

A Needs Assessment of the Situation of Roma Living in County Tipperary: Analysis of Findings.

April 2024



Foreword

As the Chief Executive of Youth Work Ireland Tipperary it is my great pleasure to write the foreword to the Needs Assessment of the Situation of Roma Living in County Tipperary: Analysis of Findings.

This reports provides detailed information on the Roma community in County Tipperary, particularly in relation to their housing situation and other key social determinants of health, and provides an evidence base from which to plan an effective response to improving the situation of the Roma community in County Tipperary and nationally.

Since the establishment of the Tipperary Roma Health Project, in 2021, we have been aware that, access to accommodation is the single biggest issue for Roma in Tipperary. We were, therefore, delighted to support HSE Social Inclusion Mid-West and South East in securing funding from the HSE National Social Inclusion Office for a pilot project to undertake a needs assessment to examine the housing situation of Roma families who were engaged with our Roma Health Project. The pilot project involved a partnership approach between Youth Work Ireland Tipperary, HSE Social Inclusion, and Tipperary County Council. In addition to undertaking a needs assessment, the pilot project actions also included a focus on the public sector equality and human rights duty and its use as a lever to address Roma health and accommodation needs.

The findings from the needs assessment evidence the need for a concerted policy response to reduce inequalities for the Roma community. The findings also highlight the importance of providing advocacy supports to Roma community, in particular to assist Roma to understand what their basic rights and entitlement are and to assist them to access and navigate a range of services. We have already commenced this work and will be focusing on specific actions before year end. We will also continue to work with our partners in HSE, Tipperary County Council and other key agencies, to address the wider social determinants of health in partnership with Roma communities in Tipperary.

Donal Kelly, CEO, Youthwork Ireland Tipperary

Report Author:
Rachel Mullen, Values Lab.

Acknowledgements

This needs assessment was made possible by the participation of the local Roma community and we thank them for taking the time to share their experiences with the project. We would also like to acknowledge the work of the Roma Health and Accommodation Project Coordinator who conducted the needs assessment, and the work of Roma Health Worker and other Youth Work Ireland Tipperary project staff who supported the engagement of Roma in the needs assessment process.

A number of individuals and organisations have contributed their time, knowledge and expertise to the development and delivery of the Project. We would like to acknowledge the following organisations and individuals:

- Youth Work Ireland Tipperary, for hosting and managing the Project.
- HSE Social Inclusion South East and HSE Social Inclusion Mid-West for supporting the Project.
- The HSE National Social Inclusion Office for funding this project.
- The members of the Lead Group for their support and guidance in implementing the Project:
 - Donal Kelly, CEO, Youth Work Ireland Tipperary (Chair).
 - Gina Miyagawa, Roma Accommodation and Health Coordinator, Youth Work Ireland Tipperary.
 - Suzanne Nolan, Regional Roma Health Lead, HSE Social Inclusion South East Community Healthcare.
 - Josephine Fogarty, former Coordinator of Traveller & Roma Health, HSE Mid-West Community Healthcare.
 - Therese Donnellan, Senior Executive Officer, Office of General Manager Primary Care and Social Inclusion, Mid-West.
 - Dr Anne Dee, Consultant in Public Health Medicine, Public Health HSE Mid-West.
 - Leah Evans, Staff Nurse Health Protection Public Health, HSE Mid-West.
 - Margo Hayes, Administrative Officer, Economic, Community & Rural Development Section, Tipperary County Council.
 - Pdraig Ryan, Senior Social Worker, Tipperary County Council

Thanks are also due to Marie Moran from HSE Social Inclusion South East for documenting our monthly pilot project meetings.

Finally, we would like to thank Rachel Mullen of Values Lab for assisting in the development of a rights-based focus to developing the data and information collection tool for the needs assessment, and for her work in analysing the data and information from the needs assessment and producing this report.

Reflection: Roma Health and Accommodation Coordinator

Working with the Roma families on this needs assessment project has been enriching and rewarding. This project has served as a reminder of the beauty and diversity of Roma culture and the remarkable strength and resilience of the community in the face of adversity. I am grateful for the opportunity to learn from and share their stories and experiences, and it has inspired me to continue advocating for Roma inclusion and wellbeing within Irish society.

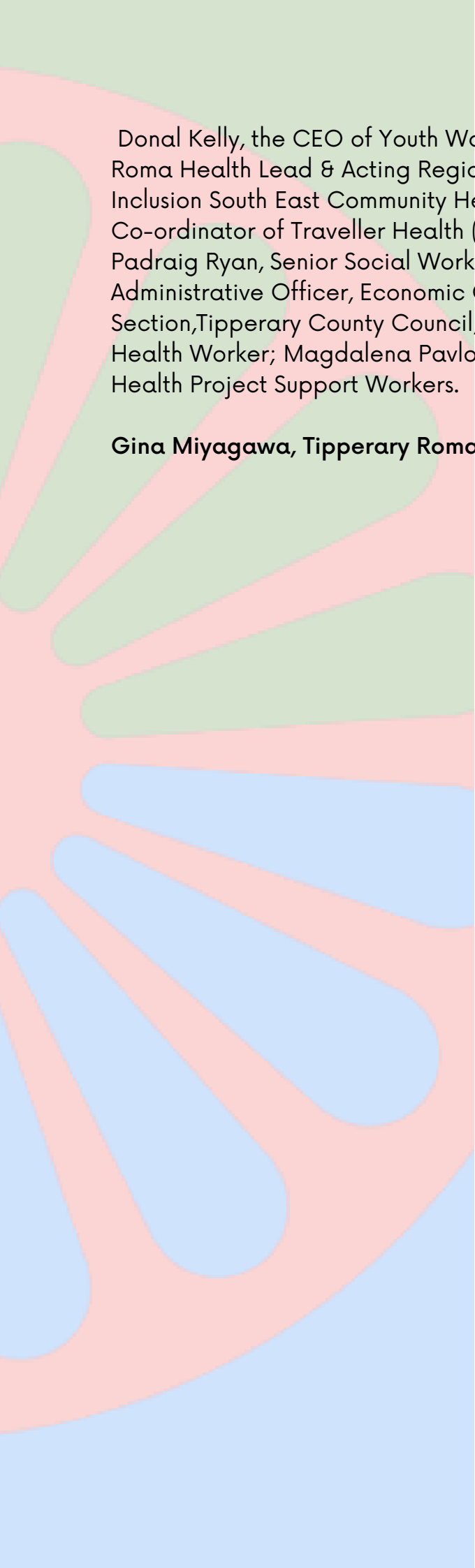
This needs assessment has brought to the fore major concerns within the Roma community in County Tipperary, ranging from difficulties in gaining access to healthcare and finding suitable housing to securing employment opportunities and dealing with the challenges arising from discrimination and racism. This evidence-based analysis can serve as a crucial resource for developing targeted interventions and allocating resources in a focused and effective manner.

When conducting the needs assessment, we recognised the utmost importance of building trust with the families. We were aware of the cultural sensitivity required for the process and acknowledged the significance of creating a safe and welcoming environment where participants could comfortably share their experiences. As a member of the Roma community, I was particularly cognisant of the unique challenges that our community faces and ensured that their voices were heard.

The needs assessment was not without its challenges, however. Capturing the complexities of health disparities and accommodation issues as they relate to the Roma community, as well as dealing with language diversity and limited literacy, presented significant difficulties. Nonetheless, the strong partnerships forged in the project enabled us to address these challenges and provide a steady foundation for sustainable and positive transformation within the Roma community.

I am grateful to the Roma community members who actively participated in the process by sharing their experiences, insights and aspirations. I sincerely hope that the outcomes of these efforts are both meaningful and representative of the community's perspectives and experiences. Their commitment to engagement must now play an instrumental role in shaping evidence-based interventions and leading to positive societal change.

I would like to express my sincere gratitude for the invaluable assistance and unwavering support extended towards making this project a reality. My heartfelt appreciation goes out to the following individuals, whose contributions have been instrumental in the success of this endeavour:



Donal Kelly, the CEO of Youth Work Ireland Tipperary; Suzanne Nolan, Regional Roma Health Lead & Acting Regional Intercultural Health Lead (HSE Social Inclusion South East Community Healthcare CHO5); Josephine Fogarty, former Co-ordinator of Traveller Health (HSE Mid-West Community Healthcare CHO3); Pdraig Ryan, Senior Social Worker, Tipperary County Council; Margo Hayes, Administrative Officer, Economic Community and Rural Development Section, Tipperary County Council; Sandra Lakaciauskaite, Tipperary Roma Health Worker; Magdalena Pavlovska and Olga Lakatosova, Tipperary Roma Health Project Support Workers.

Gina Miyagawa, Tipperary Roma Health and Accommodation Coordinator.

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1. EXECUTIVE SUMMARY

This needs assessment sought to examine the housing situation of Roma in County Tipperary who are engaged with the Tipperary Roma Health Project. Other key social determinants of health, namely, medical card status, social protection, employment, and experiences of discrimination and racism were also examined, though in less detail. This report is an analysis of the findings from the needs assessment.

The data and information obtained offers evidence-based insights to inform the development of targeted interventions that could be taken to improve the situation of the Roma community in County Tipperary and nationally.

The needs assessment involved a total of 38 households. For the purposes of this needs assessment, a 'household' refers to a single unit of accommodation, rather than a 'family'. The only exception is one Roma family that was on-street homeless, therefore without any form of accommodation at the time of the needs assessment. For this family, the term 'household' refers to their family unit.

In total, 66 families were identified as living within the 38 households, of which, 49 separate families took part in the needs assessment. Needs assessment interviews were conducted with one, or in some instances two adult members of the family. Fifty-seven interviews were conducted in total, with 32 Roma men and 25 Roma women.

Analysis of the situation and experience of the Roma families who participated in the needs assessment indicates significant disadvantage in the housing situation and living conditions for many Roma in County Tipperary.

Issues of insecurity of tenure, poor housing conditions, homelessness and overcrowding are of particular concern. Two key factors that contribute to this adverse situation are:

- barriers to Roma accessing the range of social protection supports, including due to the application of the Habitual Residence Condition (HRC) [1], and due to landlords refusing to provide Roma with proof of rent payments; and
- high levels of discrimination reported by Roma in accessing private rented accommodation, including, landlords refusing to accept Housing Assistance

[1] European Free Movement Directive 2004/38/EC is transposed into Irish law under the European Communities (Free Movement of Persons) Regulations 2015 SI 548/2015. Under these Regulations, EU/EEA citizens coming to Ireland can reside in the State for up to 3 months, during which time, unless their situation evolves, they can be denied State supports, subject to compliance with other applicable Irish or EU law. After the first three months of residence, a person wishing to remain in the State must be: in employment/self-employed; have sufficient resources; be enrolled in education with sufficient means; or be a family member of someone who satisfies one of these conditions. Persons who do not satisfy one of these conditions must establish a right to reside if they wish to remain in the State and to apply for such as social assistance.

Payment (HAP), in apparent breach of the housing assistance ground of the Equal Status (Acts 2000-2018).[2]

Poor housing conditions and homelessness are key social determinants of health. In examining the housing status and situation of an individual or group, as a key social determinant of health, there are two core dimensions for consideration. The first dimension involves having access to housing and having security of tenure in that regard. The second dimension relates to the adequacy and standard of that accommodation, in particular as this pertains to ensuring the physical and mental health and wellbeing of members of the household.

In regard to the first dimension, the needs assessment indicates that Roma are concentrated in the private rental sector, and, for the majority of Roma households, it is very difficult for families to access accommodation and to have security of tenure in that accommodation.

Homelessness, including hidden-homelessness, is a significant issue for Roma in Tipperary. Of the total (38) households, the needs assessment classified eight households (22%) as homeless, and a further 24 households (65%) as a 'hidden homeless' cohort. Of the eight households classified as homeless, one was a family who were on-street homeless and the remaining seven households comprised 11 Roma families who were squatting. In total, therefore, the needs assessment identified 12 Roma families, comprising 44 individuals (21 adults and 23 children), that were homeless in County Tipperary at the time of the needs assessment.

Excluding the eight households classified as homeless, of the remaining 30 households interviewed, 21(70%) assessed that there was a "current high risk" of their becoming homeless.

For many households that participated in the needs assessment, a confluence of adverse issues was in play that likely placed these Roma families at an increased risk of becoming homeless. Key issues identified in this regard were:

- **Lack of access to social housing protection supports:** 58% of all households interviewed did not have access to social housing supports: 42% had not applied for such supports, and 16% had been refused social housing supports.

[2] Since 2016, 'Housing Assistance' is a protected ground under the Equal Status Acts (2000 to 2018), whereby those in receipt of rent supplement, housing assistance payments, or other social welfare payments, are protected from discrimination in the provision or termination of accommodation.

The main reason for not applying for social housing supports related to eligibility (not having a Personal Public Service (PPS) number, being unable to fulfil the requirements of the HRC, or being unable to provide proof of address/rent). The main reasons for being refused social housing supports were being over the income threshold, and having insufficient documentation.

- **Discrimination and abuse of tenancy rights:** 34% of all households interviewed indicated they had experienced discrimination in accessing accommodation. In addition, all of the Roma adults interviewed who had been approved for Housing Assistance Payment (HAP) were refused the use of their HAP by a current or former landlord. Interviewees said that landlords and letting agents were consistently refusing to take a HAP payment, and while some of these landlords were renting to these Roma families, they were refusing to accept their HAP to cover the rent. Such incidents would appear to be discriminatory under the housing assistance ground of the Equal Status Acts 2000-2018.

The needs assessment identified examples of tenancy rights being abused by private market landlords. The Residential Tenancies Act (2004) sets out a number of tenancy rights, including, that the property is in good condition, and that the tenant is provided a record of rent paid and a written contract. In addition, the Housing (Standards for Rented Houses) Regulation (2019), requires that, for each apartment, flat or house being rented, the landlord must ensure that the property is free from damp and is structurally sound internally and externally. This means that roofs, roofing tiles, slates, windows, floors, ceilings, walls, stairs, doors, skirting boards, fascia, tiles on any floor, ceiling and wall, gutters, down pipes, fittings, furnishings, gardens and common areas must be kept in good condition. They must not be defective because of dampness or for any other reason.

The needs assessment indicates that many of these tenancy rights were being denied Roma families. A number of the households interviewed had no rental agreement in place, and landlords refusing to provide Roma with written proof of paying rent was commonplace. In addition, the standard of private rented accommodation that Roma are living in is poor, with a majority living in housing where dampness and mould is extensive and a number living in accommodation where windows and/or roofs were leaking.

In regard to the second dimension to housing as key social determinant of health, the outcome of the needs assessment indicates a number of adverse issues for Roma in regard to the standard and adequacy of their accommodation, that have relevance to maintaining health and wellbeing. Key issues identified were:

- **Housing dampness and mould:** 25(67.5%) of the total 37 households^[3] had a problem with dampness and mould, with the majority of Roma interviewed, describing the problem as extensive. All of these homes were in the private rental market. Six of these homes had no working central heating. Of the remaining 31, 83% indicated they could only afford to 'somewhat' operate their central heating in the winter months.
In 15(60%) of the 25 households where damp and mould were an issue, there was between one and three persons with asthma living in these houses, and in one further household there was an adult with Chronic Obstructive Pulmonary Disease (COPD).
- **Overcrowding:** a majority, 23(62%) of all households interviewed, were sharing the accommodation with at least one other Roma family. In total, fifty Roma families, comprising 167 individuals, were sharing in these twenty-three households. In addition, 70% of the households in the needs assessment self-reported that they were living in a situation of overcrowding, of which, 81% said there was not a bed for every person in the household. Overcrowding was frequently cited as a source of anxiety and stress for families.
- **Living conditions and health:** 32(84%) of all households interviewed, reported that their current living conditions have caused or have worsened mental and/or physical health issues for them or their family members. For the majority, issues relating to stress and anxiety were cited. Sources of stress and anxiety were, overwhelmingly, related to people's poor living conditions and/or their voiced concerns of the limited prospects of this situation improving and of being unable to afford to make ends meet.

The needs assessment also sought to examine the situation of households in regard to other social determinants of health, specifically: social protection, medical card status, employment, and experiences of discrimination and racism. Key issues identified were as follows:

Social protection: The manner in which the HRC is applied and the lack of documentation made available to Roma by landlords leads to a further vulnerability in terms of limiting access to social housing supports and social protection payments.

[3] Excluding one household that is on-street homeless.

In 37[4] of the 38 households interviewed, at least one adult of the household had a PPS number, and in 31 households, two or more adults had a PPS number.

Medical Cards: In 14(37%) of all households interviewed, at least one adult had a medical card. Four households were in the process of applying for a medical card. 11 households had not applied for a medical card. Nine households had been refused a medical card.

The reasons households had not applied for a medical card included eligibility issues, such as not having a PPS number, and being unable to provide proof of paying rent. For six of these eleven households, the reason for not applying for a medical card was unknown. The main reasons cited for households being refused a medical card were, being unable to provide proof of paying rent, followed by being over the income threshold. One of the reasons why families were assessed as being over the income threshold was a result of their being unable to provide proof of rent, which is taken into consideration by the medical card unit in the assessment of eligibility for a Medical/GP Visit card.

Employment: In 29 households (76%) there was one or more adults currently in employment. The employment situation of households interviewed, presents a more positive picture than that identified in the 2018 National Roma Needs Assessment, which found that just 16% of household members were in employment.[5] Nine households (24%) had no one in employment, and in three of these households there was no social protection payment coming into the household.

Language was the most cited barrier to accessing employment for households, followed by discrimination, lack of access to transport, disability/poor health, and childcare responsibilities/access to childcare.

Experiences of discrimination and racism: In 33(87%) of all households, the family member interviewed said that they and/or another family member had experienced discrimination in one or more, of ten, cited situations. Discrimination when seeking employment was the most frequently cited situation for discrimination (22 households) followed by discrimination in the workplace (14 households), when trying to access private rented accommodation (13 households), and when accessing a GP (13 households). In addition, each of the nine households that had been approved for HAP indicated incidents of discrimination by a landlord, in their refusal to accept HAP to cover the rent.

[4] In the remaining household the situation was unknown.

[5] Pavee Point Traveller and Roma Centre and Department of Justice and Equality (2018). Op cit.

In 34 (89%) of all households, the family member interviewed said that they and/or another family member had experienced racism in one or more of seven cited situations. Racism from neighbours/ local community was the most frequently cited situation for experiencing racism (23 households). Incidents described, frequently involved neighbours being abusive, and seven households noted they were unable to allow their children to play unsupervised outside the home, due to harassment of their children by neighbours.

Racist incidents in the workplace and from a landlord (21 and 20 households respectively) were the next most commonly cited situations for experiencing racism. Seven households said they had experienced racism when engaging with a healthcare provider. These incidents primarily involved accessing GP services.

The findings from the needs assessment underscore the importance of individual advocacy supports for the Roma community, in particular to assist Roma to understand what their basic rights and entitlement are; to assist them to negotiate complex application processes for medical cards, and for social housing and other key social protections; to link them with local services and supports; and to advocate on their behalf with statutory service providers. The findings also underscore the need for cross-agency approaches, such as that currently being undertaken by the Tipperary Roma Health Project Steering Group. Such interagency processes should seek to secure the involvement of the full range of statutory agencies, for a comprehensive response.

2. ROMA IN IRELAND

2022 Census data indicate that 16,059 people living in Ireland identified as Roma.[6] Of the Roma population in Ireland: over half were either adults aged 30 to 44 years or children aged 5 to 14 years; just 192 Roma were aged between 65 and 74 years, and 65 Roma were aged between 75 and 84 years. The most common country of citizenship of the Roma population was Ireland (28%), followed by Romania (22%), Italy (10%), Poland (9%), and Lithuania (7%).

Data on the situation and experience of the Roma community, in Ireland and across Europe, illustrate the reality of the Roma experience as a socially excluded community that have been pushed to the margins of society. The data indicate: a significant equality gap between Roma and non-Roma, across every key domain: health and wellbeing, housing, education, employment, and social protection; significant levels of discrimination against Roma in regard to access to and outcomes from key social goods, and employment; and high levels of racism experienced by Roma when interacting with the wider community and in public spaces.[7]

The National Roma Needs Assessment (NRNA), conducted in 2018, offers the most comprehensive picture to-date of the situation and experience of Roma in Ireland. In regard to the health and wellbeing of the Roma community, the NRNA found the following:

- One in five Roma reported their physical health as 'poor'.
- Diabetes emerged as a significant health issue with 22.5% of respondents reporting that they have been medically diagnosed with diabetes.
- One in two Roma reported that their mental health had not been good for more than fourteen days out of the previous month.
- 39% of Roma respondents did not have a GP and 56% had no medical card, and

[6] Census 2022 Profile 5 - Diversity, Migration, Ethnicity, Irish Travellers & Religion. Central Statistics Office. The county data, for Roma living in Tipperary, was not available at the time of publication.

[7] See for example: Pavee Point Traveller and Roma Centre and Department of Justice and Equality (2018) Roma in Ireland: A National Needs Assessment; European Commission (2014) Roma Health Report, Health Status of the Roma Population: Data Collection in the Member States of the EU. DG Health and Consumers. European Commission, Brussels; EU Fundamental Rights Agency (2020). Roma and Travellers in Six Countries; NASC (2013) In from the Margins: Roma in Ireland. Addressing the structural Discrimination of the Roma Community in Ireland; Department of Children, Equality, Disability, Integration, and Youth (2023) Survey of People in Ireland's Attitudes to Diversity. Government of Ireland; Pavee Point Traveller and Roma Centre (2023) Le Romneango Sfato. Roma women's voices: experiences of maternal health services in Ireland; McGarry, O. et al (2019) Social Inclusion Services South East Community Healthcare: Healthcare Needs and Healthcare Access of Syrian Refugees, Roma and People Seeking International Protection in South East Community Healthcare. HSE Social Inclusion and UL Graduate Entry Medical School.

- 70% of Roma reported experiencing discrimination in accessing health services, with women significantly more likely than men to report such discrimination (53% vs 84%).[8]

In regard to the social determinants of health, the NRNA data indicate an adverse situation for Roma in regard to housing and living conditions, employment and income, social protection, education, and experiences of discrimination and racism. Some of the key findings were as follows:

- Just 17% of Roma were in employment and 18% said that begging was their only source of income.
- 48% had been unsuccessful in applying for social protection, with the majority (67%) citing the application of the HRC and/or right to reside as the key barrier in this regard.
- 45% of Roma families were living in situations of overcrowding, and 66% said they could not afford to heat their home adequately.
- 20% of Roma had no PPS number, which excluded them from most statutory services, supports, and benefits.
- 71% had difficulty reading English, and literacy in language of origin was also an issue for a significant number of adults.
- High levels of discrimination in accessing employment and key services were reported by Roma respondents.
- An additional barrier in accessing services and supports relates to the high levels of fear and mistrust which many Roma have in regard to engaging with 'officialdom', including statutory services. The roots of this fear and mistrust is based in intergenerational negative treatment, including violence, at the hands of the state in their countries of origin.[9]

[8] Pavee Point Traveller and Roma Centre & Department of Justice and Equality (2018). Op cit. Pages 95, 97, 53, and 69.

[9] Pavee Point Traveller and Roma Centre & Department of Justice and Equality (2018). Op Cit. Pages: 53, 61,62, 69, 87,88.

3. TIPPERARY ROMA HEALTH PROJECT

The Tipperary Roma Health Project was established in May 2021, initially as a pilot project, to respond to the specific health and welfare needs of the Roma community evident in the wake of the threat posed by the COVID-19 pandemic.

A key pillar of the Project is the tripartite leader partnership, between HSE Social Inclusion Mid-West Community Healthcare and South East Community Healthcare, and Youth Work Ireland Tipperary.

The second key pillar of the Project infrastructure is an interagency steering group comprising key local statutory and non-governmental service providers of relevance to addressing the social determinants of health. The steering group's terms of reference are to:

- support Youth Work Ireland Tipperary to implement the Roma Health Project as per the Strategic Plan mid 2022 to mid 2025,
- work in partnership to support the strategic development of Roma health work and respond to Roma health needs in County Tipperary, informed by the National Traveller and Roma Inclusion Strategy, the National Roma Needs Assessment, and the Second National Intercultural Health Strategy,
- identify issues that need to be progressed at Regional or National level.
- share best practice in the area of Roma Health, and
- maintain appropriate funding for the project in the long term.

The central aims of the Roma Health Project were to map the number of Roma families and individuals living in County Tipperary, identify the situation and experience of Roma, taking a social determinants of health approach, and the needs of individuals and families in that regard; and work to address identified needs through a collaborative approach involving the Project lead organisations and other key local statutory and non-governmental stakeholders. A social determinants of health frame underscores the Project's approach. This involves a holistic approach to improving the health status of individuals and groups through a focus on interconnected personal, social, economic, and environmental factors in shaping health and wellbeing outcomes for individuals and reducing health inequalities between different groups.[10]

At the commencement of the Project, in 2021, a Roma Health Worker was employed, by Youth Work Ireland Tipperary, to map the number of Roma living in the County and identify their needs, and to engage with and advocate for Roma in accessing supports and services.

[10] 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.

At this starting point, it was estimated that approximately 50 Roma were living in County Tipperary. Within seven months of the Project being operational, 158 Roma had been identified as living in County Tipperary (111 in South Tipperary and 47 in North Tipperary). A diverse Roma community was identified: Roma migrants from Romania, Slovakia, Czech Republic, Bulgaria, Hungary, Ukraine, Sweden, Turkey, and Irish-born Roma. In 2022, additional funding was secured to continue the Roma Health Project beyond its initial phase.

The initial mapping and needs identification process with Roma in County Tipperary, revealed a situation of significant disadvantage for Roma: poor health status; barriers in accessing health, housing, social protection and education supports and services; substandard housing conditions; severe poverty and material deprivation; and experiences of being treated negatively when accessing employment and services.

Following the initial phase, the Roma Health Project was positively evaluated in regard to its process and outcomes, with the following finding:

“The Project has delivered a number of key outcomes during the pilot phase. In addition to creating the conditions for access and referral pathways for health-related supports and services, there is evidence of Project outcomes in regard to linking Roma into other mainstream supports and services. The evaluation also evidences the collaborative and collective efforts of the Steering Group members to secure outcomes for Roma, including access to: food parcels, English language classes, and homeless emergency accommodation and social housing”[11]

3.1 Tipperary Roma Health and Accommodation Pilot Project

The Tipperary Roma Health and Accommodation Pilot Project is a sub-project of the Tipperary Roma Health Project. The need for the Pilot Project arose from the findings of the initial mapping which identified significant issues in regard to the housing situation of local Roma. The Project Steering Group took the decision to apply for funding for a twelve month pilot Roma health and accommodation initiative.

Once-off funding for a pilot project was secured, in June 2022, through the HSE National Social Inclusion Office funding initiative to improve the health outcomes of excluded and vulnerable groups living in insecure and/or unsuitable housing, with the support of Tipperary County Council.

A Roma Health and Accommodation Coordinator was recruited to the Pilot Project, and employed by Youth Work Ireland Tipperary. The Coordinator’s central role was to undertake a needs assessment with Roma families, with a

[11] Mullen, R. (May 2022) Tipperary Roma Health Project: External Evaluation Report. Values Lab.

particular focus on the health and housing situation of the local Roma community.

A subgroup of the Health Project Steering Group was established to oversee the Pilot Project, comprising:

- Youthwork Ireland Tipperary (CEO, and the Roma Health and Accommodation Coordinator),
- Tipperary County Council (Senior Social Worker, and the designated lead for Community and Enterprise), and
- HSE (project leads from Social Inclusion, Mid-West Community Healthcare and South-East Community Healthcare, a Consultant in Public Health Medicine from HSE Mid-West region, and a Staff Nurse in Health Protection, Public Health HSE Mid-West).

4. PILOT PROJECT NEEDS ASSESSMENT: APPROACH & METHODOLOGY

The Roma needs assessment sought to examine the housing situation of Roma in County Tipperary who are engaged with the Roma Health Project. The Health and Accommodation Coordinator was tasked with undertaking the needs assessment.

To ensure a good outcome from this process the Health and Accommodation Coordinator needed to build relationships and establish trust with the Roma families. Trust had already been established with a significant number of families, as they had been, or were currently engaged with the Project's Roma Health Worker. The Roma Health Worker, therefore, played an instrumental role in facilitating the Health and Accommodation Coordinator's introduction to Roma families.

Over a three-month period, the Health and Accommodation Coordinator worked alongside the Health Worker, engaging with Roma families to provide information and advocacy supports. This allowed trust to develop which, subsequently, encouraged Roma families to participate in the needs assessment. Moreover, some Roma also invited the Health and Accommodation Coordinator to visit their homes so that she could observe their adverse living conditions first hand.

The development of the framework of questions for conducting the needs assessment, sought to capture data and information on the situation and experience of Roma, ensuring an equality and rights-based focus in developing the data and information collection tool. In this, the development of the framework of questions involved consultation with those already working with, and having a familiarity with the Roma community in County Tipperary, and with support and input from Values Lab, an organisation with previous experience in this field. The questions were designed to solicit qualitative and quantitative data and information in regard to the housing situation and living conditions of local Roma; their access to social protection supports; health issues for individuals, in particular health conditions that can be caused or exacerbated by adverse housing and living conditions; employment status; and experiences of discrimination and racism. The questions were piloted with five members of the Roma community. Their participation and feedback enabled further refinement of the assessment framework. The framework of questions used is set out in an appendix to this report.

Face-to-face interviews were deemed the most suitable method for gathering the information, in particular to take account of literacy barriers and language diversity. Face-to-face interviews also allowed the interviewer to gather qualitative information on the specific issues facing each household: information

that would have been difficult to capture through more indirect survey methods. Translation during the interviews was enabled by three staff members who spoke relevant languages, as required. Interviews were conducted between April and mid-August 2023, primarily at the Youth Work Ireland Tipperary offices in Thurles and Cashel, with some interviews at the homes of individual participants at their invitation. To accommodate people's work schedules, some interviews were arranged in the evening and at weekends. Individual interviews varied in length from one to three hours, depending on participants' English proficiency and the availability of workers for translation.

The process assured participants of confidentiality and anonymity, and that their information would be used solely for the purpose of the needs assessment. The case studies presented in this report have been anonymised, with identifying information changed. Informed consent was obtained, and prospective participants were advised that their participation in the needs assessment was entirely voluntary and that they were free to withdraw from the process at any stage. Requirements under GDPR were also adhered to in regard to access, storage, and use of data. Each household was given a unique identifier, with names and other identifying data for each household stored separately.

Some limitations in regard to the needs assessment process are noted. The data and information gathered, through the interviews with Roma adults, is from the perspective of these individuals, resulting in likely gaps in regard to the specific situation and experience for all members of the family, including in terms of gender and age diversity of family members. The needs assessment findings indicate that, at the time the assessment was conducted, there were at least 66 families residing across the 38 households in the needs assessment. It was not possible for the Health and Accommodation Coordinator to secure an interview with each of these families, therefore, the situation in regard to areas such as health, employment, social protection and experiences of discrimination and racism, is unknown for approximately seventeen families. The Health and Accommodation Coordinator was able to gain some information about other individuals residing in the households, such as, the number of adults in the household that had a PPS number or medical card, which information, however, was based solely on the knowledge of the interviewee.

The needs assessment presents a snapshot of the situation for the household at a particular point in time. Due to the highly insecure housing situation for many Roma families, the situation for individual households and families is often very fluid. For example, households that might have sufficient capacity at one point in time are suddenly overcrowded where other family members and their partners and

children need to be accommodated due to their worsening accommodation situation. During the period when the interviews were being conducted such changes were occurring for a number of the households in the sample.

5. FINDINGS FROM THE NEEDS ASSESSMENT

The needs assessment involved a total of 38 households. For the purposes of this needs assessment, a 'household' refers to a single unit of accommodation, rather than a 'family'. The only exception is one Roma family that was on-street homeless, therefore without any form of accommodation at the time of the needs assessment. For this family, the term 'household' refers to their family unit.

In total, 66 families were identified as living within the 38 households, of which 49 separate families took part in the needs assessment. Needs assessment interviews were conducted with one, or in some instances two adult members of the family. Fifty-seven interviews were conducted in total, with 32 Roma men and 25 Roma women.

5.1 Housing Situation

5.1.1 Overview

This section examines the situation of interviewees in regard to their housing status; situations of sharing and overcrowding; homelessness and risk of homelessness; and adequacy and standard of accommodation.

There are two housing acts of relevance to the rights of those renting accommodation:

- The Residential Tenancies Act (2004) sets out a number of tenancy rights, including, that the property is in good condition, and that the tenant is provided a record of rent paid and a written contract.
- The Housing (Standards for Rented Houses) Regulation (2019) requires that, for each apartment, flat or house being rented, the landlord must ensure that the property is free from damp and is structurally sound internally and externally. This means that roofs, roofing tiles, slates, windows, floors, ceilings, walls, stairs, doors, skirting boards, fascia, tiles on any floor, ceiling and wall, gutters, down pipes, fittings, furnishings, gardens and common areas must be kept in good condition. They must not be defective because of dampness or for any other reason.

In regard to housing status, of the total (38) households interviewed:

- 35 households were in the private rental market,
- One household (comprising three adults and three children) was on-street homeless, and
- Two households were in social housing.

Of the 35 households in private rented accommodation:

- In 15 households the family member interviewed was the official tenant. Of these, seven had a rental agreement and eight had no rental agreement.

- In 13 households the family member interviewed was sharing the accommodation with another Roma family that was the official tenant.
- Seven households are no longer paying rent in the accommodation and, therefore, are currently in a situation where the families living in these households are squatting. These households are examined in more detail in the following section, as they constitute a homeless cohort.

5.1.2 Homelessness and hidden homelessness

For the purposes of this needs assessment:

- a family was deemed to be 'homeless' if they were sleeping rough (on the street, in a tent/car, in a derelict building), squatting, or living in emergency homeless accommodation (hostel, B&B, hotel, women's refuge), and
- a household was deemed to be experiencing 'hidden homelessness' if they were living in overcrowded and/or insecure housing circumstances during the period of the data collection. [12]

Of the total (38) households in the needs assessment :

- eight households are deemed to be homeless (seven households were squatting and one household was 'on-street' homeless), and
- a further 24 households constituted a 'hidden homeless' cohort on account of living in situations of overcrowding and/or not being the official tenant of the household and, therefore, more vulnerable to becoming homeless.

Of the seven households that are squatting, all were living in the accommodation for between three and four years. All had been renting the accommodation, but none had a rental agreement. Five of the households had been paying rent in cash, however, this arrangement ceased when the person(s) acting for the landlord stopped collecting the rent and told the families to leave the accommodation. The remaining two households were advised, by the letting agency, that they could postpone paying their rent during COVID-19, however, both households are now in significant arrears and can no longer pay their rent. All seven households have been issued with eviction notices, but none have alternative accommodation.

Of the seven households that are squatting, three are sharing the accommodation with one or more Roma families: in two of the households there are two families sharing the accommodation, and in the remaining household there are three Roma families sharing the accommodation.

[12] These definitions are based on the European Federation of National Organisations working with the homeless (FEANTSA) European Typology of Homelessness and Housing Exclusion.

In total therefore, 11 families are facing eviction from these seven households.

Table 1. indicates that, at the time of the needs assessment, there were 12 families, comprising 44 individuals (21 adults and 23 children), across eight households, who were homeless.

Table 1. Number of adults, children, and families in 8 homeless households

Households (Total =8)	No. adults	No. children	Total number adults & children	Total number of families: squatting/ on-street homeless
a.	6	4	10	3
b.	1	1	2	1
c.	3	4	7	1
d.	3	4	7	2
e.	1	1	2	1
f.	1	3	4	1
g.	3	3	6	2
h.	3	3	6	1
Totals	21	23	44	12

Household members who were interviewed for the needs assessment were asked to self-assess whether there was a "current high risk of the household becoming homeless". Excluding the 8 households that are currently homeless, of the remaining 30 households, 21 (70%) assessed that there was a "current high risk of the household becoming homeless".

5.1.3 Sharing and overcrowding in households

This section examines the accommodation situation of 37 of the total 38 households^[13] (private rented and social housing) to determine issues of sharing and overcrowding. The needs assessment sought to ascertain situations of overcrowding by asking families a number of questions, including: to indicate the number of families sharing the accommodation, to self-assess whether the household was overcrowded, and to indicate whether there was a bed for every person in the household, including children.

Table 2. examines the situation in regard to the number of households where there was more than one Roma family sharing the accommodation. As Table 2. indicates, in 23 (62%) of the total (37) households, there was more than one Roma family sharing the accommodation.

Table 2. Families sharing accommodation

(Total= 37 Households)		Does this household include more than one Roma family sharing the accommodation?	
		Yes	No
Private rented (currently paying rent)	28	19	9
Private rented (currently squatting)	7	3	4
Social housing	2	1	1
Totals	37	23	14

Table 3. indicates that, in total, there were at least 50 Roma families sharing accommodation in 23 households where more than one family was residing, with one situation unknown with regard to the number **families** sharing.

[13] The sole household currently experiencing on-street homelessness is excluded from this analysis.

Table 3. Number of families sharing in the 23 households where there is more than one Roma family sharing the accommodation.

Number of families sharing in a single household	No. of households	Total number of families
2	17	34
3	4	12
4	1	4
Not known	1	Not known
Totals	23	50

Table 4. Number of individuals sharing in the 23 households where there is more than one Roma family sharing the accommodation.

Number of individuals (adults and children) sharing in a single household	No. of households	Total number of individuals
4	2	8
5	2	10
6	5	30
7	5	35
8	5	40
10	2	20
12	2	24
Totals	23	167

As Table 4. indicates, at the time of the needs analysis, there were 167 Roma (adults and children) individuals sharing in these 23 households.

Tables 3. and 4. indicate likely situations of overcrowding occurring in the 23 households where families are sharing accommodation. In addition, while 14 households indicated they were not sharing the accommodation with another family (Table 2.), there may, nonetheless, also be overcrowding occurring in these households, where, for example, there are insufficient beds for each member of the family.

Table 5. Overcrowding in households
(Total= 37 Households) [14]

Self-reported situation of overcrowding in household	Yes 26		No 11		
	Yes 5	No 21	Yes 9	No 0	Not noted 2
Is there a bed for everyone in the household (including children)?	Yes 5	No 21	Yes 9	No 0	Not noted 2
Is the household sharing with another family?	Yes 19	No 7	Yes 4	No 6	Not noted 1
Is the household the official tenant? (excluding 7 households who are squatting)	Yes 15	No 6	Yes 5	No 3	Not noted 1
Overcrowding self-reported by the (7) households that are squatting	5		2		

[14] The sole household currently experiencing on-street homelessness is excluded from this analysis.

Table 5. indicates that a majority of the 37 households, 26(70%), self-reported that they were living in a situation of overcrowding, of which, 21 (81%) said there was not a bed for every person in the household.

In addition to living in overcrowded housing, six (23%) of the 26 households that self-reported a situation of overcrowding were additionally at risk in that, they were not the official tenant, therefore, potentially more vulnerable to becoming homeless.

Five households reporting a situation of overcrowding were squatting in the accommodation: their situation of homelessness, therefore, being exacerbated by a situation of overcrowding in the accommodation.

Eleven households reported that they were not living in a situation of overcrowding (nine of the 11 indicated there was a bed for every member of the household and the situation was not known for the remaining two). However, three of these households noted they were not the official tenant, therefore, potentially more vulnerable to becoming homeless.

In summary, if the seven squatting (therefore classified as 'homeless') households are excluded, of the remaining 30 households, on the basis of these data, at least 24 households^[15] could be classified as a 'hidden homeless' cohort.

5.1.4. Standard of accommodation

The situation in regard to the standard of accommodation for the 37 households^[16] is set out in Table 6. and Table 7. The seven squatting households are examined separately (Table 7.). This allowed for a comparison between the standard of accommodation for those who are paying rent or living with someone paying rent, and those households no longer paying rent, and, therefore, squatting.

[15] 21 households self-reporting situations of overcrowding and 3 households who, while not self-reporting situations of overcrowding, are not the official tenant of the household, therefore more vulnerable to homelessness.

[16] The household experiencing on-street homelessness is excluded from this analysis.

Table 6. Standard of Accommodation: Households in private rented and social housing (28 and 2 respectively)

Total= 30 households	Yes	No	Not noted
Accommodation has a working electricity supply	29	0	1
Accommodation has central heating	26	3	1
Evidence of damp/mould	19	10	1
Accommodation has running water in kitchen and bathrooms	29	0	1
Access to hot water Y= yes. S= sometimes	18 (Y) 7 (S)	4	1
Accommodation has at least one bathroom	29	0	1
Accommodation has at least one toilet	29	0	1
Accommodation has a cooker	28	1	1
Accommodation has a fridge	29	0	1
Accommodation has a washing machine	29	0	1
Accommodation has furniture Y=yes / M= minimal	Y= 20 M= 9	0	1
Accommodation has internet access	1	28	1

Further examination of the data indicate:

- 29 households had a working electricity supply (the situation is not known for the remaining household), 27 (93%) could only afford to operate the electricity 'sometimes'.

- Three households had no working central heating. Of the 26 households that did have central heating, only three could afford to operate the heating during winter months, and 21 (81%) could only 'somewhat' afford to operate the heating during the winter months.

For 19 (63%) of the 30 households currently renting accommodation, damp and mould was an issue. All were private rented accommodation.

Of these 19 households:

- The majority described the level of damp and/or mould as extensive, with 10 households noting that the extensiveness of the mould made breathing difficult and those with children and health problems were very concerned in this regard.
- Five households had leaking roofs/pipes/windows.
- In 11 households there was between one and three persons with asthma and in a further household there was one person with COPD.

Of the two households in social housing, one did not have any problems with damp/mould and the situation for the remaining household is not known.

Nine households indicated they only had 'minimal' furniture in their accommodation. Of these nine households:

- Three households indicated that the accommodation had no furniture or white goods whatsoever, when they moved in. These households had to gradually buy the minimum goods and furniture, second hand.
- For the remaining six households, there was a lack of basic furniture, such as chairs, a dining table, or a sofa. One household had no working cooker for over two months and were using a microwave, they noted the following:

"The landlord refuses to get a cooker for us and we cannot afford to buy one. We eat toasted sandwiches and ready-cooked meals which we heat in the microwave. It is not healthy, but we don't have a choice."

Households were asked to rate their level of satisfaction with their housing. Of the 30 households currently paying for private rented or social housing: 16 were 'very dissatisfied', one was 'dissatisfied', 10 were 'neutral', one was 'satisfied', one was 'very satisfied', and the situation was unknown for the remaining household.

Table 7. Standard of Accommodation: Squatting Households

Total= 7 households	Yes	No
Accommodation has a working electricity supply	7	0
Accommodation has central heating	4	3
Evidence of damp/mould	6	1
Accommodation has running water in kitchen and bathrooms	7	0
Access to hot water Y= yes. S= sometimes	Y= 1 S= 3	3
Accommodation has at least one bathroom	7	0
Accommodation has at least one toilet	7	0
Accommodation has a cooker	7	0
Accommodation has a fridge	7	0
Accommodation has a washing machine	6	1
Accommodation has furniture Y=yes / M= minimal	Y=1 M=6	0
Accommodation has internet access	0	7

All seven of the squatting households retained a working electricity supply at the time of the needs assessment. Four of the seven had working central heating and four had access to hot water.

The standard of these seven houses, however, indicate an adverse situation for the 11 families in these squatting households:

- Six of the seven households had damp and/or mould, with five of these households describing the level of damp and/or mould as extensive. Four of the households with damp/mould had between one and three individuals in the household who has asthma. One family noted that the extensiveness of the mould made breathing difficult for their child with asthma, who had to be brought to the hospital regularly due to the impact of the mould on his breathing.
- In two of the seven households leaking roofs/windows was an issue: in one, water was leaking into the electric panel; and in a second house, a ceiling had collapsed.
- Four of the seven households reported a rat infestation. Three of these households were living beside empty houses where people were dumping garbage which was attracting the rodents.
- Three of the seven households had no working central heating. The remaining four households could only 'somewhat' afford to operate the heating during the winter months.
- All seven households had a working electricity supply. All seven households reported that they could afford to operate their electricity supply 'sometimes'.

Six of the seven squatting households indicated they only had 'minimal' furniture in their accommodation. Of these six households:

- Five households reported that the accommodation had no furniture or white goods whatsoever, when they moved in and were paying rent. The majority of these households were only able to gradually buy, second-hand, a minimal amount of white goods and furniture:

"My living room is empty because I cannot afford to buy furniture. We sit at the kitchen table."

"The fridge is very small for our family but we could only afford a small one."

- One household indicated that the accommodation had a cooker, fridge and washing machine, but no furniture of any kind:

"The house was empty when we moved in. We bought the bare necessities, only what we could afford, second-hand."

Miss A has been a living in Ireland since 2013. She has three children between the ages of four and fourteen years and is parenting her children alone. She is currently squatting with her children in accommodation, which she previously rented, in the private rental market. The accommodation has significant damp and mould and she is only able to afford to use the heating occasionally.

Prior to moving into her current accommodation, Miss A's application for social housing support had been refused on the basis that she was unable to fulfil the requirements of Circular 41/2012, specifically, a record of 52 weeks employment in the state. Miss A had been briefly employed in Ireland, between 2014 and 2015, but was forced to leave this employment due to a loss of childcare support, which had been provided by a family member who subsequently returned to their country of origin. She is currently in receipt of the One Parent Family Payment, which is her sole means of financial support.

Miss A was unable to keep up with her rent payments, resulting in significant arrears and a notice of eviction. Miss A, however, had nowhere to move to and no family supports to assist in this regard. In late 2022, her landlord initiated an adjudication case with the Residential Tenancies Board (RTB) against her. The decision issued by the RTB required Miss A to make monthly payments of €300 to settle the rent arrears. Miss A was unable to meet these payments and was issued a second eviction notice.

With the support of the Roma Health and Accommodation Coordinator and Crosscare [17], Miss A successfully appealed the decision of the local authority to refuse her application for social housing supports. The appeal letter argued that, due to her circumstances, Miss A falls into a category of certain EU Citizens with a long-term right to reside in accordance with Article 10 of 'EU Regulation 492/11 of the European Parliament and of the Council on freedom of movement for workers within the Union' and related European Court of Justice rulings namely Ibrahim and Teixeira cases (2010). As a consequence, she is now on the social housing list and has been approved for Housing Assistance Payment.

Miss A is currently trying to find accommodation that is affordable, and a landlord that will accept HAP. In addition, she does not have the money for a deposit should she find accommodation. She is very fearful about being evicted and the very real prospect of homelessness for her and her children.

[17] Crosscare a non-governmental organisation operating services and supports including homelessness and homelessness prevention. Crosscare deliver a national Information and Advocacy Service focusing homelessness prevention, housing and welfare, Immigration, refugee matters and Irish citizen immigration, emigration and Irish Diaspora Support.

5.2. Social Protection

5.2.1. Overview

This section examines the situation of households in regard to access to social protection supports and benefits, including social housing supports, and social welfare payments.

A Personal Public Service (PPS) number is an essential pre-requisite to accessing social protection benefits and supports and a range of state-funded services and supports in regard to employment, education, health, and housing and homeless services.

Interviewees were asked to indicate the number of adults living in their accommodation with a PPS number, including their own situation in this regard. This information is based on the interviewee's assessment and, therefore, may be incomplete in regard to adults sharing the accommodation from other families. The assessment revealed, that, in 37 of the 38 households interviewed, at least one adult in the household had a PPS number. In the remaining household the situation is not known.

Of the 37 households where one or more adult had a PPS number:

- Six households had one adult with a PPS number.
- Fifteen households had two adults with a PPS number.
- Eight households had three adults with a PPS number.
- Five households had four adults with a PPS number.
- One household had five adults with a PPS number.
- Two households had six adults with a PPS number.

5.2.2. Situation of households: social housing supports

Table 8. Situation of households: social housing supports

(Total households = 38)	Yes approved	Yes awaiting decision	Yes refused	In the process of applying	Has not applied
Household has applied to local authority for social housing supports	11	1	6	4	16

As Table 8. indicates, 16 of the 38 households interviewed had not applied to the local authority for social housing supports. The following reasons were given:

- Did not know they could apply/how to apply: **5 households.**
- Eligibility (for example: unable to prove they were paying rent; not having a PPS number; being unable to give proof of address; not being in the country for sufficient length of time): **7 households.**
- Reason is not noted: **4 households.**

Eleven households were approved for social housing supports, of these:

- two households have secured and are living in social housing, and
- nine households had been approved for Housing Assistance Payment (HAP).

The accommodation situation regarding these nine households is as follows:

- five are squatting in private rented accommodation (when they were paying rent to these landlords, the landlords had refused to accept HAP),
- three are the official tenant in private rented accommodation (their current landlord would not accept their HAP), and
- the remaining household is sharing private rented accommodation with an extended family member, who was the official tenant, (they were unable to find a landlord who would accept HAP).

Of the six households that were unsuccessful in their application for social housing supports:

- three were over the income threshold,
- one did not know why they were refused but surmised it may have been because they were in employment at the time, and
- two were refused on the basis of having insufficient documentation (one household was asked to seek proof of their rent from their landlord, however, their landlord refused to provide this).

5.2.3. Situation of households: social protection payments

The needs assessment sought to ascertain the number of adults in each household in receipt of a social protection payment:

- In 15 households the interviewer was unable to ascertain whether there was a social protection payment coming into the household. However, in all of these 15 households, there was at least one adult in employment (two households had one adult in employment; nine had two adults in employment, one had three adults in employment, and three had four adults in employment).

- In 10 households there was one social protection payment coming into the household, as follows:
 - Jobseekers Allowance (four households)
 - Disability Allowance (two households)
 - Carers Allowance (one household)
 - Family Income Supplement (two household)
 - Single Parent Allowance (1 household)
 - TUS scheme (1 household)
- In four households there were two social protection payments coming into the household: Disability and Carers Allowance (two households); Jobseekers Allowance and TUS payment (one household); and Carers Allowance and Jobseekers Allowance (one household).
- In one household there were three social protection payments in place: Disability Allowance, Carers Allowance, and Supplementary Welfare Allowance.
- In one household there were four social protection payments in place: Disability Allowance, Carers Allowance, Jobseekers Allowance and Family Income Supplement.
- In six households there was no social protection payment coming into the household. Of these six households:
 - three had between one and two adults currently in employment, and in one of these households there had been an application for Disability Allowance for one adult, and
 - three had no adults currently in employment: one of these households was on-street homeless and, since becoming homeless was no longer in receipt of a social protection payment.

Mr B and his partner have two children. They are currently squatting in a household with extended family members: ten people in total. One of the extended family members was paying rent to the landlord, however, the landlord stopped collecting the rent and requested the families to leave the accommodation. An eviction notice has been issued, however, the families have nowhere to go.

The accommodation is overcrowded: Mr B, his partner and their two children sleep in the living room. The accommodation has extensive damp and mould and does not have a working central heating system. The accommodation also has a rat infestation.

Mr. B was employed in Ireland for just under three years. During the COVID-19 pandemic he lost his job and, to-date, he has been unable to find employment. Mr B made a number of attempts to apply for social protection. His application for Job Seeker's Allowance was hindered as he faced repeated requests, from the Department of Social Protection, for supplementary documentation to support this application. Mr B and his wife's applications for medical cards were refused due to being unable to provide proof of address, and other pertinent documentation. The family has no GP visit card.

Mr B's young child has chronic asthma and has required hospital treatment on a number of occasions, resulting in the family incurring significant expenses for consultations and medications. They rely on parents for support with medical costs. Their parents, however, are reliant on social welfare benefits, and Mr B and his wife say they feel like a financial burden on their parents.

Following their engagement with the Roma Health and Accommodation Project, Mr B and his family were supported to gather documentation to substantiate their habitual residency. This documentation was used to assist the family to apply for medical cards and, for Mr B, to apply for Job Seekers Allowance. Both applications were successful. The Roma Health and Accommodation Coordinator also supported the family in their application for social housing, citing the precarious nature of their current living condition and the serious health concerns for their child. The interagency collaboration between the Roma Health and Accommodation Coordinator and staff from the local authority, resulted in the family successfully applying for social housing supports, including being approved for Housing Assistance Payment. Mr B. has recently commenced a training course with Tipperary Education and Training Board, which he hopes will improve his employment prospects.

5.3 Employment

Of the 38 households, in 29(76%) there was one or more adults currently in employment and in nine households (24%) there was no adult in employment. Table 9. indicates the number of adults in employment per household and the number of households where persons were in full-time (FT), part-time (PT), and a combination of full-time and part-time employment.

Table 9. Households with adults in employment

(Total Households = 29)	No. households	No. adults in FT/PT employment	Total No. adults in employment
Households with 1 adult in employment	12	5 (FT) 7 (PT)	12
Households with 2 adults in employment	13	16 (FT) 10 (PT)	26
Households with 3 adults in employment	1	3 (FT)	3
Households with 4 adults in employment	3	6 (FT) 6 (PT)	12

Of the nine households that had no adult in employment: three of these households had no social protection payment coming into the household; three had one social protection payment coming into the household; two had two social protection payments coming into the household; and one had three social protection payments coming into the household.

The needs assessment included a focus on barriers to employment. The family member who engaged with the needs assessment was asked to identify, from a range of barriers, which barriers have been experienced "by adults of this household" when seeking employment in Ireland. This is acknowledged as a limited assessment of the employment barriers experienced, as the information is filtered through the experience and/or knowledge of the interviewee and therefore, is unlikely to capture the breadth of experience of other immediate family members or adults of working age also living in the household, who have sought employment in Ireland.

Table 10. sets out the barriers to employment cited by interviewees. Within this table, the nine households that had no adult in employment are presented separately to the 29 households with at least one person in employment.

Table 10. Barriers to employment for all households

(Total Households= 38) Barriers to Employment	Number of households citing issue as a barrier (9 households with no adult in employment)	Number of households citing issue as a barrier (29 households with 1+ adults in employment)	Total number of households citing as a barrier
Language barriers	7 (78%)	24 (83%)	31 (81.5%)
Discrimination	5 (59%)	17 (59%)	22 (58%)
No access to transport	5 (59%)	16 (55%)	21 (55%)
Disability/Poor health	6 (66%)	14 (48%)	20 (53%)
Childcare responsibilities/ access to childcare	3 (33%)	14 (48%)	17(45%)
Insecure housing/ homelessness	4 (44%)	11 (38%)	15 (39%)
Do not have the necessary skills/ qualifications	0	2 (4%)	2 (5%)
Literacy issues	0	1 (3%)	1 (3%)
No PPSN	0	3 (10%)	3 (8%)
Confidence issues	0	2 (4%)	2 (5%)

Language barriers (fluency in English) is the most frequently cited barrier to employment, followed by discrimination, lack of access to transport, disability/poor health, childcare responsibilities/ access to childcare, and insecure housing/homelessness.

Two Roma adults interviewed for the needs assessment described particular experiences of employment-related exploitation with a local employer. Issues noted in this regard related to being docked pay where they failed to meet a quota when they were ill, and not being paid overtime for weekend work.

Mr and Mrs C and their three children have been living in Ireland for just over one year. They came to the attention of the Roma Health and Accommodation Project in mid-2023. The family had been evicted from their rented accommodation, in another County (County A.), with less than 24 hours' notice given by the landlord. On the day of the eviction, Mr and Mrs C said that their landlord came to the property and threatened them with a weapon, ordering them to vacate the property immediately. The locks were changed and the family were unable to retrieve any of their personal belongings, including Mr C's medication for a chronic health issue. Mr and Mrs C have reported the landlord's threats to the Gardaí who are investigating the matter.

Subsequent to their eviction, the family left County A. and moved to County B. Here, they were sleeping in their car for several weeks when they came into contact with the Roma Health and Accommodation Project. Prior to becoming homeless, Mr and Mrs C had applied for social housing supports in County A. This application was in train when the family became homeless. They approached the same local authority for emergency homeless accommodation but were refused.

Mr and Mrs C are not in employment and neither is in receipt of a social protection payment. The family have no medical cards and Mr C has a serious health issue that requires medication and a special diet. Their current living situation is taking a toll on the mental health of all family members. They are particularly fearful about Mr C's physical health, which is deteriorating. As a result of becoming homeless, their children's education has been interrupted.

The Roma Health and Accommodation Project staff, with the support of Crosscare, advocated on behalf of the family to seek a reversal of the decision of the local authority in County A., to refuse the family access to emergency homeless services. During the course of these communications, it was noted that the refusal of homeless emergency supports, by this local authority, was on the basis of their application of Housing Circular 41/2012. This application of Housing Circular 41/2012, however, would appear to be incorrect, in that this Circular pertains to social housing supports and not the provision of emergency homeless services. The family was unsuccessful in seeking a reversal of the decision by the local authority in County A. The Project Workers then supported the family to apply for social housing supports in County B. This application was refused on the basis that the family did not possess any ties to County B. and that they had been made homeless in County A. In late 2023, the family returned to their country of origin.

5.4 Health

The needs assessment sought to identify whether members of the household had physical health issues, mental health issues and/or mobility impairments that could be negatively impacted by adverse living conditions, and whether they had a medical/GP visit card.

Table 11. Health issues that could be negatively impacted by adverse living conditions

(Total households= 38)	Number of households affected	Number of individuals affected per household
Impairment of mobility that requires accommodation to be wheelchair accessible	3	1 person in each household Total No. individuals= 3
Households with one or more family members who has asthma	22	1 person in 17 households 2 persons in 4 households 3 persons in 1 household Total No. individuals= 28
Households with one or more family members who has COPD	2	1 person in 2 households Total No. individuals= 2
Households with one or more family members experiencing mental health issues	9	1 person in 2 households 2 persons in 7 households Total No. individuals= 16
Households where one or more persons has diabetes	7	1 person in 6 households 2 persons in 1 household Total No. individuals= 8

In three households there was one person living in the accommodation with a mobility impairment. At least one of those individuals uses a wheelchair. Of those three households, only one was deemed to be accessible for those individuals.

In 22 households there was between one and three individuals with asthma and in a further two households there was one individual with COPD. Of these 24 households, 16 have a problem with damp and/or mould. In all of these households the families had difficulty in affording to heat these houses during the winter months.

The individuals living in these households noted the following in regard to their adverse living situation and their health and wellbeing:

- "My children are constantly sick with asthma and flu-like symptoms. They are constantly on antibiotics or steroids. We are living in cold most of the time because we cannot afford to have the heating on when we need it."
- "Our son has really bad asthma: he is choking all the time. We go to the hospital with him nearly every other week because of his asthma. I have asthma as well but not as bad as him."
- "The smell of the mould in the house is also awful. It makes you choke when you are in the house."
- "We (married couple) were both very strong and healthy but since we live in this apartment we got very sick, especially with asthma."
- "I am very afraid that my son can catch some infection or something from this black mould and there will be nothing the doctors can do for him. I was told to be very careful with him not to get any infection in his lungs."
- "My grandmother has COPD and she finds it very difficult to breathe in the house. She sleeps in the kitchen with the window open so she can breathe."

Of the seven households where, in total, eight individuals had diabetes:

- Seven of the eight people with diabetes also had at least one other chronic health condition (high blood pressure, high cholesterol, asthma).
- Five of the eight people with diabetes had either a medical card or GP visit card. Of the remaining three individuals: one had been refused a medical card, and the remaining two were in the process of applying for a medical card.
- One individual was on-street homeless. When his family were evicted from their private rented accommodation, he was unable to retrieve his medication from the house when the landlord changed the locks. At the time of the needs assessment, he was running out of medication.

Households were asked to assess whether their current living conditions had caused or worsened mental and/or physical health issues for them or their family members: 32 households answered 'yes' to this question and the remaining six answered 'no'. For the majority answering 'yes' to this question, issues relating to

stress and anxiety were cited. Sources of stress and anxiety were, overwhelmingly, related to people's poor living conditions and/or the limited prospects of this situation improving, as well as inability to afford to make ends meet.

Households noted the following in regard to living with stress and anxiety:

- "It is very difficult to live in uncertainty: what if the landlord comes tomorrow and puts the boards up and we cannot stay in the house anymore? This is too much stress for me to live with this fear every day."
- "We are all very stressed. There is no privacy for any of us in the house. The children have no space to play. We all live in this small kitchen, and then we go to bed to sleep."
- "All the adults in my house are stressed and depressed because life is very difficult for us. Everywhere we go we don't have a good life. We left our country because of discrimination and racism and we are fighting here the same thing, but maybe not as bad."
- "Stress is a big problem for us. Firstly, we are stressed because of my husband's illness, then we feel like a burden on our children, then no money."
- "My asthma is getting worse every day, and I am so depressed. I worry about money, how to buy food for the children, how to pay for electricity and heating. I worry every day about the house: when will they come to kick me out?"
- "It is complicated to live with so many other people, complete strangers, in the house. It is very, very stressful. You can feel the tension all day and all night. It is definitely not healthy for any of us."
- "Everything stresses us so much; the unhealthy living conditions, the stress from work, everything. Especially when you see your child not being able to breathe properly because of the living conditions, it is very hard. There is cold and rain coming into the house, the children get sick very often."

5.4.1 Situation of households: medical/GP visit cards

The needs assessment sought to ascertain the medical card status of households. Given that 23 of the 38 households interviewed comprised more than one family sharing (in total at least 50 families), and given that there is a lot of movement of families into and out of these households, it is difficult to obtain an accurate picture of the medical card status for all of the families sharing across the 38 households.

Table 12. Households and medical card status

(Total households = 38) Number of households with a medical card	Number households in the process of applying for medical card	Number households refused medical card	Number households that did not apply for a medical card
14	4	9	11

The needs assessment ascertained the following:

- Of the 11 households where interviewees said they had not applied for a medical card: one was not eligible as they were over the income threshold; one did not have a PPS number so could not apply; one did not know whether they were eligible to apply; two did not know how to apply; and for the remaining six, the reason was unknown.
- Of the nine households where interviewees said they were refused a medical card: four were refused as they could not provide proof of paying rent (either the landlord refused to provide such proof or the tenant had no rental agreement and was paying in cash); three were refused due to being over the income threshold as a result of their being unable to provide proof of rent, which is taken into consideration by the medical card unit in their assessment of eligibility; one did not know why they had been refused; and the reason for refusal was not noted for the remaining interviewee.

As Table 12. Indicates, in 24 households, at the time of the needs assessment, interviewees said their family had no medical card. Of these: two had a GP visit card; three were unable to apply for a Medical/ GP visit card as their landlord would not provide proof of rent; and in 19 households there was one or more adults in employment, which may have been a reason why they did not have a GP visit card. In three households without a medical card or GP visit card, there was no adult currently in employment.

5.5 Discrimination and Racism

Needs assessment participants were asked whether the adult(s) of their household had experienced any incidents of discrimination in regard to ten cited situations (Table 13.). The Roma Health and Accommodation Coordinator, who undertook the interviews, was advised to adhere to the legal definition of discrimination under Irish equality legislation, in exploring this issue with interviewees.[18]

In 33 (87%) of the 38 households an adult/adults believed that they or another family member had been discriminated against in at least one of ten cited situations. Twenty-seven households had experienced discrimination in more than one of the cited domains. Of the remaining five households, four indicated no experiences of discrimination in Ireland to-date and the situation is not known for the remaining household. Whether these incidents of discrimination took place in County Tipperary or another county, was not explored.

Seeking employment was the most frequently cited situation for experiencing incidents of discrimination, followed by discrimination in the workplace, when trying to access private rented accommodation, and when accessing GP services.

All of the households that had been approved for HAP (nine households) said they had experienced discrimination in being refused the use of their HAP assistance to cover the rent by landlords.

Two households of the total sample, were living in social housing, and one of these households identified that they had felt discriminated against by a social housing provider, while living in social housing.

[18] The Equal Status Acts (2000-2018) and the Employment Equality Acts (1999 to 2015) prohibit a number of forms of discrimination (direct, indirect, victimisation, and identity-based harassment on the basis of a protected characteristic under one or more of the grounds protected) for protected groups, in regard to accessing and progressing in employment, and accessing services and goods.

Table 13. Households where adult(s) personally felt discriminated against

(Total households= 38) Number of households where adult(s) personally felt discriminated against	
When seeking employment	22
In the workplace (from employer or colleague)	14
When trying to access private rented accommodation	13
When accessing a GP	13
Landlord refused to accept HAP (where household in receipt of HAP)	9
When accessing social protection	8
When accessing social housing	7
When seeking emergency homeless accommodation	2
When living in social housing (from staff or other resident(s))	1
When accessing a health service	2

Households were asked whether the adult(s) and/or children of the household have personally experienced racist abuse/harassment across seven cited situations (Table 14.).

Table 14. Households where adult(s) and/or children of the household personally experienced racism

(Total households= 38)	
Number of households where adult(s) and/or children experienced racism	
From neighbours/ local community	23
In the workplace	21
From a landlord	20
In shops	15
In a public space	14
When engaging with a healthcare provider	7
In social housing (from a member of staff)	2

In 34 (89%) of households an adult and/or child had experienced at least one incident of racism, and for 32 of these households, racist incidents were noted for more than one cited situation. Four households said they have not experienced racism to-date in Ireland.

Where interviewees elaborated on the nature of racist incidents experienced, the following was noted:

- **In public:** experiencing abusive comments and/or hostile looks from passers-by:

"Sometimes on the street, you might get the odd young person or a group of young people shouting and calling us names, cursing at us, and showing us the finger. I tell my son not to take notice of them.....I feel my son suffers a lot because of it. He told me one day that he wished he could protect me instead of me protecting him. It broke my heart honestly. I cried a lot."

"Everywhere I get racism. People look straight at us and talk about us on the street, maybe because we have darker skin. I know of Roma people who have lighter skin and they don't get this racism. Shouting at us to 'go back to your country'."

- **Accessing a healthcare provider:** issues noted were in regard to accessing a GP, with negative treatment noted from receptionist staff and/or the GP:

"In the GP, I could be there waiting for hours to be seen. They take everyone else before me, even if they came after me."

"Every time I go (to the GP) he cannot wait to send me off. The most I ever stay is probably 10 minutes, maybe even that is too long. I can never tell him everything I am concerned about, just what is most urgent. In the hospitals when I go it is different, people treat us with respect."

- **From a landlord:**

"(Our) landlord was threatening to kill us, and shoot us with a gun, he threatened us with a huge hammer as well. We both lost our jobs because of him."

"The (letting) agency treats me very badly. Every time I go there, they tell me f...k off, go away, or don't come here again."

"We tried so hard to get a house but no one would rent to us. I wear traditional clothing and when people see me they automatically know I am a Roma, and my husband has darker skin and I think people judge us based on the way we look."

"The landlord refused to give us the apartment. He told us that we were not Irish and he could not trust us to pay the rent. We told him we were both working, but he totally refused."

- **In shops:** being followed around a shop by security staff was cited as the main issue.
- **From neighbours:** experiencing abusive comments; being unable to let their children play outside unsupervised due to children being treated negatively by neighbours (7 households); and neighbours making vexatious complaints about the family to the landlord/local authority (3 households).

"Neighbours treat us very badly. They come at the door and threaten us".

"The children are afraid to play outside, they get beaten up by them (neighbours). My husband and I need to stay outside with them all the time."

"We just spend time with the people from our own community really. We never had an Irish family friend, but the teachers are nice in school."

- **In the workplace:** racist comments by employer and/or other colleagues:

"There is a lot of racism in the workplace. The employer knows we are all foreigners, and we are really stuck with this job because if we lose the job, we lose the house as well. So they use all sorts of foul language when they talk to us. They know we don't have a choice but to keep silent."

"At work, you might hear someone making a nasty comment, and when you ask them, they will say they were joking, but it generally comes from people from other countries, not Irish people. We don't socialise with people from outside of our community."

6. Conclusions

Analysis of the situation and experience of the Roma families who participated in this needs assessment, indicates significant disadvantage in the housing situation and living conditions for many Roma in County Tipperary.

Issues of insecurity of tenure, poor housing conditions, homelessness and overcrowding are of particular concern. Two key factors that contribute to this adverse situation are:

- barriers to Roma accessing the range of social protection supports, including due to the application of the HRC, and due to landlords refusing to provide Roma with proof of rent payments; and
- high levels of discrimination reported by Roma in accessing private rented accommodation, including, landlords refusing to accept HAP, in apparent breach of the housing assistance ground of the Equal Status (Acts 2000-2018).

Poor housing conditions and homelessness emerge as adverse social determinants of health for Roma.

The manner in which the HRC is applied and the lack of documentation made available to Roma, by landlords, has led to further vulnerability in terms of limiting access to social housing supports, and to social protection payments.

While this needs assessment found higher levels of employment among the Roma in comparison to data from the 2018 National Roma Needs Assessment, unemployment levels are nonetheless high, and in number of instances unemployment is coupled with an absence of social protection supports in households.

High levels of discrimination were reported in regard to accessing employment and in the workplace. The needs assessment further identifies experiences of racism in public spaces, in access to healthcare, from landlords, at work, from neighbours and in access to shops. Discrimination and racism thus emerge as further adverse social determinants of health for Roma.

The adverse situation and experience of Roma documented in this needs assessment, should stimulate a policy and practice response from local agencies. Given the nature of this situation and experience, it is clear that a cross-agency approach, such as that currently being undertaken by the Tipperary Roma Health Project Steering Group is needed. Such interagency processes should seek to

secure the involvement of the full range of statutory agencies, for a comprehensive response. The needs assessment, in providing a snapshot of the issues faced by a cohort of Roma households in County Tipperary, provides an evidence base from which to plan an effective response.

It was beyond the scope of the needs assessment to explore levels of knowledge and understanding among Roma about their legal rights and how to exercise those rights. The findings from the assessment, however, point to the need for legal advocacy supports, such as those provided by the Free Legal Advice Clinics (FLAC), to assist Roma in seeking redress, in particular in the areas of social protection, employment and housing.

The needs assessment findings underscore the importance of individual advocacy supports for the Roma community, in particular to assist Roma to understand what their basic rights and entitlement are; to assist them to negotiate the application processes for medical cards, social housing and other key social protections; to link them with local services and supports; and to advocate on their behalf with statutory service providers.

The preparation of this needs assessment involved building relationships with Roma and Roma investment of time and trust in telling their stories. It will be important for this needs assessment to lead to change for the Roma, to fulfil the trust built and to recognise the aspirations articulated.

Appendix. Framework of questions for the needs assessment face-to-face interviews.

Household ID number (as assigned by the Project) _____

A. Housing/accommodation

1. Please indicate the current housing/accommodation situation of this household:

- One or more members of the household are currently homeless*: Yes/No
- All members of household are currently homeless: Yes/No/Don't know
- Household is living in private accommodation: Yes/No
(the official tenants? staying with the official tenants? squatting?)
- Household is living in social housing (local authority or approved housing body): Yes/No
- Household has applied to local authority for social housing support: Yes (awaiting decision)/ Yes(refused- If refused, reason given by local authority / No
- Household is on the social housing list: Yes (length of time on list)/No
- Household is in receipt of HAP: Yes/ No (has applied/ has not applied/ was refused)
If No, please expand on: reasons for not applying for HAP/ reasons why application denied.

2. Please complete this section if one or more of household members are currently homeless:

- Number of household members that are currently homeless: Adults/ Children/Total number
- Number of household members that are 'on-street' homeless: Adults/ Children/Total number
- Number of household members in emergency homeless accommodation: Adults/ Children/Total number
- Has individual/family been refused access to homeless accommodation/supports? Yes (please expand on reasons) /No/Has not sought access to homeless accommodation/supports/Don't know

3. Please complete this section if household is currently living in private accommodation or social housing (renting (as the official tenant) or staying with renters)

(a) Is this family the official tenants: Yes/No/Don't Know

If interviewee is the official tenant in private rented accommodation:
Do they have a rental agreement? Are they in receipt of HAP?

*'on-street' homeless (sleeping outside, in a tent/car, in a derelict building); living in emergency accommodation (hostel, B&B, hotel, women's refuge).

(b) Is this family sharing this accommodation with other Roma family/families:
No/ Yes (total number of families and individuals (adults and children) sharing, including interviewee's family. Interviewee view on whether there is a situation of overcrowding in the household)

(c) **Standard of current private accommodation:**

Number of bedrooms/bathrooms/toilets in the accommodation

- Is there a bed for every person living in the accommodation (including children)? Yes/No (please expand on the situation)
- Does the accommodation have a working electricity supply? Yes/No
If Yes, can they afford to operate the electricity: Yes/Sometimes/No (please expand on situation)
- Does the accommodation have working central heating? Yes/No
If, Yes, can they afford to operate the central heating during winter months? Yes/ Somewhat/ No (is there any form of heating in the accommodation? (open fire/ portable heaters etc.))
- Is the accommodation damp and/or is there evidence of mould? Yes/No
- Is there running water in kitchen and bathrooms? Yes/ Sometimes/ No
- Is there access to hot water? Yes/Sometimes/No
- Is there a cooker in the accommodation? Yes/ No (do they have any means of cooking/heating food?)
- Is there is a fridge in the accommodation? Yes/No
- Is there furniture (table, chairs, sofa)? Yes/ Minimal/ No
- Does the accommodation have internet access? Yes/No
- Level of satisfaction with current accommodation (very satisfied/satisfied/ neutral/dissatisfied/ very dissatisfied). Any other issue(s) in regard to the standard of the accommodation?

4. Is there a current high risk of the household becoming homeless? Yes/ No/Don't know

If Yes, please indicate risk factors identified (tick all that apply):

- have been issued an eviction notice
- have to leave where they are currently staying and have nowhere to go
- can no longer afford to pay rent/ are in arrears with rent
- other (please expand)

5. Past experiences of homelessness in Ireland :

- Has any member of the household ever been homeless while in Ireland?
Yes/No/Don't know

- Has individual/family ever been refused access to homeless accommodation supports while in Ireland?: Yes (reasons for refusal)/ No/ Have never applied for homeless accommodation/supports/Don't know

B. Income and employment

6. Income Status

- (a) Number of adults in the household with a PPS number/ number of adults in the household that have applied for a PPS number
- (b) Number of adults in the household in receipt of a social protection payment/ number of adults in the household that have applied for a social protection payment. Type of payment(s) received/ applied for?
- (c) One or more adults in the household is currently in employment: Yes/ No
If Yes, what is the status of this employment: Full-time/ Part-time/ Precarious (no contract, zero hours contract, cash in hand)/ Other
- (d) Which of the following have been identified, by adult of this household, as barriers to their access to employment (tick all that apply):
 - No PPSN
 - Language (not sufficiently fluent in English)
 - Literacy issues
 - No access to transport
 - Childcare responsibilities/ lack of access to childcare
 - Discrimination when seeking employment
 - Poor health or disability
 - Don't have the necessary skills/ qualifications
 - Insecure tenure e.g. being homeless
 - Confidence issues
 - Other (specify)

C. Health Status (relevant to housing/accommodation situation and living conditions) and medical card status

7. a) Do any members of the household have the following health conditions and/or disabilities?
 - Asthma and/or other respiratory illness (expand): Number of people in household affected: ___
 - Impairment of mobility that requires accommodation to be wheelchair accessible: Number of people in household affected: ___
 - Sensory impairment (e.g. visual impairment) that requires accommodation to be accessible: Number of people in household affected: ___
 - Mental health condition: Number of people in household affected: ___
 - Other (explain): Number of people in household affected: ___

(b) Adult of household has assessed that their current living conditions have caused/ worsened mental and/or physical health issue for self or family member: Yes (please expand)/ No/ Don't know

8. Household has a medical card: Yes / No (applied for/ refused) If refused, please indicate reason.

9. Household has a GP visit card: Yes/ No (not relevant/ applied for/ refused) If refused, please indicate reason.

D. Experiences of incidents of discrimination and racism

10. The adult(s) of this household have personally felt discriminated[^] against, or the worker believes that the incident(s) described constitutes discrimination, in regard to the following (tick all that apply):

- When seeking homeless accommodation
- While living in homeless accommodation (from staff or other resident(s))
- When seeking private rented accommodation
- Landlord refused to accept HAP (where household in receipt of HAP)
- When seeking social housing
- While living in social housing (from staff or other resident(s))
- When seeking employment
- In the workplace (from employer or colleague)
- When accessing social protection services
- When accessing a health service
- When accessing a GP
- When assessing other key services (please specify)
- Other (please specify)

[^] Ensure adherence to the legal definition of discrimination: less favourable treatment, than another person in a similar situation, on the basis of one's protected characteristics under one or more of the protected grounds under Irish law (equal Status Acts / Employment Equality Acts). The protected grounds are: gender, age, family status, civil status, race (encompasses ethnic origin, skin colour, nationality), disability, sexual orientation, religion, membership of the Traveller community. In addition, the Equal Status Acts prohibit discrimination in the provision of accommodation services against people who are in receipt of rent supplement, housing assistance, or social welfare payments. Discrimination can be direct or indirect and includes harassment on the basis of one's protected characteristics (for example, racism, sexual harassment) in accessing goods and services and in accessing/ participating in employment.

11. The adult(s) and/or children of this household personally experienced racism, or the worker believes the incident(s) described constitute racism, in regard to the following (tick all that apply):

- From neighbours/ local community
- From landlord
- From staff member(s) or other residents, in homeless accommodation
- From staff member(s) or other residents, in social housing
- When engaging with a healthcare provider
- When engaging with provider(s) of other key service(s) (please specify)
- In the workplace
- In a public space
- In shops
- Other (please specify)

