

The National Roma Infoline: Annual Report 2021



Cairde
Challenging ethnic minority health inequalities



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The authors would like to acknowledge the support of the HSE, especially Social Inclusion Office CHO 7, Social Inclusion Office CHO 9 as well as the National Social Inclusion Office.

Thank you to Stephen Graham for his invaluable expertise.

Thank you to Carmen Nae, Mirela Tanase, and Claudia Tanase, for the fundamental role they have played in supporting the work of the National Roma Infoline.

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ISBN: 978-1-7395857-0-9

Published by Cairde in July 2022

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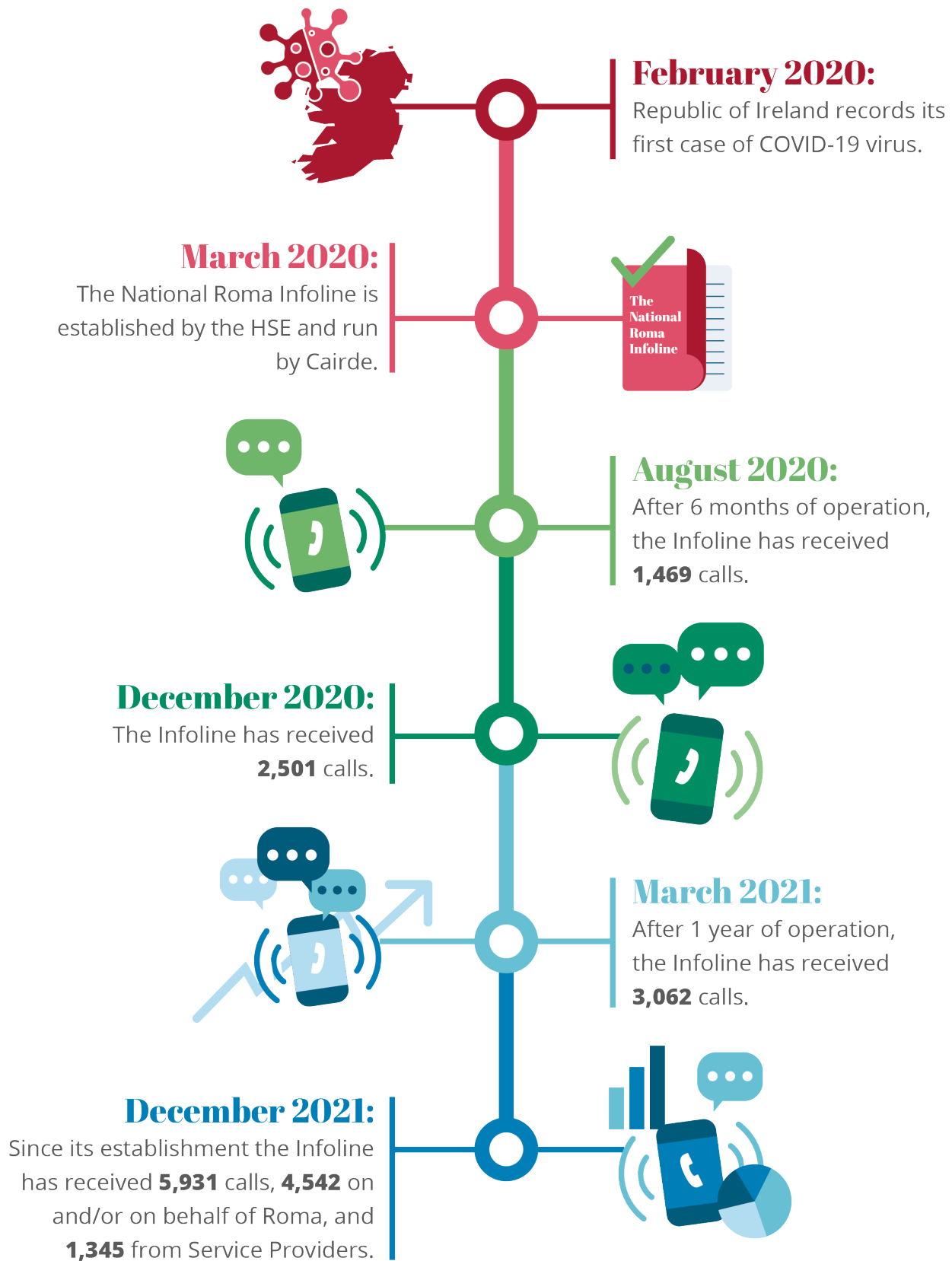
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Introduction: Timeline



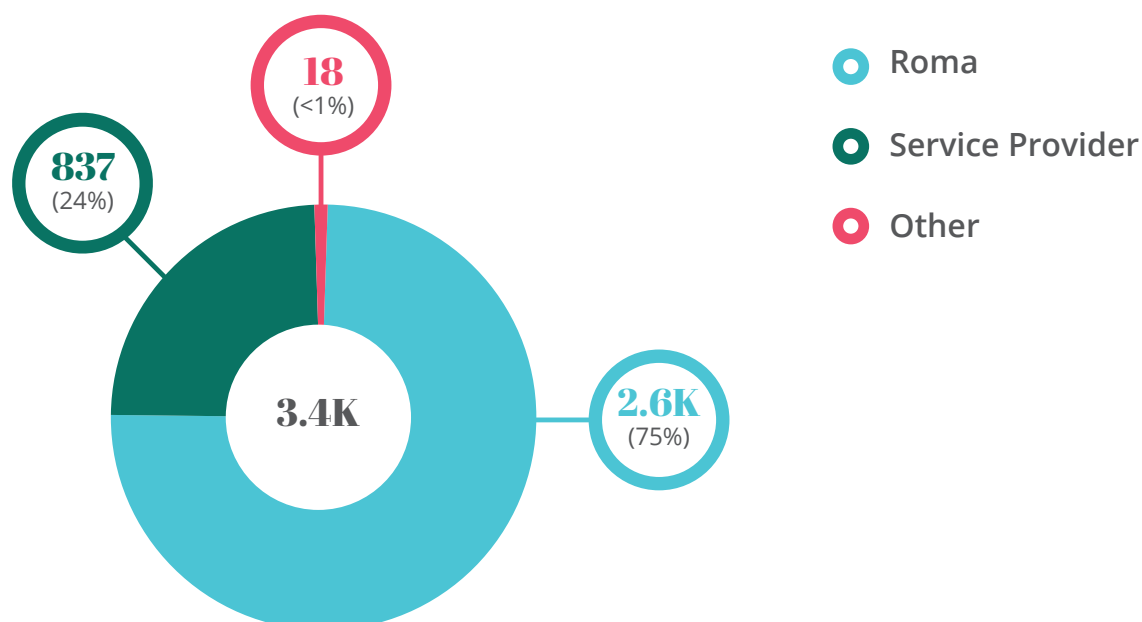
Summary of 2021 Calls

Number of Calls



Caller Type

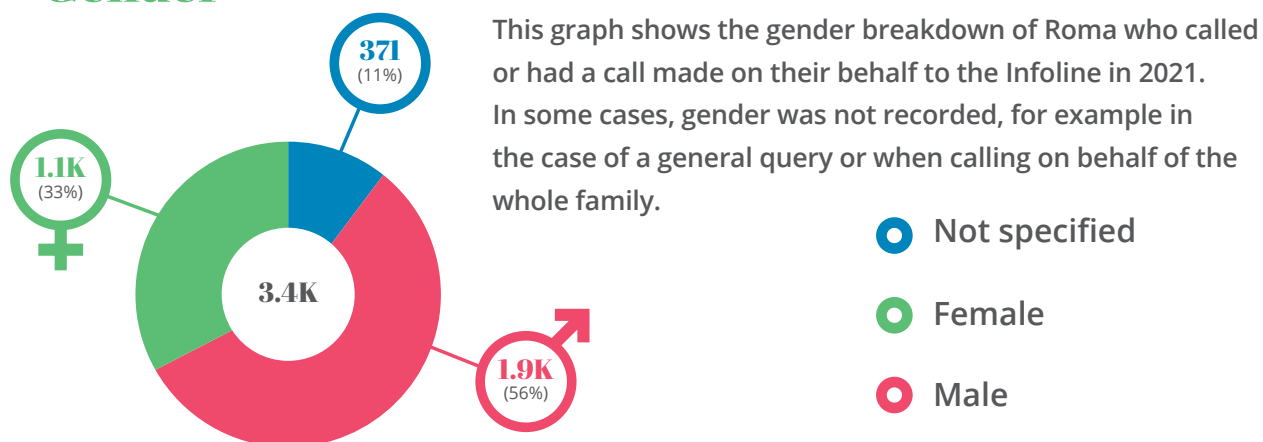
Between the 1st of January and the 31st of December 2021, the Infoline received 3,430 calls. Of these calls, approximately 75% were made by Roma, and 25% were from service providers, usually calling on behalf of their Roma clients/patients.



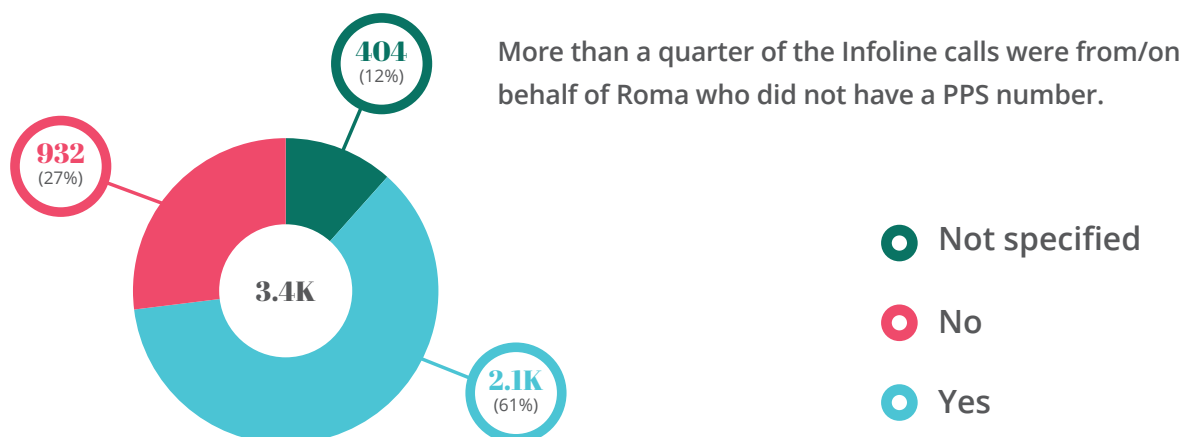
Overview of Calls

The graphs below outline data collected from the Infoline calls, including information on gender, location, homelessness, PPS numbers, and medical cards. In 2021, the Infoline also recorded the number of follow-up calls and this was a total of 4,632.

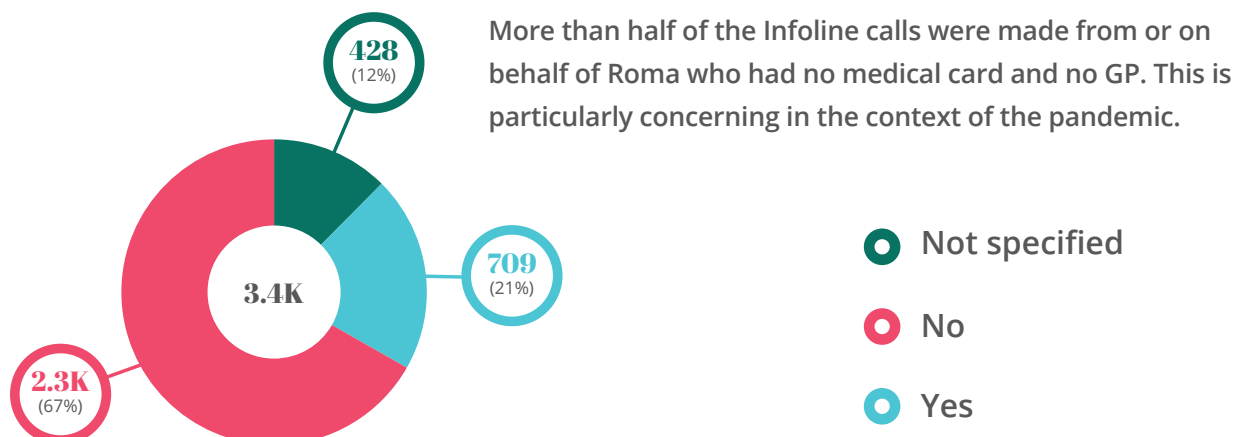
Gender



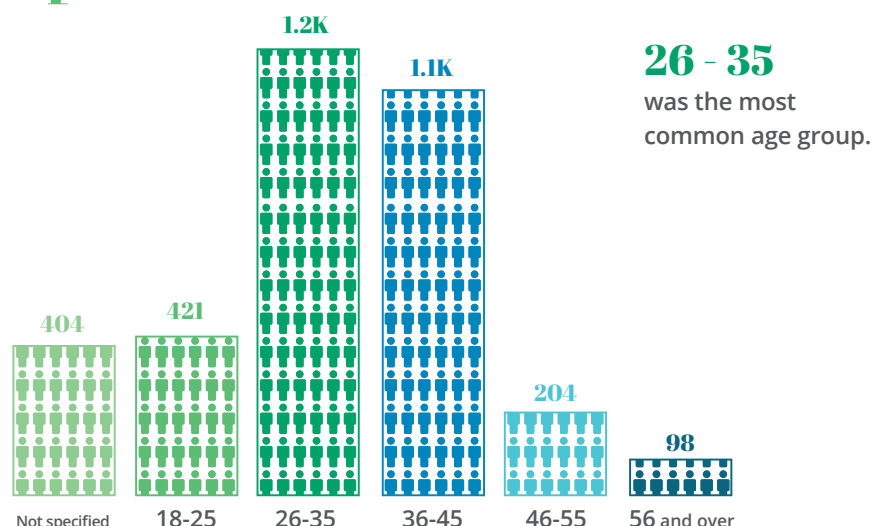
PPS Number: Yes or No?



Medical Card: Yes or No?

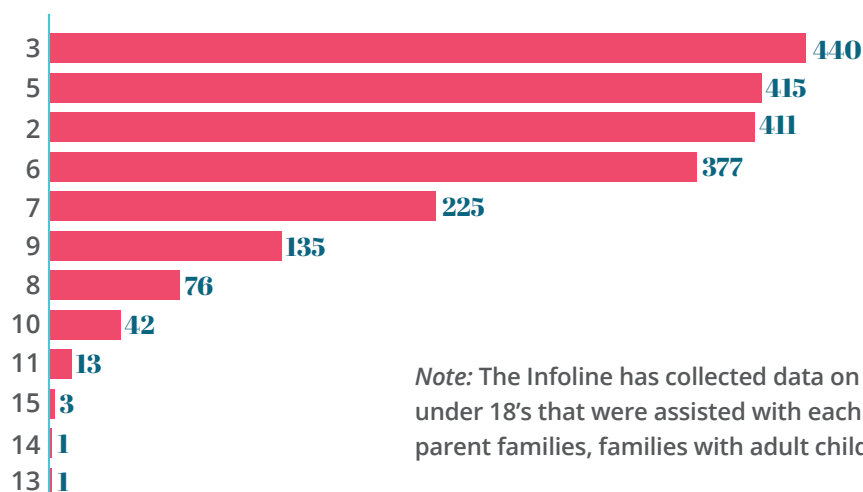


Age Group



Family Size

The most common family size was three people, but there was a wide array of family sizes including families of 10-13 people. Out of the 2,139 calls received on or behalf of Roma families in 2021, approximately 60% were received from families with more than 2 children.

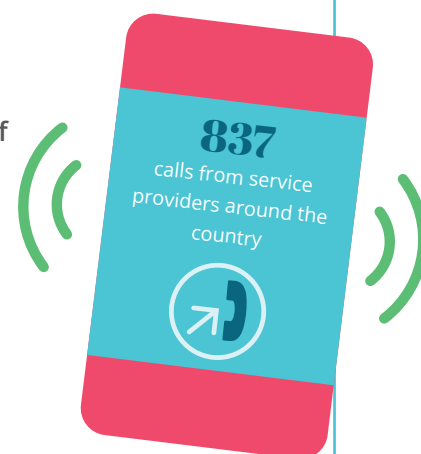


Note: The Infoline has collected data on the number of adults and under 18's that were assisted with each call, this includes single parent families, families with adult children, and couples.

Service Providers

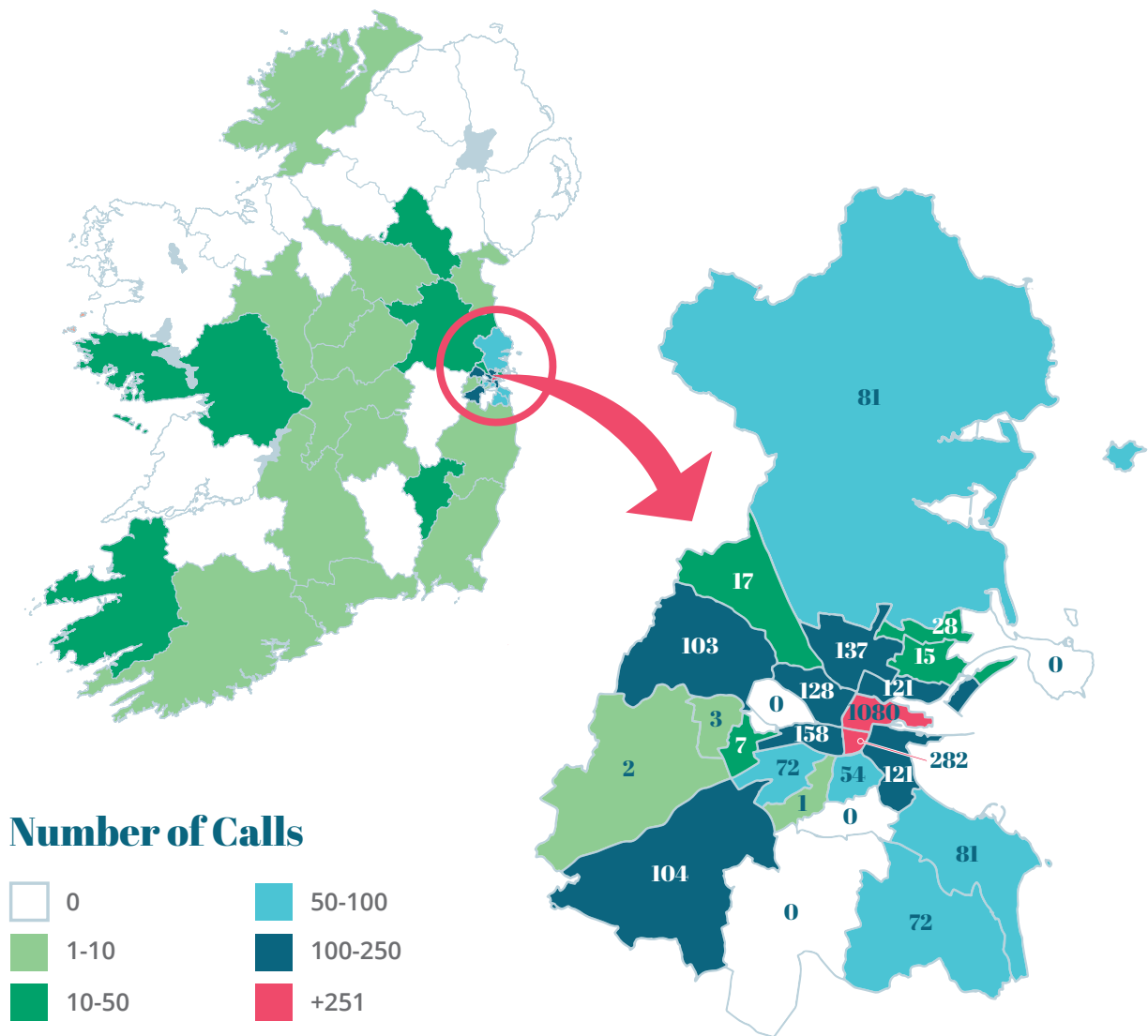
In 2021 the Infoline received 837 calls from service providers around the country. The Infoline received the majority of these calls from a variety of health services including GPs, primary care centres, hospital staff, and staff from self-isolation facilities.

The Infoline worked with a wide range of organisations in the community and charity sector nationwide. The majority of these organisations deal with issues in relation to health, housing and homelessness. The Infoline also liaised with organisations working in the areas of education, social welfare, employment, legal support, and poverty. Additionally, the Infoline received calls from a number of public and statutory bodies.

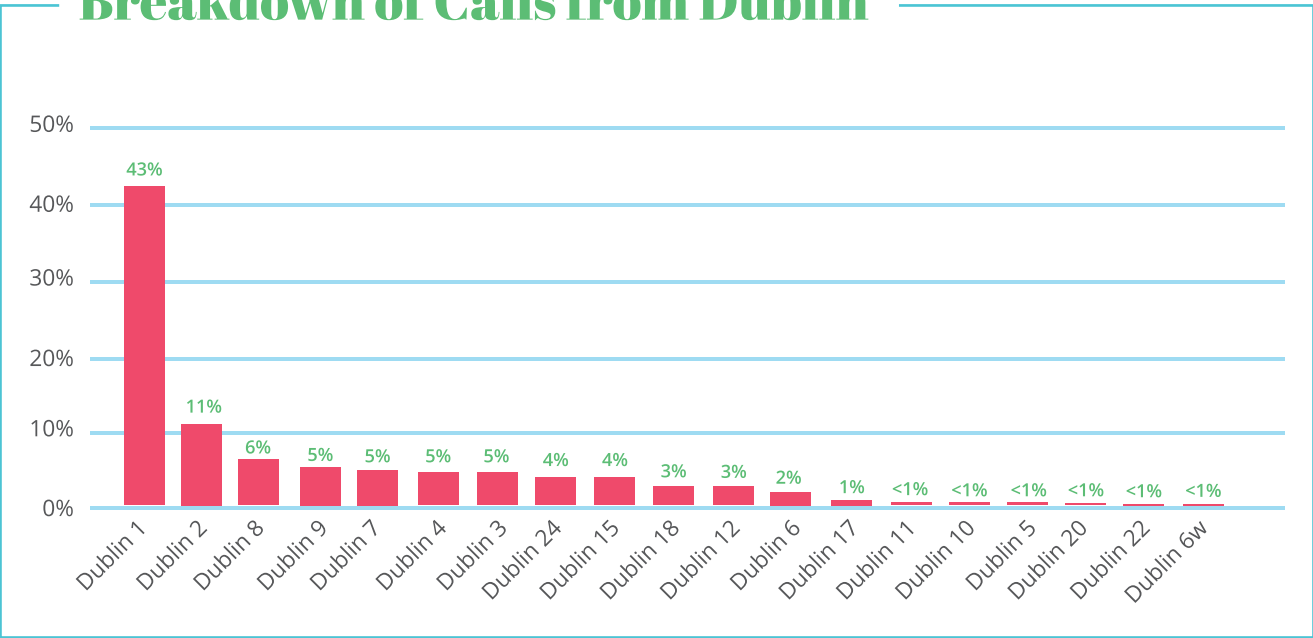


Calls by Location

The majority of calls to the Infoline were received from Dublin, and a further breakdown showed that Dublin 1 was the area in the country with the highest number of calls to the Infoline.



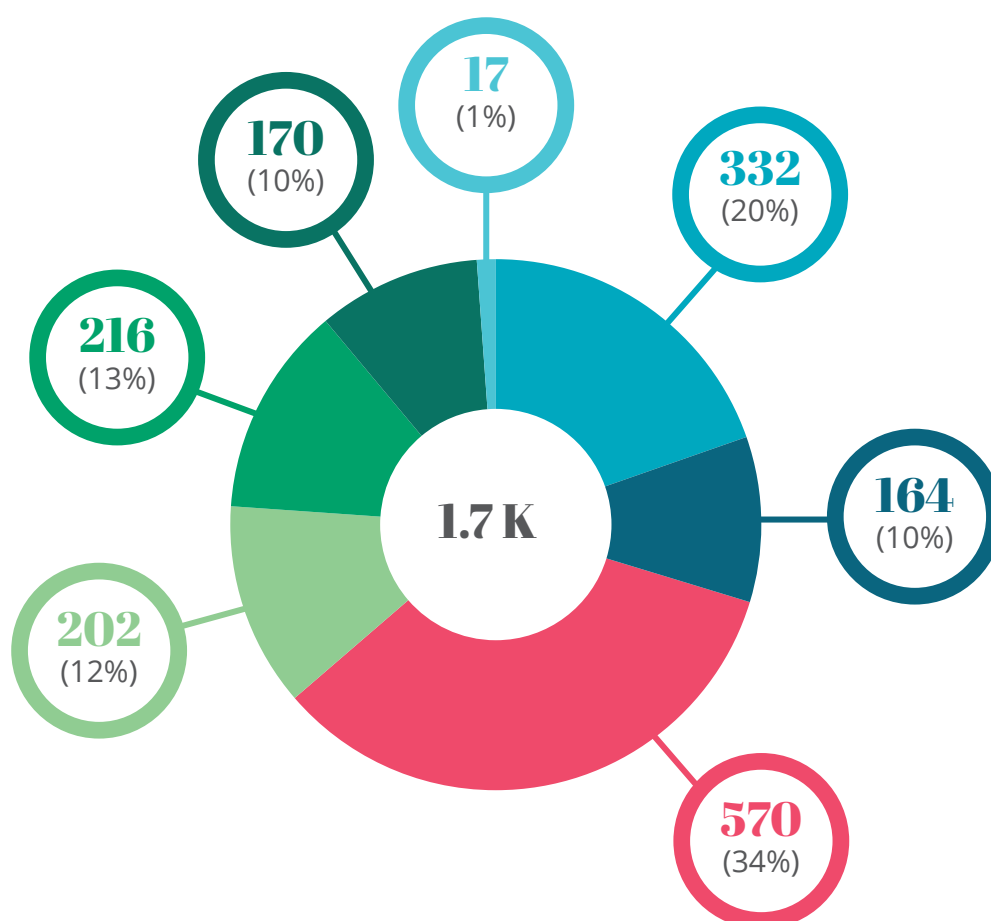
Breakdown of Calls from Dublin



Accommodation Type from 1st July 2021 to 31st December 2021

As for accommodation, 66% of calls were made from or on behalf of Roma who were homeless. This includes Roma who were sleeping rough, living in emergency accommodation, in unsafe and overcrowded private rented accommodation, and self-isolation accommodation.

Accommodation Type 2021

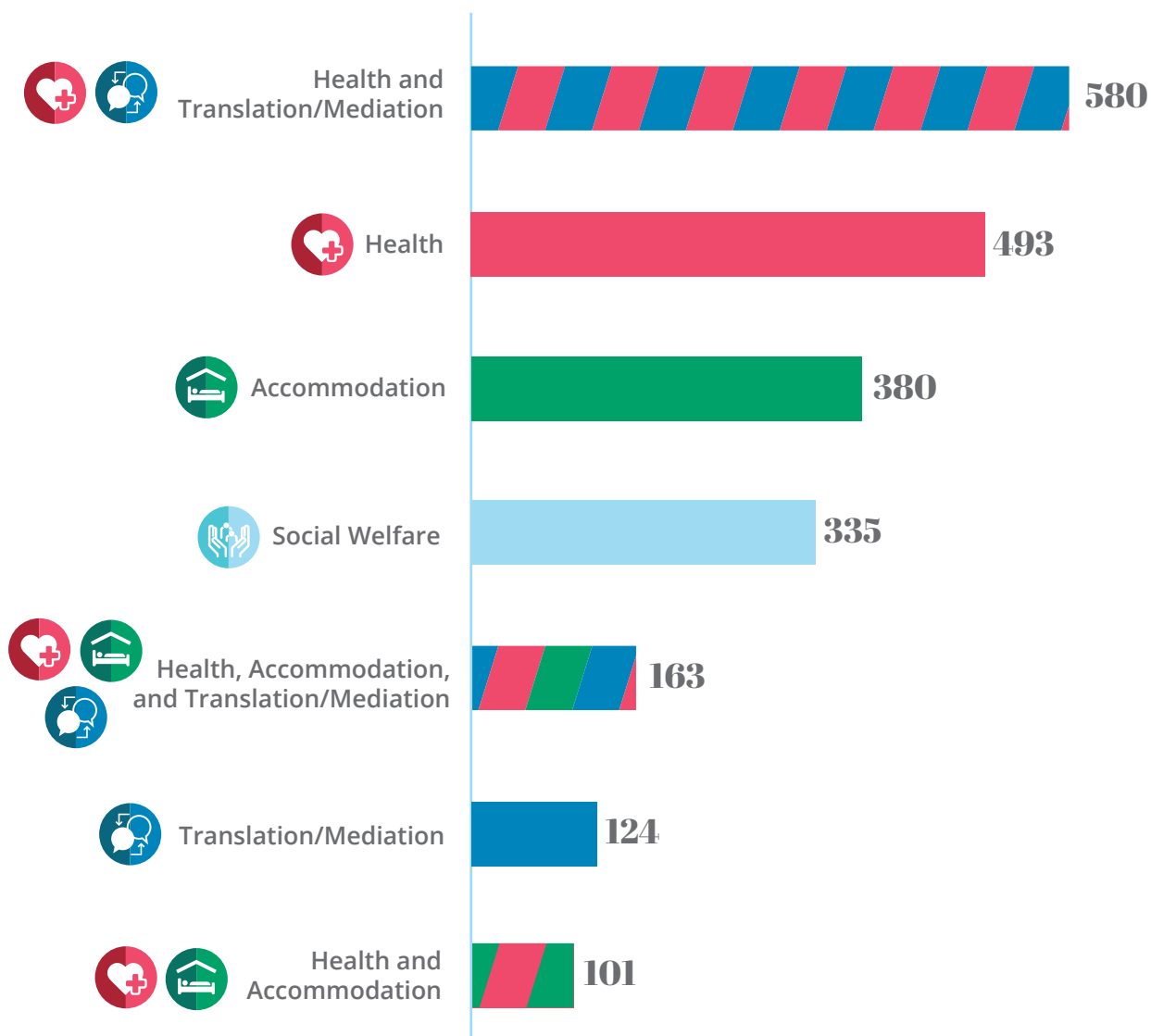


Accommodation Type

- Not specified
- Sleeping rough
- Emergency accommodation-hostel, hotel, B&B
- Overcrowded private rented accommodation
- Private rented
- Self-isolation accommodation
- Other

Top Reasons for Calling 2021

The majority of calls involved two or more issues. Health and Accommodation queries were the main reasons for calling, though other reasons included Social Welfare, Translation/ Mediation, Family Issues, Education and Training, Repatriation, Employment, and Poverty.



Case Study: Accommodation



A Roma man contacted the Infoline because he had nowhere to stay with his wife and young child. Due to his serious health condition, he could no longer work and then could not pay his rent and was evicted. As their local authority did not accommodate them initially, the Infoline contacted the COVID-19 Response for Vulnerable People (CRVP) staff and the family were accommodated in CRVP until they could access emergency accommodation in Dublin 1. CRVP were also able to ensure the man could access the healthcare he needed.

Case Study: Health



The Infoline was contacted by a Dublin hospital on behalf of a Roma patient. The Roma patient had serious health problems but could not communicate with the hospital staff. The Roma Infoline Operator helped the healthcare staff to inform the patient how to go to their appointments, how to get his medication, and other important information. The patient had previously been relying on his daughter to translate for him, but she was not always available and consequently he had been missing appointments. The Infoline continued to communicate with the hospital while the patient was in their care, and once the patient was discharged the Infoline provided further support to the patient.

Recommendations: Accommodation

Interpretation services should be used across all housing services for Roma who do not speak English fluently.

Housing application forms should be simplified and made available in languages other than English and Irish, including the languages commonly spoken by Roma in Ireland: Romanian, Czech, and Slovak, among others.

The Department of Housing, Local Government and Heritage should introduce actions on Roma and accommodation to the National Traveller Roma Inclusion Strategy (NTRIS) as a matter of urgency. These actions should be drafted in conjunction with organisations working on Roma issues.

The Department of Housing, Local Government and Heritage should introduce an ethnic identifier across all their services in order to assess current policy and to develop more targeted policy measures going forward.

The Department of Housing, Local Government and Heritage should ensure that the provision of emergency accommodation, across local authorities, is not dependent on the result of a social housing support assessment.

The Department of Housing, Local Government and Heritage should review the 41/2012 Housing Circular and consider removing some of the qualifying criteria.

Anti-racism training that addresses antigypsyism should be implemented across relevant housing and accommodation services as well as systems and procedures that respect cultural diversity.

Recommendations: Health

Interpretation services should be used systematically across all health services for Roma patients who do not speak English fluently.

Due to the health inequalities experienced by Roma, the Department of Health and the HSE should consider removing certain qualifying criteria, such as proof of income and proof of rent, when Roma apply for a medical card but cannot meet these requirements.

Health application forms should be simplified and available in languages other than English and Irish, including the languages commonly spoken by Roma in Ireland: Romanian, Czech, and Slovak, among others.

Ethnic data should be collected consistently across all health services in Ireland in order to assess current policy and to develop more targeted policy measures going forward.

Anti-racism training that addresses antigypsyism should be implemented across relevant health services as well as systems and procedures that respect cultural diversity.

Note: This report specifically deals with Roma issues with the knowledge that there are other marginalised groups in Ireland. The recommendations outlined in this report may be applicable to groups in similar situations.





