

# Providing an Effective Health Service for Roma Women in Yorkshire



Mutual Action Targeting  
Racism, Intolerance  
and Xenophobia



With financial support from  
the Fundamental Rights  
and Citizenship Programme  
of the European Union



**Migration Yorkshire**  
*Strategic leadership, local support*

# Contents page

About this guide	2
What is Roma MATRIX?	3
Who are Roma?	4
What are the most common health issues that Roma women are experiencing?	5
What is the best way for health professionals to engage with Roma women?	6
Common pitfalls and how to avoid them	7
Examples of existing good work in Yorkshire	8
Ideas for quick wins	10
Other useful advice	10
Web-based resources	11

## About this guide

This guide for health practitioners working with Roma is based on the learning and good practice developed during two projects training Roma women to become voluntary community health mediators, funded by the Roma MATRIX project in Yorkshire.

These projects were led by Sheffield City Council and by The Big Life Company, which between them have trained over 50 Roma women to work to improve health in their local communities.

In our view, these two projects have set a benchmark for working effectively with Roma people on community health issues. They have shown how engaging Roma communities, particularly Roma women in finding their own solutions to health challenges can have immediate benefits for promoting inclusion and improving engagement with health services.

# What is Roma Matrix?

**Roma MATRIX is a European project which is combatting racism, intolerance and xenophobia towards Roma and working to increase integration, through a programme of action across Europe.**

Roma MATRIX is a partnership of 20 organisations in 10 EU member states. The project will run for two years. It started in April 2013 and runs until March 2015. It is co-funded by the European Union's Fundamental Rights and Citizenship Programme.

In Yorkshire, as well as our work with health mediators, we have supported a mentoring scheme for Roma in Halifax to improve interaction, understanding, access and engagement between public authorities and Roma.

We have run workshops for 80 Roma on racism, hate crime and reporting to provide information and support across the region.

We are promoting the integration of Roma children and cross-community mediation through local projects in Bradford, Sheffield and Mirfield.

We have produced a range of useful resources including new photography of Roma for an exhibition in the region.

We are maintaining and further developing key networks including the UK National Roma Network of Local Authorities, national Government, Roma communities and academics, and the Yorkshire & Humber Roma Practitioners' Network.



# Who are Roma?

'Roma' is an umbrella term to describe groups of people with similar cultural characteristics including those who describe themselves for example as Roma, Sinti, Gypsies and Kalé.

Roma have lived in Europe for over 1,000 years since originally migrating from India and are the largest minority in Europe. There are an estimated 10 - 12 million Roma in Europe, of which about 6 million live in the European Union.

**Many Roma in Europe face prejudice, intolerance, discrimination and exclusion in their daily lives. This has many effects on Roma, including:**

- Roma have a life expectancy 10 years lower than other European citizens.
- Roma child mortality rates are between two and six times higher than the general population of Europe.
- Less than half of Roma children complete primary school and a very low number attend secondary school.
- Employment rates are lower for Roma than the general population.
- Housing is often poor, with inadequate access to services.

The October 2013 survey 'Migrant Roma in the United Kingdom' by the University of Salford estimates that there are around 25,000 Roma people in Yorkshire. Most Roma in the region have migrated from Slovakia or Czech Republic, with smaller numbers from Hungary, Poland and Romania.

# What are the most common health issues that Roma women are experiencing?

Many Roma come to Yorkshire from situations of considerable poverty and social exclusion in their countries of origin. These factors have a considerable effect on the health issues they continue to experience in the UK.

Roma may have a reluctance to engage with health professionals as a result of poor previous experiences. There are also differences in the way people access health services in their countries of origin. We have heard many reports of inappropriate use of accident and emergency services for this reason.

We have also seen a trend that many Roma people do not seek treatment for many conditions until they reach a crisis point, so there are higher-than-average levels of undiagnosed long-term conditions like diabetes, TB and Hepatitis B.

It is not uncommon for Roma women get married at an early age and to have children. This is partly a cultural issue, but also linked to the widespread social exclusion of Roma people in their countries of origin. In some of these countries contraception is not free and therefore uptake is low.

We found there is a need for sexual health information, including early engagement for pregnant women and contact with GPs or midwives. The transient nature of the population within specific neighbourhoods, across Yorkshire and between the UK and their countries of origin can also cause problems for continuity of care.



Roma women who have been part of our training programmes have shown an interest in a range of health issues. Some of these are perhaps unsurprising, such as sexual and reproductive health, breast screening, and how to access the NHS effectively. Other issues that concern Roma women include access to free or affordable exercise, including gentle exercise for people with heart problems; information and support with healthy eating and quitting smoking; access to domestic violence services and support with stress, anxiety and depression.

# What is the best way for health professionals to engage with Roma women?

**Because of the widespread mistrust of statutory agencies experienced by many Roma, a continuity of staff and an investment of time to build relationships with Roma women and their families is very worthwhile.**

In situations where agencies are trying to engage Roma with new services and do not have a relationship, our partners have found it effective to target and work with already established support services. These can include non-health services such as schools, children's centres and benefits advice services, as well as voluntary and faith groups.

It can be useful to try and offer as much as possible in one visit rather than a series of appointments. Once a woman is in the practice for an appointment then it may be good to offer a range of health care services for themselves and their children. Something like a new patients session can be useful in areas where there are a significant number of Roma patients – interpreters can be booked on a regular basis and offer some continuity. Interpreters can also be trained to help with initial form filling for new patients.

There are clearly also language and literacy barriers experienced by many Roma women. For this reason, letters can be ineffective, and face-to-face work encouraged. For all practices, we recommend making use of visual or practical resources to provide health information. For practices with significant numbers of Roma clients, it can be useful to have a key link-worker to develop relationships. If interpreters are used, we recommend you try and get consistency as not all interpreters will be sympathetic to members of the Roma community due to bigotry that still exists amongst some non-Roma.



# Common pitfalls and how to avoid them

It may take more than one attempt to get the response you need from a patient. Don't give up.

Many women will have a lot of other priorities above attending a health appointment, such as getting children to school. Often they may have to travel to one or more schools that are not always in their immediate neighbourhood.

Appointment keeping can be an issue. Some Roma women have employment on a temporary or casual basis, such as fruit picking in summer which may mean appointments are not kept. Other Roma may not understand the appointment process for follow-ups and detailed verbal explanations can be helpful.

Do not assume that all interpreters are friendly towards members of the Roma community. Work with interpreters that you know, or even employ local Roma women to work in your practice who can help with language.

Try not to rely on children or spouses acting as informal interpreters. They can lack the correct vocabulary to describe symptoms, or create difficulties for the patient to discuss symptoms frankly.

Although women may not want to converse in English, some will have a basic understanding but lack confidence.

Our use of terms for days, dates and times may create misunderstanding. Expressions like 'quarter to' and 'quarter past' are not used. Try and use numerical terms such as 2:15 or 2:45.

Many Roma report their impression of many health professionals as being cold and only interested in moving on to the next patient as quickly as possible. We recommend you make Roma aware of your empathy and of the way you work.

Following a number of recent scare stories by Czech and Slovak media, many Roma mothers have become fearful of UK statutory agencies or social services taking their children away. It is important to reassure them of the remit of services such as midwives and health visitors, for example, so that these fears can be mitigated.

Young Roma women do not always want to discuss issues with their elders so using a youth club school setting may be more effective.

Traditional gender roles are strong, and some men can be suspicious of women engaged in groups or training.

# Examples of existing good work in Yorkshire

**Roma MATRIX women's health champions projects.** Two projects – delivered in South Yorkshire by Sheffield City Council with PACA and REMA, and in West Yorkshire and Hull by the Big Issue in the North. Training Roma women volunteers to increase their skills around health and well-being. Through the training, they are then supported and encouraged to cascade information/skills out to their community.



**Darnall Well Being** in Sheffield have set up a conversation club in the local GP Practice. It is run by two male Roma volunteers and involves both men and women. DWB are planning to recruit more volunteers from the Roma community.

## **Roma Women's Health Group.**

A Roma Women Health Group runs at PACA, a local community centre used by members of the Roma community in Sheffield. This covers a number of different topics with invited speakers and activities, such as healthy eating and TB Screening.

## **Health Information Exchange Project.**

This Sheffield project aims to increase awareness of health services and support available to members of the Roma community and to assist local NHS health care services to meet the needs of members of the Roma community. Two colourful and visual leaflets have been introduced in English and Slovakian around oral health and safe sleeping.

## **Young Roma People and Health.**

Earl Marshal Youth Centre in Page Hall, Sheffield provides a series of health information sessions, with a focus on sexual health for young Roma women to run alongside existing youth provision.



**The midwife service for the BME community in the Harehills & Chapeltown area of Leeds** have been doing some great work with Eastern European/Roma communities, developing a good understanding of the cultural barriers faced by Roma in accessing pre-natal and post-natal support, and the other difficulties they experience such as domestic violence and accessing contraceptive advice and support.

**The SWEET Project in Huddersfield** is working with a small number of female Roma sex workers, who are facing multiple discrimination. Their outreach work includes support to the women on the street as well as offering to visit where they live and also inviting them to access support at their current premises at the Hudawi Cultural Centre.

**Jubilee and Sunshine Children's Centres in Halifax** run a series of drop-in sessions with Czech, Polish and Slovak-speaking family support workers. They are trying to reach those in the local Roma communities who may need support with bringing up children or to speak to the Citizens Advice Bureau and family support workers for advice on housing, benefits, training and financial advice. They also run parent-and-child drop-in groups, to encourage mothers to play with their children and meet other women in the community.

# Ideas for quick wins

**We asked our partners what would be the quickest, simplest and most effective ideas that health services could implement to improve the service they provide Roma.**

Encouraging local midwives and health visitors to run weekly drop-in clinics or sessions in a location that is already currently used by Roma women, covering advice such as childcare, housing, financial or training advice. It would be specifically aimed at Roma women, with interpreters present and local midwives or health visitors, who could then highlight Roma women in the local area who were in need of further health advice/support. Whether this would be in a children's centre, or a specific drop-in such as the Gypsy Roma Traveller drop-in run by Leeds City Council in Harehills, there would hopefully be a greater uptake of support and healthcare if the health professionals were to go to Roma women, to a location they already utilise and trust.

Employ women from the Roma community as trainee health support workers/link workers/advocates employed by and based in local GP Practices where there are substantial numbers of Roma patients.

## Other useful advice

- We recommend you adopt a 'whole household' approach: work with all the adults and children as a family unit.
- Try and link in with other partners and community-based projects to offer an holistic service.
- Use of members of the Roma community as paid service providers.
- Be aware of impact and concentration of families in specific neighbourhoods.
- Any sessions with Roma people may be best delivered informally. The Roma women we engaged with had very little experience of traditional learning environments.
- Roma women have expressed great enjoyment of having some time to themselves without husbands and children. We believe that in this type of situation, they are most open to new information.
- Roma women compare and somewhat expect UK health services to be comparable to the health services they were used to in their home country. Often this is not the case and it was necessary, at times, to explain to the groups and individuals why services are the way they are.

## Web-based resources

Check out our website [www.romamatrix.eu](http://www.romamatrix.eu), which contains a wealth of information for people working with Roma, including

**Changing attitudes:** tackling racism towards Roma people through media relations and campaigning activity.

**Challenging racism:** improving options and support for Roma people experiencing discrimination and hate crime.

**Social inclusion:** building bridges and breaking down barriers between Roma and non-Roma people.

**Research:** investigating how policies for Roma inclusion are delivered and subsequently experienced.

Also information sheets, case studies, audio visual materials, and much more.



For more information, contact

Migration Yorkshire

Phone: +44 [0]113 395 2434

Email: [admin@migrationyorkshire.org.uk](mailto:admin@migrationyorkshire.org.uk)

Web: [www.romamatrix.eu](http://www.romamatrix.eu)

 @romamatrix

© ROMA MATRIX 2014

This publication has been produced with the financial support of the Fundamental Rights and Citizenship Programme of the European Union. The contents of this publication are the sole responsibility of Migration Yorkshire and can in no way be taken to reflect the views of the European Commission.