Radical Listening Exercise: Traveller and Roma Women's Health

Informing the next Women's Health Action Plan

Introduction

Marking International Women's Day, the National Traveller Women's Forum (NTWF) and Pavee Point Traveller and Roma Centre ('Pavee Point') held a 'Radical Listening Exercise' to hear Traveller and Roma women's experiences of health services in Ireland. The findings from this forum will feed into a larger report by the National Women's Council and inform the development of the Department of Health's new Women's Health Action Plan. The findings will also be used to inform the wider health work of NTWF and Pavee Point.

Traveller and Roma women came together to share their experiences of the health care system in Ireland, challenges and difficulties, and what improvements could be made. Women spoke about experiences of racism and discrimination and the impacts of the social determinants of health such as accommodation, education, and employment. Many mentioned the significant health inequalities faced in both communities and the barriers accessing basic healthcare such as GPs and medical cards. Roma women discussed the additional challenges for Roma due to language barriers, and difficulties accessing appropriate interpreters.

Traveller Primary Health Care Workers and Roma community/health workers also spoke about the vital role they play in meeting the health needs of their communities. However, they highlighted that the State needs to recognise and support this vital work and improve workers' pay and conditions and opportunities for progression. Affirmative action is also needed to ensure that Travellers and Roma can work across all areas of our health service.

Participants had the opportunity to share recommendations for change and to identify what an ideal women's health service would look like for Traveller and Roma women. These recommendations include fully implementing existing Traveller and Roma health actions and policies, inclusion of an ethnic identifier across all health datasets, and addressing the systemic racism that exists across health services.

Context

Both Traveller and Roma women experience poorer health outcomes than the general population due to structural inequalities and failure to address the social determinants of health. Their health is impacted by poor living conditions, poverty, low literacy levels, racism and discrimination.

Traveller and Roma Women's Health Statistics

- The mortality rate for Traveller women is three times the rate of the general population

- Suicide for Traveller women is 5 times higher than the general population
- Traveller babies are three times more likely to die in their first year than infants in the general population, even though 98% of Traveller women avail of maternity services.
- only 2.2% of Traveller women initiate breastfeeding
- Almost a quarter of Roma women in Ireland do not attend a doctor or hospital while pregnant and first accessed a hospital to give birth (largely due to a lack of
- access to primary health care)
- Almost 40% of Roma women could not afford basic supplies, such as baby clothes or nappies when attending the hospital to give birth

NTWF and Pavee Point welcomed the publication of the National Traveller Health Action Plan (NTHAP) 2022 - 2027 and associated implementation mechanisms and resources. This is an ambitious plan and holds potential to have an impact on Traveller health experiences and outcomes, if fully resourced and implemented. This is the first policy document that has a specific focus on Traveller health since the National Traveller Health Strategy 2002-2005 and a social determinants and whole-of-Government approach to addressing Traveller health is acknowledged, and planned for, within the NTHAP.

Primary Health Care for Travellers Projects play a vital role in addressing Traveller health inequalities and are predominantly the work of Traveller women community health workers. They are partnership projects between the HSE and Traveller organisations that provide ongoing support for Traveller families on the ground and providing a link between mainstream health services and Travellers.

There are a number of positive actions included in the National Traveller and Roma Inclusion Strategy 2024-2028 aimed at improving health outcomes for Travellers and Roma, including an action to develop a dedicated Roma Health Action Plan in 2026. In recent years, some funding also became available for health-workers working with Roma, however, these Roma health posts are not across the entire country and lack a nationally coordinated approach.

The previous Women's Health Action Plan (WHAP) included two actions specific to Traveller and Roma women. One action was a pilot project focused on period poverty/providing period products and the second action was a programme on the health needs of Traveller women who experience or are at risk of experiencing homelessness. For the development of the previous WHAP, the Women's Health Taskforce did not have Traveller/Roma representation. Concern was expressed by Traveller and Roma organisations about how these priority areas were identified and if they accurately address the most pressing health needs of both communities. It is welcome that the Taskforce now includes Traveller representation, and this will have a positive impact on Traveller/Roma inclusion in the next WHAP.

Demographics

A total of 43 women attended the radical listening exercise, this included 36 Traveller women and 7 Roma women. There was diversity, in terms of age and location, within this group.

For the Traveller women's groups, there was almost an even divide between urban (19) and rural (17). Where women identified their age, there was a wide range from adolescents to women over 60[1].

[1] Adolescents (4), 30-40 years (4), 40-50 years (7), 50-60 years (10), over 60 years (4)

For the Roma women's group, 3 women lived in an urban area and 4 were rural. 5 women were aged 20-30 and 2 were in the 40-50 age bracket.

Key themes

1. **Experiences of Racism/Discrimination**

The common theme for both Traveller and Roma women, threading through all conversations on their health, was their experiences of racism and discrimination. Women felt that racism had an impact on their access, participation and outcomes in health services.

'Racism is the big reason we don't get the same standard of care as settled women'

Traveller and Roma women identified facing discrimination from health professionals, as well as other staff such as the security in hospitals and health centres, and GP and hospital receptionists. Roma women also highlighted that they sometimes experience racism from appointed interpreters.

'I was with a woman at the maternity hospital, and the interpreter left the room when they saw we were Roma'

Both Traveller and Roma women felt that their health concerns were more likely to be dismissed/not taken seriously because of their ethnicity. One Roma woman gave an example of bringing a child to A&E with a very obvious infection in a cut on his head, but they were sent home and told there was nothing wrong.

'I know my own body, but I have to fight to get healthcare'

Women also explained that their culture was not respected in health services. One participant gave the example of hospitals not respecting Traveller traditions in end-of-life care.

'In Traveller culture, the whole family will gather when someone is dying but we often face abuse from the hospital security and staff who only allow a handful of visitors at a time'.

2. **Accessibility**

Accessing GP Appointments: Traveller and Roma women spoke about their difficulties in accessing appointments. It was acknowledged that access to GPs is becoming an issue for the wider population, and access issues varied depending on region. Traveller and Roma women felt that negative attitudes and discrimination impact on their access to primary healthcare.

'Receptionists don't want to give Travellers appointments'

For Roma women who do not have a GP, they often depend on emergency or out of hours services, which can be expensive and difficult to navigate.

"When women try to access out of hours services, they often leave without being seen. You have to be patient, you have to have very good English, otherwise you won't be able to access (after hours service)"

Accessing Interpreters: Roma women also spoke about how some GPs do not want to access the HSE interpreting service and insist patients must bring their own interpreters to appointments, otherwise you won't be seen.

"It's not right for women to have family interpret when discussing women's health issues".

The quality of interpretation was also seen as a challenge. Sometimes interpreters were from a different country or region and spoke different dialects. Women were often only offered interpretation over the phone or using google translate. Participants mentioned that there are some clinics targeted at Roma who provide an interpreter, but these are usually available the same time once a week.

"Roma women can't attend if the clinic is every Monday morning when she's bringing kids to school"

Impact of the Digital Divide: Both Traveller and Roma women highlighted the move to digital health and the impacts that this can have on both communities. All medical card renewal applications have moved online, and some GP/medical appointments are now made online. This is a barrier for women who have difficulties with language, literacy, and limited digital knowledge or access.

"I had to pay €60 for a doctor's visit because I wasn't able to work out the (medical card) renewal process".

Cost of Healthcare

The cost of healthcare was raised by Traveller and Roma women. Traveller women mentioned that some people with a medical card do not get blood tests when needed because of the additional charge.

"If you have a medical card, they are still charging 20 euros for blood tests"

It was felt by many that a better service is provided to patients who are paying privately rather than those who are on medical cards.

"If you pay privately things are quicker and it stops diagnosis from being prolonged- particularly because we know Travellers have a shortened life span than settled people"

For Roma women, those without any medical card, faced particular challenges due to healthcare costs.

"You have to pay to see a GP but also the medications. Women are afraid to phone an ambulance in case you have to pay a fee"

Some Roma participants stated that those who can afford it often go back to their country of origin for healthcare because of the costs/wait times in Ireland.

'anytime anyone has anything serious, they may go back to Romania'. I don't get that kind of service here, I have to go to Romania".

Traveller and Roma women highlighted the financial burden on women in terms of additional transport and childcare costs, when accessing healthcare.

"With local hospitals closing down we have to travel further for appointments, and this can be difficult and expensive"

Health Literacy and Engagement with Traveller and Roma Community Health Workers

Health Literacy: All participants highlighted issues for Traveller and Roma women in terms of health literacy and the need for accessible health information.

"Older women often can't read or write and going to hospital can be a scary experience not able to understand what is written on signs, and they often need someone to go with them"

Traveller women stated that follow on care can be poor and they are not given resources on how to manage their health conditions. This often falls to primary healthcare workers to share Traveller specific resources and to signpost to the follow up care that they need.

"Women who have literacy issues can't read their prescriptions and try to hide this because of internal shame and this feeling also means women don't feel confident enough to ask questions about their health"

Roma participants highlighted that Roma women often miss important health appointments and screenings because they do not understand the information and it is not explained to them by health professionals.

"Women throw away the breast and cervical checks sent in the post. They don't understand the importance of the checks because of language and health literacy"

Importance of Traveller and Roma Community Health Work:

Traveller participants highlighted that Traveller Primary Health Care teams are the main source of health information and support, yet they are not adequately funded for the work they do, nor is it appreciated how critical their work is to the community.

"We are on call at all hours and we need to be supported by the HSE. The role needs to be attractive to young Travellers coming up too".

The participants stated that the HSE needs to engage more and work in tandem with Traveller community health workers, for example when drawing up health action plans or health programmes. Affirmative action is also needed to provide opportunities for Travellers to enter other health professions across mainstream health services.

Roma health workers also discussed the vital role they play in supporting the health needs of their community and providing a link to mainstream services.

"Roma health workers can support and refer to services/give information/ and build relationships with health services – this is key"

One Roma health worker gave the example of supporting a Roma woman in her health programme to access breast screening which found that she was in the early stages of breast cancer. *"This time screening saved her life"*

Currently Roma health workers are under resourced, covering large areas/large populations addressing significant health inequalities. There are also many gaps across the country, where no Roma health workers are in place.

"In Tipperary we are 4 Roma health workers (not all full time) covering 15 towns across the county"

Impacts of Social Determinants on Health

Both the Traveller and Roma focus groups identified the impacts of social determinants (such as discrimination, housing, education, employment) on Traveller and Roma women's health.

They mentioned the lower life expectancies for Traveller and Roma women and how health services often don't acknowledge that they may experience health conditions associated with old age at a much earlier stage.

"*Old age can be 40+ in Traveller community – more chronic conditions earlier, earlier in menopause"*

"Bowel screening at 60 but many Travellers don't reach this age"

Also, the health services do not take into consideration that Traveller and Roma women often have their families and access reproductive/maternal/fertility services at an earlier age.

"Cervical check is from 25 but many Traveller women have had a few children by then"

The impacts of poor accommodation and homelessness was also a key theme, with many Traveller and Roma women living in overcrowded conditions, impacting on their physical and mental health.

Roma women mentioned that without secure housing, women and families are often moving to different areas, to different emergency accommodation. This makes it very difficult to access a consistent health service. Some women have to look for a new GP several times a year.

"There is a Roma woman who is now living in Dublin, but has to travel to Ashbourne for her GP"

It was also highlighted that there needs to be specialised, targeted health supports for particularly vulnerable Traveller and Roma women facing multiple, complex issues.

"Traveller women in prison, or who are homeless, or dealing with domestic violence. There needs to be targeted supports for these groups".

Mental Health

Traveller and Roma women's experiences of mental health supports and services were also raised. Women discussed how experiences of racism and internalised oppression have a significant impact on mental health in their communities.

In the Traveller focus groups, women highlighted that often GPs over-prescribe medications such as anti-depressants and sleeping tablets to Traveller women, do not review these medications regularly, and prescribe high doses of these medications.

“They just write a prescription but don’t tell you the side effects”

Access to talk therapies or mental health crisis supports was a serious concern, considering that suicide rates are much higher for Travellers.

“A 6 week waiting list for a person to access a service when suicidal”

Addiction was also discussed as an emerging issue for some Traveller women but this can be a taboo topic.

“Women are happy to talk about issues with prescribed tablets but not with illegal drugs or addiction problems – even though we recognise it is a big problem”

For Roma women participants, they explained that mental health is not spoken about in the community and there is little understanding about its impacts, and this can make it very difficult for women to come forward and seek support.

“Depression is not seen as a real sickness. People understand it as stress and are given tablets”

“Mental health still means ‘being crazy’, your family wouldn’t know what post-natal depression is”

Reproductive/Maternal/Menopause Healthcare

Traveller and Roma women both identified barriers when availing of reproductive and maternal health services. They felt there was a lack of understanding of Traveller and Roma women’s experiences and health needs and how these may be different to the general population

“Traveller women are not entertained when seeking reproductive health because they are seen as too ‘young’ to need help. Travellers may need IVF at a younger age, but come up against barriers because they are young”

In terms of maternal and infant healthcare, both Traveller and Roma women highlighted the need for greater access and better experiences in maternal healthcare. They also mentioned difficulties when accessing supports such as Public Health Nurses, and a fear of engaging with maternal health services.

“The Public Health nurse is never around to do on site calls and developmental check-ups for children are falling behind”

“The public health nurse said there are a lot of children, they don't have toys, there isn't much space. But instead of giving support to the family, they reported them to TUSLA…. So people don't trust the health services”

Roma participants discussed how reproductive health issues can still be taboo to talk about, including menopause and this is a barrier to healthcare.

“There is a lack of information about the existence of medication/supports for menopause that can be taken”.

Traveller participants felt that menopause is not taken seriously. There is a lack of interest in practitioners diagnosing menopause or peri menopause and women feel they are being 'brushed off 'and told *"women told 'wait until it (menopause) is over"*

Recommendations

During the radical listening discussions, participants identified key recommendations for improving Traveller and Roma women's access, participation and outcomes within women's health services and health services more widely. These recommendations included:

- Given the stark health inequalities, mainstream Traveller and Roma women across all action areas within the Women's Health Action Plan
- Inclusion of an ethnic identifier across all health datasets in order to promote equality and counter discrimination
- Anti-racism training for all healthcare professionals across all health services
- Culturally competent health services which consider the needs of all groups including Travellers and Roma (for example, having a special room in hospitals to allow for larger families visiting loved ones)
- Specialised supports for Traveller and Roma women in prison, homelessness, and experiencing domestic violence
- Affirmative action measures for Travellers and Roma to access employment within the health services
- Travellers and Roma to be included in decision making spaces/policy development for women's health. To consider the inclusion of a Roma representative on the Women's Health Taskforce
- Ensure a social determinants approach to health which acknowledges the impacts (of accommodation, employment, education and discrimination) on Traveller and Roma women's health
- Develop targeted mental health supports for Traveller and Roma women
- Provide targeted supports for older Traveller and Roma women, recognising the premature onset of age-related issues.

Traveller Specific Recommendations

- Greater supports and better pay and conditions for Traveller Primary Healthcare workers – critical work not adequately funded
- Full Implementation of National and Regional Traveller Health Action Plans
- All Travellers to be entitled to medical cards given stark health inequalities

Roma Specific Recommendations

- Develop a Roma health action plan, as committed to in the National Traveller and Roma Inclusion Strategy, with targeted actions on Roma women's health
- Develop a stronger Roma health infrastructure, including an increased number of Roma health workers
- Ensure appropriate interpreter services are available to all Roma women who need it, and women are informed on their right to access this
- Improve Roma access to medical cards, particularly for those most vulnerable/without income