



The National Roma Needs Assessment:

HEALTH BRIEFING



PAVEE POINT
TRAVELLER AND ROMA CENTRE

OVERVIEW

The National Roma Needs Assessment was undertaken by Pavee Point Traveller and Roma Centre in partnership with the Department of Justice and Equality, and published in 2018. It was commissioned by the Department of Justice and Equality in line with recommendation 4.2.3 of the Logan Report, following the removal of two Roma children from their families in 2013. The Roma Needs Assessment aims to provide a better understanding of the experiences of the Roma community in Ireland, and to identify areas requiring further consideration. This is the first participatory research project of its kind with Roma in Ireland, and the research was undertaken with 14 Roma peer researchers. The study adopts a mixed-methods, rights-based approach, including:

- Quantitative analysis in 108 Roma households; (information on 609 household members)
- Collection of qualitative data (30 interviews and 8 focus groups) with service providers and Roma;
- Consultations with other relevant 'experts' in the field.

The right to health is the enjoyment of a range of services, goods, facilities and conditions necessary to ensure that people can reach the highest attainable standard of physical and mental health, including the social determinants of health.ⁱ Many of the health concerns highlighted in these findings relate to these underlying determinants; particularly the experience of poverty, poor housing and unemployment; and the lack of access to health services. The reports of poverty, poor living conditions and malnutrition for new born babies and children are reminiscent of tenement conditions. The reported levels of poor mental health among respondents are also extremely striking and worrying. The levels and depth of poverty cited throughout this research are likely to be having a major negative impact on physical and mental health outcomes.

KEY ISSUES

HEALTH STATUS

Adults

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

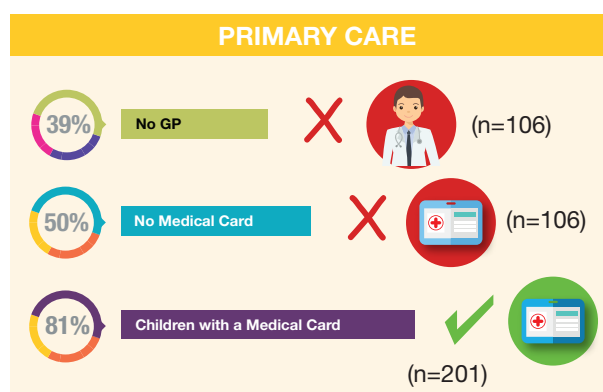
Children

When describing the health of children in the household 88.1% of respondents described the health of children in the household as excellent. 5.4% reported poor health of children in the household. However, when respondents were probed further about children's health in relation to children who have been born in Ireland, 25.8% of respondents reported that these children have health problems.

ACCESSING HEALTHCARE

Nearly half of respondents reported that they do not have access to medical cards and GP care. The high cost of health care means that Roma cannot access the care they need.

- 38.9% of respondents reported that they do not have a GP.
- 50% of respondents reported that they do not have a medical card.
- 81.1% of children in households were reported to have medical cards.
- Respondents reported high rates of feeling discriminated against – 70.5% felt discriminated against in accessing health services.



Nonetheless, when probed further about their experience in health services 58% of all respondents expressed a level of trust in those treating them in the health service and 58.4% stated health care teams have treated them with respect and dignity.

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

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

It was recognised that there are also other barriers to accessing services. Service providers highlighted what they saw as gaps in knowledge and information about services among Roma that they work with. Communication and language was a key concern.

HEALTH CONCERNS

Mental health

Poor mental health rates were extremely high.

- 51.3% of respondents reported more than 14 days of the previous month when their mental health was not good.
- 33.3% of respondents said that their daily activities had been interrupted by mental health difficulties in all of the preceding 30 days.
- Discrimination, unemployment and lack of social protection were identified as sources of stress.

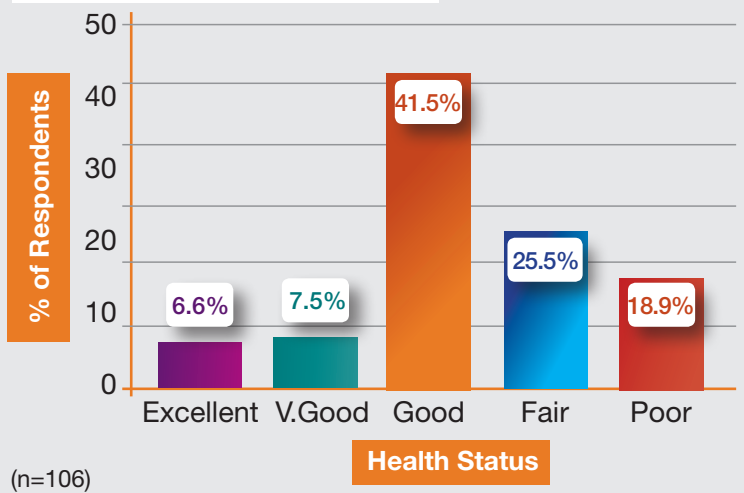
It was reported that there was a lack of access to community based services such as Child and Adolescent Mental Health Services (CAMHS) and counselling due to language barriers.

Maternal health

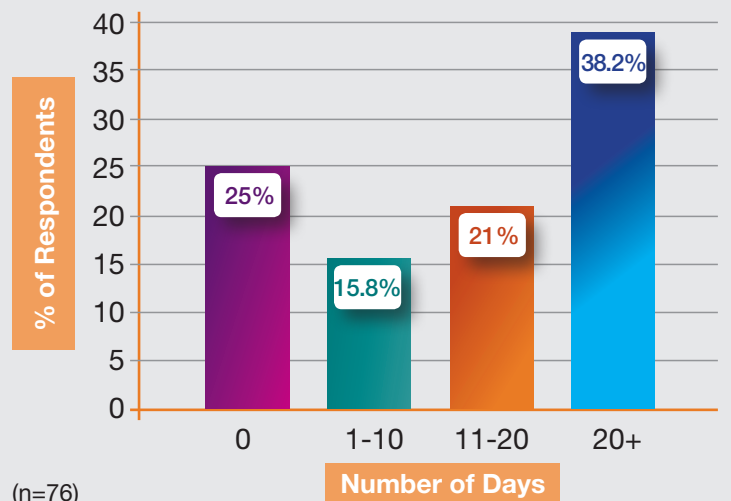
- In 63.7% of households, women in the household had given birth in Ireland.
- Women in 65.5% of households attended a doctor or hospital before giving birth.
- In 24.6% of households women had not accessed a doctor or hospital while pregnant and first accessed a hospital to give birth.

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

Self Reported Health Status



Number of Days Per Month when Mental Health was Not Good



When maternity services were accessed, there was quite a high level of satisfaction with these services.

- 61.9% of respondents reported that women were satisfied with their maternity care.
- 9.5% respondents reported women not being happy with their maternity experience.

In 66.1% of cases respondents reported that the public health nurse visited women. Public health nurses reported that this could be challenging. Due to the housing situation the public health nurse had difficulties in contacting young mothers post-discharge as they may have moved or been evicted.

Health education and promotion

Preventable illness was highlighted and the importance of health education and health promotion, including culturally appropriate healthy eating and diet programmes.

CASE STUDIES



'I live from what I beg. I don't have any money to take my medicine. I had kidney surgery. I have no medical card and no income. It is a hard life for Roma in Ireland.' **52 year old Roma woman.**

'I am very unhappy and poor...I feel useless. When I do not feel in good health, I'm not going to the doctor because I have no medical card.' **25 year old Roma man.**

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



RECOMMENDATIONS

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

These briefings were made possible with the support of the Irish Human Rights and Equality Commission. To read the full report, please visit <https://www.paveepoint.ie/wp-content/uploads/2015/04/RNA-PDF.pdf>



Coimisiún na hÉireann um Chearta
an Duine agus Comhionannas
Irish Human Rights and Equality Commission

¹ United Nations Committee on Economic, Social and Cultural Rights, 'General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12 of the Covenant)' (2012) E/C.12/2000/4.

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

³ Figures were not available to the researcher to indicate how widespread or not that this issue may be. This issue is related to early marriage; for more information on early marriage see N Bitu and C Morteau, Are the rights of the child negotiable? The Case of early marriages within Roma communities in Romania (Romani Criss and UNICEF 2010).