



Briefing Report: COVID-19 Roma Response Partnership

Supporting Roma during the pandemic:

Key Learning & Pathways Ahead

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2 INTRODUCTION

The COVID-19 Response for Vulnerable People (CRVP) service was opened in May 2020 to support vulnerable populations to quarantine once they entered the country or to self-isolate if displaying COVID-19 symptoms or had been a close contact without appropriate accommodation. The service was established in a central Dublin location, and later expanded to include a second facility due to demand.

Since its establishment, the majority (80%) of service users have been members of the Roma community and this report documents over a year of collaborative working between HSE Dublin South Kildare and West Wicklow (DSKWW) Social Inclusion and key NGO partners (Cairde, Crosscare, Focus Ireland, Pavee Point, and Safetynet Primary Care) to support Roma people during this time.

This report provides a valuable insight into the health inequalities and social exclusion experienced by Roma people, who are one of the most marginalised communities in Ireland. The issues they face include; extreme poverty; poor housing; high levels of unemployment; significant levels of discrimination and racism; and lack of access to mainstream services, which have been greatly exacerbated during the pandemic. Official data on COVID -19 case numbers and deaths among ethnic minorities is lacking and there is a dearth of Roma specific data, but it is understood that Black, Black Irish, Asian, Asian Irish and Traveller groups (including Roma) are more likely to contract COVID-19 than those who are White Irish¹

As well as identifying the key issues impacting the Roma community, this report also highlights the positive work of the CRVP service and the benefits of the collaborative approach that was adopted in its service delivery. It has ensured a clear referral pathway and a holistic model of care for Roma that use this service. We believe there is an urgent need to build on the targeted response delivered by CRVP in order to ensure that these vital supports remain available to the Roma community after the COVID-19 response has ended. All partners involved in this project are committed to continuing the collaborative approach and would like to see this reflected in long term policy measures and strategic planning.

This on-site, multi-disciplinary, multi-agency approach has meant that within 2 weeks or less, people's health, housing and social care needs have been identified, their entitlements established, service pathways identified and people familiarised with them. The partnership feels that without

¹ National Economic and Social Council (2021) 'Secretariat Covid-19 Working Paper Series The Impacts of Covid-19 on Ethnic Minority and Migrant Groups in Ireland'

this approach, people will continue to experience significant barriers, unable to access services and entitlements and the cycle of exclusion, poverty and marginalisation and continues.

3 CONTEXT: ROMA IN IRELAND AND EUROPE

3.1 WHO ARE THE ROMA COMMUNITY?

The word Roma means ‘people’ in the Romani language and Roma are the largest minority ethnic group across EU member states. Roma, who originated from India, have been living in Europe for over a thousand years. Roma in Europe are a diverse minority ethnic group and vary widely in terms of nationality, religion, socioeconomic conditions and lifestyle.

3.2 SOCIAL EXCLUSION AND ANTI ROMA RACISM IN EUROPE

Roma communities have a long and documented history of experiencing marginalisation and discrimination across Europe, including genocide, forced sterilisation, expulsion from certain countries, linguistic and cultural oppression, slavery and persistent and endemic racism.² Consequently, Roma communities remain some of the most disadvantaged minority ethnic groups across the EU, resulting in significantly poorer health outcomes as well as barriers to accessing housing, education, employment and representation in public life.³

Roma in contemporary Europe continue to experience discrimination in housing, education, employment, health, access to goods and services, and decision-making. According to surveys, there are an estimated 10-12 million Roma living across the EU member states; 80% of whom live below the poverty line; 30% of Roma children reportedly faced hunger at least once in the previous month; and one third are living without access to tap water.⁴

Roma children in many European countries remain excluded from quality education, segregated in Roma-only classes or placed in schools for children with intellectual disabilities. Historically,

² Hajioff, S., McKee, M. (2000) ‘The health of the Roma people: A review of the published literature’, *Journal of Epidemiology and Community Health*, 54(11), 864–869.

Bell, S., Saliba, V., Evans, G., Flanagan, S., Ghebrehewet, S., McAuslane, H., Sibal, B., Mounier-Jack, S. (2020) ‘Responding to measles outbreaks in underserved Roma and Romanian populations in England: The critical role of community understanding and engagement’, *Epidemiology and Infection*.

³ McFadden, A., Siebelt, L., Gavine, A., Atkin, K., Bell, K., Innes, N., Jones, H., Jackson, C., Haggi, H., MacGillivray, S. (2018) ‘Gypsy, Roma and Traveller access to and engagement with health services: A systematic review’, *European Journal of Public Health*, 28(1), 74–81

⁴ European Union Agency for Fundamental Rights (2018) *Second European Union Minorities and Discrimination Survey. (EU-Midis II). Roma - Selected Findings*, EU-Midis II

assimilation policies meant that many Roma children were removed from their families and today, Roma children in Eastern Europe are grossly overrepresented in state care institutions.⁵

There is increasing anti-Roma sentiment in Europe, demonstrated through the rise of extremist and openly racist groups that propagate hate speech and organise anti-Roma marches. Many violent anti-Roma attacks have targeted families and children and have included firebombing, shootings, stabbings and beatings, resulting in several deaths⁶. The European Parliament's Policy Department for Citizens' Rights and Constitutional Affairs found a rise in anti-Roma sentiment, far right demonstrations, hate speech and hate crime' and a lack of public condemnation by officials – all reportedly increasing during the COVID-19 crisis.⁷ The EU Roma Strategic Framework for Equality, Inclusion and Participation identifies anti-Gypsyism as the prevailing majority view formed by 'a historically rooted structural phenomenon'.⁸

In the context of COVID-19, Matache and Bhabha⁹ refer to the anti-Roma sentiment as 'a licence to unleash racism against stigmatised groups' which has resulted in Roma communities being wrongfully portrayed as a group responsible for spreading COVID-19. In Bulgaria, planes have flown over Roma neighbourhoods spraying disinfectant on the houses and streets below. In Portugal, fences have been built around Roma communities to prohibit free movement and many Roma communities have faced lockdowns as precautionary measures, including in Bulgaria, Greece, Portugal, Romania and Slovakia, whilst no evidence existed of COVID-19 positive cases within the community at that time.¹⁰

This evidence suggests that Roma face widespread racism and discrimination and they have experienced increasing hardship and become further marginalised during the COVID-19 pandemic. As such the global pandemic has increased the vulnerability of an already at-risk group.

⁵ Pavee Point and Department of Justice and Equality (2018) 'National Roma Needs Assessment'

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<http://www.errc.org/reports-and-submissions/attacks-against-roma-in-hungary-the-czech-republic-and-the-slovak-republic>

⁷ Bayer, J., Bárd, P. (2020) 'Hate speech and hate crime in the EU and the evaluation of online content regulation approaches', *Policy Department for Citizens' Rights and Constitutional Affairs*, (July).

⁸ European Commission (2014) 'Health status of the Roma population Data collection in the Member States of the European Union Executive Summary'.

⁹ Matache, M., Bhabha, J. (2020) *Anti-Roma Racism Is Spiralling during COVID-19 Pandemic The Mayor of Kosice in Slovakia*, available: <https://www.coe.int/en/web/commissioner/-/>.

¹⁰ European Union Agency for Fundamental Rights (2020) *Coronavirus Pandemic in the EU - Impact on Roma and Travellers*.

3.3 ROMA MIGRATION IN THE EUROPEAN UNION

Roma migration has become a topical media and political issue since the expansion of the European Union in 2004 and 2007 and in the context of migration from Eastern to Western European countries. Subsequently misinformed and inflammatory discourse has typified a significant portion of media coverage in the UK and Europe. Roma are often portrayed as welfare migrants. However, these perceptions are not supported by facts and the diversity of situations for Roma migrants is often overlooked. Policy responses in European countries have varied but have tended to be largely hostile, including collective expulsion, forced evictions (sometimes involving the destruction of dwellings) and segregated camps for Roma. The removal of settlements and forced evacuations have severely impacted on Roma peoples access to healthcare as many health systems require registration/citizenship before healthcare can be delivered¹¹

3.4 DEMOGRAPHICS OF ROMA IN IRELAND

Ireland has a small Roma population of approximately 5,000, with Roma families identified in every county. This figure is probably an underestimation and is based on the National Roma Needs Assessment¹², as we do not have official population data for Roma in Ireland. While the majority of Roma living here are from Romania (approx. 80%), mapping from the National Roma Needs Assessment also identified Roma from Czech Republic, Slovakia, Hungary and Poland. Some Roma have been living in Ireland for decades, which means there are now second and third generations of Roma who are Irish¹³

3.5 EXPERIENCES OF ROMA IN IRELAND

In 2018, the Pavee Point Traveller and Roma Centre was commissioned by the Department of Justice to coordinate the National Roma Needs Assessment, a peer-led national research project which set out to establish the health and well-being of the Roma community in Ireland. The findings of this research are outlined below:

Keys Findings from the National Roma Needs Assessment¹⁴

Health

- Over 1 in 3 (38.9%) of Roma do not have a GP

Poverty/Access to Social Protection

¹¹ European Commission (2014) 'Health status of the Roma population Data collection in the Member States of the European Union Executive Summary'.

¹² <https://www.paveepoint.ie/wp-content/uploads/2015/04/RNA-PDF.pdf>

¹³ Pavee Point and the Department of Justice and Equality (2018) National Roma Needs Assessment

¹⁴ Pavee Point and the Department of Justice and Equality (2018) National Roma Needs Assessment

<ul style="list-style-type: none"> ● Half of Roma do not have a medical card ● Almost 1 in 4 (22.5%) Roma reported having diabetes ● 24% of women do not access health services while pregnant 	<ul style="list-style-type: none"> ● Nearly 1 in 2 (49.2%) households with children were not successful in their application for social protection payments ● 1 in 4 Roma children (25%) have gone to school hungry ● Almost half (49.5%) of Roma reported not always having enough food ● 83% of Roma are unemployed
<p>Accommodation</p> <ul style="list-style-type: none"> ● 45.7% of Roma have been homeless at some stage ● 1 in 5 Roma (24%) lived in households of 8 or more people ● Almost half (44.8%) of Roma did not have enough beds in their accommodation ● Living in accommodation without basic facilities: No kitchen (12.4%); No cooker (9.6%); No fridge (13.5%); Cannot keep the house warm (66.3%) 	<p>Discrimination</p> <ul style="list-style-type: none"> ● 78.9% of Roma feel discriminated in getting a job ● 93.3% feel discriminated in getting accommodation ● 84.4% feel discriminated in accessing social welfare ● 81.1% feel discriminated in a public setting

Similarly, key data gathered from the recently published **Cairde National Roma Infoline Annual Report**¹⁵ shows that from the 2,501 calls received between March and December 2020:

- 79% were made by members of the Roma community
- 27% were from/on behalf of Roma who did not have a PPS number
- 61% were from/on behalf of Roma who did not have a medical card
- 62% of calls were from Roma who were homeless (including sleeping rough, accessing emergency accommodation, living in unsafe or overcrowded accommodation, or residing in temporary self-isolation facilities)
- Overall, the primary reasons for calls can be categorised as: Social Welfare (26%); Health (20%); Interpretation/Translation/Mediation (18%); Housing and Accommodation issues (17%); Poverty (5.5%).

¹⁵ <https://cairde.ie/wp-content/uploads/2021/06/National-Roma-Infoline-2020.pdf>

4 SUPPORTING ROMA DURING THE PANDEMIC

4.1 IMPACTS OF COVID-19 ON THE ROMA POPULATION IN IRELAND

The pandemic has highlighted a number of significant challenges for Roma, especially the most vulnerable, including those without access to basic social protections and those living in poor and overcrowded conditions. In the absence of ethnic equality monitoring, including the use of ethnic identifiers across health data systems, it is impossible to ascertain the true impact of COVID-19 on the Roma population throughout the country. However, we know that the fourth person to die from COVID-19 in the country was a member of the Roma community and by July 2020 anecdotal reports from agencies working with Roma suggest a 10% case fatality rate at that time¹⁶.

Case Example: Poor living conditions

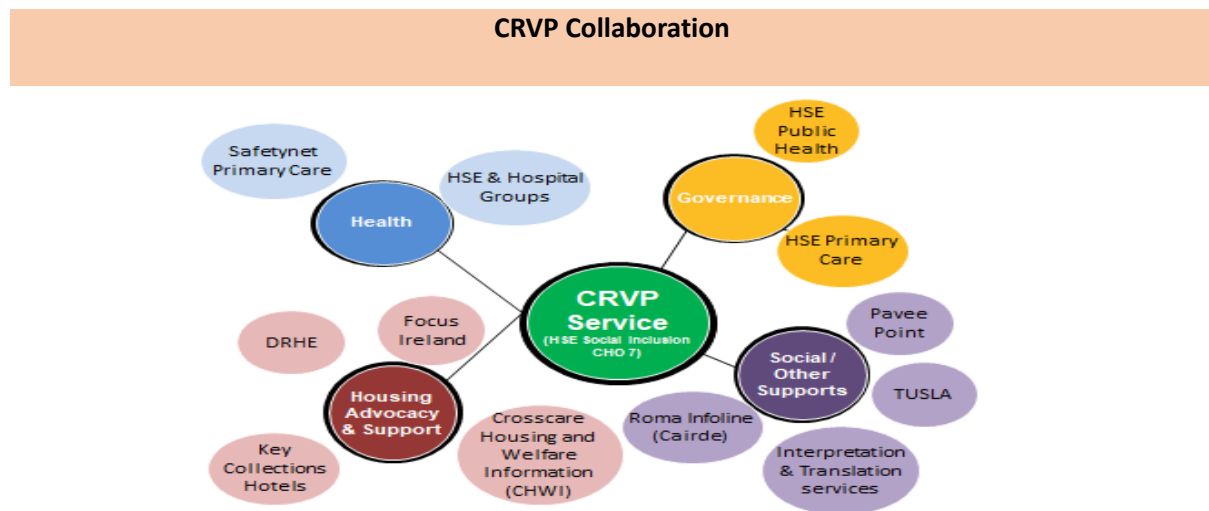
At one location visited by the CRVP team in 2020, an entire Roma family were occupying two rooms of a basement flat, flooded by four inches of sewage. There were three adults and two children living on “bunk beds” and electric wiring running through a flooded area. The family were extremely fearful and significant threats were made to staff by men outside the building who appeared to be controlling access and collecting ‘rent’. Conditions throughout the building were sub-standard, with rodents and other infestations observed and documented. Whilst the risk of COVID-19 transmission was the primary health issue, the clinical team had to address the other presenting complex social issues.

4.2 CRVP

The **COVID-19 Response for Vulnerable People (CRVP)** is a HSE Social Inclusion service, operated by the HSE CRVP Clinical team. It offers quarantine and self-isolation supports to Roma, Travellers and other vulnerable people who cannot self-isolate in their own home as they do not have one or it is unsuitable for quarantine, e.g., overcrowded accommodation. Some of those who use the service may require additional health care and related supports, for example access to GP/nursing services and interpretation/translation services. Often people who are referred to the service are experiencing significant levels of marginalisation, disadvantage and exclusion. **Of the 1062 people that accessed the service from May 2020 to June 2021, the majority were members of the Roma community (n=850, 80%). Families represented the majority of presentations and children remain the highest demographic accessing the CRVP (n=411, 39%).**

¹⁶ https://fra.europa.eu/sites/default/files/fra_uploads/ie_report_-_covid-19_impact_on_roma_en.pdf

Overall, the positivity rate for COVID-19 in CRVP reached a high of 9.5% in October 2020 and a low of 1.8% in the period Mar-May 2021.



4.3 PARTNERSHIP AGENCIES

The partner agencies involved in the CRVP project and this advocacy paper are; HSE Dublin South Kildare and West Wicklow (DSKWW) Social Inclusion, Cairde, Crosscare, Focus Ireland, Pavee Point, and Safetynet Primary Care. An essential part of the success of this initiative has been the constant collaboration between all partner organisations, health and community workers that work with Roma, other professionals working with Roma and Roma community members themselves.

As complex issues arose, fortnightly multi-agency meetings were established in order to discuss the referral process, discharge planning and other issues arising. The group shared learning and actively established new pathways for care and support for the Roma in Ireland, including support around COVID-19 diagnosis including testing, maternal and child health promotion and therapeutic support for children (weekly on-site play therapist) as well as ensuring follow up where possible with community teams involved in resettlement planning.

As a partnership, we believe there is an urgent need to build on the targeted response delivered by CRVP to ensure that vital supports remain available to the Roma community after the COVID-19 response has been stepped down. All partners involved in this project are committed to continuing the collaborative approach and would like to see this reflected in long term policy measures and strategic planning.

5 KEY LEARNING

5.1 SOCIAL DETERMINANTS OF HEALTH

Social determinants are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age and the wider set of forces and systems shaping the conditions of daily life. These include economic policies and systems, development agendas, social norms, social policies and political systems.¹⁷ The CRVP service recognises the need to implement a social determinants approach to healthcare, underpinned by a human rights framework, to contribute to reducing longstanding inequities in health which disproportionately affect the Roma Community. This has resulted in the introduction of an adapted model of care by the service, that considers existing living conditions, access to support and information, future housing options, onward referral to additional medical and social services, and health monitoring.

5.2 ECONOMIC FACTORS

The National Roma Needs Assessment found that 20% of Roma in Ireland are living in 'extreme' poverty and many are unable to access basic social protections – 49% of households with children were unsuccessful in their application for social protection payments¹⁸ Many Roma applicants for social protection are told that they have been unable to satisfy the Habitual Residence Condition. Those who reported being unsuccessful in their social protection applications, had on average been living in Ireland for eight years and cited issues such as; **a lack of documentation on tenancy and employment history; inability to understand and negotiate an unfamiliar system; language and literacy barriers** as key obstacles. 84% of Roma also reported feeling discriminated against in accessing social welfare, regardless of the success of their application¹⁹

The **Cairde National Roma Infoline** was established in March 2020 to respond to the disproportionate impact of COVID 19 on Roma communities in Ireland. Data from the first month of the Infoline's operation showed that 16% of the calls were from Roma people experiencing poverty. Of these calls, **95% were in relation to the delivery of basic items including food, medication and milk and nappies for babies**. Lockdown has prevented many Roma people from working, particularly

¹⁷ World Health Organization (2021) 'Impact of the Covid-19 Pandemic on TB Detection and Mortality in 2020', available: <https://cdn.who.int/media/docs/default-source/hq-tuberculosis/impact-of-the-covid-19-pandemic-on-tb-detection-and-mortality-in-2020.pdf?sfvrsn=3fdd251c>

¹⁸ Pavee Point and the Department of Justice and Equality (2018) National Roma Needs Assessment

¹⁹ Ibid

those with precarious employment arrangements. Families who would normally rely on begging or informal work as a source of income have been placed in extremely vulnerable situations²⁰.

5.3 HOMELESSNESS

Housing and homelessness are key issues for Roma and their families. The National Roma Needs Assessment found that Roma face discrimination in accessing accommodation; severe overcrowding; poor quality accommodation; a lack of security of tenure; homelessness; and barriers accessing social housing and rent supplement.

46% of Roma in Ireland reported being homeless at some stage in their lives. Factoring in those living in hidden homeless situations, such as with family and friends in overcrowded conditions, this figure is likely to be higher. **45% reported not having enough beds in their accommodation**²¹

The majority of housed Roma in Ireland live in private rented accommodation, with only 13% renting from a local authority. 93% of Roma report facing discrimination in accessing private rented housing, with many landlords refusing to accept Roma as tenants. **This high incidence of discrimination in the private rented sector means that Roma families are often forced to accept whatever housing is available to them, which is very often substandard/unsafe**²² Members of staff in our partnership agencies have linked in with Roma families living in Dublin where generations live in one room, sharing cooking and bathroom facilities with unrelated families; families living in condemned buildings; families living in houses without electricity, floor coverings, broken windows; cooking indoors over open fires; families living without hot running water.

6 PRIORITY NEEDS OF ROMA IDENTIFIED THROUGH THE CRVP PROJECT

6.1 HEALTH

- In line with international literature, Roma admissions had a higher burden of chronic disease than would be expected in the general population²³. For example, figures from March-May 2021 (n=263) showed that **6.5% of Roma had a cardiovascular diagnosis such as hypertension or heart failure, double that found (3.2%) among the general population aged over 50.**

²⁰ <https://cairde.ie/wp-content/uploads/2021/06/National-Roma-Infoline-2020.pdf>

²¹ Pavee Point and the Department of Justice and Equality (2018) National Roma Needs Assessment

²² ibid

²³ Kesh, P., Tamsin, R. (2011) 'Health Inequalities of the Roma in Europe: A Literature Review', Central European Journal of Public Health, 19(3), 139–142, available: <https://doi.org/10.21101/cejph.a3661>.

- None of the Roma people admitted in this time had a regular GP registration and all healthcare was sought on-site or through access to emergency clinics or hospitals.
- **Between February and April 2021, all adults (141) admitted to the centre were offered infectious disease screening by Safetynet Primary Care's Mobile Health and Screening Unit.** Five were unable to attend, however of the remaining 136 only 18 took up the offer to attend. Of the 18, 11 were men 7 were women and most reported Romania (14) as their country of origin. The extremely low uptake requires further examination.
- **Of the 18 people who attended for screening there was a very high rate of infectious disease (8/18).** The following previously undiagnosed infectious diseases were identified and either treated or referred for treatment; TB (1), HIV (1), Hep B(3), Chlamydia (2), Gonorrhoea (1). All of the individuals with new pathology identified in this screening, were recent migrants from Romania.
- The team also found that people admitted to the facility, especially Roma, were often suffering with **untreated chronic or infectious diseases** which had avoidable negative effects on their health and functioning. For example, one person presented with kidney failure as a result of lack of access to treatment for hypertension, consequently requiring specialist management in hospital.
- Maternal and child health are also key concerns: **a high proportion of people accessing the service are young mothers with children.** Extensive liaison work has been required with the maternity hospitals, public health, community nursing teams and TUSLA. In some cases, the HSE CRVP clinical team has been the only clinical team that have been able to maintain engagement with families due to building an extended working relationship with them during their stay. Evidence tells us that this may be due to previous barriers that Roma may have experienced when accessing healthcare such as; racism and discrimination, difficulties with language and literacy, lack of transport and financial barriers²⁴
- The CRVP data shows that Roma face challenges with language and literacy. The HSE CRVP clinical team had to adapt their communication approach significantly to address this barrier. A survey of residents in CRVP in September 2021, **identified most adults (n=25,60%) could**

²⁴ Maduma-Butshe, A., McCarthy, N. (2013) 'The burden and impact of measles among the Gypsy-Traveller communities, Thames Valley, 2006-09.', *Journal of public health (Oxford, England)*, 35(1), 27–31,

not read or write in their own spoken language. Only 40% were able to read and write in Romanian. Of those able to read and write, none were able to do so in English. This makes accessing healthcare of any form impossible, without tailored support.

- COVID-19 rates have remained high for this population and **vaccine uptake remains extremely low for a variety of complex and multi-faceted reasons.**

6.2 HOUSING

- Data from Crosscare shows that 95% of the Roma households they worked with had a pathway with rights entitlement in excess of minimums allowed for under EU law. The vast majority intended to be economically active or had attained worker status pursuant to EU law. **Despite the impact of COVID-19 on the economy, of those jobseeker households who stayed in Ireland, at least 74.4% were either still working or had attained worker status through genuine and effective economic activity.**
- There is an ongoing requirement on persons entering the country for the first time to quarantine for a number of days before they can access emergency accommodation/homeless supports due to the congregate nature of emergency homeless accommodation.
- Discharge data highlights that rough sleeping, the imminent risk of homelessness and extremely poor, overcrowded housing were central issues faced by Roma households.
- Partnership agencies agree that without support from both NGO's and the CRVP discharge team, the risk of precarious housing or rough sleeping (in the worst-case scenario), remains very high. **The combination of language and communication difficulties, regulatory barriers to accessing social housing supports and limitations on service provision can very often result in delays and barriers to Roma being adequately housed.**
- Evidence suggests that Roma are at high risk of racism and discrimination when trying to secure appropriate housing²⁵.

²⁵ Pavee Point and the Department of Justice and Equality (2018) National Roma Needs Assessment

7.1 SHORT TERM/IMMEDIATE

-Commission the **CRVP facility to continue as a support for Roma and other vulnerable families until Spring 2022, whilst there are COVID-19 related barriers** to immediate entry into congregated settings such as those in emergency homeless accommodation services / family hubs, etc. This could be delivered through a collaboration between Housing and Health / Social Care Services.

-**Ensure a step-down plan is in place** before the closure of the CRVP facility, outlining clear pathways for Roma and other vulnerable families both in housing and health supports, using / building on the skills and knowledge gained by the existing staff / teams. **This should be a collaborative approach including all statutory and voluntary agencies with responsibility for Roma health and housing specifically.**

-**Interpreting services should be accessible in health and accommodation services** to combat the high rates of language, literacy and digital barriers experienced by Roma.

-**Continue to develop partnerships and collaborative working practices** between key state agencies and NGOs to create a sustainable approach to supporting Roma in Ireland.

7.2 LONG-TERM

-The next iteration of the **National Traveller and Roma Inclusion Strategy** requires clear, measurable indicators and targets which are appropriately resourced as well as an implementation plan developed in consultation with Roma people and organisations working with the Roma community.

-All public bodies serving minority groups must collect, analyse and disseminate disaggregated data by ethnicity across relevant administrative systems in line with human rights standards, and use this data to inform **Ethnic Equality Monitoring** and equality proof state policies, budgets and programming.

7.3 HEALTH

-Establish a strong Roma infrastructure to strategically respond to the needs of the Roma community, **appointing health workers for Roma in each CHO area²⁶**, as committed to in the HSE National

²⁶ CHO's are Community Healthcare Organisations – 9 specific geographical areas dealing with health outside hospital and acute settings.

Service Plan to develop strong relationships with Roma and Roma organisations to promote improved health outcomes and **maximise community engagement**.

7.4 HOUSING

- Review the regulatory barriers impacting on Roma accessing housing and homeless supports and include clear, implementable **accommodation actions for Roma in the next National Roma and Traveller Inclusion Strategy**.

- Fund and support NGO's working with Roma experiencing homelessness to actively target and prioritise Roma through **assertive engagement, information and advocacy and post settlement supports**.

7.5 POVERTY

- Review the application of the Habitual Residence Condition (HRC) from an equality perspective and **make Child Benefit payment a truly universal payment** (not contingent on the fulfilment of HRC), to prevent Roma children from living in extreme poverty. While the review is underway the State should respond with child anti-poverty measures in line with its human rights and duty of care commitments and obligations.

- Fully resource and implement increased **employment, training and apprenticeship** opportunities for Roma as committed to in NTRIS and develop a specific Roma Employment and Enterprise Plan as committed to in the new Pathways to Work Strategy.