A Guide to Establishing a Roma Health Project

March 2022

HSE Social Inclusion

HSE

Youth Work Ireland *Tipperary*

Foreword

As the Chief Executive of Youth Work Ireland Tipperary it is my great pleasure to write the foreword to A Guide To Establishing A Roma Health Project which has been informed by our experience of setting up the Tipperary Roma Health Project. This Guide provides a roadmap for the development and implementation of other Roma Health Projects nationally. The publication maps out the guiding principles and framework employed by the project, infrastructure and strategy operated in the design and implementation and finally the methods of monitoring and evaluation.

Roma experience significant inequalities and marginalisation in Ireland and across the EU due to their exclusion from mainstream society. A Roma Health Project is a dedicated initiative to tackle Roma health inequalities. It is based on a dual approach to Roma health involving targeted initiatives and mainstreaming activities. Such a dual approach ensures there is no danger of segregation, while enhancing access to, participation in, and outcomes from health and other services available to the general public.

We started our task of setting up such a project in early 2021, in the middle of the Covid Pandemic. This was an onerous task: Roma were not engaged in our youth work service or most other services in the County and we understood they were a hard to reach group. At the inception of the project the number of Roma identified by the HSE stood at 37, by December 2021, 158 Roma people were identified in Co. Tipperary with 78 people actively engaged in receiving supports and information: 45 Roma were supported in accessing medical cards, GP's and additional health services. All of this was made possible by working to a common shared set of values, being clear and focused in our work approach, reaching out and proactively linking with the Roma Community. The dedication and commitment of the Project Health Worker, the Lead Group and the Steering Group, all of whom we are working in partnership to improve the health of Roma in Tipperary.

It has been our pleasure to work with both HSE Social Inclusion units, the Mid West and South East and also with Values Lab in developing this Toolkit. We hope that this Guide supports other projects embarking on Roma health work or other work focused on reducing inequalities for excluded groups so that all members of our communities experience positive health and well-being and are supported to reach their full potential.

Donal Kelly

CEO
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INTRODUCTION

The Purpose and Audience for this Guide

This Guide provides a roadmap for the development and implementation of a Roma Health Project. The Guide draws from the experience of, and learning from, the Tipperary Roma Health Project and addresses the four key dimensions of:
- Underpinning framework of values, and standards for a Roma Health Project,
- Organisational infrastructure to lead, support and implement a Roma Health Project,
- Strategy and strand of activity in the delivery of a Roma Health Project, and
- Monitoring and review of a Roma Health Project.

The target audiences for the Guide are:
- Statutory health service providers, across the range of health and wellbeing services and supports,
- Statutory service providers that have a role in addressing the social determinants of health, in particular: housing and homeless services; education services; employment services; social protection; and children's services, and
- Non-governmental organisations with a remit to address health inequalities and/or those engaging with the Roma community.

The Roma Community in Ireland

The term 'Roma' refers to the international Roma community. While Roma share a common ancestry and culture, their migration to different countries has given rise to a diverse Roma community in regard to languages spoken, religion, and way of living.

A data collection exercise undertaken in 2021, by the HSE National Social Inclusion Office, estimates that there are between 6,000 and 8,000 Roma in living in Ireland [1]. As part of the public health response to COVID-19, Roma families that were not previously known to statutory and non-governmental service providers were identified in a number of local communities.

There is a lack of accurate data and information not only in relation to the number of Roma living in Ireland, but also their situation and experience, including their health status. This data gap is, in part, a result of low levels of Roma engagement with statutory services and is further exacerbated by the absence of an ethnic identifier across key data sets relating to health, accommodation, education, social protection and other key services.

[1] This is an increase on the estimated number of Roma, in 2018, from the National Roma Needs Assessment, which was thought to be approximately 5,000: Pavee Point Traveller and Roma Centre (2018). Roma in Ireland, A National Needs Assessment. Pavee Point Traveller and Roma Centre and Department of Justice.

> **At** the commencement of the Tipperary Roma Health Project it was estimated that there were approximately 50 Roma living in County Tipperary. Within seven months of the project being operational 160 Roma had been identified as living in County Tipperary.
>
> Through the Roma Health Project mapping process, diverse groups within the Tipperary Roma community were identified: Roma migrants from Romania, Slovakia, and Bulgaria; and Roma born in Ireland. This diversity identified the need for linguistic and other culturally appropriate responses to address the diversity within this local Roma community.

The situation and experience of Roma communities, in Ireland and across the EU, is one of significant inequality, due to marginalization and exclusion from mainstream society.

Many Roma live in extreme poverty and disadvantage, experience high levels of discrimination when attempting to access services and supports, and face negative treatment in their interactions with the wider community. The failure to accommodate their language and cultural differences presents further impediments to Roma people's ability to fully participate in and contribute to society, and to access key services to meet their pressing needs.

In the Irish context, there is a specific additional barrier in the underdeveloped connections between healthcare providers and Roma families, and the absence of a strong local infrastructure of civil society organisations working directly with Roma and/or representing or bringing forward the voice of Roma (Pavee Point Traveller and Roma Centre is the national organisation working to address Roma rights). These barriers became particularly apparent during the COVID-19 crisis, when healthcare providers and community organisations struggled to identify, reach, and engage with local Roma communities as part of the public health response to the pandemic.

As a result, there is a significant gap between Roma and the majority population in the domain of health, and across key domains that impact on health, including: housing, education, employment, and social protection. The National Roma Needs Assessment indicates the following regarding Roma health:
- 1 in 5 Roma report their physical health as 'poor'.
- 1 in 2 Roma report that their mental health had not been good for more than fourteen days out of the previous month.
- There is a high incidence of diabetes in the Roma community: 22.5% of respondents said they had been diagnosed with diabetes.
- 39% of Roma said they did not have a GP, and 50% did not have a medical card.
- 24% of Roma women had not accessed healthcare during pregnancy.

In 2020, the HSE National Social Inclusion Office conducted an online survey with Roma service users [2]. Of the Roma who responded to the survey:
- 19% reported their mental health to be poor/very poor,
- 40% said their mental health was 'somewhat' or 'much' worse than was the case twelve months ago,
- Their reported quality of life was fair (40% said their quality of life was fair, 18% reported it to be poor, and 8% very poor, and
- 62% of respondents had not been offered interpretation support when accessing a HSE service.

The COVID-19 pandemic both exposed and exacerbated the highly vulnerable situation of Roma. Community organisations noted the following issues for Roma, in regard to the impact of the pandemic: Roma were unable to access public health information to inform themselves how to avoid contracting and spreading the virus and how to access vaccinations; many Roma were living in overcrowded and substandard accommodation, therefore, they could not practice good hygiene or self-isolate to avoid contracting or spreading the virus (disproportionate numbers of Roma became infected, compared to the wider population); and when lockdowns were imposed many Roma's precarious employment situation worsened and families that had previously relied on begging as their only source of income, were placed in extremely vulnerable situations [3].

The National Roma Needs Assessment provides additional data in regard to three of the key social determinants for health: socio-economic status; housing and living conditions; and social context:

Socio-economic status:
- 83% of working age Roma are unemployed.
- In 50% of Roma households with children, respondents reported not always having enough food.
- 20% of Roma have no PPS number, which excludes them from accessing most statutory services, supports and benefits.

Housing and living conditions:
- 46% of Roma had been homeless at some point.
- 24% of Roma were living in overcrowded households, of 8 or more people (44.8% did not have enough beds in their accommodation,12% had no kitchen, and 14% had no bathroom).
- 66% said they could not afford to heat their home adequately.

[2] HSE (December 2020). National COVID-19 Roma Service User Experience Survey: report of findings. HSE Social Inclusion.
[3] Briefing report: COVID-19 Roma Response Partnership Supporting Roma During the Pandemic: Key learning and pathways ahead. Pavee Point, Cairde, HSE Social Inclusion, SafetyNet, Focus Ireland, and Cross Care.

Social context:
- 70% of Roma report experiencing discrimination in accessing health services, with Roma women much more likely than Roma men to report such discrimination (84% versus 53%).
- Because of negative experiences in their countries of origin, Roma can be fearful of engaging with statutory agencies, including health services.
- Communication and language barriers impact on Roma people's access to health information and services: 71% of Roma have difficulty reading English, and a compounding barrier for many Roma adults, is literacy and numeracy issues in their mother tongue.

With the onset of the COVID-19 pandemic, these adverse social determinants rendered the Roma community particularly vulnerable to higher incidence rates of the virus, and poorer health outcomes were they to contract the virus.

A Roma Health Project

A Roma Health Project is a dedicated initiative to tackle Roma health inequalities. It is based on a dual approach to Roma health, involving:
- Targeted measures to:
  - identify and respond to the specific needs of Roma,
  - enhance health referral pathways, and
  - bring forward the voice of Roma as service users; and

- Mainstreaming activities that enable access to general health services, and, more broadly, those services with responsibility for those areas identified as adverse social determinants for Roma health.

Such a dual approach ensures there is no danger of segregation, in underpinning enhanced access to, participation in, and outcomes from those services available to the general public.

The scale of health inequalities experienced by the Roma community and the causal link in regard to a wide range of adverse social determinants that impact on this poor health status, provide the starting rationale for a Roma Health Project. Targeted initiative is required if an impact is to be made on these inequalities and these disadvantages.

The level of exclusion and discrimination, both current and historic, provide further rationale for such a project. Targeted initiative is necessary to identify, remove and reduce the specific barriers experienced by the Roma community; and to hear and engage with the individual and collective voice of Roma as service users, so that pathways to general services and supports can be developed or improved.

The distinct Roma culture, the particular languages they are versed in, and the diversity evident within the Roma community provide a third rationale. Targeted initiative is needed to respond appropriately to specific needs that arise from these aspects of Roma ethnicity, and to enable services to adapt and accommodate such diversity.

The Tipperary Roma Health Project was initially established as a six-month pilot project to respond to the threat posed by COVID-19 to the Roma community. As the Project developed, the objectives were broadened to a focus on addressing adverse social determinants for Roma, to improve health service pathways for the Roma in the County.

It was also acknowledged that a six-month period was insufficient to delivering on the Project objectives due to the time required to identify and effectively engage with Roma, and to address their needs.
With the support of all Project partners and stakeholders, funding was secured to extend the pilot to a more permanent footing, including extending the Roma Health Worker role to a full time post.

Four key policy drivers underpin the rationale for establishing targeted health projects for the Roma community are:

The National Traveller and Roma Inclusion Strategy (2017-2021):
- Action 75: the Department of Health and the HSE will continue to ensure that specific funding is allocated to Traveller and Roma health initiatives.
- Action 85: the HSE will seek funding for Roma Health Advocates on the basis of a needs assessment.

The National Intercultural Health Strategy (2018-2023):
Goal 2, Strategic Objective 1.:
- Develop targeted interventions in line with government and related obligations (including the National Traveller and Roma Inclusion Strategy (2017- 2021); and
- Deliver health-related actions in the National Traveller and Roma Inclusion Strategy 2017- 2021, taking the findings of Roma in Ireland – A National Needs Assessment (2018) into account.

Healthy Ireland Framework (2013-2025)
- Goal 2.: Reduce health inequalities between and within population groups.

Section 42 Irish Human Rights and Equality Commission Act 2014:
- The public sector equality and human rights duty places a statutory obligation on public bodies to take proactive approaches to eliminate discrimination, promote equality and protect human rights for service users across the identified groups for the Duty, which include Roma.

The design and delivery of a Roma Health Project is usefully informed by: the Ten Common Principles for Roma Inclusion of the European Commission; community development values; a social determinants of health framework; and the National Standards for Safer Better Health Care.

10 Common Principles for Roma Inclusion

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

European Commission, Directorate-General for Employment, Social Affairs and Inclusion, The 10 common basic principles on Roma inclusion : vademecum, Publications Office, 2010.

The implications of these Principles for a Roma Health Project are primarily the need to target Roma people within an intercultural approach that is non-discriminatory and enabling of access to mainstream provision of services. The Principles further emphasise the importance of empowering the voice of Roma within decision-making and ensuring a focus on Roma women and girls. They emphasise the contribution of the local level and of civil society.

Community Development Approach

A community development approach should underpin and inform all aspects of the design and delivery of the Roma Health Project.

Community development is defined as "a developmental activity comprised of both a task and a process. The task is social change to achieve equality, social justice, and human rights, and the process is the application of principles of participation, empowerment and collective decision making, in a structured and coordinated way" [4].

[4] Community Work Ireland (2016). All Ireland Standards for Community Work. All Ireland Endorsement Body for Community Work Education and Training.

The implications of this understanding of community development for a Roma Health Project are primarily to reflect the emphasis on the importance of process, and to sustain the focus on achieving equality outcomes for Roma health.

A frame of five interconnected core values has been established as underpinning a community development approach [5].
- Participation
- Collectivity
- Community Empowerment
- Human Rights, Equality & Anti-Discrimination
- Social Justice

A shared understanding, among project stakeholders, is needed in regard to embedding these values in the Roma Health Project and its work.

These values have implications for:
- the outcomes sought by a Roma healthcare project;
- the means by which those outcomes are delivered (process);
- the way in which these processes are put into play (practice); and
- the knowledge and skills of those leading the project.

It is useful to develop a values framework to aid in the effective engagement of these values in the design and delivery of a Roma Health Project. This framework could be developed as a shared exercise by the key project stakeholders. The values framework would set out:
- a brief definition for each value relevant to the overall goal of delivering a Roma Health Project; and
- what each value suggests in regard to the outcomes pursued, the processes engaged, the practices implemented, and the knowledge and skills required of the project worker(s).

[5] Ibid.

Model Community Development Values Framework

Participation

Participation involves having agency and meaningful involvement in identifying personal and community issues and needs, analysing the causes of these, and delivering the solutions they require.

Outcome: systems and capacity for peer-led approaches to addressing Roma health inequalities.

Process: building capacity among local Roma to analyse and understand their situation and experience, and to establish their personal and shared needs and issues.

Practice: engaging individual Roma in establishing and resolving their personal needs and in the wider work of the project.

Worker knowledge and skills: knowledge of the barriers to participation for local Roma; and skills in using creative, inclusive and accessible practices with marginalised groups.

Collectivity

Collectivity involves a community approach to driving and implementing change, by building community solidarity, and harnessing the power of the community to address and secure a resolution to those issues and needs.

Outcome: organisation and solidarity among the local Roma community in collectively pursuing resolutions for their shared issues and needs.

Process: enabling group formation and community responses to issues and needs of shared concern.

Practice: trust-building, and group work.

Worker knowledge and skills: knowledge of the barriers to solidarity among local Roma; and skills in combining individual support with group work and in facilitating group formation.

Model Community Development Values Framework
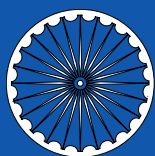
Community Empowerment

Community empowerment involves the community and its members in having voice and influence in decisions that affect them.

Outcome: systems and structures, for the Roma Health Project and in other key areas of service provision, to enable the voice of the local Roma community to be heard and to have influence in decision-making that impacts on them.

Process: building capacity among local Roma to enable their meaningful involvement in the design, delivery, and review of actions and initiatives to address their issues and needs.

Practice: mobilising local Roma, and engaging with key stakeholders responsible for health services and other services of relevance.

Worker knowledge and skills: knowledge of the context for and key stakeholders relevant to the situation and experience of Roma; and skills in raising awareness and capacity-building.

Human Rights, Equality, & Anti-Discrimination

Human Rights, Equality & Anti-Discrimination is concerned with responding appropriately and effectively to the particular identity, experience and situation of specific groups such Roma.

Outcome:intercultural approaches are understood, supported, and pursued in mainstream services; and Roma have an increased understanding of, and capacity to exercise their rights.

Process: promoting an understanding of and appropriate response to: the practical implications of Roma culture and identity and the specific needs arising from this; and the diversity within the Roma community, including: Roma women and girls; Roma children and young people; Roma with a disability; and LGBT Roma.

Practice: promoting models for intercultural practice in service provision, and promotion of rights among the Roma community.

Worker knowledge and skills: knowledge of racism and intercultural strategies responding to racism; and skills in identifying and accommodating the specific needs that arise from people's cultural diversity.

Model Community Development Values Framework
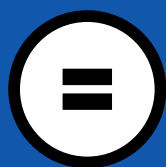
Social Justice

Social Justice is concerned with addressing the poverty, deprivation and exclusion of marginalised communities, across all domains including that of health.

<u>Outcome</u>:the health status of individual Roma and the local Roma community is improved, alongside improvements in the social determinants for this health status.

<u>Process</u>: building partnerships with local service providers to enable Roma access to relevant services and supports, including: health services; education services; language supports; housing and homeless services; social protection; and childcare services.

<u>Practice</u>: collaboration with managers and professionals in the health services and from a range of services relevant to the social determinants of health.

<u>Worker knowledge and skills</u>: a knowledge of the social determinants of health model and its application for a marginalised community; and skills in enabling inter-agency collaboration to address individual and community needs of a marginalised community.

Social Determinants of Health Framework

A Roma Health Project, with its concern to reduce health inequalities for the Roma community, needs to be situated within a social determinants of health framework if it is to be effective and impactful [6]. This approach aligns with the Healthy Ireland Framework, which is underpinned by a social determinants approach [7].

Social Determinants of Health

GENERAL SOCIO-ECONOMIC &
CULTURAL CONDITIONS

HOUSING &
LIVING   EDUCATION
CONDITIONS

INCOME   LITERACY

EMPLOYMENT   HEALTH CARE

COMMUNITY
NETWORKS   SUPPORT SYSTEMS

INDIVIDUAL   LIFESTYLE   FACTORS

Age, Sex,
Hereditary Factors
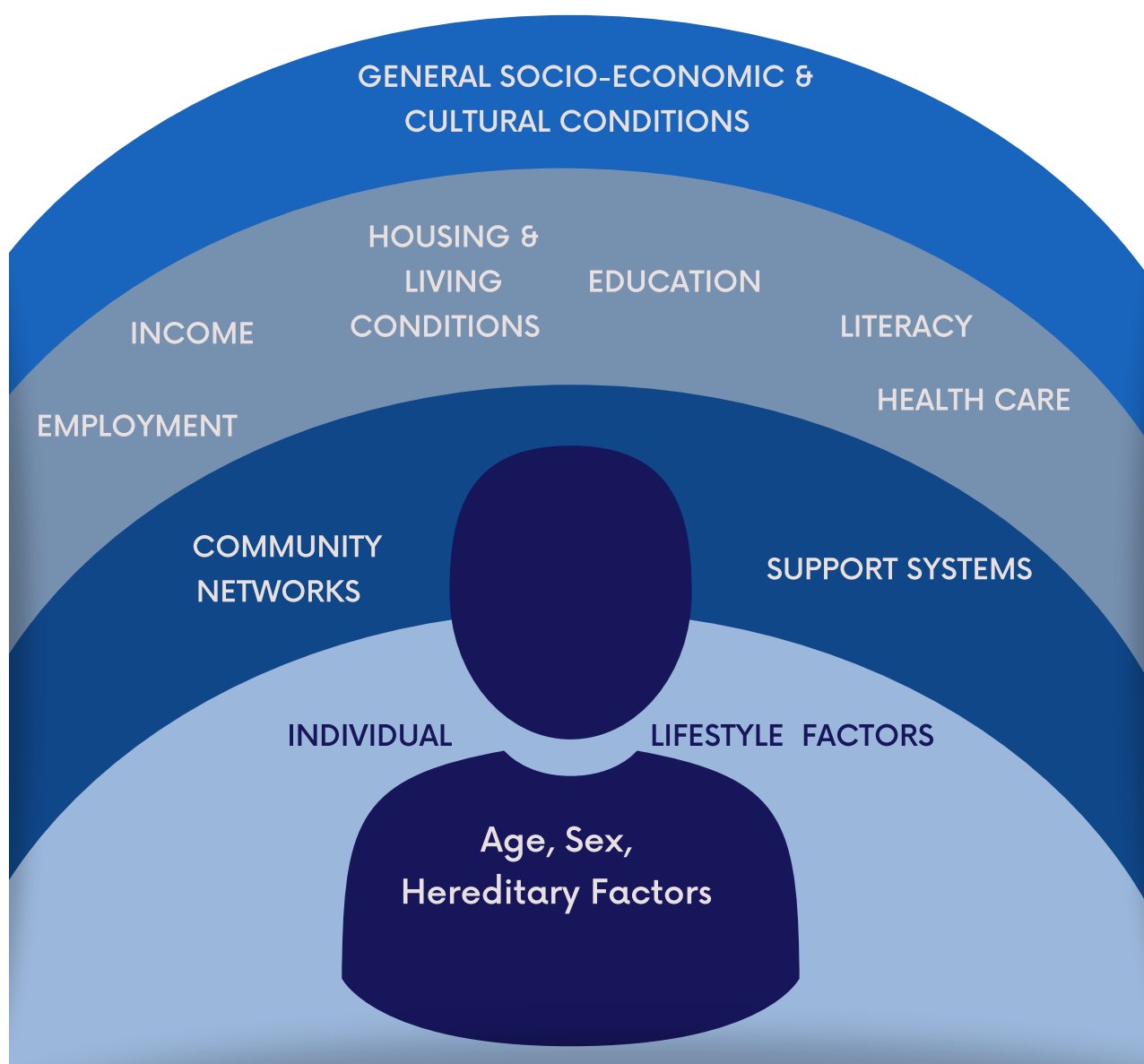
[6] More information on the social determinants of health can be found here: Commission on Social Determinants in Health (2008). Closing the Gap in a Generation: Health equity through action on the social determinants of health. World Health Organisation, Geneva.
[7] Healthy Ireland: A Framework for Improved Health and Wellbeing (2013-2025). Department of Health.

A social determinants of health framework, recognises that interventions to address health inequalities, in addition to addressing specific health risks, must also address the social, economic, educational, and environmental factors that impact on the health and wellbeing of individuals and groups.

The Roma community experience a range of adverse social determinants which are a causal and exacerbating factor in the significant health inequality gap between Roma and the majority population, in particular:

- significant poverty and material deprivation;
- insecure and unsuitable housing;
- high levels of discrimination and racism; and
- language and literacy barriers.

These factors underscore the importance of addressing Roma health inequalities through a social determinants lens.

Addressing the social determinants of health for Roma, requires an inter-agency approach involving the relevant statutory and non-governmental organisations. Partnership, based on shared values and goals, is a key feature of such an approach. The inter-agency focus enables the range of knowledge, resources, and supports to be mobilized to address barriers and needs across the social determinants.

The National Standards for Better Health Care

 A Roma Health Project is concerned to ensure that the work is person-centred, with service-user involvement prioritised at all stages. The HIQA National Standards for Better Health Care, provide a set of useful benchmarks in this regard [8]. The National Standards are structured across eight interrelated themes, to provide high quality, safe and reliable care centred on the service user.

[8] Health Information and Quality Authority (June 2012). A Guide to the National Standards for Safer Better Health Care .

While each of the eight standard areas will have relevance to a Roma Health Project, the area of person-centred care and support has particular relevance. In regard to this standard area, the guidance on the National Standards advises that "Healthcare should respect the values and dignity of its service users and be responsive to their rights and needs" and, that, a person-centred service:

- listens to service users, supporting them to play a part in their own care,
- ensures service users have a say in how the service is run, and
- focuses on the needs and preferences of service users rather than on what is convenient for the service provider.

These four conceptual frameworks provide the necessary foundations for the effective design and implementation of the Roma Health Project. They are an ongoing point of reference for strategy, approach, decision-making, and monitoring within the project. The four conceptual frameworks each bring their own particular focus and emphasis to the project. At the same time, they are strongly inter-linked, which ensures a coherence in their application.

PROJECT INFRASTRUCTURE

The starting point for an effective Roma Health Project is the development of an infrastructure to lead, support, and implement the project. The key pillars of this infrastructure are:
- A partnership of organisations to lead and manage project implementation;
- A staff complement to implement the project;
- An inter-agency steering group working collectively to enable and secure outcomes from the project; and
- Systems and processes for service-user feedback.

Theme 5 of the National Standards for Safer Better Health Care: "Leadership, Governance and Management" offer useful standards in this regard.

Lead Partnership

A partnership approach between HSE CHO Social Inclusion and a local community organisation to lead and manage the day-to-day work of the project, is the recommended model for the project.

In Tipperary County two HSE Community Healthcare Organisations (CHO 3 and CHO 5) have responsibility for different regions of the County. Social Inclusion in both CHOs have developed and led initiatives to address the needs of Roma in their respective regions. Given this track record in both CHOs, and given that the other relevant agencies deliver supports and services on a county-wide basis, CHO 3 and CHO 5 identified the need to work in partnership to develop and drive implementation of a Roma Health Project across the County.

The HSE leads for the Project have combined experience in coordinating projects to address Roma and Traveller health inequalities in CHO 3 and CHO 5.

Identifying and engaging a community organisation to host, manage and implement the project is an important element for this partnership. This element of the partnership serves to:
- support and develop the grassroots approach required to build trust with the local Roma community,
- create and enable a bridge between the local Roma community and health and other relevant service providers, with a capacity to influence both, and
- support and build the Roma Health Project to become a peer-led initiative.

In selecting a suitable community organisation for the partnership, the following should be considered as minimal requirements:
- operates from a community development approach and out of the core values underpinning this approach,
- has a track record of grassroots work within the local community, ideally, in supporting marginalised and vulnerable communities,
- has a track record of engagement with, and understanding of key service providers, particularly in the health sector, and
- has knowledge and expertise in regard to anti-racism and cultural competency.

Once HSE CHO 3 and CHO 5 had agreed to work collaboratively to develop and lead the Roma Health Project, the next step involved the identification of the third partner, a community organisation, to host, manage, and implement the Roma Health Project, including employment of the Roma Health Worker. This organisation was to form part of a partnership with HSE CHO 3 and CHO 5 to jointly lead and enable the Roma Health Project.

Youth Work Ireland Tipperary (YWIT) was identified as the partner organisation, given its track record, approach, and experience, in particular:

- operating from a community development approach with a track record of collaborative working to secure outcomes,
- expertise in working with marginalised groups,
- track record of effective engagement with a wide range of statutory service providers,
- operating services in North and South Tipperary, with high visibility and a number of centres across the county, and
- existing service level agreements were in place between YWIT and both HSE CHOs and a good working relationship had been established.

The three partner leads established the Project's inter-agency steering group, which the CEO of YWIT Chairs. The partner leads held preparation meetings and debriefings in advance of, and following meetings of the steering group. Their role was also to support the steering group members to develop their capacity, in particular in the area of cultural competence, and to bring in new members as the Project developed and different needs arose.

The partner organisations could usefully develop a collaboration agreement to govern their working arrangements for the Roma Health Project. This would set out:

- the shared aims of the partnership,
- the arrangements required to implement the partnership approach, and
- the steps to monitor, report on, and ensure the impact and sustainability of the project.

As the lead partners, the HSE (CHO3 and CHO5) and YWIT developed a collaboration agreement setting out the project outcomes they would work to jointly deliver, namely to:

- Identify the local Roma population and, with the involvement of local Roma, establish their health and related support needs,
- Increase Roma access to health information, including information on COVID-19,
- Increase Roma access to health services regarding COVID-19,
- Develop access routes and referral pathways into health services, for Roma living in County Tipperary, and
- Reduce health inequalities for Roma.

Project staff

The recruitment of a health worker(s) with the right combination of skills, knowledge, and awareness, is critical to ensuring the success of the project. The following should be considered as minimal requirements:
- A relevant background and qualification in community development practice,
- Experience in outreach work to engage marginalised and socially excluded communities,
- Experience in developing and employing creative methods to address barriers to engagement of marginalised groups of diverse identities (for example: language, literacy, and cultural barriers), and
- Experience in inter-agency collaboration to secure equality outcomes for target groups.

The job description for the Tipperary Roma Health Worker is contained in Appendix A setting out the key areas of responsibility for the role.
The employment of a worker(s) for the Roma Health Project needs to recognise the challenging and often isolated space within which such a worker can operate. In addition, it is important to ensure the worker(s) is supported to understand and maintain a boundary in regard to the nature of their role: the health worker is tasked with supporting the development of health pathways for the Roma community, not to provide services to meet the needs of individual Roma. Regular support and supervision and reflective practice approaches are recommended to support the health worker(s) in this regard.

Inter-agency steering group

A multi-agency approach is required to ensure Roma health inequalities are effectively addressed through a comprehensive health spectrum, and through a social determinants of health lens. The establishment of an inter-agency steering group, therefore, is a key component of the project infrastructure.

The role of the inter-agency steering group is to support the lead organisation to implement the Roma Health Project and to enable outcomes from the project, by:
- assisting with the local mapping to identify the local Roma community,
- sharing knowledge, information, and best practice to address Roma health needs and adverse social determinants for Roma health,
- supporting the development and implementation of effective Roma referral pathways, to the various services and supports represented on the steering group,
- devising and enabling joint initiatives between the organisations represented on the steering group to respond to issues that are identified through the work of the Roma Health Project,

- identifying issues that need to be progressed at regional or national level, and
- supporting the longer-term sustainability of the Roma Health Project.

The Tipperary Roma Health Project Steering Group terms of reference is attached at Appendix B.

In establishing the inter-agency steering group, it is important to:
- establish a shared vision and goals for the steering group: consider using the Model Values Framework in this Guide, as a tool to develop a shared vision and goals,
- ensure participation from the Roma community,
- ensure the participation of key actors across the relevant spectrum of health services,
- ensure the participation of key statutory stakeholders with a role in addressing adverse social determinants impacting on Roma health, in particular: housing and homeless services; education services; social protection; and children's services,
- ensure the participation of local community organisations, and where relevant, those organisations with a track record of engagement with the Roma community, including SICAP implementers, and
- ensure that steering group members have sufficient authority, in their own organisation, to initiate actions arising from the work of the steering group.

Service user feedback systems and processes

Service user feedback provides important information to guide the implementation and further development of the Roma Health Project. The systems and related processes for this feedback can be developed and evolved over time as the Roma Health Project strengthens its relationships with the Roma community and strengthens capacity within the Roma community to lead such processes.

Systems for service user feedback include:
- identification of a point of contact at senior level within the partner community organisation for any feedback from individual service users,
- tracking service user perspective as part of project monitoring and measurement of project outcomes, and
- periodical accessible, anonymous evaluation processes with service users.

Processes for service user feedback, which would be developed over time, include the following:

- collective events convened as part of the project development could include space for shared reflection and feedback on the overall project, and
- group formation within the Roma community as part of the project development would serve to provide feedback from time to time. These might include: a women's group; a men's group; a youth group.

Project goal and objectives

The identification of the goal and related objectives for the Roma Health Project is an important first step for agreement between the partner lead organisations.The project goal will be based on the agreed outcome sought. The ultimate desired outcome from a Roma Health Project is to reduce health inequalities for Roma. This, in turn, requires change in enhanced health service referrals, and access pathways for Roma to health services and to services that respond to the social determinants of health. Going further, this level of change requires: an empowerment of Roma as service users with a capacity to understand and engage with the health system and other key service providers; and capacity building within the health system and other key agencies to understand and engage with the Roma community.

Based on this outcome sought and understanding of the change required, the goal of a Roma Health Project is concerned to provide an effective response to the health needs of Roma by enhancing Roma access to health information, health services, and supports related to the social determinants of their health.

The project objectives, with associated strands of activity, that support the achievement of this goal are to:

Know the Roma community:
- mapping the local Roma population, and
- profiling the situation, experience and needs of the local Roma community.

Engage the Roma community:
- outreach to the Roma community to build trust, enable health literacy, and enable and empower the voice of the community, and
- provision of health advocacy support at the level of both the individual and the collective, using a community development approach.

Collaborate with key stakeholders:
- work with relevant stakeholders to identify, develop, and enable health referral and access pathways for Roma, and
- work with key agencies to enable an effective and appropriate response to the social determinants of Roma health inequalities.

In Tipperary, the goal of the Roma Health Project was identified as follows:
The Roma community in Co. Tipperary will access health information, support and health services, including regarding Covid-19.
This goal was underpinned by objectives to:
- Identify the Roma population and establish their health needs,
- Provide health advocacy support to the Roma community,
- Outreach to engage with the Roma community using a community development approach.

A logic model framework was developed setting out: key indicators for the project goal and objectives; resource inputs available to support the delivery of objectives; and key assumptions underlining each objective.

As the Roma Health Project progresses, key assumptions will change, based on the knowledge and data accumulated by the Project. This will have implications for project strategy and approach.

This logic model framework was used by the Roma Health Worker as a basis for reporting on progress, including to the Project Steering Group.

Mapping the local Roma population

To ensure a strategic and evidence-based response to developing health pathways for Roma, identifying the local Roma community and profiling their needs is an essential first stage in the process. There are particular challenges in this stage given the lack of visibility for and organisation within the Roma community.

Establishing the baseline involves gathering what data and information are currently available on the number of Roma living in the region. Sources of this baseline information might include: the National Roma Needs Assessment; national and local research; local service providers; local community organisations; Public Health Nurses; and local schools.

The project inter-agency steering group is an important resource in regard to establishing this baseline figure, given the range of data and information available to the members of such a structure.

In Tipperary, the location of the Roma Health Worker within an established community organisation with County-wide reach, provided a ready-made network which the Health Worker could employ to assist with the mapping process. Raising awareness about the project, on social media, and by direct contact with health services, schools, relevant community and voluntary organisations, GPs, and Garda stations, also supported the mapping process. These initial contacts also resulted in a number of local organisations offering to actively support the project.

The Project Steering Group members were mobilised to assist in the mapping process to identify Roma in the County. Primary schools were identified as an important starting point, and contact with Roma families was effectively supported through linking with Home School Liaison Officers and Education and Welfare Officers. Public Health Nurses assisted in identifying families with children under 3.5 years.

Word of mouth about the Project, across Roma family and kinship networks, and among Roma workers in a local factory, was another key process for engaging Roma who were heretofore invisible to local services. Also, street-level outreach, to shops and other places frequented by Roma, was another key outreach process that the Health Worker employed to engage Roma with the service.

Within two months of this process, over 70 Roma were newly identified as residing in the County.

Once a baseline figure has been established for the estimated number of Roma living locally, the next stage in the mapping process involves developing a more accurate profile of the local Roma community. This part of the mapping process, which would be undertaken by the Roma Health Worker, seeks to establish the accurate number of Roma currently living in the region, with a breakdown in regard to gender, age, family and household composition, and languages spoken.

Prior to the Roma Health Worker engaging with the local Roma community, the project should be clear about what data and information will be collected and for what purpose. Consideration will need to be given to how this process and its purpose will be communicated to individual Roma, taking account of language and literacy barriers and how to address issues of fear of engagement with such a process, that may exist for some Roma. This should form part of the first step in this part of the mapping process, building trust.

Once trust has been established with local Roma, the project can enhance the mapping by gathering data and information relating to health needs and the social determinants for health, with a view to deepening knowledge of the barriers and needs of local Roma in regard to improving health pathways. Such data would include the following: whether there are literacy and numeracy issues, in addition to language barriers; number of people with a PPS number/medical card and barriers encountered in this regard; access to a GP; living situation and standard of accommodation (including: whether overcrowding is an issue; whether the accommodation has electricity/heating/cooking facilities etc.); and income/employment situation.

In Tipperary, within seven months of the commencement of the mapping process, the Roma Health Worker had developed a more in-depth profile of the Roma community and the particular barriers and needs of local Roma across the social determinants.

Many Roma identified said they had come to Ireland on the basis of promised employment which did not materialise. A number were trying to return to their countries of origin but were stranded with no income and in many instances no access to basic necessities, including food, and suitable accommodation.

Key needs identified by the Roma Health Worker included: food; healthcare; housing; income/social protection; and childcare and parenting supports. Key barriers to accessing necessary services identified by the Roma Health Worker were: language and literacy barriers; and barriers to obtaining a PPS number and consequently limited access to social protection and benefits, such as a medical card, and other statutory services.

Outreach to Engage and Support the Roma Community

It is essential that careful consideration is given to developing accessible, respectful, and empowering approaches to engage Roma: from the initial mapping process to the follow-on more in-depth health advocacy support.

The Roma community is often marginalised and distanced from mainstream supports and services. Bridging this gap is the central role of the Roma Health Project. The outreach strategy therefore, is: to meet Roma where they are at, rather than expecting they will find their way to our services and supports; and to empower Roma so that in the longer term, they can engage with services and supports on their own terms.

This requires proactive outreach processes (including street-level engagement, calling to people's homes, using word of mouth) to: initiate initial engagement with individual Roma; build their trust; identify their needs; support their referral to, and engagement with mainstream supports and services; and empower them, individually and collectively.

Consider the following in regard to the design and deployment of outreach strategies:
- Use the values framework tool to embed the core values in the design and implementation of the outreach process,
- The outreach approach should, at every stage, seek to build trust,
- As far as possible, members of the Roma community should be involved in the design and execution of the outreach process,

- Advance consideration should be given to how language and literacy barriers will be addressed. Roma people experience significant levels of racism in their origin countries, therefore interpreters should receive anti-racism training and be trained in cultural mediation,
- Where individual Roma are providing personal information to the project, the worker will need to:
  - give an assurance of confidentiality;
  - explain the purpose of the data gathering; and
  - ensure that Roma do not feel under any obligation to give personal information in order to receive information/ support/ referral to a service.

Addressing basic needs

The situation of Roma is often one of extreme deprivation and disadvantage, whereby even their most basic needs, including access to adequate and healthy food, and access to habitable accommodation, are not being met. Attention to addressing these most basic needs is essential for Roma individuals and families before they can consider higher-order needs, including access to healthcare services and supports.

Attention to addressing these basic needs must, therefore, be the primary focus for the Roma Health Worker in engaging with the community. This work to respond to basic needs creates the conditions for provision of information on health, health services, and other relevant services. It is the prerequisite for Roma to be able to engage with information provided in any useful manner. It is the foundation for trust building.

The Tipperary Roma Health Worker found that local Roma she reached out to were eager to engage with the service, as many had previously been unable to interact with services due to language and literacy barriers.

Through this initial engagement, significant levels of vulnerability were identified regarding many of the Roma living in the County. Addressing these basic needs was an essential first step before these families could engage with health information, including in regard to COVID-19, or other issues such as education or employment.

Addressing these basic needs involved the Roma Health Worker: supporting individual Roma to make contact with relevant services; and engaging with local community organisations that in turn: provided access to Food Cloud; supplied Roma with personal hygiene items; and supported Roma to address payment and supply issues regarding household utilities. For the majority of Roma, housing issues were identified as the most pressing issue.
A flexible and adaptable approach was required by the Project and Project stakeholders, to respond to the sometimes complex nature of the needs of the Roma community.

Health literacy and health advocacy supports

In parallel to the process of addressing basic needs, the health literacy and advocacy process can be employed. This process will be informed by the information obtained in the mapping process.

Health literacy involves not only having accessible, understandable health information, but also, being empowered to use that information to make informed health choices. The Roma Health Project, local healthcare providers, and community services that signpost people to healthcare supports and services, and other services and supports that could address adverse social determinants all have a role to play in enabling health literacy to empower local Roma to seek the services and supports that they need.

Work on health literacy will usefully involve the following elements:
- Developing and providing accessible and culturally appropriate information on health issues of relevance to the local Roma community,
- Developing and providing accessible and culturally appropriate guidance materials on the range of health services available, how they function, and how they can be accessed, and
- Collaborating with the Project Steering Group member organisations to address barriers to access in their services/ referral processes.

In addressing information needs, the Project will need to address immediate barriers to engaging with local Roma: language and literacy barriers are the most immediate obstacles to this engagement.

In addressing language and literacy barriers, the Tipperary Roma Health Project developed awareness materials about the project, in the four languages identified as spoken by the local Roma population (see Appendix C for the English version of the Project information flyer).

Translation and interpreter supports were provided by Steering Group member organisations. Tipperary Education and Training Board provided targeted English classes to Roma (in the morning to accommodate mothers and in the evening to accommodate workers) and the classes were delivered in the area where Roma lived, as they did not have access to transport.

Resource samples from the Tipperary Roma Health Project, including the data collection template, can be accessed **HERE** (from the Youth Work Ireland Tipperary website).

Health advocacy support is employed by the Roma worker to support individual Roma to access health services and supports and necessary referral pathways. Attention to a social determinants of health approach is an essential component of the strategic response to addressing the health needs of the Roma community and, as such, this health advocacy support will include a focus on accessing services relevant for these social determinants.

Health advocacy supports will usefully involve the following elements:
- Supporting and advocating on behalf of individual Roma to access health services and services related to the social determinants of their health,
- Enabling individual Roma to self-advocate with these services, and
- Identifying key points of contact within these services to enable such advocacy to be effective.

> At the end of the initial six-month pilot phase of the Tipperary Roma Health Project:
> - 51 Roma were supported to obtain a medical card;
> - 42 Roma were supported to access a GP; and
> - 75 Roma were actively engaged with the Roma Health Worker to access health services.

From individual to community empowerment
In alignment with a community development approach, the health advocacy process will ultimately seek to extend beyond the individual to the collective, to: empower Roma to self-advocate and pursue their own needs; and to support Roma to build solidarity and work collectively with their community.

It is acknowledged that supporting the collective empowerment of local Roma is a process that will take time, as trust is being built and relationships developed. In addition, for many Roma their immediate concerns will relate to addressing their basic needs, and until these basic needs are being met, collective engagement to look at higher-level community needs may not be a priority for the local Roma community.

The process of collective empowerment will be accelerated in regions where Roma community activists and leaders are emerging, or where local service providers, through their work, have connections with members of the Roma community that would be willing to support and lead initiatives to support Roma to come together to identify and work to secure change for the community.

This process will involve the following elements:
- Developing and enabling informed Roma participation in service-user engagement processes within key services,

- Securing the voice and perspective of local Roma to inform responses to addressing their needs,
- Supporting the emergence and functioning of groups within the Roma community to enable shared perspectives and build platforms from which to articulate these, and
- Building a peer-led approach within the Roma Health Project, through creating roles for Roma within the project and the development of their skills to occupy such roles.

The core values of Participation, Community Empowerment, and Collectivity have central importance for the Roma Health Project, in regard to developing this work to empower the individual and the collective. The Model Community Development Values Framework in this Guide, sets out the practical implications of these values for outcomes sought in regard to empowering the individual and the collective, the processes and practice to bring about these outcomes, and the knowledge and skills required to engage these values to bring about the change sought.

In Tipperary, the Roma Health Worker has begun to identify opportunities to build community empowerment among local Roma. An event to mark International Roma Day was organised as a nascent step in developing the collective voice.
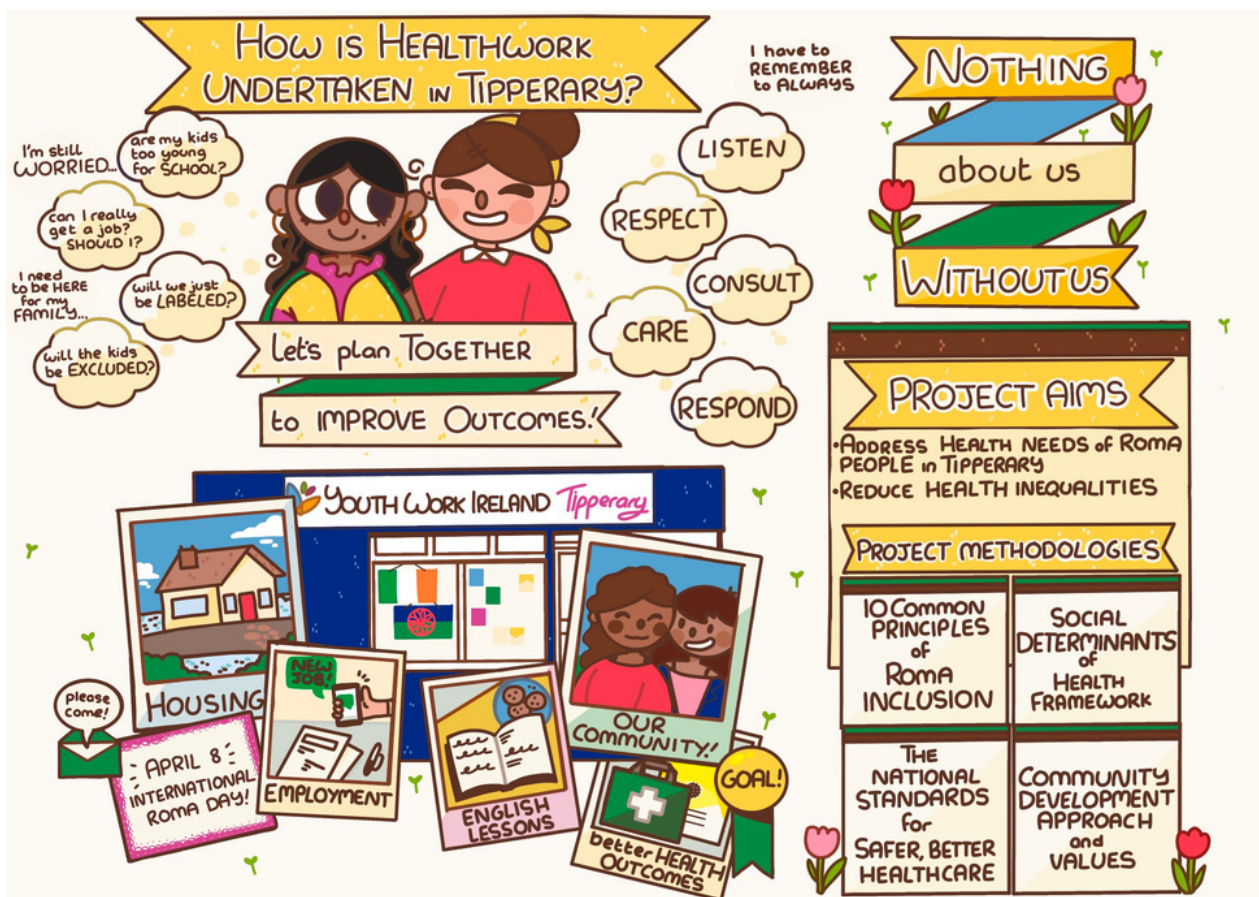
Stakeholder Collaboration

The Roma Health Project Inter-Agency Steering Group provides a key arena within which to build collaboration for Roma health.

This collaboration will be essential throughout the core processes:
- mapping the local Roma community,
- addressing basic needs,
- developing Roma health pathways (through developing health literacy and advocacy supports), and
- empowering individual Roma and the collective community.

Collaboration will usefully involve the following elements:
- engagement with Steering Group member organisations and, through them, other relevant local organisations, to:
    - identify and address health pathway barriers for Roma; and
    - identify and promote a response to barriers that shape the adverse social determinants of health; and
- capacity-building of Steering Group member organisations to increase cultural competency and raise awareness of anti-racism approaches, through a shared learning process, access to guidance and support, and training.

The Tipperary Roma Health Project identified the following factors as underpinning the success of their collaborative approach:
- Interpersonal factors: the commitment and participation of the Steering Group members; the skills, knowledge and competence of the Roma Health Worker; and the commitment of the lead partners;
- An openness to learn among stakeholders and an understanding that the Roma community is diverse, therefore a 'one size fits all' approach is inappropriate;
- A commitment to resolve identified problems quickly and efficiently, in collaboration with the Roma Health Worker, and to mark and acknowledge Project 'wins'; and
- The shared learning process to develop the cultural competence of member organisations.

PROJECT MONITORING AND REVIEW

Monitoring and review of the Roma Health Project is important as a measure of progress made on foot of the Project and also as a source of learning for the ongoing development and refinement of the Project. In line with the values of the Roma Health Project, Roma service user involvement in this monitoring and review is important and valuable.

At the commencement of the Roma Health Project, the Project goal and objectives, and a small set of measurable indicators, to track progress on the goal and objectives, should be in place.

The indicators, against which progress will be measured, should be output and outcome focused. Output-focused indicators should seek to capture the actions taken as well as give some insight into their quality, in terms of alignment with the community development values framework. Outcome-focused indicators should seek to capture the intended and unintended change brought about as a result of the Project.

There are four strands to the Project monitoring and review process:
- information supports provided by the Project to the Roma community, to enable awareness and understanding of health issues and of health services available,
- advocacy supports provided, by the Project to the Roma community, to enable access and develop and enhance service pathways for Roma to health services and to services related to the social determinants of health,
- intercultural supports provided by the Project to health service providers and providers of services relevant to the social determinants, and
- management of key Project elements (staff, Steering Group) in enabling their contribution to the achievement of the Project goal and objectives.

In monitoring information supports, it will be useful to measure:
- outputs: the number of individuals engaged with and the number of community events facilitated; and improvements in people's access to health information and services, in particular in regard to health issues directly affecting them/their children;
- outcomes: increase in people's awareness about the health issues directly affecting them/their children and their knowledge of health services and supports as evidenced by actions taken subsequent to the information support provided.

In monitoring advocacy supports, it will be useful to measure:
- outputs: the number of individuals supported and the number of community initiatives facilitated;

- outcomes: improvements in people's situation as a result of their engagement with the Project, in particular: health; medical card; social protection benefits; housing; employment; and education, including English language classes.

In monitoring intercultural supports, it will be useful to measure:
- outputs: actions to support the work of and approach to Roma taken by Steering Group member organisations;
- outcomes: increased understanding and knowledge of issues affecting the Roma, and strengthened cultural competency of Steering Group members, following from the shared learning process, and within their organisations, following from actions taken.

In monitoring management supports, it will be useful to measure:
- outputs of engagement with staff and outcomes of staff capacity, through the support and supervision provided to Project staff;
- outputs in organising and outcomes in securing, the collaborative inter-agency approach, to developing and enhancing service referral pathways for Roma.

Monitoring and review should be a participative exercise involving the service user engagement processes developed by the Project.

In Tipperary, at the commencement of the Project, the Steering Group established an evaluation subgroup which were tasked with: identifying culturally appropriate and accessible ways to approach data collection with individual Roma; drafting the data collection template; and supporting and overseeing the independent evaluation of the Project.

The Project developed a template for the collection of data and information on the situation of Roma in regard to health and social determinants: status, barriers, and needs. This information provided a composite picture of the issues affecting local Roma and their needs, and allowed the Health Worker to track the progress achieved for individual Roma, and Roma families.

At the commencement of the Project an external evaluator was identified who accompanied the Project (including attending Steering Group meetings) to increase her knowledge and understanding of the Project.

Appendix A.   Job Description: Roma Health Worker

Title: Roma Health Worker
Location: Tipperary Town, Thurles and Clonmel
Employed by: Youth Work Ireland Tipperary
Reporting to: Chief Executive
Target Group: Members of the Roma community
Hours of work: 21 hours p/week

It is envisaged that the Steering Group will oversee the project and will be comprised of representatives of HSE Social Inclusion, Public Health, PHN Departments and other relevant agencies as required and that the Roma Health Worker will also report to this forum.
External support in the form of mentoring, direction and provision of general support provided where necessary by the staff from HSE Social Inclusion Unit (CHO) Area 3 & 5.

Overall Purpose of Role:
- To work in partnership with Roma communities in Tipperary to protect Roma from the threat of Covid-19 infection, to limit the spread of the disease and to minimise mortality and morbidity by providing culturally appropriate information, advice, education/awareness, advocacy as well as support to access health services and support to Roma who are in self-isolation. Provide information on Covid-19 vaccination.
- To undertake mapping and report on Roma population, age and family groups, nationalities (and languages spoken), situations, health and information needs for the purpose of service planning.
- To use community development and peer approaches to build trust & engagement; to work at the pace of the Roma community and involve them in the planning & implementation of the project in line with the EU 10 Common Principles of Roma Inclusion; to utilise a 'nothing about us, without us' approach; to utilise co-production approaches so that all work is developed and implemented in partnership with Roma.

Areas of work:
1. To outreach and engage with Roma in Tipperary using a community development approach.
2. To provide Covid-19 health information including vaccine information.
3. To support Roma to access health services regarding Covid-19 including GP, hospital, Community Assessment Hubs, Covid-19 testing and Roma specific self- isolation facilities.
4. To undertake health advocacy support work such as supporting medical card applications and providing information on access routes and referral pathways into health services, and other advocacy work as required to support Roma engagement.
5. To document what works and to identify gaps and blocks in equality of access and outcomes for members of Roma communities, particularly in relation to Covid-19 and report on these.

6. To map the population, family groupings, age groups, their nationalities (and languages spoken) and situations and document the key health issues for Roma, as well as their information and support needs for the purpose of service planning.
To record Key Performance Indicators.
8. If requested, to participate in and inform relevant local and community structures about the health issues and needs of the Roma community.
9. To work in partnership with HSE Social Inclusion and their intercultural health funded partners.

Other
- Participate in appropriate identified training as agreed with line manager
- Complete mandatory HSE training
- Maintain strict confidentiality when undertaking all aspects of work.
- Thoroughly and accurately record information and issues arising (in line with Data Protection policies) so as to inform needs based responses, services and strategic actions.
- Adhere to the child protection policies in line with Children's First Act (2015).
- Keep a daily record of tasks done and actions needed.
- Attend individual supervision with line manager, Support and guidance will be given on an on-going basis from the CEO and management.
- Complete reports and paperwork where necessary to include timesheets, planners and monthly reports.
- Attend meetings when requested.
- Flexibility in meeting the needs of the interagency group.
- Present a positive image of the project to all external agencies / persons.
- Direct all requests by media / public representatives to Line Manager.

Person Specification
Qualifications and Education Requirements
- Recognised Third level qualification in youth/ community work.
- Expertise and previous experience of working directly with marginalised or minority groups and representing same, particularly in relation to health.
- Knowledge of health issues and health support needs of Roma in Tipperary.
- Understanding and knowledge of Roma cultures, traditions and family kinships.
- High standard of written and verbal English skills.

Desirable skills
- Excellent interpersonal and communication skills.
- Ability to work on own initiative (with supervision) and to be a strong team player.
- Ability to link with relevant agencies when appropriate.
- Ability to take direction and maintain appropriate boundaries.
- Have an awareness of and openness to knowledge of diverse cultural issues.
- Experience of working with interpreters.
- Ability to adhere to organisational policies such as child protection and human resources when working with vulnerable clients.
- Ability to adhere to strict confidentiality codes of best practice.
- Ability to speak Romanian or other languages spoken by Roma.

Desirable qualities
- Self-motivated, enthusiastic, involved, committed and passionate about work.
- Honest, responsible and reliable.

Essential
- Full driving license and use of car for work purpose.
- Flexible approach to work according to service need.
- Garda vetting applies to this post.

Appendix B.

Terms of reference for the Tipperary Roma Health Project Interagency Steering Group

- To support Youth Work Ireland Tipperary to implement the Roma health Project which aims to:
    - Protect Roma from the threat of Covid-19 infection, to limit the spread of the disease and to minimise mortality and morbidity; and
    - Undertake mapping for the purpose of service planning.

- To support the strategic development of Roma health work in County Tipperary, informed by the National Traveller and Roma Inclusion Strategy, the National Roma Needs Assessment and the Second National Intercultural Health Strategy 2018-2023.

- To identify issues that need to be progressed at Regional or National level.

- To share best practice in the area of Roma Health.

- To secure funding to enable the project to continue for a longer period of time.

Appendix C. English language version of Project leaflet

2021 ROMA HEALTH PROJECT TIPPERARY

WHAT WE DO?

LINK YOU:
with GPs/ health services

SUPPORT YOU:

To apply for medical card and renewal of the same
To make and attend medical appointments

GIVE YOU HEALTH INFORMATION:

Childhood vaccinations
Screening programmes
Mother and child health
Men's health
Information on Covid 19

ALL THE IMMUNISATION ARE FREE AT YOUR GP

WHERE?

Clonmel, Place 4U

Thurles, Croke Street

Tipperary Town , 17 Bank Place

CONTACT:

HSE Social Inclusion   Youth Work Ireland