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Addressing barriers to healthcare access for Roma: A community development approach

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Abstract

The Roma community in Europe has experienced persistent marginalisation and disadvantage over many generations, with Roma regularly experiencing problems of access to healthcare, accommodation, education and employment within the European context. Ireland is a relatively new destination for Roma migration and, as yet, the experiences of Roma in Ireland are under-researched. However, problematic access to healthcare has emerged as an issue faced by the Roma community in Ireland. With reference to the work of the Tallaght Roma Integration Project (TRIP), this article aims to illuminate some of the challenges faced by Roma in this regard. The work of TRIP is informed by community development principles, including concepts of participation and social solidarity. This article explores how community development can offer a framework through which the Roma community can engage collaboratively with service providers in order to highlight need and mobilise change in service provision.

Keywords: Roma, community development, access to healthcare, service user participation, social solidarity

Introduction

The Roma community is a vibrant and culturally rich ethnic group (Kyuchukov, 2000; Ringold et al., 2005) and is understood to be the largest minority ethnic group within the European continent. Its population size within the forty-seven countries of the Council of Europe is estimated to total between 10 and 12 million (Council of Europe, 2016). Roma have suffered over many centuries from prejudice and discrimination across Europe, with some commentators suggesting that racial oppression and hate speech continue to be directed towards Roma (Ignatou-Sora, 2011; Stewart, 2012; Townsend, 2014).

A growing body of documentation confirms that Roma living in many European countries encounter structural racism and are regularly exposed to prejudicial policies, as well as more subtle forms of exclusion which act to prevent or diminish their access to housing tenure, employment, education and healthcare (Amnesty International, 2011; Colombini et al., 2012; Commissioner for Human Rights, 2012; European Commission, 2011; European Commission Directorate for Enlargement, 2003; Flecha, 2013; Földes & Covaci, 2012; McGarry, 2010). In light of the evidence indicating the extent of the persistent discrimination and poverty experienced by the Roma community in Europe, the Council of Europe was prompted to convene a special, high-level meeting of member states in Strasbourg in 2010, at which the *Strasbourg Declaration* (Council of Europe, 2011) was agreed. This declaration restated the commitment of member states to vindicate the human rights of the Roma community, to promote social inclusion, and to eradicate racism and discrimination directed towards this group. While this shared aspiration is welcome, it is not sufficient on its own to counteract the disadvantage which the Roma community continues to experience across Europe. As this article will demonstrate, tackling severe levels of marginalisation and poverty requires commitment and action on the part of many stakeholders, and much work is needed to help the Roma community overcome the extensive and persistent exposure to prejudice, discrimination and disadvantage it has endured over a very long period of time.

In times past, Ireland has not been a regular migration destination for the Roma community living in Europe. Currently, the numbers of Roma arriving to live in Ireland remain quite small but are rising, albeit gradually (European Commission, 2014; Lesovitch, 2005; Pavee

Point, 2009). The nascent pattern of migration into Ireland by members of the Roma community has not been without its challenges both for the Roma community itself and also for services which lack experience in working with this community. Pavee Point (2013; 2014) and Logan (2014) have highlighted the need for improved cultural awareness and competence on the part of the wider society, but in particular on the part of staff in services whose work may involve them in service delivery or engagement with members of the Roma community. Much work is needed in Ireland to improve knowledge of Roma culture and traditions, as well as to increase understanding of the problems Roma may face in accessing services which are taken for granted by the rest of society. By taking a close-up look at the work of one initiative located in a Dublin suburb, namely the Tallaght Roma Integration Project (TRIP), this article aims to contribute to the literature which may assist service providers in gaining a more in-depth understanding of the needs of the Roma community living in Ireland. Specifically, it seeks to shed light on the issues some Roma community members may encounter when trying to access healthcare in Ireland, and also on the potential of local community initiatives to develop frameworks for action which can contribute to improvements in the experiences of those living at the margins of society. The work of TRIP is informed by community development principles, in particular by ideas of social solidarity and participation, which position the Roma community at the centre of the work of TRIP. This article will illustrate how these principles contribute to TRIP's framework of practice and will contemplate their potential wider applicability.

Background – Roma migration into Ireland

The Roma community has a long history of migration into the European continent, stretching back to the first arrival of Roma ancestors from India many centuries ago (Sutherland, 1986). In the intervening period Roma migration into Europe has continued, but with different Roma groups arriving into different European destinations at intermittent points over the last millennium. Consequently, the Roma community is now dispersed widely across Europe and its members cannot be said to originate from one single group migration from the Indian sub-continent; instead the Roma community of today has evolved from a constellation of migratory movements over the centuries. Ignatou-Sora (2011) suggests that the Roma population represents a diverse mix of subgroups, including

distinct dialects and traditions (European Commission Directorate for Enlargement, 2003, p. 4), which collectively make up the wider Roma community.

Unlike other European ethnic groups, the Roma community has no identified homeland, a factor which contributes to the marginalisation of this community in various jurisdictions. This absence of an identified homeland has prompted Townsend (2014, p. 4) to characterise the Roma population as ‘transnational, non-territorial, and extremely heterogeneous’. While some Roma subgroups settle in one location, others are nomadic (Liegeois, 1994). This set of factors, and in particular the lack of a central point which the wider Roma community identifies as its place of origin in Europe, creates a socio-political context that makes it difficult for the Roma community to communicate its collective needs to the wider mainstream society in the European context. The very low numbers of the Roma community active within political spheres, not only in Ireland but throughout Europe, also contributes to the lack of voice experienced by this group at local, national and European political levels (McGarry, 2010).

Although the Roma community has been in Europe for hundreds of years, as stated earlier, Ireland has not been a typical destination for this community. The invisibility of Roma in national census data in the UK has been highlighted as problematic by Morris (1999), and it appears that a similar invisibility could exist in the Irish context due to a range of data-collection barriers (Pavee Point, 2013). Currently, the Roma population in Ireland is estimated as between 2,500 and 6,000 people (European Commission, 2014; European Commission Directorate-General for Justice, 2012; Lesovitch, 2005; Pavee Point, 2009). Precise figures are not available due to the difficulties in collecting accurate data but it is likely that these estimates reliably report the current population size in this jurisdiction.

From the literature that is available (such as NASC, 2013; Pavee Point, 2009), it can be said that migration into Ireland has been a mixed experience for the Roma community. While some have found employment or established their entitlement to social protection measures, such as unemployment allowance, others have encountered difficulties due to social welfare policies, the Habitual Residence Condition (HRC) being one often-cited example (Pavee Point, 2011; 2013; 2014). Within the Irish literature, a consistent picture is emerging of Roma arriving into Ireland and finding themselves without automatic entitlement to social welfare payments or other

social protection measures, including entitlement to public healthcare or income assistance (Jacob, 2013; Jacob & Kirwan, 2016; NASC, 2013; Pavee Point, 2011). Furthermore, the Celtic tiger crash, which escalated unemployment rates in the Irish context, has proven a harsh economic environment for many migrants, particularly those who arrived into Ireland with few, if any, assets. Although the economy is now recovering, there is little to suggest that this recovery has reached those most marginalised within the Roma community.

Barriers to healthcare

The health status of Roma in Europe has been consistently documented as below recorded population norms, with studies confirming lower-than-average life expectancy and higher rates of child mortality (Matrix, 2014; Rosicova et al., 2011) alongside a range of other below-average health outcomes (Kovac, 2002; Matrix, 2014; Zeman et al., 2003). The consistent recording of poor health outcomes for this community has prompted the Fundación Secretariado Gitano (2009) to suggest that the extent of health inequalities experienced by Roma is a clear indicator of their exclusion from mainstream society. It is in this context that access to basic healthcare has emerged as a particular problem for many members of the Roma community living in Ireland (NASC, 2013; Pavee Point, 2011; 2014). For those already severely disadvantaged because of poverty and a lack of automatic entitlement to social protection measures, including the General Medical Card, accessing affordable healthcare even at a basic level can be a serious problem. This has led to concerns that members of the Roma community, including Roma children and pregnant Roma women in particular, may not be able to access healthcare when needed or because they lack information or language skills to access their entitlements. It must be stressed that lack of income is but one obstacle that the Roma community experience in accessing healthcare. The following excerpt from Pavee Point (2011) reveals that barriers to healthcare can manifest in different forms, including language and cultural issues:

Lack of language and literacy to fill in medical card forms, read appointment cards and navigate the complex system are often barriers. Cultural issues and misunderstandings in hospitals and doctors' surgeries can prevent the Roma accessing healthcare. Incidents of racism and prejudice in healthcare settings have also

been reported as barriers to getting medical services. (Pavee Point, 2011, p. 19)

A later study published by Pavee Point (2014), which looked specifically at Roma maternal health in Ireland, also identified a range of barriers that acted to prevent or deter women from seeking early antenatal care, or at times any healthcare, during their pregnancy. In some cases, the first contact with the health system by a pregnant woman was recorded to take place in the emergency department of a hospital when the woman went into labour. The following quote from this report succinctly highlights the spectrum of barriers identified:

Overall, it is evident that past and/or current experiences of discrimination and racism influence access to antenatal and postnatal healthcare in Ireland. Poor living conditions, poverty, barriers to employment, social protection and medical cards, lack of access to information and lack of trust in service providers act as major obstacles for the fulfilment of Roma maternal health in Ireland. (Pavee Point, 2014, p. 22)

It is against this backdrop of problematic access to healthcare in Ireland, and indeed across Europe, that this article now turns to consider the work of TRIP, which has prioritised the development of strategies to address and tackle the barriers experienced by Roma living in the Tallaght locality in accessing healthcare.

Tallaght Roma Integration Project

Tallaght is a large suburb on the south-western edge of Dublin city. Since the 1970s it has grown from a small outlying village into a large housing conglomeration which contains tracts of social housing schemes built alongside private housing developments (South Dublin County Council, 2006). It is not the only location in Ireland into which members of the Roma community have arrived, but it contains a cluster of new Roma migrants across its geographical expanse, a cluster which unconfirmed estimates suggest totals in the region of 600 to 1,000 people (Tallaght Roma Integration Project, 2013).

Over the course of 2009, awareness began to grow within the network of service providers operating in the greater Tallaght area that access to healthcare for the Roma community was problematic, a situation which manifested itself in a variety of ways, including

frequent presentations by Roma to the accident and emergency department of the local hospital. Attendance at accident and emergency departments by Roma was also reported by Pavee Point (2014) in its study of Roma maternal health needs, and was explained as directly flowing from the lack of access for many Roma to free primary healthcare.

The roots of TRIP were laid in 2009 when a group of service providers met with the Health Service Executive (HSE) National Lead for Social Inclusion to consider how best to respond to the emerging concerns. On foot of this meeting a subgroup of services came together to progress an integrated response. The subgroup included representatives of Access Ireland, HSE Primary Care, HSE Child and Family (now Tusla), and the Dodder Valley Partnership. The first initiative by this subgroup was the convening of a series of consultation meetings open to any member of the Roma community who wished to attend. It was this early action to meet and consult with the Roma community that laid the community development foundation, which has continued with the formal establishment of TRIP (Tallaght Roma Integration Project, 2013).

These consultation meetings highlighted many issues of concern to the local Roma community and confirmed the serious difficulties experienced by this group in accessing healthcare. Financial obstacles were identified by Roma contributors as a significant factor, alongside lack of entitlement in general to income support. It became apparent that the HRC acted as a barrier, not only to economic and social protection but also to health protection. As a policy, the HRC (Department of Social Protection, 2016) was designed in such a way as to remove any automatic entitlement to social welfare support for certain categories of unemployed migrants entering this jurisdiction. For migrants with a likelihood of becoming employed on arrival into Ireland, the HRC may be a temporary inconvenience, but for migrants who live in Ireland with low employment prospects, the HRC was reported by Pavee Point (2014) to impact negatively on their access to social protection measures, including entitlement to free healthcare. Therefore, while mobility into this country is now possible for people living within the EU, it does not follow that they will always be able to activate social protection entitlements in this jurisdiction even if they have an entitlement in their country of origin. Pavee Point (2014, p. 22) argues that policies such as the HRC pose ‘one of the main obstacles to accessing healthcare for women who are unable to qualify as habitually resident.’

The experience of Roma in Ireland, as highlighted through this initial consultation process in the Tallaght region, mirrored closely the documented disadvantage experienced by Roma and other nomadic populations in a range of European jurisdictions (Matrix, 2014; Smart et al., 2003; Van Cleemput et al., 2004). The health outcomes for Roma populations in many European countries are recorded as well below the national average and fall short of acceptable levels in terms of the wider European standards of health and well-being (Haijoff & McKee, 2000; Masseria et al., 2010). The causes underlying these consistently poor health outcomes for the Roma population are complex but, as an example of the types of forces which may be at play, Rechel et al. (2009) recorded hidden obstacles to healthcare in Bulgaria, where undocumented Roma were unable to access healthcare when they did not have the necessary identification papers, even when they may have been born and lived in Bulgaria their entire lives.

The consultation process in Tallaght offered a means through which the issues of concern to the Roma community arriving into this location could be communicated and highlighted. However, it was clear that simply naming the issues was insufficient and that for the process to have any legitimacy, meaningful action needed to follow. On foot of the consultation period, the need to work towards resolution of these difficulties was identified, and from this unfolded the vision of an inclusive, collaborative response involving members of the Roma community and representatives of relevant local services working together under an umbrella organisation. This led to the establishment of TRIP in 2012.

A call to action

In a report documenting the establishment and ongoing work of TRIP, Jacob & Kirwan (2016) identified a series of stages in the development of the organisation and the principles that informed its work from the point of inception. In summary, the consultation meetings raised awareness among service providers, regarding not only the healthcare barriers that Roma people in Tallaght were encountering but also the multigenerational deprivation and marginalisation which this community has experienced and which continues to influence their well-being and status to the present day. The legacy of marginalisation and disadvantage experienced by generations of Roma in many countries (Kemp, 2002; Ringold et al., 2005) was acknowledged within

the consultation process as an omnipresent but often overlooked factor in the overall Roma experience, and it is one which continues as part of the Roma experience in many contexts (Stewart, 2012; Townsend, 2014). Forde & Lynch (2015) suggest that an important step in developing effective responses to needs and/or injustice involves acquiring a critical and deep-level understanding of people's lived experiences. They cite Houston (2010), who highlights the importance of discovering the often invisible forces which shape the quality of people's lives, and they endorse his statement that 'it is only by understanding the deep causes of oppression that we can develop ways of dismantling it' (p. 76).

The impact of long-term oppression, which is deep-seated and damaging, is one such invisible force and operates to disadvantage the Roma community. Its influence is not easily erased and Marmot (2007) has suggested that counteracting the negative influence of long-term discrimination and disadvantage will require action at many levels:

People need the basic material requisites for a decent life, they need to have control over their lives, and they need political voice and participation in decision-making processes. (Marmot, 2007, p. 1,155)

In this light, any strategy aiming to improve an aspect of Roma marginalisation, such as access to healthcare, cannot operate solely at a practical or needs level, but must be concerned also with issues of participation and inclusion of Roma community members vis-à-vis mainstream society, and must acknowledge the extent of the marginalisation that this ethnic group has endured over a protracted period of time. With this in mind, the informal group of workers drawn from the various service agencies in Tallaght moved to establish a formal entity which would bring together members of the Roma community and local service providers (statutory and voluntary) into an inclusive and participative structure, and one that would emphasise participation by the Roma community as the foundation for all its work.

To this end, TRIP was officially launched and quickly moved to work at a practical level to address the urgent lack of access to healthcare experienced by some members of the Roma community living in the general Tallaght area. TRIP teamed with SafetyNet, an organisation already working to provide free healthcare to

marginalised groups, and together they set up a free mobile GP service for the Roma community, which was provided in tandem with a Roma interpretation service. In addition, an information and support service, staffed by trained local Roma volunteers, was co-located alongside the medical services. Combined, the GP service, interpretation service and information and support service operate under the title of the Roma Primary Care Initiative (RPCI), and its work is supported through financial and other forms of assistance from the main statutory health, family and local authority agencies. Alongside this practical focus, TRIP developed a critically informed agenda which seeks to ensure that the ethos of the organisation remains focused on supporting the Roma community to articulate its needs now and into the future. This aspect of the work of TRIP is considered in more detail in the next section.

Despite its short lifespan, TRIP has reported annually on the uptake of services provided under the banner of the RPCI. In 2014 it recorded a doubling of the numbers of children brought to the GP service (Jacob & Kirwan, 2016). Overall attendance at the GP clinic rose sharply across all groups in 2013–14, possibly reflecting a growing trust by the Roma community in the services operated under the TRIP/SafetyNet collaboration. Figure 1 outlines the numbers attending the service in 2013 and 2014 (full years) and 2015 (incomplete year). The drop in attendance rates in the 2015 figure is due to an incomplete year of data.

Figure 1: Number of service user contacts in the period 2013–15

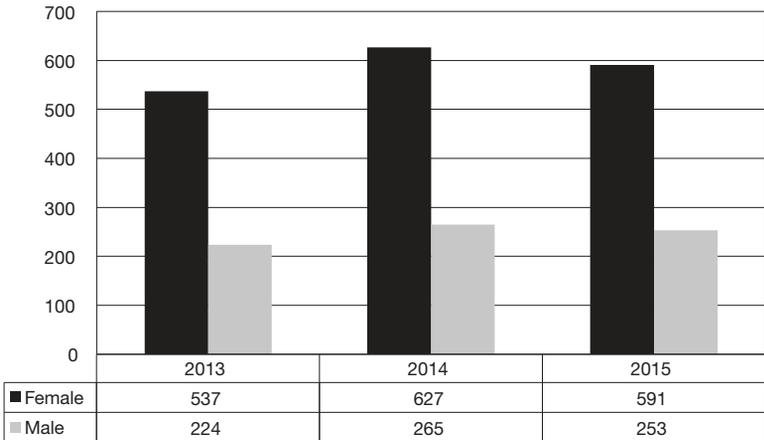
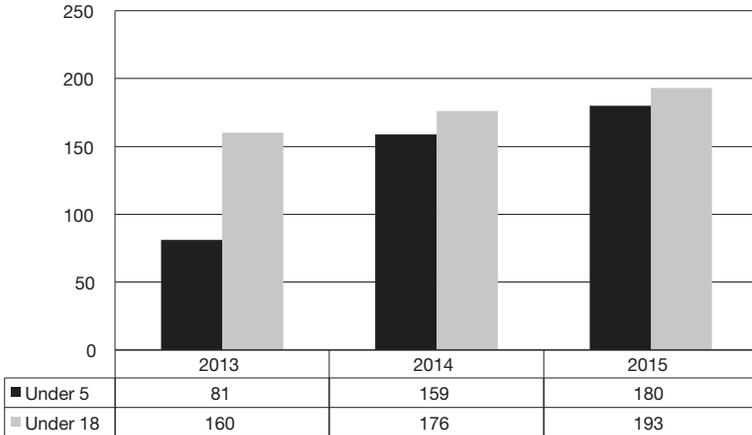


Figure 2 provides the breakdown of recorded contacts of children attending the GP service, and a clear increase is evident in these figures year on year in the period 2013–15.

Figure 2: Recorded contacts of children attending the GP service in the period 2013–15



An analysis of TRIP statistics also reveals that the information and support service, accessible on the same site as the GP service, is dealing with an increasing range of enquiries from Roma community members, related not only to health issues but to concerns such as social welfare, residency status, education and housing issues (Jacob & Kirwan, 2016). The Roma volunteers receive training through the Fettercairn Community Health Project and additional inputs from members of the TRIP committee. In 2015 the information and support service received 391 requests for assistance of one form or another. An analysis of the requests received by the service in 2015 revealed that they are spread across nine different categories, including social welfare, housing, employment, racism and discrimination, legal status, education, and health and well-being (Tesarova, 2016). Under the category of health, queries were received relating to a diverse spread of topics such as contraception, breastfeeding, pain management, dental information, hospital appointment systems and vaccinations.

The incremental rise year on year in the demand for services associated with the different components of the RPCI suggests it has gained acceptability and is regarded as useful by the local Roma community in meeting their needs – needs which possibly would have often been left unmet without its existence.

Working for inclusion through a community development model

While the work of TRIP has had a very practical focus in terms of addressing the self-articulated needs of the Roma community in Tallaght, a report of its work by Jacob & Kirwan (2016) highlighted how the approach adopted by TRIP has been strongly informed by community development principles. In compiling their report, Jacob & Kirwan (2016) carried out interviews with participants connected to TRIP, including Roma service users, local mainstream service providers and relevant others. These interviews were thematically analysed and revealed a shared set of principles underpinning the TRIP agenda since its inception. In particular, the work of TRIP has been informed by the principles of participation, sometimes referred to as service user participation, and social solidarity.

Participation

According to Warren (2007), participation of relevant stakeholders – service users in particular – ensures that services are provided through an inclusive agenda. At its core, the concept of participation focuses on who defines the issue around which the actions of service providers are organised. Faughnan & Kelleher (1992) do not see this as a passive concept but one which includes people who are directly affected by an issue ‘taking part in activities designed to influence events’ (p. 91). It therefore implies both a theoretical and a proactive approach which highlights the benefits of bringing potential allies together to work on a shared issue.

Although participation as a means to effect change may appear to be a straightforward concept, in practice it is intrinsically difficult to achieve, as many forces will come to bear on the allocation and application of resources in a real-world context. Keeping the focus on the expressed needs and wishes of a service user population requires commitment, sometimes referred to as ‘buy-in’, from service providers and is often unachievable without a firm commitment to consultation and genuine engagement.

TRIP continues to provide a structure through which the voice of the Roma community is amplified, making it difficult for service agencies to overlook or ‘miss’ the issues of concern to the Roma community. This has been achieved by the involvement of Roma community members at various points in the operation of TRIP,

including its committees and its service delivery. For example, the work carried out by the Roma volunteers brings them into close connection with the range of issues that affect their wider community, and their work is one mechanism through which the wider organisation gains awareness of issues that are of concern to the local Roma population.

Inclusion through participation has been articulated as a policy objective for the Roma community at national and European levels (Department of Justice & Equality, 2011; European Commission, 2011) but it has proved a challenging and elusive objective to realise. However, the work of TRIP, despite its lack of scale and limited resources, has demonstrated that participation is achievable but that it requires commitment and investment of time, energy and financial support by the relevant agencies, as well as an agenda which deliberately aims to work within a participative framework.

Social solidarity

Bhattacharyya (2004, p. 12) explains social solidarity as collective action to address shared problems that operates through a shared set of values. This value base promotes mutual respect between people despite their differences and rejects the use of oppressive power, policies of assimilation or discrimination. The report by Jacob & Kirwan (2016) highlighted an embedded commitment to the promotion of social solidarity within the TRIP structure. Participants articulated their wish to find ways to assist Roma in overcoming the obstacles and challenges they faced. It was clear that members of the organisation respected the rights of the Roma community to live with dignity in society, and were aware that respecting and supporting the Roma community's agenda was central to TRIP's success:

People are in it for the Roma community... that's why it has worked. (Committee member)

For minority groups, such as the Roma community, the concept of social solidarity is vitally important as it rejects strategies by the dominant majority in society which aim to assimilate and essentially eliminate minority cultures. In contrast, strategies which privilege social solidarity are concerned with respecting cultural identity in its diverse manifestations, and in finding ways to promote mutual respect and understanding across cultural differences. Vivian & Dundes

(2004) highlight the importance of societal respect for minority culture, including Roma culture, an issue which they believe will play a part in improving the overall health outcomes experienced by minority populations.

Promoting social solidarity is also about making connections between the way services are offered and ideas of fairness, dignity and equality. Jacob & Kirwan (2016) found examples of these sentiments in participant statements, such as this expression from one committee member of the intrinsic injustice of the current system of healthcare, which is difficult to access for those who cannot pay:

People should be able to access a GP and access our GP or our service because they choose to, not because they have no other place to go. (Committee member)

Unfortunately, as Powell's (2011) analysis reveals, the enduring experience of the Roma community in Europe has been one of misunderstanding and stereotyping of their culture by service providers, themselves lacking in knowledge or cultural awareness of Roma history and culture. The recent report by Logan (2014) into the removal of children from two Roma families by the statutory authorities echoes similar concerns in the Irish context. The work of TRIP has tried to avoid such pitfalls and has instead demonstrated an openness to learn from and be informed by Roma experience and Roma knowledge (Jacob & Kirwan, 2016), as reflected in the following statements from committee members. The first emphasises the central position of the Roma volunteers in TRIP:

They know they are part of a team and they're valued... really valued. (Committee member)

A second comment links the idea of working together, or engagement as this person referred to it in the interview, with better outcomes:

There was ignorance around it [engagement] and nobody knew where to start... the project [TRIP] was that pebble that started it all off and it presents now great opportunities. (Committee member)

Social solidarity complements ideas of participation as they both strive to respond to the articulated needs of those who experience an issue or problem and to find solutions which are acceptable to that group. TRIP has tried to maintain a focus on the needs of the Roma community by working through a community development framework which prioritises participation and social solidarity. The results of this approach can be seen in the increased demand for its services and the satisfaction levels which were captured in the service user interviews by Jacob & Kirwan (2016). The following quote is from one of the Roma participants in that study:

I go there because I am seen faster, I get to be seen faster and I was given care every time I went there. Also I had friends who didn't have medical cards and I tell them to... I took them. It's very good and I am happy with it. When we need something we go there. (Roma service user)

This quote contains an acknowledgement of the practical usefulness of the RPCI for this service user but it also conveys their sense of comfort in using the service, emphasised by the comment that they would recommend it to their friends.

Discussion

The work of TRIP and its achievements in connecting members of the Roma community with healthcare and community support they could not otherwise access offer a practical example of a successful approach to working with a migrant minority on the issue of healthcare access, an issue that has been of concern not just in Ireland but across many European jurisdictions. In this light, TRIP's work is evidence that culturally informed and innovative responses to the needs of minority groups can deliver positive practical outcomes.

However, beyond the practical aspects of the initiative, the work of TRIP also highlights the benefits of working from a critically driven and theoretically informed perspective. Underpinning the ethos of TRIP has been an understanding of the negative impact that can ensue from multigenerational experiences of structural oppression rolled out in many forms, including policies of enforced assimilation and forced family separation, as well as many types of discrimination wielded by the majority on the minority. The damage caused by such measures can be highlighted in research reports and other documentation but

for service providers who wish to work closely with any migrant minority, including the Roma community, their appreciation of this damage must move beyond a descriptive level to a deeper appreciation of what it is like to live as a person whose ethnic group has suffered centuries of persecution. Working from a critical perspective involves locating social issues in their historical and political contexts, and recognising the impact of dominant, sometimes destructive, social forces on the experiences of people in their daily lives. Ife (2013) suggests that community work initiatives must explore issues of power and control, and must remain focused on the empowerment of community members, as otherwise change that makes a difference to their quality of life may not be achieved. It is the engagement with the lived reality of members of the Roma community and the efforts that were made from the first point of consultation to express solidarity with the community around all of their issues that have helped to build mutual respect and trust between the key stakeholders within the TRIP structure.

Houston (2010, p. 76) states that 'it is only by understanding the deep causes of oppression that we can develop ways of dismantling it'. The TRIP model supports this perspective and suggests that it is only through a participative structure representing those who have suffered oppression that the legacy of oppression can be exposed and understood. Also, a participatory agenda has supported the focus within TRIP of including a wide range of stakeholders and of building alliances with those who can assist in achieving its objectives.

The Roma community is new to Ireland and, as such, it exists in what Harrison & Melville (2010, p. 57) describe as 'the interface between migration and welfare'. The experiences reported to date surrounding the arrival of Roma into Ireland have helped pinpoint gaps and deficits in social provision and healthcare access that are not acceptable in a country or continent which promotes equality, social justice and inclusion as key components of its social agenda (see for example, Department of Justice & Equality, 2011; European Commission, 2011; HSE, 2007; 2009). There is a clear need for increased dialogue between all the various stakeholders to progress future policy and service agendas which will bridge the identified gaps and meet the people's needs. As Gee & McPhail (2010, p. 24) suggest, consultation is not an end goal in itself: it must produce what they term 'end products' which are relevant to those they seek to help, as otherwise buy-in from community members will diminish.

Conclusion

This report locates the TRIP initiative within the wider European context, where difficulties in accessing healthcare services have been consistently experienced by Roma living in different regions across the continent. Reports from organisations working with the Roma community, such as Pavee Point (2009; 2013) and NASC (2013), indicate that migration into Ireland has been a mixed experience for the Roma community but one which for some has entrenched their marginalisation and experiences of poverty.

The work of TRIP, informed by principles of community development, is carried out with an emphasis on community consultation and participation and social solidarity. Its work to date highlights the potential of community development initiatives to facilitate better understanding between mainstream services and the Roma community, as well as empowering the Roma community to raise awareness about the challenges they sometimes encounter in accessing healthcare and other services they need. The importance of cultural knowledge and competency by non-Roma service providers has been highlighted as an essential factor but also one which can organically grow as part of an overall process founded on ideas of service user participation and social solidarity.

Furthermore, the TRIP model can be described as a community development response designed to address the needs of a migrant minority that has been informed by a critical analysis of the impact of multigenerational oppression on this minority group. Its ethos reflects a commitment to working in solidarity with the Roma community by adopting a participatory structure which builds trust and alliances between the Roma community and local service agencies.

The work of TRIP is relatively small scale in terms of the national context, but its significance lies in the gains it has made not only in terms of achieving significant improvements regarding healthcare access for the Roma community but also in terms of building a working model through which the Roma community and service systems can collaborate together on useful initiatives. Its transferability as a model has important potential in Ireland and in the wider European context.

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