



National COVID-19 Roma Service User Experience Survey

The National Social Inclusion Office
Report of Findings

December 2020



Seirbhís Sláinte
Níos Fearr
á Forbairt

Building a
Better Health
Service

Foreword

The National Traveller and Roma Inclusion Strategy 2017–2021¹ recognises that the Roma communities are among the most marginalised in Ireland. Roma are acknowledged as particularly disadvantaged, with unique care and support needs often compounded by low levels of education, illiteracy and issues in respect of entitlement to public services. Roma in Ireland: A National Needs Assessment (2018)², revealed that up to 20% of respondents were completely marginalised from services and supports which has been further highlighted during the COVID-19 pandemic.

Good practice in developing policies and research about Roma should include input from the Roma themselves. The Department of Health (DoH) and the Health Service Executive (HSE) have endorsed and proposed the use of Service User feedback in reviewing and planning service delivery. A guiding principle and strategic objective of the HSE Second National Intercultural Health Strategy (2018-2023)³ is to actively promote service user participation in the planning, delivery and evaluation of services. Within the National Social Inclusion Office (NSIO) we acknowledge that there is space for services themselves to be innovative in engaging service users and understanding service user's perception of their care. We value opportunities to work in partnership with external and internal colleagues to involve service users, particularly with marginalised groups. Given rapid changes to service delivery during the COVID-19 pandemic, the NSIO coordinated a National COVID-19 Roma Service User Experience survey in September 2020.

Members of the Roma community have a right to be heard and listened to and it is especially important that they are consulted and involved in matters and decisions that may affect their lives. We were pleased to get a positive response with over 60 members of the Roma community completing the survey. These responses provide the HSE with valuable information about Roma health and well-being and experience using healthcare services during the pandemic.

Findings will not only help to inform service planning throughout the ongoing pandemic but will also provide guidance in relation to future HSE service planning, quality improvement and continue to establishing partnership with the Roma Community.

We would like to thank everyone who contributed to and supported this project in particular the Wexford Roma Health Advocacy Project and HSE Social Inclusion in the South East, Cairde, Pavee Point and the staff of the HSE Vulnerable groups self isolation facility, all of whom helped facilitate participation in the survey. I'd also like to thank Michelle Hayes in the NSIO for leading out on the project. Most importantly, we would like to sincerely thank each and every individual member of the Roma Community who took the time to respond to the survey and share their health experiences with us.

Joe Doyle
National Lead, Social Inclusion

1 Department of Justice and Equality Strategy (2017-2021) National Traveller and Roma Inclusion Strategy <http://www.justice.ie/en/JELR/National%20Traveller%20and%20Roma%20Inclusion%20Strategy,%202017-2021.pdf/Files/National%20Traveller%20and%20Roma%20Inclusion%20Strategy,%202017-2021.pdf>

2 Pavee Point Traveller and Roma Centre & Department of Justice and Equality (2018) Roma in Ireland – A National Needs Assessment <https://www.paveepoint.ie/wp-content/uploads/2015/04/RNA-PDF.pdf>

3 HSE Second National Intercultural Health Strategy (2018-2023) <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/intercultural-health/intercultural-health-strategy.pdf>

Contents

| | |
|--|----|
| Introduction | 4 |
| HSE Structures to support Roma Health | 4 |
| COVID-19 Preparation..... | 4 |
| Roma COVID-19 Measures to date..... | 4 |
| The HSE's priorities include: | 4 |
| Support measures put in Place | 5 |
| Data analysis | 5 |
| Results..... | 6 |
| 1. Gender and age (demographics)..... | 6 |
| 2. Information provision..... | 6 |
| 2.1 Did you receive enough information about Covid-19? | 6 |
| 2.2 How would you rate the level of information you received from the HSE about COVID-19? | 6 |
| 2.3 From what sources do you most frequently access information on COVID-19?..... | 6 |
| 3. HSE's response and opinion | 7 |
| 3.1 Please rate how strongly you agree or disagree with the below statements about the HSE response to the Roma community during the ongoing COVID-19 pandemic? | 7 |
| 3.2 Has your opinion of the HSE changed since the beginning of COVID-19? | 7 |
| 4. Physical Health..... | 8 |
| 4.1 In general, would you say your physical health is? | 8 |
| 4.2 Compared to one year ago, how would you rate your physical health now?..... | 8 |
| 5. Mental Health | 8 |
| 5.1 Currently, would you say your mental health is..... | 8 |
| 5.2 Compared to one year ago, how would you rate your mental health now? | 8 |
| 6. Quality of Life | 9 |
| 6.1 Would you say your current Quality of Life* is (*Quality of life refers to your ability to enjoy normal activities and your general life satisfaction, including everything from physical health, family, education, employment, wealth, safety, security to freedom, religious beliefs, and the environment)..... | 9 |
| 7. Health care provision..... | 9 |
| 7.1 Have you accessed any new health supports since the start of the COVID-19 outbreak? | 9 |
| 7.2 How many times between March and end August 2020 and between September 2019 and end February 2020 did you access the following services? | 9 |
| 7.3 Where you offered interpreter support? | 10 |
| 7.4 How satisfied are you with the current health services you are receiving? | 10 |
| 7.5 How satisfied are you with Roma specific support services (e.g. Roma health project or Roma outreach) you are receiving?..... | 10 |
| Suggestions for service improvement..... | 11 |
| Summary of findings | 12 |

Introduction

There are approximately 5,000 Roma living in Ireland, with Roma families identified in every county in Ireland. The largest communities of Roma are estimated to be in Dublin, Louth, Kildare, Wexford, Cork, Kerry, Clare and Donegal. While the majority of Roma in Ireland are from Romania, mapping from the Roma Needs Assessment (2018)⁴ also identified Roma from Czech Republic, Slovakia, Hungary and Poland. It has been identified during discussions held on the National COVID-19 teleconferences that many Traveller Health Units (THU) & HSE personnel have identified significant numbers of Roma in their regions whom they had not previously engaged with in a planned/strategic manner.

The Roma community, similar to Irish Travellers, have been recognised as one of the most marginalised and disadvantaged groups in Ireland, experiencing structural and systematic discrimination, active prejudice and racism. Roma in Ireland continue to experience poorer health outcomes, including higher rates of chronic health diseases, extreme poverty, poor housing and unemployment; and the lack of access to mainstream health services. This is further compounded by language barriers and lack of engagement with statutory agencies which is linked to experiences of discrimination, lack of trust in the State and fear of the State.

HSE Structures to support Roma Health

The ongoing COVID-19 pandemic has highlighted a number of significant challenges for Roma, especially those who are most vulnerable. In particular, Roma families who are living in severely overcrowded and unsafe accommodation, those who are unable to access social welfare payments due to the Habitual Residence Condition; and those without access to GP/health services.

The crisis is already having a disproportionate impact on Roma throughout Europe, as recognised by the European Agency for Fundamental Rights Coronavirus pandemic in the EU – impact on Roma and Travellers⁵, and this has been reflected in Ireland where there has been a number of outbreaks in the Roma community.

⁴ Pavee Point Traveller and Roma Centre & Department of Justice and Equality (2018) Roma in Ireland – A National Needs Assessment. <https://www.paveepoint.ie/wp-content/uploads/2015/04/RNA-PDF.pdf>

⁵ European Agency for Fundamental Rights Coronavirus pandemic in the EU (2020) – impact on Roma and Travellers <https://fra.europa.eu/en/publication/2020/covid19-rights-impact-september-1>

COVID-19 Preparation

All CHO areas with Social Inclusion prepared Roma support plans, especially risk assessment, identification of medically vulnerable for support if infected and those extremely medically vulnerable for cocooning.

HSE Social Inclusion (SI) convened teleconferences with Roma advocates, NGOs and Public Health (PH) to develop guidance for Roma.

Some issues which were highlighted in the preparatory phase included;

- language barriers
- challenges in hygiene, sanitation, accommodation
- hard to reach group
- habitual residence condition
- lack of medical card
- lack of access to GPs
- difficulties expected for self-isolation
- lack of knowledge of true numbers of Roma
- lack of health structure to reach Roma.

Roma COVID-19 Measures to date

The HSE's priorities:

The role of Public Health / Social Inclusion in HSE is to support the following measures in the Roma population in Ireland;

- infection control, prevention and control measures through education awareness and information
- translation and working with Non-Government Organisation (NGO) partners to enhance information and awareness about hygiene, Government measures on social distance, restricted movements etc.
- advocacy in reduction of overcrowding where possible
- cocooning for extreme medically at risk (identification through GP and clinical services)
- triage and testing (case finding) with priority agreed for testing given
- control measures
- self-isolation through HSE state facility
- clinical case management – as per HSE guidelines

- communications: through Government, HSE, DoH, NGOs such as Cairde, Pavee Point
- cluster/outbreak response through Public Health.

Support measures

There are a range of support measures put in place for the Roma community to combat COVID-19 including;

- national helpline up and running since 27/3/20 by Cairde supported by HSE SI
- GP available in Dublin for Roma via Capuchin clinic and Safetynet supported by HSE SI
- translated materials and easy read documents in all languages spoken by Roma available (HSE)
- all Emergency Departments contacted with detail of translated materials and details of interpreters
- HSE contact tracing call centres sent Interpreter list and script changed to reflect same
- website resource page for Roma created [Roma COVID 19 resource sharing page](#)
- Roma added as a priority group for COVID-19 testing criteria HSE and within Safetynet Mobile Health Screening Unit (MHSU)
- Capuchin via the helpline assisting families with essential needs such as food, medicine, baby supplies
- COVID Roma Response team HSE SI/ PH with GP clinical support
- HSE culturally appropriate state isolation facility available
- specific vulnerable group guidance for Roma (the guidance document gives general advice about preventing the spread of COVID-19 and dealing with cases of COVID-19) <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/vulnerablegroupsguidance/>
- outreach into the Roma community across all CHOs with COVID-19 information/advice/assistance to access services given
- COVID-19 HSE Information Video in Romanian <https://youtu.be/7Yh1aeUvaVk>.
- COVID-19 follow up HSE information video in Romanian about travel into Ireland https://www.youtube.com/watch?v=VkrWUEGYL_s&feature=youtu.be

- communication piece issued from HPSC to meat processing factories /construction sites with COVID-19 information in various languages
- COVID-19 cross government information posters re support services for Roma (led by DoH)
- flu vaccine information disseminated in various Roma languages including easy read versions and a cartoon video.

Data analysis

63 responses were submitted to and stored on Smart Survey, an online survey tool. All survey data and raw response data is password protected and only accessible by the HSE NSIO. All participant data will remain anonymous and be shared by the NSIO in national and/or local report/s for HSE service providers and planners.

A thematic analysis was undertaken to systematically analyse qualitative responses provided in the questionnaire. Comments are visually presented in word clouds. Quantitative survey data is visually presented in pie charts, info-graphics, tables and bar graphs.

This report summarises results from the total number of responses (N=63).

Limitations

The report is a small facilitated sample of individuals who are already linked to services. The survey may therefore not be representative of the larger Roma community. The survey was facilitated by Roma projects who could provide interpreter support, the opinions of Roma who do not access these services could therefore not be included.

Results

1. Demographics

1.1 Gender and age

The majority of survey respondents were female (52%). The majority of respondents were between the ages of 25-34 years (35%), 35-54 years of age (32%) (see Figures 1.1 and 1.2).

Figure 1.1: Gender of respondent

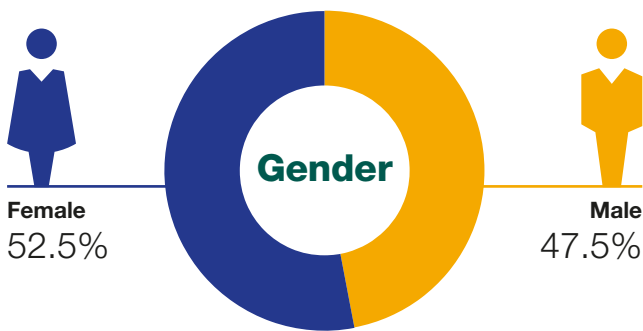
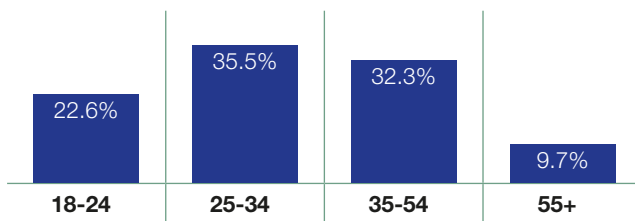


Figure 1.2: Age of the respondent

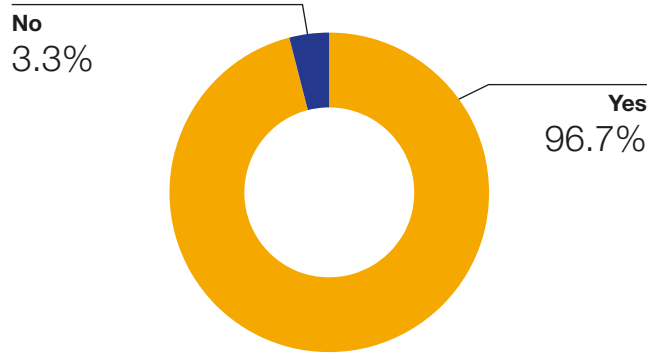


2. Information provision

2.1 Did you receive enough information about COVID-19?

The majority of survey respondents ‘received enough information’ on COVID-19 (97%) and a minority of respondents (3%) reported that they had not received enough information (see Figure 2.1).

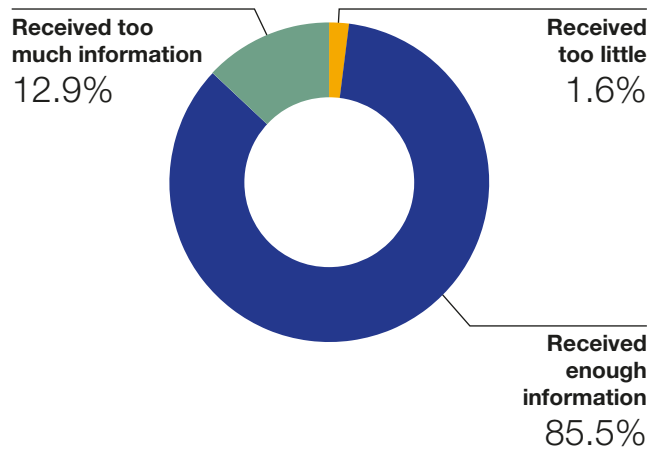
Figure 2.1: The majority of respondents received enough information about COVID-19



2.2 How would you rate the level of information you received from the HSE about COVID-19?

The majority of survey respondents felt that they had ‘received enough information’ on COVID-19 (85%), while some respondents felt that they had received ‘too much information’ about COVID-19 (13%), and lastly, a small minority of respondents (2%) reported that they had ‘received too little’ information about COVID-19 (see Figure 2.2).

Figure 2.2: Level of information respondents received from the HSE about COVID-19



2.3 From what sources do you most frequently access information on COVID-19?

Respondents’ could tick more than one option. Respondents’ most frequent access to information on COVID-19 was through HSE funded projects, such as, Cairde, Pavee Point, Wexford Roma Project, etc (90%). While over half of respondents (56%) obtained information about COVID-19 through social media platforms (see Figure 2.3).

Figure 2.3: Type of sources used to obtain information about COVID-19

| | | |
|---|-------|--|
| HSE.ie | 53.2% | |
| National Social Inclusion Roma Resource page | 12.9% | |
| Roma project i.e. Cairde, Pavee Point, Wexford Roma Project, Donegal Travellers | 90.3% | |
| News | 48.4% | |
| Social media i.e. Twitter, Facebook, Tik Tok etc | 56.5% | |
| Social media in country of origin i.e. twitter, Facebook, Tick Tok, etc | 30.6% | |
| face to face | 29.0% | |
| Roma infoline | 19.4% | |
| Other (please specify) | 1.6% | |

3. HSE's response and opinion

3.1 Please rate how strongly you agree or disagree with the below statements about the HSE response to the Roma community during the ongoing COVID-19 pandemic?

Over half of respondents were satisfied with the response of the HSE (63%) and had confidence in the ability of the HSE to manage the pandemic into the future (66%). None of the respondents reported that they were not satisfied with the response of the HSE and none of the respondents reported that they did not have confidence in the HSE's ability to manage the pandemic into the future (see Figure 3.1).

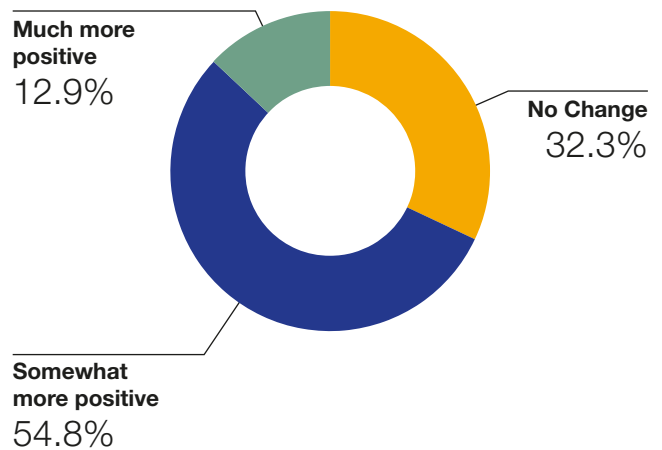
3.1: Respondents' perspective of the HSE's handling of COVID-19 to date and into the future

| Answer Choice | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Response Total |
|--|-------------------|----------|----------|----------|----------------|----------------|
| 1 I am satisfied with the response of the HSE to Roma as a result of COVID19? | 0 | 0 | 23 (37%) | 33 (53%) | 6 (10%) | 62 |
| 2 I have confidence in the HSE's ability to manage the COVID19 pandemic into the future? | 0 | 0 | 21 (19%) | 30 (48%) | 11 (18%) | 62 |
| | | | | | answered | 62 |
| | | | | | skipped | 1 |

3.2 Has your opinion of the HSE changed since the beginning of COVID-19?

The majority of respondents said that they had a 'somewhat more positive' opinion of the HSE since the beginning of COVID-19 (55%). While the opinion of a sizable minority had not changed since the beginning of COVID-19 (32%). What's more, 13% of survey respondents stated that their opinion of the HSE was 'much more positive' since the beginning of the pandemic (see Figure 3.2).

Figure 3.2: Respondents opinion of HSE since the beginning of COVID-19

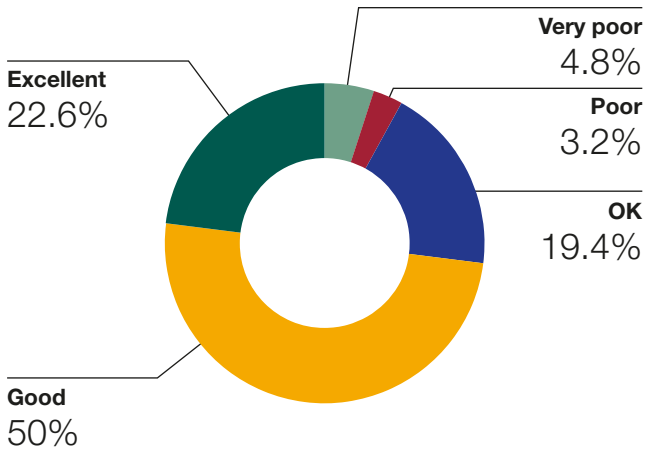


4. Physical Health

4.1 In general, would you say your physical health is?

Over 69% of respondents reported that their physical health was 'Ok' or 'Good' at the time of completing the questionnaire. While 8% of respondents felt that their physical health was 'Poor' or 'Very poor' during the same period (see Figure 4.1).

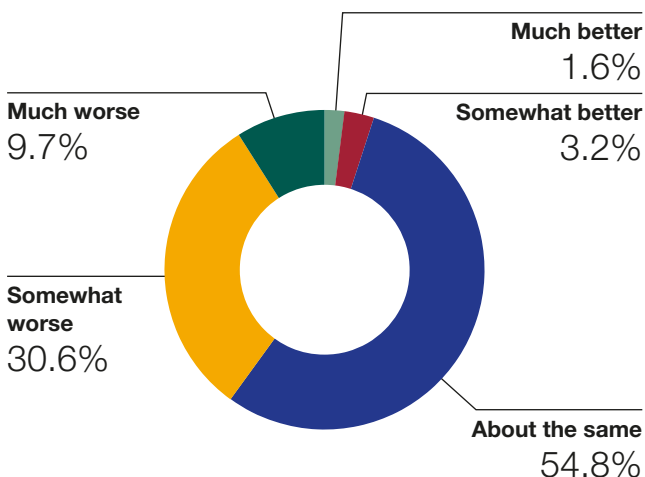
Figure 4.1: Self-reported status of respondents' physical health



4.2 Compared to one year ago, how would you rate your physical health now?

Over 55% of respondents felt that their physical health was 'About the same' as it was compared to one year ago. While 5% stated that their health was 'Somewhat better than one year ago' or 'Much better than one year ago'. However, a sizable minority (40%) reported that their physical health was 'Somewhat worse' or 'Much worse' compared to 12 months ago (see Figure 4.2).

4.2: Compared to one year ago, how would you rate your physical health now?

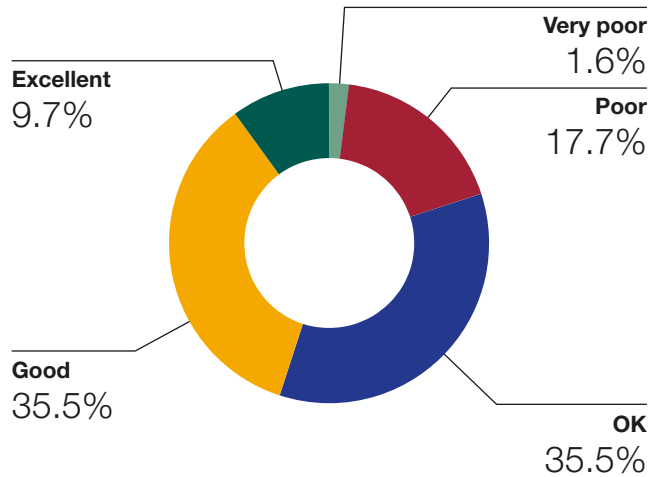


5. Mental Health

5.1 Currently, would you say your mental health is?

Over 80% of respondents reported that their mental health was 'Ok' or 'Good' or 'Excellent' at the time of completing the questionnaire. While 19% of respondents reported that their mental health was 'Poor' or 'Very poor' at the time of completing the questionnaire (see Figure 5.1).

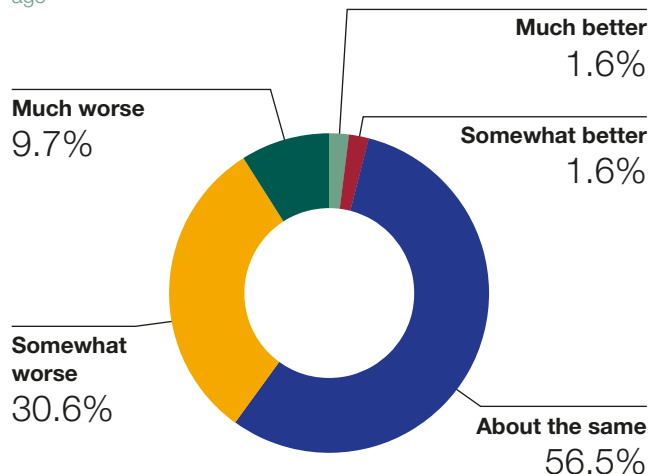
Figure 5.1: Self-reported current mental health status



5.2 Compared to one year ago, how would you rate your mental health now?

Over 1% of respondents reported that their mental health was 'Much better than one year ago', while another 2% of respondents felt that their mental health was 'Somewhat better than one year ago'. In contrast, 40% of respondents reported that their mental health was either 'Somewhat worse' or 'Much worse' than it was one year ago. 56% of respondents reported that their mental health was 'About the same' compared to one year ago (see Figure 5.2).

Figure 5.2: Self-reported mental health status compared to one year ago

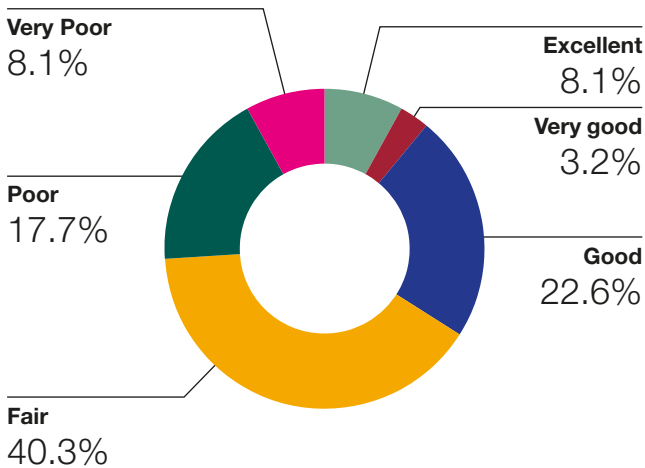


6. Quality of Life

6.1 Would you say your current Quality of Life* is (*Quality of life refers to your ability to enjoy normal activities and your general life satisfaction, including everything from physical health, family, education, employment, wealth, safety, security to freedom, religious beliefs, and the environment).

34% of respondents reported that their quality of life was 'Excellent', 'Very good', or 'Good' at the time of completing the questionnaire. While 40% of respondents reported that their quality of life was 'Fair' during the same period. However, 26% of respondents reported that they had a negative view about the quality of their life, that is to say, 18% reported that they had a 'Poor' quality of life, while 8% of respondents reported that they had a 'Very poor' quality of life (see Figure 6.1).

Figure 6.1: Self-reported Quality of Life

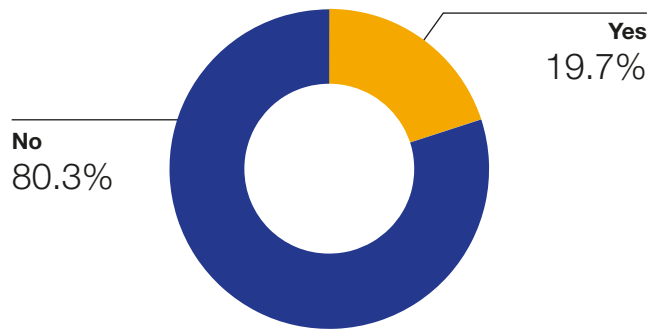


7. Health care provision

7.1 Have you accessed any new health supports since the start of the COVID-19 outbreak?

20% of respondents reported accessing new health supports since the start of the COVID-19 outbreak, while 80% stated that they had not (see Figure 7.1). Examples of new health supports accessed were; COVID-19 tests, treatment for COVID-19, support from local Roma projects, support ringing the GP and prescriptions and self-isolation supports.

Figure 7.1: New health supports accessed since the start of COVID-19



7.2 How many times between March and end August 2020 and between September 2019 and end February 2020 did you access the following services?

Respondents reported using health services more often during and between the months of March and June 2020 in comparison to the period between September 2019 and February 2020 (see Figure 7.2).

- Access to a general hospital clinic as an outpatient increased by approximately 6%
- access to a hospital as an inpatient increased by approximately 2%
- there was neither an increase or decrease in access to Accident & Emergency units
- access to local health centre increased by approximately 4%
- there was neither an increase or decrease in access to a psychiatric hospital as an inpatient
- there was neither an increase or decrease in access to a psychiatric hospital as an outpatient.

Figure 7.2 Access to health services

| | | |
|---------------------------------------|----|---|
| General hospital clinic as outpatient | 52 | ■ |
| | 49 | ■ |
| Hospital as an inpatient | 50 | ■ |
| | 49 | ■ |
| Accident & Emergency | 49 | ■ |
| | 49 | ■ |
| Local health centre | 51 | ■ |
| | 49 | ■ |
| Psychiatric hospital as inpatient | 49 | ■ |
| | 49 | ■ |
| Psychiatric hospital as outpatient | 49 | ■ |
| | 49 | ■ |

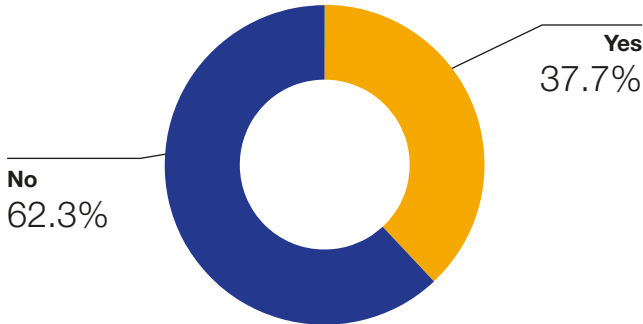
■ Number of times March-June 2020

■ Number of times September 2019-End February 2020

7.3 Were you offered interpreter support?

A sizable majority of respondents (62%) reported that they had not been offered the services of an interpreter while accessing HSE services. However, a sizable minority (38%) reported that they had been offered the services of an interpreter while accessing the same services (see Figure 7.3).

Figure 7.3 Offer of interpreter support

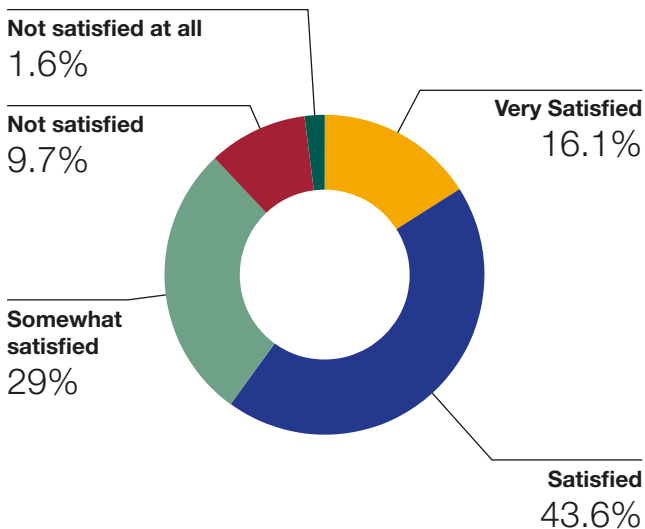


7.4 How satisfied are you with the current health services you are receiving?

The majority of respondents (60%) reported that they were 'satisfied' or 'very satisfied' with the services provided by the HSE and 29% reported that they were 'somewhat satisfied'. However, a minority of respondents (12%) reported being 'not satisfied' (10%) and 'not satisfied at all' (2%).

Figure 7.4: Service satisfaction

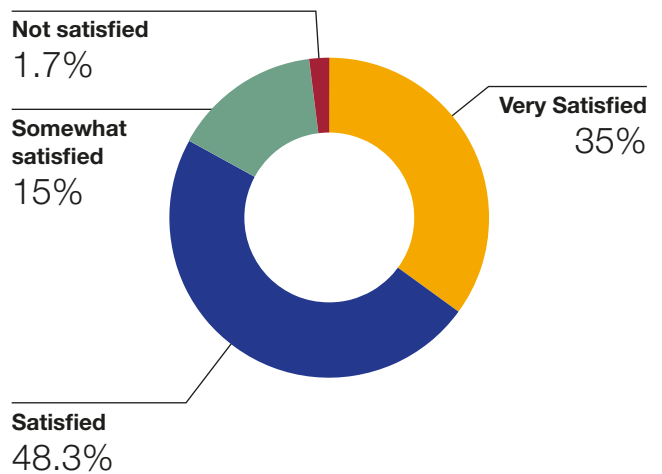
How satisfied are you with Roma specific support services (e.g. Roma health project or Roma outreach) you are receiving?



7.5 How satisfied are you with Roma specific support services (e.g. Roma health project or Roma outreach) you are receiving?

The majority of survey respondents (83%) reported that they were 'satisfied' (48%) or 'very satisfied' (35%) with the Roma specific supports provided by the HSE. Yet, a minority of respondents reported that services were not satisfactory, for instance, 15% of respondents reported being 'somewhat satisfied', 2% reported that they were 'not satisfied', while none of the respondents reported that they were 'not satisfied at all' with the specific supports provided by the HSE (see Figure 7.5).

Figure 7.5 Roma specific support services



Suggestions for service improvement

Suggestions from respondents on how health services and supports can be improved are listed below, from most commonly suggested to least commonly suggested:

1. Additional Roma translators required throughout HSE services, especially in doctor's surgery (most cited)
2. Additional health care professionals required, especially those of Roma ethnicity
3. Additional flexibility around eligibility for medical cards
4. HSE should work towards reducing waiting lists and times for this cohort
5. Additional health care professionals required (least cited)

“ ... Employ Romanian doctors in Hospitals and also have a Romanian employed at Psychiatric clinics. ”

“ I think that we need more Roma working for the community, Roma language translators. ”

“ Keep information on-going for people and new updates from HSE. ”

“ No - I received all the supports I needed. ”

“ They look down on us and make comments. ”

“ I have applied for a medical card 3 times and I was refused due to rent receipts.. ”

“ It's hard to get medical cards. ”

“ ...due to having the Roma projects in Enniscorthy, I feel a lot safer in receiving information and engaging in a better quality of life. ”

“ When Roma/ Romanian people go the GP, the GP needs a translator for them. ”

“ I am new in the country I have no support. ”

Summary of findings

Below is a summary of key findings to inform both national and local service planning and development:

1. The vast majority of survey respondents (97%) felt that they had received enough information about COVID-19.
2. Respondents obtained information about COVID-19 through HSE funded projects (90%) followed by social media platforms (56%) such as Facebook, Twitter, etc. And thirdly information related to COVID-19 is accessed through the HSE's website/ Roma specific COVID-19 web pages (53%). Respondents' could tick more than one option in this question.
3. Over half of respondents were satisfied with the HSE's response to COVID-19 (63%), 66% of respondents had confidence in the ability of the HSE to manage the pandemic into the future.
4. The vast majority of respondents (68%) maintained a positive opinion of the HSE since the beginning of the pandemic.
5. 60% of respondents reported that their physical health was about the same or better compared to one year ago. However, a sizable minority of respondents (40%) reported that their physical health had declined in the last 12 months.
6. 56% of respondents reported that their mental health was about the same as it was 12 months ago. However, 40% of the respondents reported that their mental health had become somewhat or much worse over the same period.
7. The majority of respondents said that their quality of life was Fair (40%), whilst 26% were not satisfied with the quality of their lives.
8. 80% of respondents reported that they did not access nor need to access any new services since the start of the pandemic. Of the 20% who did access services, the majority related to COVID-19. Examples of new health supports accessed were; COVID-19 tests, treatment for COVID-19, support from local Roma projects, support ringing the GP and getting prescriptions and self-isolation supports.
9. There was an additional demand for services from March to June 2020 in comparison to the months of and between September 2019 and February 2020.
10. 62% of respondents reported that they had not been offered the support of an interpreter while availing of HSE services.
11. 60% of respondents reported that they were satisfied with the health services they were receiving.
12. 83% of respondents reported that they were satisfied with Roma specific support services.



Contact Us

HSE National Social Inclusion Office
Mill Lane, Palmerstown, Dublin D20KH63
Phone: 01 6201703
Email: socialinclusion@hse.ie



Seirbhís Sláinte
Níos Fearr
á Forbairt

Building a
Better Health
Service