



# CHO 1

## Traveller Health Strategic Plan 2018 - 2022



# ACKNOWLEDGEMENTS

In acknowledgement of the work that has gone into the development of this plan, special thanks are given to:

- The Traveller individuals, families and groups across CHO 1 who took part in the consultation process, openly sharing their views, their needs and their personal experiences in such an honest and open way
- The Traveller Primary Health Care projects in Donegal, Sligo, Leitrim and Cavan
- Cavan Traveller Movement
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- HSE Staff who supported the preparation of the Report, particularly Patricia Garland, Peter Walker and Elaine Robinson
- Traveller Interagency Group members who took the time to complete the online survey providing valuable insight and feedback
- Pavee Point

# FORWEORD

This Traveller Strategic Plan 2018 to 2022 has been drawn up with the support of a number of the Traveller Organisations and the families they work with across CHO area 1. It builds on the experience of previous good work undertaken over a number of years.

It is designed to highlight and suggest answers to the main challenges around Traveller Health.

The Plan looks at a number of the health challenges, such as diabetes, heart health, suicide, and lifestyle choices.

The Plan does provide opportunities for a number of Agencies to work together along with the Traveller communities to do something positive for health and wellbeing.

There is reference to a number of studies and National policies aimed specifically at the Health and well being of Traveller Communities which encourage as many Agencies as possible to be involved. The HSE is committed to play its part.

I endorse the strategy which has been developed in partnership with the Traveller Community and note the commitment of all agencies to support its implementation.

*- John Hayes  
Chief Officer, CHO Area 1*



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# INTRODUCTION

The CHO 1 Traveller Health Strategic has been prepared by working closely with Travellers and Traveller organisations across the CHO 1 area, which covers the Counties of Donegal, Sligo, Leitrim, Cavan and Monaghan. Guidance was also sought Nationally about what should be included in the plan.

In 2010 the All-Ireland Traveller Health Study – Our Geels (AITHS) (1) was published. This was the first study of Traveller health status and health needs that involved all Travellers living in the island of Ireland. It arose from the recommendation in the Department of Health and Children’s National Traveller Health Strategy 2002 – 2005. Since the publication of the AITHS some progress has been made, but the Traveller population in Ireland still face significant health inequalities and challenges.

In June 2017, the National Traveller and Roma Inclusion Strategy (NTRIS) (2) was published and health is one of the ten strategic themes against which actions have been developed. This strategic plan for CHO 1 has used the NTRIS action framework in structuring local actions to improve Traveller health in the region. Account has also been taken of the goal in Healthy Ireland to reduce health inequalities requiring not only interventions to target particular health risks but also a focus on addressing the wider social determinants of health.

As mentioned in the Foreword, the National Traveller and Roma Inclusion Strategy (NTRIS) has been used as the action framework for this plan. This plan focuses on Travellers in CHO 1, recognising that Travellers are further along on the journey that the Roma community are only recently embarking on, and it is hoped that work undertaken as part of this plan will support and inform similar future work for the Roma community.



# - SECTION ONE -

# STRATEGY PRINCIPLES



# 1.0 STRATEGY PRINCIPLES

## 1.1 HUMAN RIGHTS AND THE RIGHT TO HEALTH

The World Health Organisation (WHO) Constitution enshrines “...the highest attainable standard of health as a fundamental right of every human being.” This requires a set of social criteria that is conducive to the health of all people, including the availability of health services, safe working conditions, adequate housing and nutritious foods. Achieving the right to health is closely related to that of other human rights, including the right to food, housing, work, education, non-discrimination, access to information, and participation.

The right to health includes both freedoms and entitlements.

- **FREEDOMS** include the right to control one’s health and body (e.g. sexual and reproductive rights) and to be free from interference (e.g. free from torture and from non-consensual medical treatment and experimentation).
- **ENTITLEMENTS** include the right to a system of health protection that gives everyone an equal opportunity to enjoy the highest attainable level of health. Health policies and programmes have the ability to either promote or violate human rights, including the right to health, depending on the way they are designed or implemented. Taking steps to respect and protect human rights upholds the health sector’s responsibility to address everyone’s health.

Vulnerable and marginalized groups in societies are often less likely to enjoy the right to health. Within countries – some populations – such as indigenous communities are exposed to greater rates of ill-health and face significant obstacles to accessing quality and affordable healthcare. The Traveller population in Ireland has substantially higher mortality and morbidity rates, due to non-communicable diseases such as cancer, cardiovascular and chronic respiratory diseases, than the general public.

A human rights-based approach to health provides strategies and solutions to address and rectify inequalities, discriminatory practices and unjust power relations, which are often at the heart of inequitable health outcomes. The goal of a human rights-based approach is that all health policies, strategies and programmes are designed with the objective of progressively improving the enjoyment of all people to the right to health. Interventions to reach this objective adhere to rigorous principles and standards, including:

- **NON-DISCRIMINATION:** The principle of non-discrimination seeks ‘...to guarantee that human rights are exercised without discrimination of any kind based on race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status such as disability, age, marital and family status, sexual orientation and gender identity, health status, place of residence, economic and social situation’<sup>1</sup>.
- **AVAILABILITY:** A sufficient quantity of functioning public health and health care facilities, goods and services, as well as programmes.



- **ACCESSIBILITY:** Health facilities, goods and services accessible to everyone. Accessibility has 4 overlapping dimensions:
  - Non-discrimination;
  - Physical accessibility;
  - Economical accessibility (affordability);
  - Information accessibility.
- **ACCEPTABILITY:** All health facilities, goods and services must be respectful of medical ethics and culturally appropriate as well as sensitive to gender and life-cycle requirements.
- **QUALITY:** Health facilities, goods and services must be scientifically and medically appropriate and of good quality.
- **ACCOUNTABILITY:** States and other duty-bearers are answerable for the observance of human rights.
- **UNIVERSALITY:** Human rights are universal and inalienable. All people everywhere in the world are entitled to them.

Policies and programmes are designed to be responsive to the needs of the population as a result of established accountability. A human rights based-approach identifies relationships in order to empower people to claim their rights and encourage policy makers and service providers to meet their obligations in creating more responsive health systems. (3)

## 1.2 SOCIAL DETERMINANTS OF HEALTH

Closely aligned to human rights and health is the Social Determinants of Health model, and Traveller health must be considered with reference to this model. See Figure 1 below.

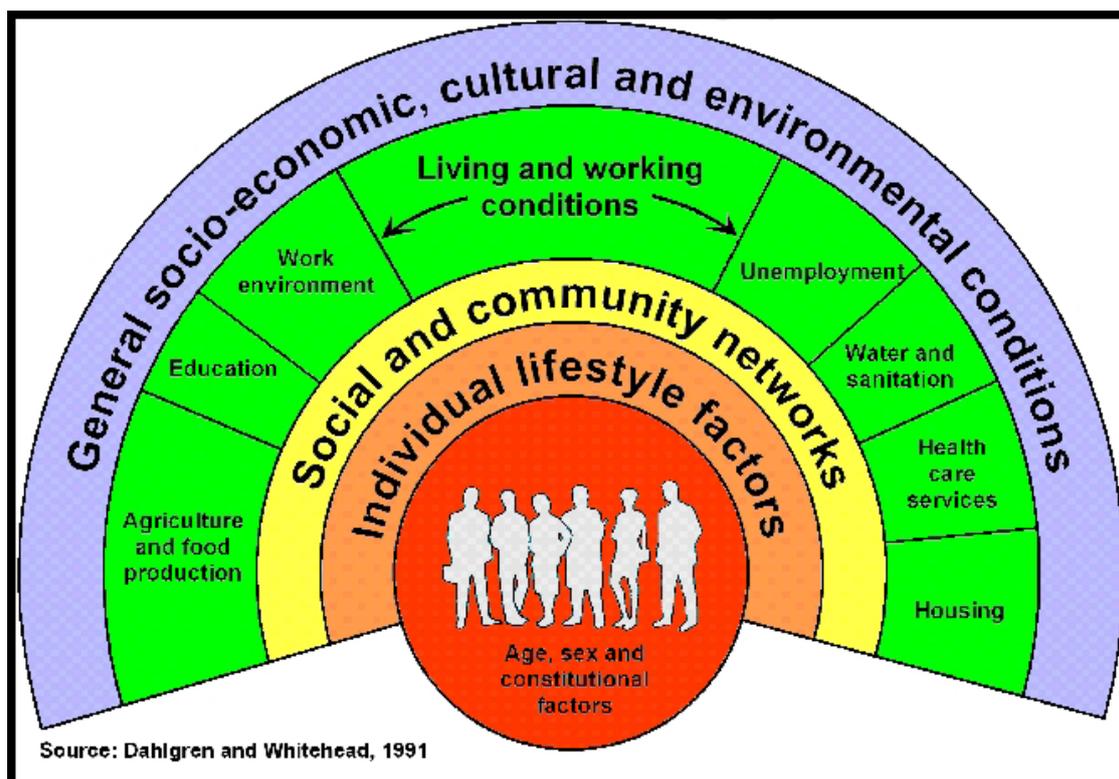


Figure 1. Social Determinants of Health

Health Inequality is intrinsically linked with social determinants of health. Social determinants of health have been described by the World Health Organisation as “...the circumstance in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics” (4).

Health starts in our homes, schools, workplaces, neighbourhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunisations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighbourhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some people are healthier than others and why many people are not as healthy as they could be. The Our Geels Study 2010 adopted a social determinants approach in line with the government National Health Strategy and the National Traveller Health Strategy. It explored the causes of the inequalities evident in Traveller health status. Headline data from the study related to some key determinants are listed below. Further details for each factor are shown in Appendix One.

- Accommodation
- Education/Literacy
- Employment
- Lifestyle
- Alcohol
- Smoking
- Addiction
- Social Capital and Cultural Considerations
- Trust and Quality of Service
- Discrimination

### 1.3 COMMUNITY DEVELOPMENT PRACTICE

Community Development is the approach which underpins Primary Health Care Projects and informs the professional practice of the staff within the teams. The model of community development as set out in Quality Standards Framework produced by the Community Work Ireland will underpin the implementation of the Strategic Plan and is the approach which will be used to promote health equality with the Traveller community in the region. Community Development as understood for the purposes of the Strategy will be informed by the following values:

- Community empowerment and self determination
- Participation
- Solidarity and networking
- Working collectively and working for collective outcomes
- Inter-culturalism and the promotion of the Traveller community's culture and ethnicity



- Equality, Human rights and anti discrimination
- Social justice

The participatory practices within the Primary Health Care projects will continue to contribute to bringing about collective outcomes for the Traveller community in meeting KPI's and in addressing the social determinants as they impact on health and well being.

The community development approach creates the approach within PHC teams to build a deeper analysis of the factors which impact on the health of the community and creates the opportunity to deliver actions to the community while at the same time seeking to address issues of exclusion, inequality, discrimination and poverty impact negatively on health.

Primary Health Care projects will take into account and keep in balance four different levels of need in their work :

- The individual person
- The small, face to face group work
- The institutions
- The wider society





# - SECTION TWO -

# TRAVELLER CULTURE, IDENTITY AND HEALTH



# 2.0 TRAVELLER CULTURE, IDENTITY AND HEALTH



## 2.1 TRAVELLER CULTURE AND IDENTITY

Travellers are an indigenous minority who have been documented as being part of Irish society for centuries. The group has a long shared history, identity, language and value system, which makes them a distinct group. While Irish Travellers are native to Ireland, they have much in common with European Travellers and Gypsies. Until recently, the Irish Government recognised Travellers as a cultural minority, but in March 2017, after many years of campaigning, the government announced Ireland's recognition of Travellers as a distinct ethnic group in Irish society (5).

The Travellers are distinguished by a rich storytelling and musical heritage. Many Irish musicians openly acknowledge their debt to Traveller musicians who retained the musical heritage of the land. The Travellers' experience is one of exclusion from rights and privileges enjoyed by their settled counterparts. For example, Travellers have a higher stillbirth rate, a higher infant mortality rate and a lower life expectancy than the settled population.

Travellers also experience discrimination and racism in service provision, largely as a result of inbuilt prejudices and stereotyping. Discriminatory and racist treatment of Travellers in healthcare provision is unlawful under the provisions of the Equal Status Act 2000 to 2004. Such experiences also have implications for how many Travellers will present themselves and interact with health services. For these reasons, dignity, respect and non-discrimination need to be part of the approach to Travellers in healthcare settings. Some features of Traveller culture and social experience are given here for guidance. These need to be applied recognising that there is wide diversity and that each person is unique.

- Religious devotion and cures: The vast majority of Travellers are Roman Catholic and they tend to be devout in religious observance. The community retain beliefs about cures to be found in various natural phenomena, discussed below.
- Extended family: Extended family is of particular importance, with a strong sense of family loyalty and duty. This point is important for family visits in hospital.
- Language and literacy: While the group has a traditional distinct language, called Cant, Travellers use English as a main language in everyday life. However, many Travellers, particularly older group members, may have literacy difficulties. For example Travellers may not be able to read the letter-based reading tests due to literacy and not eyesight issues.
- Nomadism: Moving from one place to another is part of the lifestyle of many, though not all, Travellers. At times of the year the population of Travellers increases overall as relatives return from England and the populations of particular towns increase as Travellers migrate.
- Marriage age, birth rate and social position of women: Travellers now marry older and have smaller families than was the traditional custom. Unmarried births among Travellers are unusual while there is now a small incidence of this pattern. Traveller women participate in social affairs on an equal footing with men and many have taken on leadership roles in the community.
- Although the marriage age has increased in recent years, young Travellers between the ages of 14 and 18 often have a different adolescent experience than their peers in the general population. They will often leave school at a young age and are expected to marry and start a family.

## 2.2 TRAVELLER HEALTH

In January 2017, the Economic and Social Research Institute issued a research paper (number 56) entitled “A Social Portrait of Travellers in Ireland” (6). The research paper was commissioned and funded by the Department of Justice and Equality. The research found that Travellers stand out as a group that experiences extreme disadvantage in terms of employment, housing and health and that faces exceptionally strong level of prejudice. Extrapolation from the ESRI’s research shows the following that are relevant to Traveller Health. Other details from this research are shown in Appendix Two:

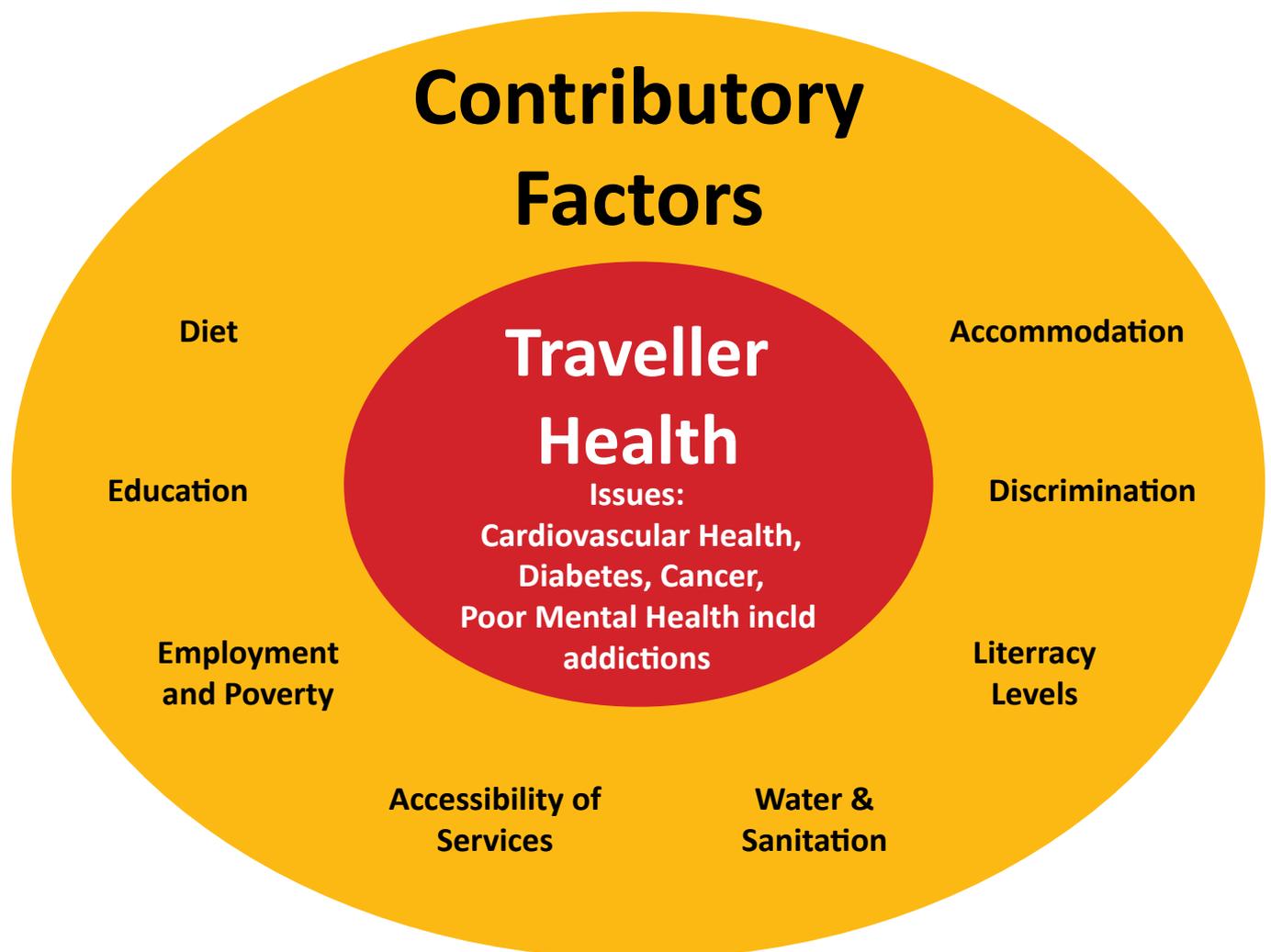
- There is a steeper increase in poor health with age for Travellers, particularly in the 34-64 age range, than in the general community. Some of the difficult issues currently faced by Travellers, as set out by the ESRI, include declining family structures and religious certainty, lack of employment and pressure to engage in damaging group activities such as heavy drinking, coupled with a sense of exclusion and experiences of extreme prejudice. The ESRI states that these factors can result in generalised poor self-esteem and self-efficacy which is associated with depression and other mental health problems; these conditions are, in turn, related to higher incidences of suicide.
- The suicide rate is almost seven times higher among Traveller males than in the general population.
- Allowing for differences in age between adult Travellers and the general adult population, Traveller mortality is 3.5 times higher than the non-Travellers overall while infant mortality is 3.6 times higher among Travellers than among the general population.
- The average expected age of a Traveller man is 61.7 years compared to the national average of 76.8.
- Traveller women have a life expectancy of 70.1 compared to the national average of 81.6.
- Travellers have a 14.1% infant mortality rate, compared to the settled population at 3.9%.
- 31% of Travellers reported cost as a factor in eating healthily.
- 50% of Travellers expressed difficulty reading medication instructions.
- 66.7% of service providers believe that Travellers experience discrimination in their use of health services and over 40% of Travellers stated that they were not always treated with dignity and respect.
- Waiting lists, embarrassment, lack of information, cost, difficulty in getting to services, health settings and refused services were identified as barriers to accessing health services. Traveller access to health services is at least as good as that of the general population but Travellers are less likely to attend outpatient appointments or engage with preventative services.



## TRAVELLER SOCIAL DETERMINANTS OF HEALTH

The links between the serious health issues of Cardio-Vascular disease, diabetes and cancer and the social determinants of health are proven and the risks are higher for the Traveller population in Ireland. The contributory factors for these health issues for Travellers are higher and more prevalent than for the general population. Figure 2 below shows the contributory factors to ill health for the main health issues faced by Travellers.

**Figure 2. Contributory Factors to health issues experienced by Travellers.**



The contributory factors to poor physical and mental health shown in Figure 2 are closely linked to the Social Determinates of Health model discussed earlier in this plan. The local consultation confirmed the prevalence of these factors for Travellers in CHO 1. Given the wide range of issues that affect Traveller health it is essential for statutory and non-statutory agencies and the community and voluntary sector to work together to address these issues.



# - SECTION THREE -

## NATIONAL AND LOCAL CONTEXT OF THE PLAN



# 3.0 NATIONAL AND LOCAL CONTEXT OF THE PLAN



## 3.1 NATIONAL CONTEXT

According to the 2011 Census the total number of Travellers in Ireland was 29,573, up from 22,435 in the 2006 census (an increase of 32%). The data from the 2016 census shows a small increase of 4.6% to 30,987. Of these 15,377 are male and 15,610 are female (Source: CSO). This CHO 1 Traveller Health Strategic Plan does not, and cannot stand alone; it is linked to, and complements a number of national strategies and these are listed below. There are number of national strategies and policy documents that are relevant to this plan. Those directly related are explained below and other documents are listed with further details available in Appendix Three.

### TRAVELLER ETHNIC MINORITY STATUS

As stated above, in March 2017, the Irish Government announced formal recognition for Travellers as a distinct ethnic group within the State. For many years the Traveller community campaigned to have their unique heritage, culture and identity formally recognised by the State. Travellers have always self-identified as a distinct group. That self-identification is now officially respected. Although it will not bring immediate new rights to Travellers, it be hugely important in enabling the community to leverage better access to their in health and wellbeing, education, housing, training and employment.

### NATIONAL TRAVELLER AND ROMA INCLUSION STRATEGY 2017 – 2021 (NTRIS).

Launched in June 2017, the new National Traveller and Roma Inclusion Strategy (NTRIS) is the result of the participation and cooperation of a wide range of individuals, organisations and Government Departments. The development of the strategy involved a comprehensive public consultation process, including two rounds of public meetings and engagement with Travellers organisations at national level. Amongst the key commitments in the new Strategy are actions around cultural identify, education, employment, children and youth, health, gender equality, accommodation, community and public services.

**ALL IRELAND TRAVELLER HEALTH STUDY: OUR GEELS 2010.** The All Ireland Traveller Health Study was published in 2010 and it is the first study of the health status and health needs of all Travellers living on the island of Ireland, North and South. It is a far-reaching report that documents the health status of Travellers, outlines the factors that influence their health status, examines how services available are used by Travellers and considers the attitudes and perceptions of Travellers to health services. The study draws parallels between mental health, suicide and social disintegration and notes that suicide among Travellers is six times the rate of the general population and accounts for approximately 11% of all Traveller deaths. Suicide rates for Traveller men is seven times higher than in the general population and suicide rates of Traveller young people are also higher.

The study's research demonstrates ample evidence of risk factors for mental ill-health, depression and suicide in the Traveller community. Adverse trends include the disintegration of traditional family structures, the decline of religious certainty or belief and high rates of unemployment. Perceived discrimination is identified as a major problem for Travellers and this directly influences mental health leading to feelings of depression, anxiety and suicide.

The All-Ireland Traveller Health Study provides important contextual information and facilitates an enriched understanding of the experiences and needs of the Traveller community in Ireland in relation to wellbeing, mental health, self-harm and suicide. Other relevant national policies are:

- Healthy Ireland: A Framework for Improved Health and Wellbeing 2013–2025 (6)
- A Vision for Change: Report of the Expert Group on Mental Health Policy
- Connecting for Life, Ireland’s National Strategy to Reduce Suicide 2015 - 2020
- Reducing Harm, Supporting Recovery – a health led response to drug and alcohol use in Ireland 2017-2025
- Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014–2020

**PAVEE POINT POSITION PAPER ON TRAVELLER MEN’S HEALTH.** The need for a focus on Travellers men’s health sits within the context of growing international recognition of the need for a focus on men’s health in general. Despite progress in medicine, health care, and public health, men consistently suffer more serious illness than women and die at an earlier age.<sup>1</sup> The facts about Traveller men’s health paint a stark picture. Travellers, both men and women, experience poorer health outcomes overall compared with the general population. However, whilst Traveller women’s health outcomes have improved in recent years, Traveller men’s has not.

**EXCHANGE HOUSE IRELAND, NATIONAL TRAVELLERS SERVICE. TALK WITH US, LEARN WITH US, GROW WITH US STRATEGIC PLAN 2015 – 2017.** Exchange House Ireland has over 35 years’ experience providing Traveller specific, professional, front-line family support, crisis intervention, education, training and children and young people’s services in Ireland. Their mission is to provide a range of Traveller specific frontline services and supports to individuals, families and communities with care and integrity. Talk with Us, Learn with Us, Grow with Us, the strategic plan for 2015 – 2017 sets out the vision strategy and goals and objectives to deliver their mission.

**PAVEE POINT IRISH TRAVELLER & ROMA WOMEN JOINT SHADOW REPORT: A RESPONSE TO IRELAND’S CONSOLIDATED SIXTH AND SEVENTH PERIODIC REPORT TO THE UN COMMITTEE ON THE ELIMINATION OF DISCRIMINATION AGAINST WOMEN (JANUARY 2017).**

In order to progress the socioeconomic, cultural and political rights of Traveller and Roma women the following must be addressed; the introduction of gender specific objectives, targets, activities and indicators in all policy areas, including education, training, employment, health, accommodation, violence against women and local and community development initiatives, the disaggregation of data by ethnicity and gender across all administrative systems and mainstream services, and active and meaningful consultation with Traveller and Roma women’s representative organisations in the development, implementation, monitoring and evaluation of all relevant policies and the incorporation of advisory and appropriate decision making powers into relevant consultative structures.

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<sup>1</sup> David Wilkins & Erick Savoye (eds) Men’s Health around the world: a review of policy and progress across 11 countries, European Men’s Health Forum, (2009). Available at: <http://taneora.co.nz/wp-content/uploads/2015/06/Mens-Health-aroundthe-world.pdf>



**IRISH HUMAN RIGHTS AND EQUALITY COMMISSION CEDAW REPORT** The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) report identified the issue of over-representation of Traveller women in prison. This is linked to broader issues facing Traveller women; Traveller ethnicity, accommodation and education, The report states that “States parties must legally recognise and prohibit forms of discrimination and their compounded negative impact on the women concerned”.

**TRAVELLERS IN PRISON INITIATIVE.** Coordinated by St. Stephen’s Green Trust, the Travellers in Prison Initiative (TPI) is a project which was developed during the second half of 2014. The TPI is a response to the particular needs and circumstances of Travellers within the 14 prisons within the Republic of Ireland and within the Central Mental Hospital. It is recognised that there is a disproportionate number of Travellers within Irish prisons – although Travellers only account for 0.6% of the overall population in the Republic of Ireland they account for 22% of the female prison population and 15% of the male prison population (source: Irish Prison Service). The TPI has been developed to support existing programmes, to provide more co-ordination and to set up new projects aimed at assisting Travellers in prison and at reducing the number of Travellers in Irish prisons.

### **3.2 TRAVELLER SUPPORT STRUCTURES.**

#### **NATIONAL TRAVELLER HEALTH ADVISORY COMMITTEE (NTHAC).**

Many of the structures in place to manage Traveller health issues have their origin in the Report of the Task Force on the Traveller Community (1995). The Task Force recommended the establishment of a Traveller Health Advisory Committee and Traveller Health Units (THU). In 1998, the Traveller Health Advisory Committee (THAC) was set up. The committee is representative of the DOHC, the HSE and the National Traveller organisations, i.e. Pavee Point, Irish Traveller Movement and the Traveller Women’s Forum. The terms of reference for THAC included drawing up a national policy for a health strategy to improve the health status of the Traveller community. The document, Traveller Health: A National Strategy 2002 – 2005 (Department of Health and Children, 2002) sets out a response to the inequities identified in Traveller health status.

Also in 1998 a specific ‘Traveller health budget’ was allocated to each of the health boards to develop Traveller health initiatives and to establish regional THUs. THUs now operate in each HSE area and work in partnership with local Traveller organisations. This group was responsible for the development of the Traveller Health Strategy and one of the key recommendations in the strategy was the All Ireland Traveller Health Study (4).

#### **HSE NATIONAL TRAVELLER HEALTH ADVISORY FORUM.**

The role of this forum is to:

- Advise on the key priorities for Traveller Health as they relate to all health providers, including findings of the All Ireland Traveller Health Study .
- Set guidelines and principles to inform the allocation and accountability principles of the Traveller Health Budget .
- Highlight emerging needs and issues and possible responses .
- Share knowledge, experience and good practice in relation to Traveller health and seek to replicate where appropriate.

- Advise on the cultural appropriateness of services.
- Advise on best practice standards to be implemented nationally taking a community development approach.
- Act as an effective link between National, Regional and Local levels.
- Discuss issues that are common to all THU's.
- Contribute to the decision making process in relation to Traveller Health.
- Support partnership working .
- Advise on implementation of National Strategy, including linking with and supporting implementation of prioritised recommendations of the HSE National Intercultural Health Strategy, with particular reference to actions contained in the HSE National Service Plan .
- To promote and support development of data collection aimed at facilitating evidence based planning, monitoring and reporting around the health needs and outcomes of service users from the Traveller community .

## NATIONAL TRAVELLER HEALTH NETWORK

The Pavee Point health team established the National Traveller Health Network (NTHN) in 1997 and have coordinated its activities since then as a forum for training, representation, feedback and information exchange for Traveller groups involved in Traveller health. The NTHN is an essential forum through which Traveller organisations share their learning experiences, discuss common issues that affect them and familiarise themselves with new developments in relation to Traveller health. The national Traveller organisations also use it as a mechanism to develop a mandate, receive support and provide feedback and information from the National Traveller Health Advisory Committee.

## TRAVELLER HEALTH UNITS (THU)

The origins of the Traveller Health Units lie in the 1995 report of the Task Force on the Travelling Community. The report recommended that that each Health Board should establish a Traveller Health Unit. It set out a mandate for the Traveller Health Units to:

- To monitor the delivery of health services to Travellers and to set regional targets against which performance may be measured.
- To ensure that Traveller health is given due prominence on the agenda of the HSE.
- To ensure coordination and liaison between the HSE and other statutory and voluntary bodies, in relation to the health situation of Travellers.
- To collect data on Traveller health and utilisation of health services.
- To ensure the appropriate training of health service providers in terms of their understanding of and relationship with Travellers. To support the development of Traveller-specific services, either directly by the HSE or indirectly through funding appropriate voluntary organisations.



## 3.3 LOCAL CONTEXT

### LOCAL POLICY CONTEXT

There are a number of local policy documents and strategic plans that impact on the lives, health and wellbeing of the Traveller population in CHO 1. These are described briefly below.

### SOCIAL INCLUSION AND COMMUNITY ACTIVATION PROGRAMME (SICAP) 2015-2017

The Social Inclusion and Community Activation Programme (SICAP) 2015-2017 is funded by the Irish Government and co-funded by the European Social Fund and includes a special allocation under the Youth Employment Initiative. The aim of the Social Inclusion and Community Activation Programme (SICAP) is to reduce poverty and promote social inclusion and equality through local, regional and national engagement and collaboration. Its vision is to improve the life chances and opportunities of those who are marginalised in society, living in poverty or in unemployment through community development approaches, targeted supports and interagency collaboration, where the values of equality and inclusion are promoted and human rights are respected.

Local Community Development Committees (LCDCs) in Donegal, Sligo, Leitrim, Cavan and Monaghan are required to focus on social inclusion through empowering communities to work collaboratively with relevant stakeholders using a broad range of supports and interventions facilitated via the new programme funds. The Programme Implementers, with the support of LCDCs, will target those most disadvantaged and excluded in our society. It will afford local flexibility to respond to local priorities in the context of the national programme framework.

### SOCIAL INCLUSION COMMUNITY ACTIVATION PROGRAMME (SICAP) UNDER COUNTY LOCAL PARTNERSHIP COMPANIES.

Responsibility for delivering the SICAP programme in the five counties in CHO 1 lies with the local partnership companies in each County. The programme is currently focused on three main goals:

1. To support and resource disadvantaged communities and marginalised target groups to engage with relevant local and national stakeholders in identifying and addressing social exclusion and equality issues.
2. To support individuals and marginalised target groups experiencing educational disadvantage so they can participate fully, engage with and progress through life-long learning opportunities through the use of community development approaches.
3. To engage with marginalised target groups/individuals and residents of disadvantaged communities who are unemployed but who do not fall within mainstream employment service provision, or who are referred to SICAP, to move them closer to the labour market and improve work readiness, and support them in accessing employment and self-employment and creating social enterprise opportunities.

The programme is delivered with the support of community groups, organisations, volunteers and agencies. Under the new SICAP programme 2016 – 2018, the local partnership companies have resources to support marginalised and disadvantaged groups in relation to social inclusion e.g. Travellers, people with disabilities and LGBTQI people.

## COUNTY LOCAL ECONOMIC AND COMMUNITY PLANS (LECP) 2016 – 2021

The Local Government Reform Act, 2014 requires the preparation of a six year Local Economic and Community Plan (LECP) for each county. The purpose of the LECP is to identify areas where further work is required to meet the needs of the County, while highlighting the considerable work being carried out by partners and stakeholders in the statutory and community and voluntary sectors. It is apparent from the volume and diversity of work being carried out that there is a strong drive amongst service providers, support and interest groups and various other initiatives to improve outcomes for each County. There are 5 LECPs in CHO 1; Donegal, Sligo, Leitrim, Cavan and Monaghan.

## CHILDREN AND YOUNG PEOPLE'S PLANS 2017 – 2019

The work of the County Children and Young People's Services Committee (CYPSC) relates to the five National outcomes for children, they state that children will be:

1. Healthy, both physically and mentally
2. Supported in active learning
3. Safe from accidental and intentional harm and secure in the immediate and wider physical environment
4. Economically secure
5. Part of positive networks of family, friends, neighbours and the community and included and participating in society

The plans make recommendations across the 5 National Outcomes at a local level. \*

## 3.4 CHO 1 TRAVELLER NUMBERS, STRUCTURES AND SUPPORTS.

According to the 2016 Census there are 1,928 Travellers in the CHO 1 area. The geographic and gender breakdown is shown in Table 1.

**Table 1. Number of Travellers in CHO 1 area (Source: CSO)**

COUNTY	FEMALE	MALE	TOTAL NO. OF TRAVELLERS	% PER 1,000 POPULATION
Donegal	280	306	586	3.8
Sligo	202	184	386	6.0
Leitrim	90	113	203	6.4
Cavan	228	249	477	6.3
Monaghan	131	145	276	4.5



The number of Travellers gathered through the information held by the county Traveller Projects shows the following information:

**Table 2. Number of Travellers by county reported at a local level.**

COUNTY	FEMALE	MALE	TOTAL NO. OF TRAVELLERS
Donegal	621	600	1,221
Sligo	-	-	556
Leitrim	-	-	272
Cavan	-	-	900 (estimated)
Monaghan	-	-	276

The numbers reported at a local level are generally higher than the census figures. This is due to Travellers not completing the census forms and also the potential reluctance to identify as a Traveller due to their experiences of discrimination and racism<sup>2</sup>. Throughout CHO 1, Traveller families are generally spread across the whole county rather concentrated in one located, although in Leitrim 95% of Travellers live in the town of Carrick-on-Shannon.

In Donegal the difference between the CSO Traveller numbers and the local count is due to incorrect guidance given to Travellers when completing the census form. The Travellers were told to tick both the Irish and Irish Traveller ethnicity boxes, and only the former would have been counted. This has led to the 110% difference between the local and census Traveller numbers.

## HSE COMMUNITY HEALTH ORGANISATION (CHO 1) STRUCTURES.

In 2014/15 the HSE established nine Community Healthcare Organisations (CHOs) to replace the 17 Integrated Service Areas. The aim of the structures is to make it easier for people in local communities to access services, navigate from community care to hospital service and discharge back to the community. Links between the health service and local authorities, Garda Síochána and the Child and Family Agency will also be improved. The aim is also to improve management and accountability and allow for stronger local decision-making. CHO 1 covers Counties Donegal, Sligo, Leitrim, Cavan and Monaghan. Each CHO has four divisions; Social Care – Disabilities and Older People, Mental Health, Primary Care and Health & Wellbeing.

## TRAVELLER SERVICES AND SUPPORTS IN CHO 1.

Within CHO 1 the HSE fund a number of Traveller Primary Healthcare Projects. Table 3 provides details of these projects. There are two independently managed Traveller organisations (Donegal Travellers Project and Sligo travellers Support Group, the Cavan Traveller Project is managed by Extern and the Leitrim Traveller Project is managed by Leitrim Development Company. In addition there is also the Cavan Traveller Movement and the Leitrim Traveller Development Group – the latter do not receive funding from the HSE. The ambition of the projects that are not independent is to work towards independence as this is seen as the best practice model.

<sup>2</sup> The CSO and locally provided numbers do not include transient Traveller families.

**Table 3. Traveller services and supports in CHO 1.**

SERVICE/SUPPORT	DONEGAL	SLIGO	LEITRIM	CAVAN	MONAGHAN
<b>HSE Funded Traveller Primary Healthcare Project</b>	<p>Donegal Travellers Project</p> <p>1 x Primary Health Care Team Leader (30 hours per week)</p> <p>6 x CHWs (101 hours per week)</p> <p>1 x Full Time Men's Health and Development Worker (35 hours per week)</p> <p>1 x Health and Community Development Worker (28 hours per week)</p> <p>1 x Full Time Health Development and Policy Worker (35 hours per week)</p>	<p>Sligo Travellers Support Group</p> <p>1 x Full Time Coordinator (35 hours)</p> <p>4 x CHWs (75 hours per week)</p> <p>1 x Part Time Men's Health Workers (2.5 days per week)</p> <p>1 x Part Time Admin Support (17.5 hours per week)</p>	<p>Leitrim Traveller Project (LDCO)</p> <p>Part Time Coordinator x 1 (21 hours per week)</p> <p>5 x CHWs (35 hrs per week)</p> <p>1 x Part Time Men's Development Worker (21 hours per week)</p> <p>1 x Part Time Development Worker (21 hours per week)</p>	<p>Cavan Traveller Project (Extern)</p> <p>Full Time Coordinator x 1 (35 hours per week)</p> <p>5 x CHWs (30 hrs per week)</p>	None
<b>HSE Traveller Public Health Nurse</b>	Yes	Yes	Yes	No	No
<b>Local Authority Traveller Accommodation</b>	Yes	Yes	Yes	Yes	Yes
<b>Traveller Health Unit</b>	1 x THU in place for Donegal, Sligo & Leitrim – NW THU				

At present there is a North West Traveller Health Unit which incorporates representation from Cavan / Monaghan THU. This will be reviewed within the new HSE Community Health Organisation (CHO) Structures to become a HSE Regional Traveller Health Unit for CHO1.



Other supports and services in CHO 1 include:

- Traveller Interagency Groups (TIGs). At present only the TIGs in Leitrim and Cavan are operational.
- Local Traveller Accommodation Consultative Committees (LTACCs). In Counties Leitrim and Sligo
- Hungry Horse Project promoting and providing equine training and care for Traveller animals – Leitrim County Council (Sligo will implement this project in December 2017)
- Urban Horse Project which provides training for young travellers in equine care and horse riding – Leitrim County Council (Sligo will implement this project in December 2017)
- Workshops on money management, applications for financial support, general support, advice and advocacy, referral to counselling/further supports (Leitrim MABS)
- After school care offered by Sligo County Childcare Committee/STSG in Sligo Town and Tubbercurry, and Leitrim Traveller Project (funded by the ETB)
- Training and Personal Development supports (Donegal – Inishowen Development Partnership)
- ECCE Preschool in Leitrim
- HSE & DSP Advocacy Service offered by Leitrim Traveller Health Project

## TRAVELLER PRIMARY HEALTHCARE PROJECTS

The Traveller Primary Health Care projects have the following objectives:

- To establish Primary Health Care as a Model of Good Practice to address Travellers' Health
- To develop the skills of Travellers in providing community based health services
- To liaise and assist in dialogue between Travellers and health service providers
- To highlight gaps in health service delivery to Travellers and work towards reducing inequalities that exists in established services

The model of Primary Health Care for Travellers requires engagement with health service providers, and effective Traveller participation to address the specific and collective needs of the Traveller Community. The work of the projects is based on outreach work in the community with Traveller families. They also provide training on Traveller culture and specific Traveller health needs to service providers and other Traveller groups. Their work encompasses:

- Providing health education and information to Travellers in the County
- Organising community health education sessions.
- Working in partnership with the HSE and other statutory organisations to address the health needs of Travellers
- Designing and publishing culturally appropriate health promotion materials and education posters on issues such as Immunisation, Healthy Living and Suicide Awareness
- Organising appropriate clinics for Child Health, Diabetes, Obesity and Cardio-Vascular Health
- Development of innovative approaches to address issues impacting Traveller health

- Networking with Traveller organisations at a local, regional, National and European level
- Providing in-service training for health professionals on anti-racism, Traveller Culture, Traveller health needs and Traveller led responses
- Traveller representation at local, regional and national committee levels
- Policy development, advocacy work and position papers
- Providing support and resources to Travellers

The HSE currently fund Traveller Primary Care Projects in Donegal, Sligo, Leitrim and Cavan. The Cavan Project has an extended remit for some work in Monaghan. These projects are accountable for delivering on the three HSE Traveller Key Performance Indicators (KPIs). The KPIs are reflected in the Service Level Agreements between the HSE and the organisation operating the project Reporting is by gender and age (Under 18 and Adult). The KPIs are:

**KPI 1:** Number of people who received awareness training and information on Type 2 diabetes and cardiovascular health

**KPI 2:** Number of people who received awareness raising and participation in positive mental health initiatives

The national KPIs do not reflect the breadth and depth of work undertaken at a local level in the Traveller Primary Healthcare Projects. Appendix Four shows the additional activities undertaken by the Traveller Primary Healthcare projects in CHO.

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Note: In Cavan the Community Health Workers are known as Primary Healthcare Workers but the role and responsibility are the same.

Appendix Five provides details about the roles of the Traveller Health Project Coordinators, Traveller Community Health Workers and the HSE Traveller Public Health Nurse.





# - SECTION FOUR -

# HOW THE STRATEGIC PLAN WAS DEVELOPED



## 4.0 HOW THE STRATEGIC PLAN WAS DEVELOPED



A CHO 1 Traveller Strategic Plan Steering Group was established in early 2017 and met regularly through the preparation of the plan. The Steering provided direction, guidance and support as well as actively supporting the consultation process by arranging local consultation meetings and focus groups.

The most important element of preparing the plan was the Traveller consultation and engagement process. This was important not only to ensure the views of Travellers and those that work with them, and to ensure that the plan was referenced by local experience and expertise, but also to ensure that the Traveller community feel ownership of the plan by seeing their ideas and feedback reflected in the document. At this point it is important to clarify that the actions are evidence informed.

Travellers with disabilities were not covered specifically in the local consultation. However, a number of issues and challenges were raised by the people consulted and these have been taken account of in developing the actions for the plan.

The consultation process consisted of the following elements:

- Meetings with Traveller families in all five counties
- Meetings with the Traveller Project Coordinators in Donegal, Sligo, Leitrim and Cavan. There is currently no Traveller Project in Monaghan, but the Cavan project does engage in some outreach there. A meeting was arranged with the manager of Teach na nDaoine – Monaghan Family Resource Centre, in order to gather some level of information and data from the county.
- Workshop with all CHO 1 Primary Health Care Workers on 16th May (also attended by the project coordinators)
- Online survey for Traveller Interagency Group (TIG) members from 4 of the 5 counties. It is important to note that only two TIGs are currently active so the response was not expected to be high (19 responses).
- Conversations with key stakeholders from across CHO 1
- Communication/conversations with national organisations (Pavee Point, Irish Traveller Movement, DOJ, St. Stephen's Green Trust)

Table 3 below shows the detail of the consultation which took place between March and July 2017.



**Table 3. CHO 1 Traveller and Traveller Organisation Consultation**

COUNTY	CONSULTATION
Donegal	<p>Traveller Women Focus Group (7 women)</p> <p>Traveller Men Focus Group (17 men)</p> <p>Traveller family in Ballintra</p> <p>Traveller Project Coordinator (1 meeting)</p> <p>Traveller Young People's Focus Group (5 girls/young women)</p>
Sligo	<p>Traveller families in Sligo Town (2) and Tubbercurry (1)</p> <p>Traveller Project Coordinator (1 meeting)</p> <p>Traveller Men's Health Worker (1 meeting)</p>
Leitrim	<p>Traveller families in Mohill (1), Carrick-on-Shannon (3) and Manorhamilton (1)</p> <p>Traveller Development Worker (2 meetings)</p> <p>Traveller Men's Worker</p> <p>Traveller Project Coordinator (2 meetings)</p>
Cavan	<p>Traveller Families in Cavan (3)</p> <p>Members of the Cavan Traveller Men's Shed (4)</p> <p>Cavan Traveller Movement Coordinator (2 meetings)</p> <p>Meeting with Primary Health Care Workers</p> <p>Traveller Project Coordinator (2 meetings)</p>
Monaghan	<p>Traveller families in Monaghan (3)</p> <p>Manager of Monaghan Family Resource Centre and staff (1 meeting)</p>



# - SECTION FIVE -

# CONSULTATION

# FINDINGS



## 5.0 CONSULTATION FINDINGS

This section provides the feedback from the local consultation process. The consultation took place between May and July 2017. As expected the consultation raised a very broad range of issues, not always directly related to health for example, community and family pressure to remain together when a marriage breaks down and community and family pressure to hide LGBTQI status.

All those consulted as part of developing this strategic plan were open and willing to share their views and experiences. Without exception the key issues that was mentioned by all those consulted was accommodation and the impact the standard of accommodation Travellers were living in has on their health and wellbeing.

Many of the problems with the HSE that Travellers did mention during the consultation are reflected in the concerns of the general population, and need to be addressed as such, only taking specific actions for Travellers when their ethnic identity and culture creates additional issues and challenges. The general issues identified were:

- Access to HSE CAMHS
- Waiting times too long for all Mental Health Services
- Long waiting lists for all other part of the HSE
- Service improves when you are 'in' – part of the system. It is getting access to services that is challenging
- See different doctors psychiatrists on each visit – having to retell your story
- Lack of access to counselling services
- Jigsaw (where available) waiting lists are too long
- Long dental waiting lists for children/hard to access the dentist
- Access to screening services in County Monaghan

Many of those consulted had positive experiences of their health services at both primary and secondary care level, although some Travellers felt that their GPs were dismissive and did not give them the time they needed to discuss their health concerns. Table 4 shows the locally identified health concerns by population group.

**Table 4. Health issues and other concerns identified during the consultation process.**

GROUP	ISSUES/CONCERNS IDENTIFIED
All (not specified)	<p><b>Health Concerns:</b> mental health problems and associated stigma, general population, health related communications are not working as well as they could for Travellers</p>
	<p><b>Other Concerns:</b> Discrimination resulting in a mistrust of services, Lack of cooking skills, abusive relationships/family feuds, medical card out of date, access to transport to attend appointments, arranged marriages at a very young age, poor accommodation</p>
Women	<p><b>Health Concerns:</b> Stress, Anxiety Respiratory Problems, Post-natal depression (linked to poverty), Miscarriage (relating to accommodation), Diet, Breast Cancer, Cancer, Addictions/Substance misuse, Mental Health, Some GPs are not very helpful, Smoking related illnesses, Traveller women neglect themselves over their family, Cervical screening</p>
	<p><b>Other Concerns:</b> Homelessness, Overcrowding (accommodation), Discrimination, Educational disadvantage, Unemployment, Domestic Violence, fear of speaking out, fear of Child Protection Services (TUSLA), afraid to get Gardai involved as they will contact Children Services and children will be removed from the family home, married too young, low self-esteem</p>
Men	<p><b>Health Concerns:</b> Lack of awareness of health issues (physical and mental), Respiratory Problems, Cancer, Mental Health, Self-Harm, Substance Misuse, Addictions, Diabetes, Obesity, Suicide, Cardiovascular Disease, unwilling to visit the GP and to discuss their health concerns (in some cases the women in the family will go to see the GP on their behalf)</p>
	<p><b>Other Concerns:</b> Overcrowding (accommodation) Lack of support when men come out of prison, Discrimination, Knowing their rights, Homelessness, Isolation, Unemployment, Lack of education, Accommodation, Poverty, It takes time to build up trust to open up and share health concerns with people who can help</p>
Children	<p><b>Health Concerns:</b> Respiratory Problems, Behavioural disorders, Metabolic disorders, Cancer, Asthma, Diet, Obesity, More awareness about childhood immunisation programme (fear of needles), dental problems, lack of access to autism counsellor</p>
	<p><b>Other Concerns:</b> Overcrowding (accommodation), Homelessness, Living on side of road, Low educational expectations (leading to low educational attainment/early school leaving), Identity Issues, Poverty, Discrimination, communication (too many gadgets), Peer pressure, Cyberbullying</p>
Older People	<p><b>Health Concerns:</b> Respiratory Problems, Diet, Stroke, Depression, Cancer, Diabetes, CV Disease, Eyesight problems, Arthritis, Fluid retention, Obesity, Blood Pressure problems No direct services for Older People, Difficulty accessing health services</p>
	<p><b>Other Concerns:</b> Overcrowding (accommodation), Loneliness, Isolation, Poverty, Knowing their rights, Literacy difficulties, Lack of trust in services, lack of carers</p>



The consultation also asked specific questions about Traveller health and the responses given are listed below.

## WHAT KEEPS TRAVELLERS IN GOOD MENTAL AND PHYSICAL HEALTH?

- Regular Community Health Worker support (understand their needs)
- Community Events
- Travellers and settled people working together
- Being proud of their identity
- Parents working better with schools
- Knowing their rights
- HSE Public Health Nurse
- Employment
- Solidarity
- Support of extended families
- Good accommodation
- Getting together – going for a walk, coffee mornings
- Screening (men and women)

## WHAT ARE THE CHALLENGES FOR TRAVELLERS IN MAINTAINING GOOD PHYSICAL AND MENTAL HEALTH?

- Accessing services
- No designated Public Health nurse (Cavan/Monaghan)
- Not appreciating why a service is important, e.g. diabetes is the leading cause of amputations/blindness in Ireland, yet many Travellers will not attend podiatry clinics, diabetic eye screening service or dietitians
- Racism and discrimination (fear of being treated differently)
- Poor communication
- Poor/Unsuitable accommodation
- Unemployment
- Low educational expectations
- Literacy difficulties
- Government policy
- Laws against nomadism

- Traveller strategies and plans not being implemented
- HSE not always aware of Traveller health issues
- Poverty
- Substance misuse
- Afraid to ask for help
- Exclusion
- Children not attending school
- The medical card application form is very complicated to complete (linked to literacy difficulties)

## WHAT CAN THE HSE DO TO SUPPORT BETTER HEALTH FOR TRAVELLERS?

- GP training
- Provide a designated dentist to work with the Traveller community
- Work with Local Authorities over accommodation issues that affect mental and physical health
- Shorter waiting lists for all services
- Improved access to easy to understand health information (general and after a specific diagnosis)

## WHAT NEEDS TO BE DONE TO IMPROVE TRAVELLER HEALTH?

- Improved outcomes from education at all levels
- Higher self-esteem and self-confidence
- Greater involvement with wider community activities would benefit all round Better living conditions including more space
- Improved education/training in relation to health issues - diet, exercise, overall health and wellbeing
- Evaluate all we do to ensure it works, if not find out where we are going wrong.
- Designated mobile Traveller support centre to allow for members of the Traveller community to attend for advice and support related to health matters.
- Improved communication between healthcare professionals and Traveller community
- Health education in schools to dispel myths and ensure children start taking responsibility for own health from an early age
- Greater follow up by HSE on child immunisations
- Take an interagency approach
- More Primary Health Care Workers and certified quality training for the role
- Explore issues such as transport, the absence of which make engaging Travellers difficult
- Family friendly programmes that look at healthy eating and diet, lifestyle and health and well-being.



- Improved accommodation
- Improved employment opportunities
- Improved links between Traveller Primary Healthcare Projects and the HSE Public Health Nurses
- More services and supports to help Travellers feel connected within their own communities and with the settled community.
- Targeted programmes to reduce smoking and raise awareness of healthy lifestyle
- LGBT supports for Traveller young people
- Targeted physical activity programmes for example through sports partnership (design activities to specifically attract young Travellers e.g. boxing initiatives, gym membership)
- Universal parenting programmes (covering child development, nutrition, relationships, lifestyle).

The consultation also highlighted a range of issues that are not directly health related but fit well within the Social Determinants of Health Model. These are outlined below.

## ACCOMMODATION

- Not fit for purpose in many cases
- Once accommodation has been provided it is extremely difficult to get a new house when family/personal circumstances change
- In some counties access to the local authority Traveller Housing Officer is very limited
- Some local authorities are better than others in relation to providing accommodation support for Travellers
- Overcrowding – too many people living in a small space e.g. no bedrooms or a separate kitchen
- Not meeting building/fire regulations e.g. oil tank too close to the house, and appliances blocking exit routes
- Getting accommodation adapted to meet the needs of the family/individual e.g. disabled access
- Private landlords are unwilling to rent to Travellers and Travellers are generally unable to access this market due to affordability

## DISCRIMINATION

Throughout the consultation discrimination was mentioned frequently by both Travellers and those that support them. In particular this related to access to acceptable and fit for purpose accommodation and lack of employment opportunities. Although the health service was mentioned in the context of discrimination there were also many positive experiences of the HSE that Traveller families related. Their experiences very much reflected the views of the individual they were dealing rather than general institutional discrimination.

## EMPLOYMENT AND TRAINING OPPORTUNITIES

The reasons Travellers cited for being unable to secure employment were discrimination, lack of experience and poor education attainment levels. This can lead to low self-esteem and mental health problems. Young Travellers mentioned that they saw little point in staying at school when they have no chance of securing a job due to their identity.

## TRAVELLER IDENTITY.

A number of Travellers consulted know of people or were themselves unwilling to identify themselves as Travellers due to the discrimination they have experienced in their lives. This can potentially create issues in relation to family and mental health

## DOMESTIC VIOLENCE.

A number of Traveller women consulted acknowledged the experience of both emotional and physical domestic abuse within the Traveller community. They report that fear of the Child Protection Services getting involved and removing their children from the home is the primary reason women may remain in abusive relationships.

**CARING FOR CHILDREN AND ADULTS WITH DISABILITIES.** There is concern for parents with children and adults with physical and intellectual disabilities in relation to who will care for them when they are no longer there to do so themselves. The concern is linked to the lower mortality rates within the Traveller community.

### ***Connecting for Life Cavan and Monaghan.***

As part of the consultation process for developing the suicide prevention action plan *Connecting for Life Cavan and Monaghan*, through Extern Traveller Primary Health Care team 30 Traveller families were interviewed from across the county. The key findings from the consultation are outlined below.

## SUICIDE AND MENTAL HEALTH

- Remove the stigma of mental health problems
- Provide better employment, education and leisure opportunities for Travellers
- Provide cultural competency training
- Provide information on where to go for help
- Openness and better understanding about LGBTQI
- Provide opportunities for Traveller men to come together and talk about their problems and challenges
- Improve the acute hospital mental health unit



## GENERAL HEALTH AND WELLBEING

- Improved Primary Health Care for Traveller men
- More opportunities for women to get involved in Primary Health Care
- Cultural competency training
- Reduce waiting lists (counsellors)
- Train counsellors to work with Travellers
- More places to meet for a cup of tea and a chat
- Fear that social services removing children from the family so reluctance to engage with services
- Issues of substance misuse with drugs becoming an increasing problem with Travellers – particularly young men and women
- Alcohol misused also remains an issue



## - SECTION SIX -

# CH01: TRAVELLER HEALTH STRATEGIC PLAN MISSION, OBJECTIVES AND ACTIONS



## **CHO 1 TRAVELLER HEALTH STRATEGIC PLAN MISSION**

*“To achieve health equality for the Traveller community across the region with equality of outcome from health services and supports, taking account of the needs and making special provisions where required, in order to support an improvement in the broader social determinants of health that are the responsibility of a range of agencies and organisations”*

The actions in this plan have been aligned to the National Traveller and Roma Inclusion Strategy (NTRIS) strategic themes and objectives. The HSE and the Traveller Primary Healthcare Projects will lead on all the health based actions. Those actions that relate to the broader social determinants of health that are assigned to other agencies and organisations will require negotiation and agreement after the plan has been published, and the successful implementation of these broader actions is contingent on the commitment to action by the identified leads.

## **NATIONAL TRAVELLER AND ROMA INCLUSION STRATEGY STRATEGIC THEMES AND THE NUMBER OF ACTIONS IN THIS PLAN UNDER EACH THEME**

1. Cultural Identity (1)
2. Education Employment and The Traveller Economy (0)
3. Children and Youth (6)
4. Health (48)
5. Gender Equality (2)
6. Anti-Discrimination and Equality (2)
7. Accommodation (2)
8. Traveller and Roma Communities (1)
9. Public Services (2)

There are a total of 64 actions across 8 of the 9 NTRIS Themes. 48 of the 64 (75%) fall under the Health theme. Only NTRIS actions that have a corresponding local action have been included in the action framework in this section.

## **OUTCOMES**

1. Travellers in CHO 1 have improved access to health services and supports
2. Travellers in CHO 1 have improved health outcomes

## **TRAVELLER INTERAGENCY GROUP ACTIONS**

In developing this plan a large number of actions were identified that cannot be led by the HSE and therefore included in this plan at this stage. These actions have been kept and will be handed over to the county Traveller Interagency Groups for review and possible inclusion on their agenda. Please see Appendix 8 for a list of these actions.

## CULTURAL IDENTITY

NTRIS THEME AND OBJECTIVES	NTRIS REFERENCE AND ACTION	CHO 1 ACTION	LEAD	KEY PARTNERS
<p>Travellers and Roma should be supported to develop, preserve and promote their cultural heritage.</p>	<p>5. We will support Traveller and Roma cultural heritage centres and communications media to develop and promote their culture, stories and music of Travellers and Roma, including support for accessible cultural archives, to ensure that Travellers, Roma and members of the settled population can utilise and engage with materials on Traveller and Roma cultural heritage.</p>	<p>CI5.1 Traveller Primary Healthcare Projects to hold annual Open Days to celebrate Traveller culture and reduce discrimination</p> <p>CI15.2 Develop and deliver quality assured Cultural Competency training, including Traveller history, culture and issues, for statutory agency staff in the HSE, TUSLA, Local Authorities, Gardai, Teachers and other agencies as required across CHO 1</p>	<p>Traveller Primary Healthcare Projects</p> <p>HSE</p>	<p>HSE, C&amp;V Organisations</p> <p>TUSLA, LAs, An Garda Siochana, Schools, Education Centres</p>

## CHILDREN AND YOUTH

NTRIS THEME AND OBJECTIVES	NTRIS REFERENCE AND ACTION	CHO 1 ACTION	LEAD	KEY PARTNERS
<p>Appropriate, culturally sensitive, preventative and early intervention supports should be available for Traveller and Roma families, if and when required, to enable children to live in a safe and secure environment.</p>	<p>42. The Department of Health, in conjunction with the Health Service Executive, will develop programmes to address mental health issues among children and youths in the Traveller and Roma communities</p> <p>43. All public bodies, particularly TUSLA and the Health Service Executive, who employ trained and appropriately qualified social workers who work with Traveller and/or Roma families, will deliver appropriate continuing professional development training to develop cultural awareness and competency relevant to the role of the social worker.</p>	<p>CY42.1 CHO 1 Traveller Primary Healthcare Projects/Traveller Organisations to deliver health and wellbeing programmes which impact positively on the mental health of Traveller children, young people and their families</p>	<p>HSE</p>	<p>THU, HSE, Traveller Primary Healthcare Projects/Traveller Organisations</p>



NTRIS THEME AND OBJECTIVES	NTRIS REFERENCE AND ACTION	CHO 1 ACTION	LEAD	KEY PARTNERS
<p>Appropriate, culturally sensitive, preventative and early intervention supports should be available for Traveller and Roma families, if and when required, to enable children to live in a safe and secure environment.</p>	<p>45. TUSLA-led Child and Family Networks will encourage involvement from Traveller and Roma organisations/communities when engaging with Traveller and Roma families. The use of Meitheal (the TUSLA-led National Practice Model for early identification of need and practical help provision) will be encouraged where more than one agency involvement is needed to support children and families and concerns are not at a sufficient level of risk to require Social Work involvement. (Parents participate in Meitheal by their consent.)</p>	<p>CY45.1 Work with Traveller families and statutory agencies to build trust, understanding and improved relationships to improve family support outcomes for Traveller families</p>	<p>Traveller Primary Healthcare Projects</p>	<p>HSE, TUSLA, TIGs</p>
<p>Traveller and Roma children should have opportunities to participate in culturally appropriate youth programmes that meet their needs.</p>	<p>50. TUSLA and the Department of Education and Skills will endeavour to ensure Travellers and Roma have access to appropriate sexual health and relationship education.</p>	<p>CY50.1 Implement the National Sexual Health Strategy across CHO 1 and where appropriate Traveller Primary Healthcare Projects to be represented on the county sexual health forums where they exist</p>	<p>HSE</p>	<p>Traveller Primary Healthcare Projects</p>
<p></p>	<p>51. The Health Service Executive will support the youth sector to develop targeted culturally appropriate programmes for Travellers and Roma which support mental well-being and resilience in youth work settings.</p>	<p>CY51.1 Aligned to Healthy Ireland, develop and deliver targeted culturally appropriate mental wellbeing and resilience programmes for young Travellers</p>	<p>HSE</p>	<p>CYPSC, CHO 1 Youth Organisations, LCDCs, Traveller Primary Healthcare Projects</p>
<p></p>	<p>55. SICAP Programme Implementers will continue to provide supports, which include homework clubs, additional tuition, career guidance/counselling support, community awareness of drugs programmes and youth work in collaboration with schools and other youth programmes/schemes to children and young people from target groups, including Traveller and Roma, who are at risk of early school leaving</p>	<p>CY55.1 Review new SICAP Programmes in early 2018 and request funding allocation through LCDC for Traveller initiatives</p>	<p>Traveller Primary Healthcare Projects</p>	<p>CHO 1 Local Partnership Companies</p>

# HEALTH

NTRIS THEME AND OBJECTIVES	NTRIS REFERENCE AND ACTION	CHO 1 ACTION	LEAD	KEY PARTNERS
<p>Travellers and Roma should have improved access, opportunities, participation rates and outcomes in the health care system.</p>	<p>62. The Health Service Executive will examine how drug and alcohol services engage and educate family members, as appropriate, in the development and delivery of service user care plans.</p>	<p>H62.1 Aligned to the annual CHO 1 HSE Operational Plans, support the provision of training to Traveller organisations and Traveller Primary Health Care Workers in dealing with substance misuse issues e.g. SAOR and Brief Intervention</p>	<p>HSE</p>	<p>Traveller Primary Healthcare Projects, DATFs, National Traveller Organisations</p>
		<p>H62.2 Support the implementation of CHO 1/County plans that address the misuse of alcohol, prescribed drugs, illicit drugs and over-the counter medication in the Traveller Community</p>	<p>DATFs,</p>	<p>HSE, Traveller Primary Healthcare Projects</p>
		<p>H62.3 Ensure the needs of Travellers in relation to drug and alcohol misuse are included in the regional DATF action plans</p>	<p>DATFs Traveller Primary Healthcare Projects</p>	<p>HSE</p>
		<p>H62.4 Training on Traveller health issues in relation to substance misuse will be offered to GPs</p>	<p>HSE</p>	<p>GPs</p>
		<p>H. 62.5 Explore the feasibility of how local Drug and Alcohol agencies can provide designated Traveller support</p>	<p>CHO 1 DATFs</p>	<p>HSE,, Traveller Primary Healthcare Projects, THU</p>
		<p>H62.6 Review and implement the recommendations of the 'Community based study of Synthetic Cannabinoid use in Co. Monaghan, Ireland,' for Travellers across CHO 1</p>	<p>DATFs,</p>	<p>TUSLA, HSE, Traveller Primary Healthcare Projects</p>
		<p>63. The Health Service Executive will ensure that the new Mental Health Clinical Programme to tackle dual diagnosis will take account of the needs of Travellers and Roma with co-morbid mental health and substance abuse problems.</p>	<p>HSE</p>	<p>Traveller Primary Healthcare Projects</p>



NTRIS THEME AND OBJECTIVES	NTRIS REFERENCE AND ACTION	CHO 1 ACTION	LEAD	KEY PARTNERS
	<p>64. The Health Service Executive will facilitate the establishment of a network of regional Traveller peer support workers through Traveller organisations and/or primary healthcare projects to support service users in accessing addiction rehabilitation services.</p>	<p>H64.1 Establish a CHO 1 network of peer support workers through Traveller organisations and/or primary healthcare projects in accessing addiction rehabilitation services</p>	<p>HSE</p>	<p>DATF's Traveller Primary Healthcare Projects/Traveller Organisations</p>
	<p>65. The Department of Health and the Health Service Executive will ensure that there is Traveller and Roma representation on their national and local health-related structures relating to Travellers and Roma, as appropriate.</p>	<p>H65.1 Arrange for Traveller representation on county networks and structures relevant to health e.g. IFAN in Inishowen, Donegal, Community Health Forums (where appropriate)</p>	<p>Traveller Primary Healthcare Projects</p>	<p>HSE, TIGs</p>
	<p>66. The Health Service Executive, in consultation with Traveller organisations, will continue to address the prevalence, range and treatment of chronic health conditions amongst travellers e.g. diabetes, asthma, cardiovascular and circulatory conditions, poor mental health and suicidal ideation.</p>	<p>H66.1 Implement and report on the HSE Traveller Health KPIs, taking account of annual adjustments over the life of the plan: National KPI KPI 1: Number of people who received awareness raising and information on type 2 diabetes and cardiovascular health. KPI 2: Number of people who received awareness raising and participation in positive mental health initiatives. CHO1 KPI KPI 3: Number of people who are assisted by CHW staff to acquire a medical card.</p>	<p>HSE Traveller PHNs</p>	<p>HSE, Traveller Primary Healthcare Projects</p>
		<p>H66.2 Develop a CHO 1 KPI progress monitoring and reporting system and provide training as required to Traveller Primary Healthcare Projects to ensure effective implementation, incorporating an annual progress review of progress against the plan and identification of emerging needs:</p>	<p>HSE</p>	<p>Traveller Primary Healthcare Projects</p>

NTRIS THEME AND OBJECTIVES	NTRIS REFERENCE AND ACTION	CHO 1 ACTION	LEAD	KEY PARTNERS
	67. The Health Service Executive and other relevant bodies, in consultation with Traveller organisations and other stakeholders, will work towards a phased, incremental implementation of a standardised ethnic identifier across all health administrative systems to monitor access, participation and outcomes of all groups, including Travellers and Roma, and to inform the development of evidenced-based policies and services.	H66.3 Explore the feasibility of appointing a Men's Health Worker in County Cavan and County Monaghan	HSE	HSE, Cavan & Monaghan Traveller Primary Healthcare Projects
		H66.4 Review the current approach to Traveller support in County Cavan, including exploring how Cavan Traveller Movement and Cavan Traveller Project can work together more effectively and efficiently	Cavan Traveller Movement, Cavan Traveller Primary Healthcare Project	HSE, LA
		H66.5 Appoint a Traveller Mental Health Coordinator for CHO 1	HSE	HSE
		H66.6 Explore the feasibility of appointing Traveller Public Health Nurses in Cavan and Monaghan and/or the establishment of an independent PHC project/organisation in Monaghan with an not for profit NGO.	HSE	-
		H66.7 Develop the ongoing good work to date. Reinforce and enhance existing interagency and cross-departmental relationships to support ease of access to CAMHS for Traveller children	HSE	CHO 1 THU, TUSLA, Traveller Primary Healthcare Projects
		H67.1 Support the national work in developing the ethnic identifier and related training for HSE systems, designating THU members to lead on this work	THU	HSE, Traveller Primary Healthcare Projects



NTRIS THEME AND OBJECTIVES	NTRIS REFERENCE AND ACTION	CHO 1 ACTION	LEAD	KEY PARTNERS
<p>Travellers and Roma should have improved access, opportunities, participation rates and outcomes in the health care system.</p>	<p>70. The Health Service Executive will promote immunisation uptake among members of the Roma community, with a particular emphasis on early childhood vaccinations.</p>	<p>H70.1 Promote immunisations uptake among Travellers across CHO 1, with a particular emphasis on early childhood vaccinations</p>	<p>HSE</p>	<p>HSE Communications, Traveller Primary Healthcare Projects</p>
<p>Health inequalities experienced by Travellers and Roma should be reduced.</p>	<p>73. The Health Service Executive will develop and implement a detailed action plan, based on the findings of the All Ireland Traveller Health Study, to continue to address the specific health needs of Travellers, using a social determinants approach</p>	<p>H73.1 Review Traveller access to Older People's Services</p>	<p>HSE</p>	<p>THU, Traveller Primary Healthcare Projects, LAs</p>
		<p>H73.2 Review the THU arrangements, extending membership of the current NW THU to become an HSE Regional THU</p>	<p>NTHAF</p>	<p>HSE, Traveller Primary Healthcare Projects Traveller Primary Healthcare Projects</p>
		<p>H73.3 Ensure where Traveller Interagency Groups (TIGs) are in place, that Traveller related actions in CHO 1/County strategies and plans e.g. LECP, HI, SIM and plans are included on the TIG agenda</p>	<p>TIG</p>	<p>Traveller Primary Healthcare Projects</p>
		<p>H73.4 Complete an audit of service use by Travellers in comparison to the general population in relation to genetic/metabolic and sensory disorders to determine any communications, awareness requirements for Travellers.</p>	<p>HSE</p>	<p>HSE Traveller Primary Healthcare Projects</p>
	<p>74. The Department of Health and the health Service Executive will review the existing arrangements for engagement between them and Traveller representative organisations with a view to agreeing improvements to the current arrangements</p>	<p>H74.1 Improve links between CHO 1 Traveller Primary Healthcare Projects and HSE Mental Health Services to provide better support for Traveller families</p>	<p>Traveller Primary Healthcare Projects</p>	<p>HSE</p>

NTRIS THEME AND OBJECTIVES	NTRIS REFERENCE AND ACTION	CHO 1 ACTION	LEAD	KEY PARTNERS	
		H74.2 Review approach to awareness raising of HSE supports and services to the Traveller community across CHO 1	HSE	Traveller Primary Healthcare Projects, THU	
		H74.3 Advocate for the re-initiation of the Traveller Interagency Groups in Donegal, Sligo and Monaghan	THU	-	
			H74.4 Review the health needs of Travellers with disabilities of all ages	HSE	THU, Traveller Primary Healthcare Projects
	75. The Department of Health and the Health Service Executive will continue to ensure that specific funding is allocated for Traveller and Roma health initiatives.		H75.1 Explore the feasibility of how to sustain the Cavan Men's Shed	Cavan Traveller Movement	St Stephens Green Trust, Cavan LA
			H75.2 Explore funding opportunities for Traveller related projects in the PEACE IV Funding Round from a Social Determinants perspective	HSE	Traveller Primary Healthcare Projects, LA
					Traveller Primary Healthcare Projects
	76. Pending a review of service, the Health Service Executive will develop a plan to expand the Primary Healthcare for Traveller Primary Healthcare Projects and take into account also the needs for targeted initiatives for men.		H76.1 Explore the feasibility of establishing a Traveller led Primary Health Care project in County Monaghan	HSE	Support set up of a local Traveller organisation in the area.
			H76.2 Develop and implement a capacity building programme on coping and resilience skills to support Traveller men in accessing health services	HSE	TIGs, Traveller Primary Healthcare Projects
			H76.3 Explore how to more effectively share information and good practice across the CHO 1 Traveller Primary Healthcare Projects.	HSE	Traveller Primary Healthcare Projects



NTRIS THEME AND OBJECTIVES	NTRIS REFERENCE AND ACTION	CHO 1 ACTION	LEAD	KEY PARTNERS
		H76.4 Develop CHO 1 Good Practice Guidelines for working with the Traveller Primary Healthcare Projects and Community Health Workers	HSE	THU, Traveller Primary Healthcare Projects
		H76.5 Explore social determinants of health issues that impact on Travellers accessing health services and supports	Cavan Traveller Primary Healthcare Project,	TIG
		H76.6 Collate and review the PHCW roles, terms and conditions and progression structures across CHO 1	Traveller Primary healthcare Projects	NTHAF
		H76.7 Develop and implement training on Community Development and Health	HSE	Traveller Primary Healthcare Projects, THU
		H76.8 Establish an annual programme for Traveller Primary Healthcare Projects to share evidenced based good practice in CHO 1 (PHCWs, Men's Workers, Development Workers and Project Coordinators)	Traveller Primary Healthcare Projects	-
		H76.9 Hold an annual CHO 1 regional Traveller Men's Health event	Traveller Primary Healthcare Projects	HSE
Health services should be delivered and developed in a way that is culturally appropriate.	84. The Health Service Executive will engage with Traveller representative organisations to establish pathways to employment and support existing employees.	H84.1 Develop and implement a CHO 1 HSE Traveller Pathways to Employment Policy and Plan	HSE	Traveller Primary Healthcare Projects, ETBs

NTRIS THEME AND OBJECTIVES	NTRIS REFERENCE AND ACTION	CHO 1 ACTION	LEAD	KEY PARTNERS
<p>The rate of suicide and mental health problems within the Traveller and Roma communities should be reduced and positive mental health initiatives should be put in place.</p>	<p>88. The Health Service Executive will develop targeted interventions and educational materials to support good mental health, suicide prevention and promote self-esteem and self-acceptance for young Travellers.</p>	<p>H88.1 Implement the Traveller actions in CHO 1 Connecting for Life Plans (Donegal, Sligo/Leitrim, Cavan/Monaghan)</p>	<p>HSE</p>	<p>THU, Traveller Primary Healthcare Projects</p>
	<p>89. The Health Service Executive (National Office for Suicide Prevention) will develop communication campaigns to reduce stigmatising attitudes to mental health and suicidal behaviour at population level and within priority populations including the Traveller and Roma communities.</p>	<p>H88.2 Aligned to CHO 1 Connecting for Life plans develop targeted interventions and educational materials to support good mental health, suicide prevention and promote self-esteem and self-acceptance for young Travellers</p>	<p>HSE</p>	<p>HSE THU, Traveller Primary Healthcare Projects</p>
		<p>H89.1 Aligned to CHO 1 Connecting for Life Suicide Prevention Action Plans, implement communications campaigns to reduce stigmatising attitudes to mental health and suicidal behaviour within Traveller community</p>	<p>HSE</p>	<p>HSE THU, Traveller Primary Healthcare Projects</p>
	<p>90. A review by the National Office for Suicide Prevention of its funding of Traveller Primary Healthcare Projects will assess the effectiveness of existing programmes and provide guidance in relation to future initiatives.</p>	<p>H90.1 Work with the National Office for Suicide Prevention in the review of CHO 1 Traveller Primary Healthcare Projects to assess the effectiveness of existing programmes and provide guidance in relation to future initiatives.</p>	<p>HSE</p>	<p>Traveller Primary Healthcare Projects</p>
	<p>91. The Health Service Executive (National Office for Suicide Prevention), in consultation with Traveller organisations, will conduct research on suicide and self-harm in the Traveller community, as part of the implementation of Connecting for Life, Ireland's National Strategy to Reduce Suicide 2015 – 2020.</p>	<p>H91.1 Work with the National Office of Suicide Prevention to conduct research in CHO 1 on suicide and self-harm as part of the implementation of Connecting for Life, Ireland's National Strategy to Reduce Suicide 2015 – 2020.</p>		



NTRIS THEME AND OBJECTIVES	NTRIS REFERENCE AND ACTION	CHO 1 ACTION	LEAD	KEY PARTNERS
	<p>92. In collaboration with Traveller organisations and other relevant stakeholders, the Health Service Executive (National Office for Suicide Prevention) will provide training and guidance to improve recognition of, and response to, suicide risk and suicidal behaviour among Travellers through programmes such as Assist and SafeTALK. The National Office for Suicide Prevention will link with the Health Service Executive's Social Inclusion Unit to ensure effective approaches are taken.</p>	<p>H92.1 Work with Traveller Primary Healthcare Projects to ensure uptake of training and guidance to improve recognition of, and response to, suicide risk and suicidal behaviour among Travellers through programmes such as Assist and SafeTALK.</p>	HSE	Traveller Primary Healthcare Projects, THU, HSE
	<p>95. The Health Service Executive will review the access and barriers to primary and secondary mental health services for Travellers and Roma, in the context of the implementation of the ethnic identifier, and in partnership with Traveller and Roma service users, carers and families in order to develop and implement appropriate steps to ensure greater inclusion and continued use of these services by Travellers and Roma.</p>	<p>H95.1 CHO 1 Traveller Mental Health Service to review access and barriers to primary and secondary mental health services for Travellers.</p>	HSE	Traveller Primary Healthcare Projects
	<p>96. The Health Service Executive will recruit nine Mental Health Service Co-ordinator posts to support access to, and delivery of, mental health services for Travellers, in each Community Health area, as outlined in the Mental Health Division's strategic priorities in its Operational Plan for 2017.</p>	<p>H96.1 Appoint CHO 1 Traveller Mental Health Service Co-ordinator to support access to, and delivery of, mental health services for Travellers</p> <p>H96.2 Identify the need at community/county level for mental health workers and advocate for resources to meet any identified need</p>	HSE	-
			Traveller Primary Healthcare Projects	HSE

## GENDER EQUALITY

NTRIS THEME AND OBJECTIVES	NTRIS REFERENCE AND ACTION	CHO 1 ACTION	LEAD	KEY PARTNERS
<p>The multiple disadvantages face by Traveller and Roma women should be addressed.</p>	<p>97. We will provide targeted supports for Traveller and Roma women to engage effectively with stakeholder groups, including children and young people, which are consulted in the implementation, monitoring and evaluation of actions under the Strategy.</p>	<p>GE97.1 Work in collaboration with relevant organisations and professionals to address gender based issues</p>	<p>Traveller Primary Healthcare Projects</p>	<p>Domestic Violence services, other agencies and professional groups</p>
<p>The incidence of violence against Traveller and Roma women should be addressed</p>	<p>102. All Departments and agencies will be mindful of the National Strategy on Domestic, Sexual and Gender-based Violence and will implement and report on the commitments in that Strategy appropriately in accordance with the structures set out in that Strategy.</p>	<p>GE102.1 Traveller Primary Healthcare Projects will contribute to the implementation of the National Strategy on Domestic, Sexual and Gender-based Violence within CHO 1</p>	<p>Traveller Primary Healthcare Projects</p>	<p>HSE, TUSLA</p>
	<p>105. The Health Service Executive will continue to deliver training to service providers on violence against Traveller and Roma women to remove barriers to services.</p>	<p>GE105.1 Provide training and support to Community Health Workers in dealing with Domestic Violence situations and associated issues in the Traveller community, including advocacy skills to support the Travellers they work with</p>	<p>TUSLA</p>	<p>HSE, Traveller Primary Healthcare Projects</p>



## ANTI - DISCRIMINATION AND EQUALITY

NTRIS THEME AND OBJECTIVES	NTRIS REFERENCE AND ACTION	CHO 1 ACTION	LEAD	KEY PARTNERS
<p>Incidences of direct and indirect discrimination should be addressed through targeted interventions for Travellers and Roma.</p>	<p>110. The Department of Justice and Equality will develop national initiatives to promote positive representations of, and respect for, Travellers and Roma.</p>	<p>110.1 Further develop the capacity of Primary Healthcare Projects to recognise, analyse and address issues of racism and discrimination experienced by the Traveller community as individuals and as a community</p>	<p>Traveller Primary Healthcare Projects</p>	<p>NGOs</p>
<p>Robust measures to address racism and hate speech in the mainstream media and public sphere should be adopted and implemented.</p>	<p>112. Members of the Traveller and Roma communities will be supported in the reporting of racist crimes.</p>	<p>ADE 112.1 Explore the potential to implement and raise awareness of the national Racist Incident Reporting form across CHO 1</p>	<p>HSE</p>	<p>Traveller Primary Healthcare Projects, THU, TIG</p>
<p>Culturally appropriate supports should be developed so that LGBTI Travellers and Roma are included, accepted and protected in their own communities and wider Irish society</p>	<p>115. Traveller and Roma organisations will be encouraged and supported to develop links with LGBTI organisations.</p>	<p>Support the Traveller LGBTI people in accessing services and supports</p>	<p>HSE</p>	<p>TIG, LGBTIQI organisations, Traveller Primary Healthcare Projects</p>

## ACCOMMODATION

NTRIS THEME AND OBJECTIVES	NTRIS REFERENCE AND ACTION	CHO 1 ACTION	LEAD	KEY PARTNERS
<p>There should be adequate provision of accessible, suitable and culturally appropriate accommodation available for Travellers.</p> <p>Delivery of Traveller accommodation should be underpinned by a robust monitoring and evaluation framework, with a view to ensuring full expenditure of funds allocated for Traveller-specific accommodation.</p>	<p>130. The Department of Housing, Planning, Community and Local Government will assess if there are any barriers to Travellers accessing social housing waiting lists.</p>	<p>A130.1 Proactively engage with local authorities ` around accommodation issues that impact on Traveller mental and physical health</p> <p>A130.2 Support the delivery of an annual CHO 1 County Council Traveller Accommodation Workshop to share experience and ideas</p> <p>A130.3 Represent and support Traveller families and children who are homeless or living in poor accommodation that is impacting on their health and wellbeing</p> <p>A130.4 Build consciousness with Local Authorities and other accommodation providers around meeting the need for adequate provision of culturally appropriate accommodation for all Travellers</p>	<p>HSE</p> <p>HSE</p> <p>Traveller Primary Healthcare Projects</p> <p>Traveller Primary Healthcare Projects</p>	<p>TIG Traveller Primary Healthcare Projects Consultative Committee</p> <p>CHO 1 LAs, Traveller Primary Healthcare Projects</p> <p>HSE</p> <p>LAs, HSE, Traveller accommodation providers</p>

## TRAVELLER AND ROMA COMMUNITIES

NTRIS THEME AND OBJECTIVES	NTRIS REFERENCE AND ACTION	CHO 1 ACTION	LEAD	KEY PARTNERS
<p>Traveller and Roma organisations should be resourced to support and facilitate political engagement and leadership in the Traveller and Roma communities.</p>	<p>133. The Department of Justice and Equality will support the development of mentoring programmes to build and develop the capacity of Travellers and Roma to represent their communities at a local, national and international level.</p>	<p>TRC133.1 Support Traveller representatives on the Traveller Interagency Groups and other county groups with training and supervision</p>	<p>Traveller Primary Healthcare Projects, DOJ</p>	<p>HSE, TIGS</p>



## PUBLIC SERVICES

NTRIS THEME AND OBJECTIVES	NTRIS REFERENCE AND ACTION	CHO 1 ACTION	LEAD	KEY PARTNERS
<p>Relevant public services staff should be trained in anti-racism and cultural awareness and understand their obligations under the section 42 (positive duty) in the Irish Human Rights and Equality Commission Act 2014.</p>	<p>143. All Departments and relevant agencies will ensure that all relevant public service staff members receive anti-racism and cultural awareness training.</p>	<p>PS143.1 Where resources are available local Traveller Projects will deliver anti-racism and cultural awareness training to Local Authority and other statutory agency staff</p> <p>PS143.2 Deliver Pavee Point Equality Monitoring training to relevant agency and Traveller Project staff throughout CHO 1</p>	<p>Traveller Primary Healthcare Projects</p> <p>Pavee Point</p>	<p>LA &amp; Statutory Agencies</p> <p>Statutory Agencies, Traveller Primary Healthcare Projects</p>

GOVERNANCE OBJECTIVES	-	CHO 1 ACTION	LEAD	KEY PARTNERS
<ul style="list-style-type: none"> <li>to deliver projects in line with good governance requirements</li> </ul>	-	<p>G144.1 Develop and maintain all policies in line with current legislation and HSE Service Level Agreements</p>	<p>Traveller Primary Healthcare Projects</p>	<p>HSE</p>
<ul style="list-style-type: none"> <li>Develop verification, reporting and accountability systems between the HSE and PHC projects</li> </ul>	-	<p>G145.1 Provide training to CHO 1 Traveller organisations as new legislation emerges e.g. Child Safety Standards, Data Protection</p>	<p>HSE</p>	<p>Traveller Primary Healthcare Projects</p>



# - SECTION SEVEN - IMPLEMENTATION AND MONITORING



# 9.0 IMPLEMENTATION AND MONITORING



## 9.1 IMPLEMENTATION

The implementation of the CHO 1 Traveller Health Strategic Plan will build on the significant work that continues to support the improved health of Travellers in CHO 1. The delivery of the actions will be overseen by the CHO 1 Traveller Health Unit (THU) supported by the HSE Social Inclusion Unit, and other HSE Divisions where required. The THU will report progress to the CHO 1 Chief Officer through agreed management structures. The THU will prepare annual plans focusing on an agreed number of actions each year, taking account of dependencies and resource availability. Working Groups will set up with clear terms of reference for specific actions where additional focus is needed to ensure effective and timely implementation of an action.

The implementation of this plan will use the guiding principles for working in partnership:

- Trust/Mutual respect
- Equality
- Good governance
- Shared commitment to the principles of community development that underpin the Traveller Primary healthcare projects
- Clear and considered communications between partners
- Respect autonomy and local mechanisms for promoting Traveller participation and diversity in the region of Traveller structures
- Timeframes for the delivery of actions agreed
- Fairness

## 9.2 RESOURCING

The actions in this strategic plan are broad ranging and their implementation is the responsibility of primarily the HSE. Implementing the actions will involve both improved use of existing resources and the need for additional resources. It will be the responsibility of the THU to identify and seek sources of funding through Government, HSE, Local Authority and Cross Border funding streams. It is envisaged that the plan, aligned to NTRIS, based on the Social Determinants of Health model will provide a strong case for additional funding when required.

## 9.3 COMMUNICATIONS

All communications relating to the implementation of this plan will be the responsibility of the CHO 1 Traveller Health Unit, supported by HSE Communications. There are numerous action leads and key partners, and ensuring that there are clear and consistent messages from all stakeholders is essential.



# APPENDICES





## CAUSES OF THE INEQUALITIES EVIDENT IN THE TRAVELLER HEALTH STATUS (OUR GEELS 2010)

### ACCOMMODATION

The majority of respondents, (75.9%) lived in family units of 5 or less.

- 73% of respondents most frequently lived in a house
- 18.2% lived in a trailer/mobile home or caravan.
- Flush toilets were reported in 60.2% of trailer/mobile home or caravan sites
- The Study found that most Travellers are living in houses, but there is a wide range of accommodation experience and the most destitute of Travellers are living in very poor conditions. (2)

### EDUCATION/LITERACY

- 38.5% of 30-44 year olds and 25.8% of 45-64 year olds had primary education only
- More than 90% of 14 year olds are currently in school or training centres.
- 28.8% had difficulty in reading.
- 50% of Travellers had difficulty reading the instruction for medication.

Education was identified in the data (by Travellers and Providers) as of key importance. It was viewed as a major barrier to improved lifestyle and health and in urgent need of redress by both Travellers themselves and Service Providers. The negative effects were reported to begin in early childhood (as early as 3 years old) and to continue throughout the lives of Travellers. The data reported the importance of education or lack of education on wide ranging social, cultural psychological and economic factors. These affected self-esteem and confidence of not just the child but the parents too. "...the more confident the parent, the more confident the child" (2)

### EMPLOYMENT

- 4.8% in RoI were either employed or self-employed

Discriminatory practices and social exclusion leading to low self-esteem and poor performance in education and training sessions were named by Travellers as contributing to their low levels of employment. "If you experience racism, if you are relegated to a thing rather than a person and you find yourself with no work and you are completely excluded, marginalised from society, I think that has an effect". Unemployment and reduced social circumstances also combine producing feelings of negativity, fatality, depression and low self-worth. Travellers feel bullied by mainstream culture. Many of the young people indicated that there was very little point in staying on at school because there was no chance of gaining paid employment afterwards because of discrimination (2).

## LIFESTYLE

“... it is well understood in the general literature that unhealthy lifestyle choices are not so much a wilful ignoring by people of a paternalistic health promotion message as a signal of a coping strategy in the face of difficult circumstances...What this means is that those most empowered are most likely to make life changes that promote their health. It is not that lifestyle is unimportant as a health determinant, but rather that it is the first thing to change if you are in control of your life and the last if you are not. In this context knowledge about lifestyle is power, rather than an undermining of the dignity of one’s social position.”

31% Travellers said price is a factor which prevents them to eat healthy.

- 4 in 10 Travellers (40.3%) reported eating fried food less than once per week. Traveller men were more likely to consume fried food.
- 56.2% use butter as the most popular spread and was consumed most days.
- 38% added salt to food at table.
- 45% eat fruit or vegetables daily.

**ALCOHOL:** The reported frequency of alcohol consumption by Travellers is comparable to that of the medical card holders in SLAN 2007. However, 66.1% of male Travellers and 42.3% of female Travellers drink six or more alcoholic drinks on days when they are drinking alcohol, compared with 35.8% of male and 17.0% of female SLAN 2007 GMS medical card holders. One Traveller said that many don’t understand the symptoms of alcoholism. “...They think they are only having a few drinks”

**SMOKING:** 52% of Travellers were current smokers, compared to 37% of the general population. There was little difference in the smoking rates between men and women and most smokers smoked 20 or more cigarettes a day.

**ADDICTION:** 66.3% of Travellers said that illicit drug use is a problem in the community. Addiction and drug abuse in the Travelling community is largely unspoken and hidden. “...Travellers know about extent of the problem but deny it. It’s a shameful thing” (Addiction 2). “...There is a lot of denial among the Travellers, even if they know a member of the family is using drugs. It’s hidden you know, they see everyone else but they don’t see their own” (Addiction 2). There was agreement that addiction and drug use is related to social and environmental circumstances. These include feelings of alienation, discrimination and pressure on Traveller identity, culture and expression. Women thought that depression was never properly assessed and counselling was usually never offered. Overmedication was said by many women to be a major concern. Men and women said that prescription sleeping tablets were not monitored, particularly for women. Travellers reported that they often did not see the GP but were prescribed drugs on the basis of earlier assessments. The data showed thematic prevalence of prescription drugs as a major concern for Travellers, particularly women. (2)

## SOCIAL CAPITAL AND CULTURAL CONSIDERATIONS

**Social Capital:** The concept of Travellers as a community is integral to our understanding of their health status. Travellers self-identify, share a culture and value systems, choose to socialise and congregate together and value immediate and wider family networks. What came across clearly in the research was the importance and pride Travellers have in their religion/faith (83%), Traveller identity (74%), culture (73%), and membership of the Traveller community (71%), followed by nomadism (54%)



- What became clear in the qualitative discussion is the importance of the extended family network and the support they get from within family and community.
- Travellers also have a strong sense of the value of community and there is a high level of trust within the Traveller community.
- They are also a community in transition and they are open to adapting to change, one of the changes taking place is the empowerment of Traveller women (2)

## TRUST AND QUALITY OF SERVICE

Travellers at all points of engagement with services, reported higher levels of discrimination than expected and Travellers were much less likely than the general population to trust health professionals and to feel respected in such encounters. In the qualitative datasets many negative accounts were recounted about treatment received and a general sense of not being understood and catered for by the system.

- 48% of Travellers don't feel "most people can be trusted"
- The level of complete trust by Travellers in health professionals was only 41%. This compares with a trust level of 83% by the general population in health professionals.
- Over 50% of Travellers had concerns of the quality of care they received when they engaged with services.
- 53% of Travellers "worried about experiencing unfair treatment"
- Over 40% of Travellers had a concern that they were not always treated with respect and dignity.

Service Providers also talked about the benefits of respect and positive regard. "If you treat Travellers or anybody with respect and equality like everybody else and they know that's what is happening then there is never a problem" (2).

## DISCRIMINATION

40% of Travellers have experienced discrimination in accessing health services, compared to 17% of Black Americans and 14% of Latino Americans (Krieger et. al.2005) The discriminatory practices and challenges from some service providers in care delivery were discussed in the qualitative process.

- It does exist... there is that sentiment that Travellers are less deserving, hence give them substandard services (SSI: Service Provider).
- Racism as one of factors, but won't be said officially as they (institution) will be in trouble (SSI: Service Provider).
- Service Provider Y: "It is not as simple as that. It is not all the same. The reason that there are named category... like Travellers, is that there are special requirements and special needs and where you have an attitude like "we treat everyone the same" then that doesn't recognise that everyone is different..."

"We have to integrate, but not assimilate. Now, that's the difference there is that yes we want to integrate, but not assimilate. Travellers are always going to be Travellers, even if we experience discrimination in our daily lives for that choice."(2)



## TRAVELLER DEMOGRAPHIC INFORMATION FROM THE ECONOMIC AND SOCIAL RESEARCH INSTITUTE RESEARCH PAPER (NUMBER 56) ENTITLED “A SOCIAL PORTRAIT OF TRAVELLERS IN IRELAND”.

- Travellers are a relatively young population. The 2011 Census show that the average age among Travellers is 22.4 years compared to 36.1 years in the general population.
- Over half of Irish Travellers are aged under 20 years.
- Traditionally, Irish Travellers tend to marry younger and have larger families (CSO 2012). One third of Travellers aged 15 – 29 years are married compared to 8% of the general population of the same age.
- Irish Travellers have an average of five children compared to a national average of three children.
- Census 2011 shows that the Traveller population is not evenly spread across the country with the highest number of Travellers living in Galway county (8.4%) and South County Dublin (7.5%). The proportion of Travellers living in urban areas is 82%.
- The Irish Prison Service Traveller Census (2008) estimated a Traveller population of 320 (299 male prisoners and 21 female prisoners) which represents 8.7% of the prison population (despite Travellers representing less than 1% of the total population). Based on estimates from the Irish Prison Service, the risk of male Travellers being imprisoned was 11 times that of the general male population while Traveller women were 22 times more likely to be imprisoned than non-Traveller women.
- There is a very large disparity between Travellers and non-Travellers in the level of education completed. The labour market disadvantage of Travellers is largely linked to that educational disadvantage. Poor levels of education can also affect many other aspects of life. Pavee Point has indicated the following statistics.
- 13% of Traveller children complete second level education compared to 92% in the settled community.
- Of those Travellers who drop out of second level education, 55% have left by the age of 15.
- The number of Traveller children who progress to third level education represents just 1% of the Traveller community
- The majority of Travellers (70%) have only primary or lower levels of education. The All Ireland Traveller Health Study questioned the often-cited mobility patterns and tradition of nomadic lifestyle as most Travellers responded that they are actually based in one place during term time. However, school attendance can be poor. The ESRI research paper found that among the reasons for leaving school early are likely to be the negative experiences of Traveller children in school. Traveller children (along with immigrant children and those with a disability) are significantly more likely to report being bullied at school (Department of Children and Youth Affairs, 2016). The All



Ireland Traveller Health Study pointed to a reluctance to continue in mainstream education as Travellers feel that it is not associated with any positive outcomes because of the high level of discrimination faced by Travellers when seeking employment. Transgenerational issues are relevant as poor education levels among parents mean it is more difficult to read or interpret their children's educational material making it harder for Travellers to help their children with homework

- Over two thirds (67.3%) of Traveller children lived in families where the mother had either no formal education or only primary education (Department of Health and Children, 2012).
- The low enrolment of Traveller children in preschools, noted by the Joint Oireachtas Committee on Health and Children (2016) is of concern as Traveller children are entering primary school already at a disadvantage. The All Ireland Traveller Health Study found that more Irish Travellers live in a house (73%) than in a caravan or mobile home (18%). Census 2011 found that 85% of Travellers were living in standard accommodation with only 12% in caravans or mobile homes; however, Travellers are much less likely than the general population to own their own home (20% v 70%) while four times as many Traveller families live in only one room.



## NATIONAL POLICIES AND STRATEGIES RELEVANT TO THE PLAN

### HEALTHY IRELAND: A FRAMEWORK FOR IMPROVED HEALTH AND WELLBEING 2013–2025 (6)

Healthy Ireland, Ireland's national framework for action to improve the health and wellbeing of the people of the country. Its vision is "A healthy Ireland, where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility" (2014:5). Mental health is an integral theme throughout the framework and is described as a "growing health, social and economic issue". Healthy Ireland acknowledges that more Irish young people die by suicide than in other countries and that alcohol is a contributory factor in half of all suicides. In its identification of indicators for "wellbeing", Healthy Ireland points to decreased levels of self-harm across all life stages and a reduced suicide rate across all population groups.

### A VISION FOR CHANGE: REPORT OF THE EXPERT GROUP ON MENTAL HEALTH POLICY

A Vision for Change (AVFC) 2006 is the Irish Government's national mental health policy which sets out the direction for mental health services in Ireland and provides a framework for building positive mental health across the entire community. AVFC provides national policy direction and recommendations on suicide prevention, using both a whole population approach and a targeted approach for those particularly vulnerable to suicide. It AVFC stresses that "effective action to prevent suicidal behaviour requires the cooperation of the whole community, including education, health and social services, business and voluntary organisations, agencies committed to positive health promotion and to reducing stigma surrounding mental health problems, and ordinary people who are often the first to become aware of crises arising in their friends, colleagues and loved ones" (Government of Ireland, 2006:159).

### CONNECTING FOR LIFE, IRELAND'S NATIONAL STRATEGY TO REDUCE SUICIDE 2015 - 2020

Connecting for Life is the national strategy to reduce suicide in Ireland over the period 2015 – 2020. It sets out the Irish Government's vision for suicide prevention, the expected outcomes over the next five years and the actions that will be taken to prevent suicide and self-harm in Ireland. The strategy follows on from Reach Out (2004 - 2014), the first Irish national strategy for suicide prevention. The National Office for Suicide Prevention was set up in 2005 within the HSE to oversee the implementation, monitoring and coordination of Reach Out. There has been extensive development of national and international research in relation to suicidal behaviour and suicide prevention interventions, and the services available to people in emotional distress have improved in terms of availability, access and quality.



## **REDUCING HARM, SUPPORTING RECOVERY – A HEALTH LED RESPONSE TO DRUG AND ALCOHOL USE IN IRELAND 2017-2025.**

Following on from the National Drugs Strategy 2009 – 2016, ‘Reducing Harm, Supporting Recovery’ lays out the direction of government policy on drug and alcohol use until 2025. The strategy aims to provide an integrated public health approach to drug and alcohol use, focused on promoting healthier lifestyles within society. The vision of the strategy is to create a healthier and safer Ireland, and its actions will contribute towards improving the health, wellbeing and safety of the population of Ireland in the coming years.

## **BETTER OUTCOMES, BRIGHTER FUTURES: THE NATIONAL POLICY FRAMEWORK FOR CHILDREN AND YOUNG PEOPLE 2014–2020**

The national policy framework for children and young people envisions Ireland as “one of the best small countries in the world in which to grow up and raise a family, and where ...children and young people are supported to realise their maximum potential now and in the future” (2014:20). However, the policy expresses significant concern regarding “the recent rise in demand for mental health services and the incidence of self-harm and suicide” (2014:53) and provides stark statistics in this regard. Through Better Outcomes, Brighter Futures, the Government seeks to achieve better outcomes for children and young people, including children being active and healthy and having physical and mental wellbeing. Numerous factors are identified that contribute to achieving “good mental health” in children and young people, including the importance of parental mental health, the links between mental health and substance abuse, the central role of preventative and early intervention support and the importance of training and up-skilling of professionals in all educational settings to identify potential child mental health issues.



## SUPPORTS AND SERVICES OFFERED BY CH01 TRAVELLER PRIMARY HEALTHCARE PROJECTS IN ADDITION TO THE DELIVERY OF THE NATIONAL KEY PERFORMANCE INDICATORS.

- Health promotion
- Health Screening (Breast Check, Cervical Smears)
- Family Visits
- Supporting families in crisis
- Skills based training programmes
- Subsidised gym membership
- MH awareness programmes (KPI)
- Accommodation issue support and council liaison
- Immunisations (with PHNs)
- Art projects
- Skincare and beauty courses
- Health Fairs
- SafePass and Manual Handling training
- Driver Theory Test support
- Craft based activities
- Summer trips for children
- Cooking skills
- Personal Development
- Men's Programmes (fishing, retreats, sport activities, carpentry/woodwork)
- Walking Programmes
- Horse Project (Sligo, Donegal and Leitrim)
- Support for Early School Leavers
- Signposting to support groups
- LGBTQI support
- Literacy support (form completion etc.)
- Advocacy for Travellers





## THE ROLE OF THE TRAVELLER HEALTH PROJECT COORDINATORS, TRAVELLER COMMUNITY HEALTH WORKERS AND THE HSE TRAVELLER PUBLIC HEALTH NURSE.

### TRAVELLER HEALTH PROJECT COORDINATORS.

- Providing supports to TCHWs including line management and staff supports.
- To provide training supports to the TCHWs.
- Managing time and schedules to ensure efficient and effective services.
- Developing programmes and policies with their staff teams in line with the strategic plan.
- Engaging Travellers in consultation, planning and review.
- Supporting and maintaining records and developing reports as required.
- Supporting Travellers to advocate on behalf of themselves and their communities.
- To network with health services, peers and other professionals in order to improve service delivery.

### TRAVELLER COMMUNITY HEALTH WORKERS

Providing health information on health topics and signposting Travellers on to existing health services. The information that is provided has been developed especially for this work or is generic whole population information. Information may be provided on a one to one basis or to a group. Brief intervention – This is a short targeted intervention which is aimed at assisting people to make informed choices, this role involves listening and provision of support although is not a counselling role. Referral/ Signposting – This involves supporting Travellers to make a health appointment or, where required, to make one on their behalf with their informed consent. Follow up – When consent has been given the TCHW will check-in with the individual to see whether the service was accessed and whether further support is required.

### HSE TRAVELLER PUBLIC HEALTH NURSE

The Traveller Public Health Nurse provides a range services to Travellers in the area they cover. In addition to providing home and clinical nursing care, the nurse also works with Travellers who have diagnosed health conditions. Key elements of the role are:

- Linking Travellers to services such as outpatient clinics, clinical nurse specialists and dietitians
- Encouraging compliance with prescribed regimes e.g. medication, diet and exercise
- 'Demystifying' what clinicians are saying
- Advocating on behalf of clients
- Promote health at a primary level including attendance for screening, immunisation uptake
- Providing nutritional advice to mothers
- Working with the Traveller Community Health Workers jointly identifying health concerns and threats within the Traveller community



## ABBREVIATIONS

- CHO – Community Health Organisation
- NTRIS - National Traveller and Roma Inclusion Strategy
- AITHS - 2010 All-Ireland Traveller Health Study (Our Geels)
- HI – Healthy Ireland
- WHO – World Health Organisation
- CSO – Central Statistics Office
- NTHAC - National Traveller Health Advisory Committee
- NTHN – National Traveller Health Network
- THU – Traveller Health Unit
- HSE – Health Service Executive
- SIM – Social Inclusion Measures
- LDCO – Leitrim Development Company
- TIG – Traveller Interagency Group
- KPI – Key Performance Indicator
- LGBTQI - Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex
- HSE CAMHS – Child and Adolescent Mental Health Service
- GP – General Practitioner
- C&V Organisations – Community & Voluntary Organisations
- LA – Local Authorities
- CYPSC – Children and Young People’s Services Committee
- DATF – Drug and Alcohol Task Force
- PHN – Public Health Nurse
- NTHAF – National Traveller Health Advisory Forum
- ETB – Education and Training Board
- DOJ – Department of Justice





## STEERING GROUP MEMBERS

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# APPENDIX EIGHT



## PROPOSED ACTIONS FROM THE CONSULTATION FOR THE CHO1 TRAVELLER INTERAGENCY GROUPS (TIGS)

NTRIS THEME	NTRIS OBJECTIVE	NTRIS ACTION	PROPOSED CHO 1 ACTION	PROPOSED LEAD	PROPOSED KEY PARTNERS
Cultural Identity	Intergenerational learning, cultural continuity and positive self-identity for Travellers and Roma should be facilitated.	The Department of Agriculture, Food and the Marine will support the development of regional Traveller horse projects in association with Local Authorities to promote knowledge and care of horses, with a focus on animal welfare and road safety.	CI8.1 Explore the feasibility of extending the Sligo, Leitrim and Donegal Horse Projects throughout CHO 1	The Department of Agriculture	Local Vets, Local Authorities, Traveller Projects
Education	There should be a positive culture of respect and protection for the cultural identity of Travellers and Roma across the education system.	19. The Department of Education and Skills has introduced programmes for initial Teacher Education and for Continuing Professional Development (CPD) based on the concept of inclusive education. The Department of Education and Skills will ensure that such programmes enable teachers to deal with teaching and learning needs of all students from all cultural backgrounds and provide support for pedagogical practices that promote inclusion.	E19.1 Engage with teacher training opportunities for cultural awareness delivery as part of ongoing annual teacher Continuing Professional Development	Department of Education	Traveller Projects, Education Centres



NTRIS THEME	NTRIS OBJECTIVE	NTRIS ACTION	PROPOSED CHO 1 ACTION	PROPOSED LEAD	PROPOSED KEY PARTNERS
	<p>There should be improved opportunities for Traveller and Roma men to engage in culturally appropriate apprenticeships, training and lifelong learning.</p>	<p>23. The Department of Justice and Equality, in collaboration with Traveller and Roma organisations and employer bodies, will promote greater Traveller and Roma participation in apprenticeship and traineeships.</p>	<p>E23.1 Ensure Traveller Representation on CYPSC Economic Sub-Groups across CHO 1 (as in Donegal)</p>	<p>TUSLA</p>	<p>Traveller Projects,</p>
<p>Employment and the Traveller Economy</p>	<p>Targeted positive public service recruitment to train and employ Traveller and Roma staff in public services should be introduced.</p>	<p>28. We will develop proposals for internships for Traveller and Roma in Government Departments, Local Authorities and other public bodies and will support provision of Transition Year, Leaving Certificate Applied and Youthreach work experience placements for Travellers and Roma in public services and statutory agencies as a route to meaningful employment.</p>	<p>ETE28.1 Support TIGs in advocating for internships for Travellers in Government Departments, Local Authorities and other public bodies</p>	<p>TBC</p>	<p>TBC</p>

NTRIS THEME	NTRIS OBJECTIVE	NTRIS ACTION	PROPOSED CHO 1 ACTION	PROPOSED LEAD	PROPOSED KEY PARTNERS
Employment and the Traveller Economy	Entrepreneurship and self-employment opportunities for Traveller and Roma should be supported.	29. The Department of Housing, Planning, Community and Local Government, in conjunction with Local Authorities, will arrange for the inclusion in the inclusion in Local Economic and Community Plans of provisions for Traveller and Roma economy supports including general policies and programmes as well as group-specific (targeted) initiatives to support Travellers and Roma in enterprise, mainstream labour market and the Traveller economy	29. The Department of Housing, Planning, Community and Local Government, in conjunction with Local Authorities, will arrange for the inclusion in Local Economic and Community Plans of provisions for Traveller and Roma economy supports including general policies and programmes as well as group-specific (targeted) initiatives to support Travellers and Roma in enterprise, mainstream labour market and the Traveller economy	LCDC Rep	LCDC members
Children and Youth	Traveller and Roma children should be consulted appropriately in the development of policy, legislation, research and services.	37. TUSLA will consider and promote the human rights and equality impact of its strategic programmes to ensure that its child protection and welfare services balance the need to recognise and respect ethnic and cultural diversity with the need to promote and ensure child welfare and protection. TUSLA will encourage representations from the Traveller and Roma communities are included in all relevant participatory forums including Children and Young People Services Committees.	CY37.2 Ensure Traveller representation in all relevant participatory forums including Children and Young People Services Committees.	TUSLA	Traveller Projects



NTRIS THEME	NTRIS OBJECTIVE	NTRIS ACTION	PROPOSED CHO 1 ACTION	PROPOSED LEAD	PROPOSED KEY PARTNERS
Children and Youth	Appropriate, culturally sensitive, preventative and early intervention supports should be available for Traveller and Roma families, if and when required, to enable children to live in a safe and secure environment.	46. All relevant public bodies, including the Health Service Executive and TUSLA, will develop initiatives in collaboration with Traveller and Roma organisations to inform and empower families about available resources and supports.	CY46.1 Develop and implement 'Open Information Day – Agency Services and Supports' initiatives through Traveller Primary Healthcare Projects in a series of locations across CHO 1	All relevant public bodies	Traveller Organisations
Children and Youth	There should be a special focus on Traveller and Roma children's rights.	61. Local Authorities, when designing Traveller specific accommodation, will consider the need for access to safe, appropriate play areas.	CY61.1 Review and recommend updates and improvements on existing CHO 1 Local Authority Traveller Accommodation policies	Council Traveller Accommodation Working Groups	TIGs
Health	Health inequalities experienced by Travellers and Roma should be reduced.	77. The Health Service Executive, in conjunction with the Education authorities and local Traveller organisations, will examine how primary healthcare programme workers can access and receive accreditation for their work so as to improve employment prospects for members of the Traveller and Roma communities who are employed on these programmes.	H77.1 Develop a CHO 1 PHCW Training Needs Analysis and from this develop a Traveller Project Training Plan to encompass all staff and consider how accreditation for Traveller Community Health Workers can be achieved	ETB	Traveller Primary Healthcare Projects, THU, HSE

NTRIS THEME	NTRIS OBJECTIVE	NTRIS ACTION	PROPOSED CHO 1 ACTION	PROPOSED LEAD	PROPOSED KEY PARTNERS
Health	Health services should be delivered and developed in a way that is culturally appropriate.	80. The Department of Health and the Health Service Executive will work with the relevant training bodies and the Higher Education Authority and also with Traveller organisations to include training on Traveller health status and Traveller and Roma cultural awareness as well as antiracism training on the undergraduate and graduate curricula for health professionals.	H80.1 Complete a TIG Training Needs Analysis Develop a CHO TIG Training Programme to include understanding of Traveller Health issues and challenges	THU, TIGs, Traveller Primary Healthcare Projects	HSE
Gender Equality	The incidence of violence against Traveller and Roma women should be addressed.	103. The Health Service Executive and TUSLA will develop joint approaches, as needed, to implementing community-based outreach and referral programmes that can achieve the best outcomes for victims of gender-based violence in the Traveller and Roma communities.	GE103.1 Develop joint approaches to implementing community-based outreach and referral programmes that can achieve the best outcomes for victims of gender-based violence in the Traveller Community.	TUSLA, HSE	CHO 1 Domestic Violence Services, LTHPs, Hostels and Refuges, Traveller Primary Healthcare Projects
Gender Equality	The incidence of violence against Traveller and Roma women should be addressed	106. TUSLA, and the Health Service Executive, will ensure that policy and practice across all components of specialist domestic, sexual and gender based violence services, including Sexual Assault and Treatment Units, is non-discriminatory towards service users from the Traveller and Roma communities.	GE106.1 Engage with TUSLA to review the approach to dealing with cases of Domestic Violence in the Traveller community in order to encourage Traveller women to report Domestic Violence without the fear of their children being put into care	TUSLA	HSE, Traveller Organisations, Traveller Primary Healthcare Projects



NTRIS THEME	NTRIS OBJECTIVE	NTRIS ACTION	PROPOSED CHO 1 ACTION	PROPOSED LEAD	PROPOSED KEY PARTNERS
Anti-Discrimination and Equality	Culturally appropriate supports should be developed so that LGBTI Travellers and Roma are included, accepted and protected in their own communities and wider Irish society	116. The needs of LGBTI Travellers and Roma will be one specific focus in the development of the LGBTI Inclusion Strategy, to be led by the Department of Justice and Equality, and on which a consultation process will commence in 2018.	ADE 116.1 Ensure LGBTI Travellers in CHO 1 are given the opportunity to contribute to the development of the LGBTI Inclusion strategy in 2018.	Dept. Of Justice THU, HSE	TIG, LGBTI organisations, Traveller Primary Healthcare Projects
Anti-Discrimination and Equality	Travellers and Roma who come into contact with the criminal justice system should be supported, including throughout sentences and post release to reintegrate into the community	124. The Department of Justice and Equality (Irish Prison Service and Probation Service) will, in conjunction with the Community and Voluntary sector, enhance services to Travellers through the Travellers in Prison Initiative, including supports for female Travellers in custody, targeted reintegration supports, supports for families affected by imprisonment and peer support services to those in custody.	ADE124.1 Engage with the probation services in CHO 1 to encourage involvement in the CHO 1 TIGs in order to improve support for Travellers in the criminal justice system	Department of Justice and Equality	TIG Traveller Primary Healthcare Projects, Probation Service
Accommodation	There should be adequate provision of accessible, suitable and culturally appropriate accommodation available for Travellers.	128. The National Traveller Accommodation Consultative Committee will examine how best to develop the capacity and operation of Local Traveller Accommodation Consultative Committees to maximise their contribution to local accommodation programmes and policies.	A128.1 Work with the NTACC to implement the national recommendations at a local level through the LTACCs in CHO 1, in order to maximise their contribution to local accommodation programmes and policies	LAS	A128.1 Work with the NTACC to implement the national recommendations at a local level through the LTACCs in CHO 1, in order to maximise their contribution to local accommodation programmes and policies

NTRIS THEME	NTRIS OBJECTIVE	NTRIS ACTION	PROPOSED CHO 1 ACTION	PROPOSED LEAD	PROPOSED KEY PARTNERS
	<p>Delivery of Traveller accommodation should be underpinned by a robust monitoring and evaluation framework, with a view to ensuring full expenditure of funds allocated for Traveller-specific accommodation</p>				
Accommodation	<p>There should be adequate provision of accessible, suitable and culturally appropriate accommodation available for Travellers.</p>	<p>130. The Department of Housing, Planning, Community and Local Government will assess if there are any barriers to Travellers accessing social housing waiting lists.</p>	<p>A130.2 Determine the number of homeless Travellers in CHO 1 and develop a support plan</p>	<p>LAs</p>	<p>Traveller Projects TIG</p>
	<p>Delivery of Traveller accommodation should be underpinned by a robust monitoring and evaluation framework, with a view to ensuring full expenditure of funds allocated for Traveller-specific accommodation</p>				



NTRIS THEME	NTRIS OBJECTIVE	NTRIS ACTION	PROPOSED CHO 1 ACTION	PROPOSED LEAD	PROPOSED KEY PARTNERS
Traveller and Roma Communities	A strong Traveller and Roma infrastructure, underpinned by community development principles should be supported and resourced.	134. The Department of Justice and Equality will continue to support and fund local Traveller Community Development Projects, and additional funds will be made available (where possible) to include new projects in counties not currently served.	TRC134.1 Explore the feasibility of setting up a Men's Shed Network for Travellers throughout CHO 1	Traveller Projects, DOJ	HSE, TIGS
Traveller and Roma Communities	A strong Traveller and Roma infrastructure, underpinned by community development principles should be supported and resourced.	135. The Department of Justice and Equality will continue to support and resource Traveller organisations at national and local level, underpinned by community development principles.	TRC135.1 Explore the feasibility of securing a designated resource centre in Cavan	Cavan Traveller Primary Healthcare Projects	Cavan County Council, DOJ, TIG
Public Services	Traveller and Roma organisations should be consulted on and meaningfully involved in the design and delivery of relevant services and programmes that affect them.	142. The Department of Housing, Planning, Community and Local Government (and Local Authorities) will include consultation with Traveller and Roma representative organisations as part of the consultation processes for the completion of Local Economic and Community Plans.	PS142.1 Arrange consultation opportunities for Travellers to contribute to the development of the CHO 1 LECPs in relation to housing/accommodation	LAs	HSE, Traveller Primary Healthcare Projects THU
Public Services	Data disaggregated by ethnicity and gender should be collected across all Government Departments and statutory agencies to monitor and evaluate the impact of existing policies and strategies and to support evidence-based policy making.	146. The Department of Justice and Equality will chair a cross-Departmental working group, with involvement from Traveller and Roma representatives, with a view to developing a methodology for the introduction of an ethnic identifier on all data sets to facilitate the monitoring of access, participation and outcomes to services for Travellers and Roma.	PS146.1 Implement the Traveller actions in the County Local Economic and Community Plans	LAs	TIGs, HSE Traveller Primary Healthcare Projects

# REFERENCES



1. All-Ireland Traveller Health Study - Our Geels 2010
2. National Traveller and Roma Inclusion Strategy 2017
3. WHO Fact Sheet No 323 Health and Human Rights, December 2015
4. WHO World Health Report 2008
5. Selected Key Findings and recommendations from the All-Ireland Traveller Health Study – Our Geels 2010
6. A Social Portrait of Travellers in Ireland, Watson, Kenny and McGinnity, ESRI January 2017

## Guiding Principles for collaborative work and funding of PHC projects and HSE in the region

- Professional working relationships based on good governance, legislation, accountability, reporting and a shared commitment to health equality for the Traveller community
- Good communications systems
- Trust and mutual respect between all stakeholders
- A shared commitment to the principles of community development which underpin Primary Health Care teams implementation of the Strategy
- Working collectively across the region while at the same time acknowledging the diversity and autonomy of local implementing bodies of Traveller Health Initiatives
- The participation of the Traveller community will be central to the development of plans and reviews of the work of PHC teams across the region.
- Evaluation and reviews will be valued by all stakeholders to ensure best practise and to measure the outcomes from PHC teams in the region.

