

Fitting in

How cultural
mediation
supports the
integration of the
Roma Community in
Ireland



ROMA
Cultural Mediation Project

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How cultural mediation supports the integration of
the Roma Community in Ireland

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and



Hibernian Consulting

Front Cover: Ioana Oprea and her son.

ROMA

Cultural Mediation Project

equal
Cultural Mediation Project (ROMA) aims at providing Roma people
equality of access to health, social, educational and professional
and the associated benefits that result from their use, while in parallel
appropriate professional skills, and intercultural competences among
providers.

has developed in partnership with the following organisations:

- Dublin City University
- Access Ireland
- Roma Support Group



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Cultural Mediation Project

WHAT IS CULTURAL MEDIATION?

Cultural Mediation is a dynamic, continuous process through which a third party acts as a cultural broker between two parties and aims both at raising awareness, a common understanding and in increasing more satisfactory Cultural Mediation (between individuals and government) and government (between individuals and government) of a multicultural society.



CULTURAL MEDIATION will assist you to establish links with Roma patients and deliver it more effectively than before.

ROMA CLINICAL MEDICATIONS ONE

- Roma Clinical Medications One
- Roma Clinical Medications One
- Roma Clinical Medications One

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Foreword

The EQUAL Community Initiative Programme was setup to operate as a laboratory where new practices would be tested. In line with this strategy the Roma Cultural Mediation Project (RCMP) was instigated with the same goal. We have developed a pioneering model of cultural mediation; we have tested it; and we have proved it contributes to a more cultural competent and inclusive service provision. While cultural mediation is new in Ireland, the RCMP has set an example that hopefully other projects will take and build further.

Many people have contributed to making the RCMP a great success. Firstly I would like to extend my gratitude to the RCMP team, the cultural mediators, in particular Florica Muntean and Rodica Lunca, and of course my colleague Valentina Verardo. Thank you also to all Development Partnership members. Core participants of the RCMP were the service providers without whom the project would not have been possible. My thanks to them and in particular Mona Baker, Julie Howley, Lucy Nugent, Denise Traynor, Suzanne Burke and Ciara McKenna, all from CUH, Temple Street. Thanks also to Frances O'Keefe and Stefania Minervino. For their valuable input to the RCMP I am very grateful to Hibernian Consulting, and in particular Finbar McDonnell. The WRC deserve a special mention, especially Tony Ward and Sinead Jackson for their ongoing support throughout the project. Last but not least I would like to thank Donal Ryan, Derek Speirs and Declan Parkes for their contribution to the overall success of the project.

Mayte Calvo Martin
Project Co ordinator



I. Introduction

In July 2007, the revelation that 70 adults and children from the Roma community were living in a campsite located at a roundabout on the M50 in North Dublin led to major public debate.

Although, those particular individuals were repatriated to Romania, the debate that occurred brought the Roma people for the first time into the mainstream Irish consciousness. Newspapers attempted to provide background information on who the Roma people are, where they come from, and why it was possible for a large group of them to end up living in such conditions in Ireland.

This debate occurred as a Dublin-based project, which ran from July 2005 to December 2007, neared an end. The Roma Cultural Mediation Project worked with Roma people who have lived in Ireland for up to ten years. The project was primarily funded by the EU EQUAL Initiative and the Irish government and was managed by Access Ireland. It piloted a tool designed to support the interaction and engagement of Roma people in Ireland with public services. The tool in question is 'cultural mediation' which is a technique used widely in a number of other EU countries, including Spain and Belgium. Roma people come into contact with all Irish public services, especially the HSE, the Department of Social and Family Affairs, the Department of Enterprise, Trade and Employment, local authority officials, immigration officials and the Garda Síochána. The aim of this project was to train a number of cultural mediators in an Irish context to facilitate the access of Roma people to Irish public health services.

The project concluded its pilot phase in December 2007 and this booklet presents some of its experiences. It is aimed primarily at people who provide public services in Ireland.

The first four sections introduce the Roma people, the Roma in Ireland, the concept of cultural mediation, and the Roma Cultural Mediation Project. Subsequent chapters explain how cultural mediation can make a significant difference to the interaction of marginalised groups (such as the Roma) with public services. Four examples of the work carried out by the project are provided. The booklet concludes with sources of further information.





2. Who are the Roma?

Many Roma people do not admit their true ethnic origin in official documents and surveys due to prejudice and ill-treatment. It is thus impossible to obtain an accurate population figure. However, worldwide, the estimated Roma population is between 8 and 15 million.

The absence of a written history leaves the origins of the Roma people shrouded in mystery. In the eighteenth century, scholars noticed similarities between the Romani and Indian languages and hypothesised Indian origins of this community. Genetic evidence has since confirmed this theory. It is now believed that the Roma people originated in the Punjab and Rajasthan parts of the Indian subcontinent, and made their way westwards between the ninth and eleventh centuries. The history of the Roma people is characterised by diaspora, with large scale migrations to the Americas, North Africa and Europe over the past thousand years.

Throughout history, the Roma population has experienced xenophobia and discrimination. They were subjected to slavery in Romania for five centuries up until 1856, and were, for a time, prohibited from immigrating into numerous states, including the US which adopted a law outlawing entry to Roma in 1885. During World War II, up to 800,000 Roma people were killed by the Nazis in an attempted genocide. Under the communist regimes of Central and Eastern Europe cultural freedom was curbed. In Bulgaria there was prohibition of the Romani language and the public performance of Romani music, and coercive sterilisation was carried out in Czechoslovakia and Hungary. Elsewhere in Europe, the Roma also experienced prejudice – in Norway, for instance, the state forcibly sterilised Roma women until 1977. More recently, an estimated 120,000 Roma were displaced or forced into exile following ethnic cleansing in Kosovo in 1999.

A significant number of Roma people now live in Romania, where it is estimated that 600,000 people (2.5% of the total population) are Roma. However, there are sizeable Roma populations in other European countries including Hungary, Bulgaria, the Czech Republic, Spain and the states of the former Yugoslavia.

The Roma are a heterogeneous people, and Roma culture is very diverse. This characteristic has developed further with migration to Western Europe as Roma people have integrated into host communities. In particular, this has resulted in different versions and dialects of the Romani language. This language derives from Sanskrit and has elements in common with northern Indian languages such as Hindi, Punjabi and Bengali.

In terms of lifestyle, Roma birth rates are high and Roma people usually marry when aged 15-20 years old. The Roma culture is a patriarchal one, and few women work outside the home. The extended family is of particular importance in the Roma community, and there is a strong sense of familial loyalty and duty. The Roma have a strong musical tradition, and Roma music has been a significant influence on classical music, opera and modern rock music. As an Irish Times article noted, “from Flamenco to Stephane Grappelli, from Liszt to Brahms, Rachmaninov to Janacek, from the Gypsy Kings to Gogol Bordello, the playing and

influence of Roma musicians has been incalculably important”¹. Generally, the religion of the host country is adopted by the Roma community, with the incorporation of indigenous beliefs. Roma people in Western Europe and USA thus tend to be Protestant or Catholic, while in Eastern Europe, Turkey, Egypt and the Southern Balkans, they tend to be split into Christian and Muslim populations.

A 2003 UNDP Human Development Report found that the Roma population in Europe suffers marginalisation and exclusion as a result of discrimination in employment, education, health, income levels, political representation and interaction with other ethnic groups. Low levels of literacy and education reinforce this marginalisation. It is estimated that 95% of Roma women cannot read or write in any language and that 85% of the entire Roma population is illiterate.

In April 2005, the European Parliament noted that “the Roma face unacceptably high levels of unemployment, so special measures are required to facilitate access to jobs.” The resolution criticised some EU Member States for an anti-Roma bias in their police forces and in other public services, including health and education. Similar sentiments were echoed in 2007 by the European Roma Rights Centre, on International Roma Day (8th April). It was declared that the Roma remain the most disadvantaged ethnic group in Europe.

¹O’ Toole, F, ‘The Richness of Roma in European Culture’. The Irish Times, Saturday July 28, 2007.





3. The Roma in Ireland

To avoid being stigmatised, Roma people will sometimes identify themselves with the majority group in a region or country. This poses a challenge to attempts to gather demographic and socio-economic information on the Roma in Ireland. However, in 2005, it was estimated that there were between 2,500 and 3,000 Roma in the country.²

About 90% of the Roma in Ireland come from Romania, with the remaining proportion originating primarily in Bulgaria, Slovakia and the Czech Republic. The accession of Romania and Bulgaria to the EU in January 2007 led to an increase in Roma migration to Ireland. However, citizens of these countries are not entitled to the same treatment here as citizens from other member states. They are required to hold a work permit or to be self employed in order to work, and are not entitled to social welfare payments, child benefits or emergency accommodation. As the vast majority of the Roma people in Ireland are originally from Romania and Bulgaria, these rules impact in particular on them. A report of the educational needs of the Roma also noted that ‘the lack of accredited documents for existing skills and trades is a recurrent barrier for Roma men’ while a lack of trust for agencies and organisations working with the Roma is also noted.²

Only about 30% of Roma children in Ireland attend school. Poor attendance rates in schools are due to a number of factors;

- Issues with regard to immigration status
- Low levels of literacy
- The prevalence of early marriages
- Poverty in Roma families
- Cultural differences with host community, e.g. a fear that ‘school’ could undermine the role of the family
- Lack of knowledge of educational structures in Ireland, augmented by a lack of schooling experience or literacy skills
- Childcare responsibilities for young Roma mothers.

In parallel to this, there is a low level of knowledge across Irish society of Roma cultural values, norms and practices.

In 2005, a study was carried out by Dublin VEC to ‘profile the Roma community in Ireland, indicate current provision and issues affecting access and participation, identify models of good practice internationally and devise recommendations for future provision’.² One of the recommendations of this project resembles cultural mediation in an educational context. The recommendation states:

“The Department of Education and Science should provide the additional resources and supports, for example, translators etc. in order to provide a fully comprehensive home/family

²Lesovitch, L., Roma Educational Needs in Ireland; Context and Challenges, City of Dublin VEC in association with Pavee Point Travellers Centre and the Roma Support Group, 2005.

school-community liaison service to the Roma. Establishing a link between education services and Roma groups would assist in building trust and promote understanding”.

Irish policy regarding the exclusion and discrimination of ethnic groups is evolving. Strategic action plans such as Planning for Diversity, the National Action Plan against Racism (Department of Justice, Equality and Law Reform, 2001) and the Eastern Regional Health Authorities' (ERHA) Health Strategy for Ethnic Minorities (2004) recognise the necessity of promoting an intercultural framework. These plans, and the training required to implement them, are still being rolled out in Ireland.



4. Cultural Mediation

The cultural gap between a host society and a migrant group impacts on the migrant group's social inclusion. A low level of understanding and cultural awareness between the group and wider society may impede access to programmes as well as to the delivery of services. The idea of cultural mediation is to serve as a bridge between a particular group (or groups) and the wider community, in order to promote understanding and inclusion.

The following quotation from the International Labour Organisation sets a framework in which to position cultural mediation and the role of mediator:

“Being uprooted from your home culture, system of relationships and shared values... produces disempowerment and a loss of negotiating power, of knowledge, of trust and of self-esteem ... Hence the need to launch action aimed at re-evaluating oneself and at the recovery of skills, confidence and forward planning. It is unlikely that an individual can launch the empowerment process by himself. It must stem from action by those who think that freeing the individual from dependency and from need for assistance in a process of shared growth is socially useful.... mediators act not only on problems and individuals but, above all, on situations and their elements of hardship and of normality to achieve a new social balance”.

The role of the cultural mediator is to facilitate relations and interaction between local and non-local groups, usually of different cultural backgrounds, with the intention of aiding integration on both sides. Cultural mediation aims to promote reciprocal knowledge transfer and mutual understanding across cultural divides, reducing the barriers that ethnic groups have to overcome to integrate into a host community. Conflict and misunderstanding between a particular group and the host community may arise out of cultural and linguistic differences, impacting on levels of integration and uptake of services. In this situation, the cultural mediator facilitates the establishment and building of genuine relationships and true understanding between clients and service providers.³

For service providers, the cultural mediator:

- facilitates communication and interaction with Roma clients
- provides an awareness and understanding of cultural practices
- improves the efficiency and effectiveness of their work
- assists in creating a trusting relationship with the client
- helps to prevent conflict.

³it is a quote from document produced by the International Training Centre of the International Labour Organisation – http://training.itcilo.it/esf/tantetinte/docs/Cultural_mediator.doc





For the client, the cultural mediator:

- allows for a better understanding of the health system and available facilities
- encourages and supports the communication of concerns and opinions
- enhances trust and confidence in the service provider
- helps to prevent conflict

In line with criteria from similar projects, the Roma Cultural Mediation Project required cultural mediators to have a high level of spoken English, to have an ability to gain the respect of the Roma community, to recognise and respect other minority ethnic populations and to have at least two years experience living in Ireland.



5. The Roma Cultural Mediation Project

The Roma Cultural Mediation Project was funded under the EU EQUAL Programme in Ireland. It was aimed at improving the welfare of the Roma community in Ireland by promoting greater equality of access to health, social, educational and probation services and at enhancing the benefits received from these services. This was to be achieved through the development and piloting of a cultural mediation service involving the Roma population in Ireland and providers of some of the above services.

The lead partner organisation for the Roma Cultural Mediation Project was Access Ireland, a non-Governmental Organisation which has been working on integration projects since 1998. The project had five further partners, chosen because of their potential to support the achievement of the project objectives. These were:

- City of Dublin Vocational Education Committee (CDVEC)
- Dublin City University (DCU) - School of Language and Intercultural Studies
- Health Services Executive (HSE), Northern Area
- Roma Support Group
- Tallaght Intercultural Action

Key objectives of the Roma Cultural Mediation Project were:

1. To increase the knowledge base and professional competence of service providers and other key social actors in Ireland regarding the Roma, their history, culture and present social and economic situation, in order to encourage greater understanding and more appropriate services and support
2. Through the peer-led nature of the project, to overcome the distrust many Roma people have of state and other services, so as to enhance their inclusion in Irish society
3. To empower members of the Roma community, through the training and other activities of the project, to act as cultural brokers between Roma people and broader Irish society



6. Why Cultural Mediation Supports Interaction with Public Services

The focus of the Roma Cultural Mediation Project was on the health services. However, through having the VEC as a partner in the project, we know that lessons from the project will also have application in schools and colleges. The project also made presentations to other public service providers, including the Gardaí and the probation service about how cultural mediation can be used to improve their services.

During the project's work with the health services, cultural mediation was found to be useful for the following reasons:

1. **Low levels of Roma education:** Most Roma leave school early and there is consequently a low level of literacy in the community. Therefore, problems exist regarding medical appointment cards and instructions for medicine for instance, as well as with acquiring information about available services and facilities.
2. **Socio-economic barriers to using services:** Many Roma people in Ireland are poor. This is especially true of those recently arrived in the country. This in itself limits their access to health services, as well as to public transport and other support services.
3. **Uncertain legal status or worries about residency:** People awaiting decisions in relation to residency, those who came to Ireland from Romania and Bulgaria in 2007, and those who may be in the country illegally may all be reluctant to seek medical assistance, or to share information with providers of health services.
4. **Lack of trust:** Historic persecution and uncertain legal status engender a lack of trust in official agencies and state bodies. Members of the Roma Community are thus often unwilling to engage with those working in public institutions, including the health service.
5. **Difficulties in Navigating the Public Services System:** This is true for many people in the wider Irish community and presents a particular challenge to Roma with limited English and those with low literacy levels.
6. **Cultural Differences:** In relation to certain matters, for instance childbirth and bereavement, the Roma community may have customs or traditions which have to be taken into account by Irish public health service providers.
7. **Language:** While cultural mediators perform a different function to interpreters, their presence in many situations can also be useful in explaining matters to all involved parties.

7. Examples of Cultural Mediation with Irish Health Service Workers

The following are examples of situations in which Roma cultural mediators were of support to service providers⁴. It is not an exhaustive list of the work we have undertaken.

Case Study 1: Two Roma Children in Foster Care

The first time the cultural mediator met brothers Cesar (4) and Vassile (14) they were living in foster care. They had been removed from their father's custody when it was discovered that they had been left unsupervised in a derelict house. Their foster parents were unable to interact with the children due to language and cultural barriers, and a cultural mediator was requested.

In total, there were eight meetings between the children and the cultural mediator. Liaising with the children and their father allowed the cultural mediator to obtain more information about the family and their immigration experience in Ireland. Such meetings were fundamental in helping the service providers to understand why the children acted in certain ways and to thus address their needs better. For instance, the cultural mediator discovered that Vassile lived in an orphanage until the age of seven. Orphanages in Romania often have very low standards, and are frequently overcrowded, understaffed, with poor hygiene and inadequate food. This experience may partly explain Vassile's attitude towards food and his apparent fear of not getting enough to eat.

As well as this, Vassile occasionally exhibited aggression when attempts were made to enforce the rules of the residence unit where he was staying. For instance, children in the unit allowed to watch a certain amount of television each day, whereas he wanted to watch it for longer periods. He also found the official bed time too early, and didn't respect set lunch and dinner times. The cultural mediator conveyed the rules to the teenager but explained to the service providers that Roma don't usually have a daily routine, stating: "we eat when we are hungry and we sleep when we are tired". She also revealed that watching television for long periods is quite common. Therefore, it became apparent that Vassile's frustration stemmed from attempts to enforce rules so different from his own habits. The cultural mediator thus facilitated the relationship between the children and the service providers.

The father agreed to be repatriated to Romania, and the final meeting between the cultural mediator and Vassile and Cesar was aimed at preparing them for their departure from Ireland.

⁴The four cases discussed in this section were encountered during the work of the project. All names have been changed to protect the identities of those involved. The people shown in the photographs are in no way connected to or involved with the cases described.

Case Study 2: Teenage Mother

A public health nurse contacted the Roma Cultural Mediation Project seeking advice on the best manner to deal with a Roma family that she had known for a while. Mariana (14) had given birth to a baby boy and the public health nurse wished to give her and her family some information on Irish legislation concerning mothers under the age of 16. She requested the assistance of a cultural mediator in order to help overcome the girl's fear and lack of trust and to develop a relationship with her.

The cultural mediator facilitated communication between the public health nurse and Mariana and her family. This allowed the public health nurse to provide them with information regarding vaccinations, educational opportunities and further health checks for the baby. A typical function of the cultural mediator is to encourage Roma mothers to vaccinate their children by dispelling unfounded rumours and addressing concerns they may have. In this case, the cultural mediator also assisted the public health nurse to understand the needs of the family and thus to address their requirements appropriately.

Throughout this case, the cultural mediator was instrumental in helping the public health nurse to understand norms of Roma families. For instance, when the public health nurse expressed her concern that Mariana's father always spoke on her behalf, the cultural mediator explained that for Roma this is normal. At another point, the public health nurse noted that the young mother wasn't given the chance to take care of her child independently, but instead that Mariana's mother was always looking after him. The cultural mediator explained that for Roma this is typical if the first-time mother is very young. Roma have large families and they tend to live closer to each other and it is seen as normal for older women to teach new parents how to rear children.



Case Study 3: Access to New Baby and Issues of Domestic Violence

Ramona and Emile's son was born shortly after they arrived in Ireland in early 2007. The public health nurse contacted the Roma Cultural Mediation Project as she was finding it hard to visit the baby. In this case, the cultural mediator was essential in establishing physical access of the public health nurse to the child. She explained the role and responsibilities of the public health nurse to the couple and assisted them in learning about their entitlements.

The first meeting between the couple and the cultural mediator was aimed at establishing a relationship and obtaining the couple's trust. Having introduced herself and clarifying her role, the cultural mediator explained the function of a public health nurse and the importance of immunisation. At this stage Emile expressed some resistance towards vaccination. According to the cultural mediator, this attitude is quite common among Roma and is caused by misinformation, previous negative experiences and the influence of relatives and friends. To reassure Emile, the cultural mediator revealed that her children were vaccinated in Ireland. Regarding begging in the streets with children, the mediator explained to the couple that this breaches children's protection legislation in Ireland and may lead to legal action. Following a query from Emile, the cultural mediator explained that the couple were not entitled to social welfare payments.

The public health nurse was present at the second intervention. She reassured the family about her role and the duties it involved, and reemphasised the importance of immunisation as a form of social responsibility. Emile revealed to the cultural mediator that in Romania doctors don't use sterilised instruments, and many children have consequently been infected by HIV. The public health nurse reassured him that any instrument to vaccinate a child in Ireland is used only once and that there is no risk of HIV transmission. The public health nurse also agreed to try to get a medical card for Ramona and her baby. Ramona was afraid that she had to pay the Rotunda Hospital, where she gave birth to the baby, and the public health nurse agreed to investigate this.

Emile was absent from the final meeting in which the general health of the baby was checked. Ramona confided that her husband regularly abused her and that she wanted to return to Romania. The public health nurse wanted to take Ramona to a women's shelter and organise her repatriation. The cultural mediator was instrumental in discovering that Ramona was being abused, and assisted the public health nurse and Ramona in identifying appropriate action.

Case Study 4: Boy with Broken Leg / Accommodation Problems

Alni and his family arrived in Ireland in February 2007. The health social worker came in contact with the family following an accident in which Alni broke his leg severely, requiring the insertion of a metal bar and regular check-ups. The health social worker in the Children's University Hospital, Temple Street, arranged an appointment with the family. She requested a cultural mediator to improve interaction with the family.

Throughout this case, the cultural mediator assisted the service provider in providing accurate and relevant information. It was revealed that the family needed a place to live. They had been living with relatives but had been evicted when the landlord discovered that the flat was over-crowded. The family believed that Alni's accident and the fact that he was receiving medical care in Ireland entitled them to accommodation. The health social worker explained to them that this was not the case but referred them to the Social Welfare Office. The cultural mediator accompanied the clients to the Social Welfare Office to assist them in communicating with Social Welfare Officers who agreed to provide the family with emergency accommodation in a homeless hostel.

The health social worker's referral was crucial in this case as the family's immigration status does not entitle them to this sort of assistance. The father had shown aggressive behaviour in the past, and the offer of accommodation was conditional on him finding alternative shelter for himself. The mother was unwilling to separate from her husband, and initially refused the emergency accommodation. However, when living with relations became unfeasible, the mother and children moved into the hostel and the Social Welfare Office provided some social welfare allowances. Once they had been accepted into the hostel, the cultural mediator helped them to fill out necessary forms and explained the rules of the hostel to avoid misunderstandings and tensions between the family and other residents.

The presence of the cultural mediator at the hospital ensured that medical advice regarding Alni's leg was properly understood. Her presence also empowered the patient who felt confident enough to ask questions about his prognosis and as a result become more aware of his health condition.



8. Some Feedback from Irish Health Services Using Cultural Mediation

As part of the work of the Roma Cultural Mediation Project, workers in the public services were asked to complete a questionnaire to provide their views on cultural mediation and on the pilot service provided by this project. Inputs were received from 18 people in this regard. This group comprised:

- Two dieticians working in hospitals
- One hospital doctor
- One person working with diabetes services in a hospital
- Seven social workers, five linked to hospitals
- Four public health nurses
- Two GPs
- One solicitor

These service providers were asked: “When working with Roma clients, have you found communication difficulties?” All 18 service providers responded that they have experienced such difficulties.

The service providers were then asked: “If so, could you specify if these communication problems are language-related, culture-related, or both?” Some 16 service providers (89%) said that the problems were both language and culture-related, with two respondents (11%) saying the problems were language related.

This indicates a strong fundamental demand for a service which can provide cultural as well as linguistic mediation.



The questionnaire provided an opportunity for the people working in service provision to comment on cultural mediation and on the pilot cultural mediation service they had received. Some of the comments were as follows:

“This lady [the cultural mediator] provided a very valuable support to people in vulnerable situations. The patients seemed to have a good relationship with her and I found her to be helpful and professional” (General Practitioner, Dublin 1)

“More than translation is required when working with families whose first language is not English. Mediators can play an important role in advocating for client needs with the health services” (Senior Social Worker, Hospital)

“The main benefits to me were being helped to understand the Roma culture and in particular the difficulties facing the Roma population within the asylum process.” (Public Health Nurse linked to Health Centre in Dublin 1)

“The service helped the client to express their voice as regards queries or concerns and reassured the client that help was available to them” (HSE Community Care Social Worker, Dublin 11)

“I have found this to be a very useful and effective service that has helped a great deal ... I would highly recommend (name of mediator) for her hard work and dedication” (Social Worker, hospital)

“It’s a great resource and I would like to use it again” (Public Health Nurse, Donegal)

All 18 people surveyed said that they thought the cultural mediator provided had helped them to provide a more efficient public service to the Roma clients involved and all stated that they would use a cultural mediator again.

There was therefore a strong positive reaction from public service providers to the pilot cultural mediation service provided in 2007.

9. Additional Notes

Acknowledgements

The Roma Cultural Mediation would like to acknowledge the support of the **European Social Fund and the Department of Enterprise Trade and Employment** as the Managing Authority for EQUAL in Ireland.

For further information: <http://www.equal-ci.ie/>

Pictures taken in the following places:

Balseskin Reception Centre – Finglas

EQUAL Closing Conference – Guinness Store House

Parslickstown House – Mulhuddart

M50 motorway – Ballymun

Roma Cultural Mediation office – Exchequer Street

An Garda Síochána – Tallaght

Children University Hospital – Temple Street



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