelier programmes, which led to some employment and improved access to social protection provision. The expectation was that increased family income would lead to an improvement in the nutrition and health and wellbeing of the Roma population as a whole. It is now vital that the associated interagency networking achieves high-level influence with the specific national, regional and local agencies who have statutory responsibility for vocational skills training. The desirable outcome here would be that decision-makers agree to allocate resources within their existing budgets, both to provide any customised training needed by Roma, (i.e. a Safe Pass course interpreted in Romanian) and to integrate Roma trainees into mainstream training programmes. The hope now is that specialised vocational training agencies and national employment initiatives would take on full responsibility for strengthening Roma pathways into the labour market.

7.7 Conclusion

Excellent work has been done in many spheres in these groundbreaking projects in their three years of existence. To date, they have been substantially funded by the HSE South East Social Inclusion Community Healthcare Organisation Area 5 (South East). There is a risk that without sufficient commitment by the relevant statutory agencies at all levels, in the areas of child and family health and welfare, housing, education, vocational training, employment and social protection, the long-term sustainability of this invaluable work will remain uncertain.

A transfer of learning from this pilot work is needed to influence the requisite changes at national, regional and local policy levels for such agencies to fully meet their obligations to the Roma population. This demands widespread dissemination of this report, and using the carefully honed learning of these projects to develop internal and interagency training and policies customised to the needs of Roma. To achieve these objectives, funding and resources must be allocated proportionately from the budgets of all government departments and mainstream agencies.

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Appendix 1 List of Interviewees for the Evaluation

Roma community in Enniscorthy, Co Wexford

Roma individuals and families in Waterford

Mirela Vlasceanu, Waterford Roma Health Advocate

Alex Petrovics, Wexford Roma Health Advocate

Pilar Loring, Senior Youth Worker, Ferns Diocesan Youth Service

Anne Nolan, Integration and Support Unit Manager, Waterford

Derval Howley, General Manager, HSE Social Inclusion CHO 5

Suzanne Nolan, Regional Community Participation Officer, HSE Social Inclusion CHO 5

Thelma Blehein, Community Development Manager, Tusla

Kieran Donohoe, Manager, Ferns Diocesan Youth Service

Vincent Daly, Principal, Waterford Social Work Department, Tusla

Joan Dunne, Coordinator, Child and Family Network, Waterford

Caroline Kehoe, Public Health Nurse, HSE, Waterford

Anne Goodwin, Manager, St Brigid's Family & Resource Centre, Waterford

Susan Murphy, HSE Primary Care Lead, Waterford

Liz Hore, Senior Housing Executive, Wexford County Council

Billy Murphy, Community Development Worker, Wexford Local Development

Estate Agent in Enniscorthy, Co Wexford

