NATIONAL TRAVELLER HEALTH ACTION PLAN (2022-2027)

Working together to improve the health experiences and outcomes for Travellers

November 2022

An Roinn Sláinte
Department of Health

HSE

Not so Strange

Forty years behind our time,

That's us the Traveller kind,

We are a suppressed ethnic minority group,

Irish people do deny,

They don't like where we came from,

As we were born upon our roads,

Try and make us live their life,

Live our life we tell them,

So, they are told.

Most young Travellers with just basic skills,

Keep us down, no need to drill,

A few got lucky and have a life,

The rest still struggle, what a terrible life,

Traditions stay and traditions stray,

As some young Traveller try to obey,

Incognito is now what you do,

For a young Traveller to get by,

To get to the main system,

Yes, that's so true,

You have to do that, but you are you.

HELEN HUTCHINSON, TRAVELLER POET

> *"Inequality of access is embedded in our current system and creates barriers and perverse incentives that stand in the way of doing the right things for patients that need care. Moreover, wider health inequalities persist among some groups of the population."*
>
> **SLÁINTECARE, 2018**

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Acknowledgements

This National Traveller Health Action Plan could not have been possible without the support, encouragement and assistance of many people.

As Chair of the National Traveller Health Action Plan Steering Group, I would like to thank all of the Traveller representatives, Traveller organisations, Traveller Primary Health Care Projects, and HSE professionals and practitioners from across a range of statutory and civil society organisations who participated in the consultation process. Their insight and recommendations were critical in providing a strong foundation for the development of this ambitious Plan.

I would like to acknowledge the significant contribution made by members of the Steering Group (Appendix 4) and other contributors (Appendix 5) over the years and extend my sincere appreciation for their expertise and support during the development and finalisation of the Plan. In particular, to Ronnie Fay (RIP) for her insight, persistence and commitment to ensuring that Travellers' fundamental human rights were core to this Plan.

We look forward to continuing to working together with all stakeholders to support implementation of this Plan and know that it will have a significant impact in supporting positive health outcomes for Travellers across Ireland.

List of figures

List of abbreviations

AITHS	All-Ireland Traveller Health Study
CHN	Community Health Network
CHO	Community healthcare organisation
CSO	Central Statistics Office
DATF	Drug & Alcohol Task Force
DCEDIY	Department of Children, Equality, Disability, Integration and Youth
DoH	Department of Health
EEM	Ethnic equality monitoring
FRA	European Union Agency for Fundamental Rights
HSE	Health Service Executive
IHI	Individual Health Identifier
IHREC	Irish Human Rights and Equality Commission
ITM	Irish Traveller Movement
LA	Local Authority
LCDC	Local Community Development Committee
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex +
LTACC	Local Traveller Accommodation Consultative Committees
NSIO	National Social Inclusion Office
NTHAP	National Traveller Health Action Plan
NTRIS	National Traveller and Roma Inclusion Strategy
NTWF	National Traveller Women's Forum
PHCTP	Primary Healthcare for Travellers Project
RHA	Regional Health areas
SIGG	Social Inclusion Governance Group
SPIO	Sláintecare Programme Implementation Office
THAF	Traveller Health Advisory Forum
THU	Traveller Health Unit
UCD	University College Dublin
VPD	Vaccine-Preventable Diseases
WHO	World Health Organization

Glossary of Terms

All-Ireland Traveller Health Study (AITHS)	The first study of Traveller health status and health needs that involve all Travellers living on the island of Ireland, North and South.
Asthma	A condition that affects the airways - the small tubes that carry air in and out of the lungs.
Cardiovascular disease	A group of disorders of the heart and blood vessels.
Chronic disease	Conditions that last one year or more and require ongoing medical attention or limits the activities of daily living or both.
Community development	Community development is a holistic approach and is grounded in social justice and solidarity; equality and human rights; active participation, empowerment and collective action.
Cultural Safety	Cultural safety provides patients from other cultures with the power to comment on practices, be involved in decision making about their own care, and contribute to the achievement of positive health outcomes and experiences
Diabetes	Diabetes mellitus is a lifelong condition caused by a lack or insufficiency of insulin.
Discrimination	The unfair or prejudicial treatment of people and groups based on characteristics such as race, gender, age or sexual orientation.
Enhanced Community Care (ECC)	Enhanced community care (ECC), part of the broad healthcare reforms advocated for in Sláintecare to facilitate the delivery of integrated, patient-focused care and health promotion initiatives that improve the overall health of the local population.
Health inequalities	Health inequalities within a country means that some communities have poorer health profiles compared with the general population. These differences (inequalities) are unfair and preventable and can be measured through comparisons of key indicators, such as age at death (mortality), infant mortality, the rate and extent of single and multiple long-term diseases, mental illness and suicide, and the impact of rare diseases.
Morbidity	Refers to having a disease or a symptom of disease, or to the amount of disease within a population
Mortality rate	The ratio between deaths and individuals in a specified population and during a particular time period
National Traveller and Roma Inclusion Strategy (NTRIS)	A cross-departmental initiative to improve the lives of the Traveller and Roma communities in Ireland. Ireland is obliged to develop and implement this Strategy as Travellers are included in the EU Roma Strategic Framework for Equality, Inclusion and Participation for 2020-2030
National Traveller Health Network (NTHN)	A national forum for Primary Healthcare for Travellers projects (PHCTPs) from throughout Ireland. The NTHN provides a strong forum for the exchange of information on current/new policy developments and updates on health reforms and the implications related to Traveller health. The network also identifies any emerging issue, shares insights and learning and identifies models of good practice and initiatives.

Primary Healthcare for Travellers Projects (PHCTPs)	PHCTPs are partnership projects between the HSE and Traveller organisations that provide ongoing support for Traveller families on the ground and act as an interface between mainstream health services and Travellers. They are a peer-led model that train Travellers to work as Community Health Workers, and this allows Primary Healthcare to be developed based on the Traveller community's own values and perceptions.
Regional Traveller Health Units (THUs)	THUs operate in each CHO, and work in partnership with local Traveller organisations. They prioritise Traveller health concerns and address Traveller health inequalities on behalf of HSE. THUs are an effective mechanism in which Traveller health issues are mainstreamed into general health policy and service provision.
Sláintecare	The 10-year programme to transform our health and social care services. It is the roadmap for building a world-class equitable health and social care service for the Irish people.
Social determinants of health	Social determinants means that as well as healthcare services, wider issues can impact on health status for example poor accommodation; homelessness; unemployment; poor educational attainment; discrimination; racism and inequality in services.
Traveller Health Advisory Forum	The NTHAF comprises HSE staff, Traveller Health Unit (THU) Coordinators, Traveller organisation/PHCP representatives from each THU, and representatives from National Traveller Organisations. The NTHAF advises on key priorities for Traveller health and provides supports for Traveller health planning, delivery and monitoring.
Traveller health infrastructure	This refers to local, regional and national Traveller health partnership structures (e.g. PHCTPs, regional health networks, THUS, NTHN and THAF).

Foreword

Stephen Mulvany
Chief Executive Officer

I am very pleased to welcome the first National Traveller Health Action Plan (NTHAP) which has been developed by the Health Service Executive (HSE) and supported by the Department of Health (DoH). Implementation of this plan is a key commitment in the Programme for Government - 'Our Shared Future', 2020, the HSE Service Plan and the Sláintecare Action Plan 2022. It will enable the HSE, in its work with the DoH, other government departments, statutory agencies and Traveller organisations to proactively address Traveller health inequalities.

The NTHAP is integrally linked with the National Traveller and Roma Inclusion Strategy (NTRIS) (2017-2021). It aims to fulfil the commitment set out by Action 73 (NTRIS) whereby the HSE 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*'. This is consistent with the approach advocated by the World Health Organization (WHO) which embraces the concept of health inequalities and wider social determinants that impact on health.

It is widely recognised that Travellers are a disadvantaged and marginalised people in Irish society; this negatively impacts on their health and wellbeing. The vision for this plan is 'a health service in which Travellers can achieve their full potential in respect of their physical, mental and social wellbeing and where the wellbeing of Travellers is valued and supported at every level'. This vision is one in which Travellers have equitable outcomes in health resulting in a healthy and resilient Traveller community. This is aligned with the vision to address health inequalities and universal healthcare system for all, as outlined in Sláintecare 2021-2023.

To achieve this vision, the Action Plan focuses on a clear implementation strategy. Part of this strategy is the HSE working in partnership with Traveller Health Units and Primary Healthcare for Traveller Projects. It also involves close working with other public bodies that provide services that impact on Traveller health and wellbeing, including community and local development, anti-discrimination measures, accommodation and homelessness, employment and income support, and education. It recognises that a whole of government approach is necessary to address health inequalities experienced by Travellers.

I would like to thank everyone who participated in the development of this Plan. Success lies in continuing to build a solid foundation of partnership working. This was evident in the consultation process, undertaken with all key stakeholders, including Travellers, Traveller organisations, Travellers Health Units, Traveller Primary Healthcare Projects, HSE professionals, Public Health and practitioners from across a range of statutory and civil society organisations. I would like to commend the Steering Group, chaired by Martina Queally, Chief Officer, HSE Community Healthcare East, for their time, expertise and contributions to the development of the Plan. I would like to acknowledge, in particular, the significant contribution Pavee Point Traveller & Roma Centre made to the elaboration and editing of this Plan.

The Plan builds on the work set out by the HSE National Social Inclusion Office and the independent consultant engaged to work on the Action Plan, who developed initial drafts in respect of the proposed Action Plan.

The development of this Plan has been a challenging but positive experience. I am grateful for the support, assistance and encouragement received from the many people who made the work possible. The HSE has recruited dedicated staff to drive the implementation of the NTHAP and to continue prioritisation of Traveller health within HSE services and developments.

I am fully committed to improving the health outcomes of the Traveller community and note the commitment of all agencies to support the implementation of this Plan, which will be monitored on an ongoing basis and reviewed and updated at the end of 2027.

Foreword

As Ministers of State in the Department of Health, we are delighted to welcome the publication of the *National Traveller Health Action Plan 2022-2027*, which seeks to improve the health experiences and outcomes for Travellers. This landmark document delivers on a Programme for Government commitment and an action in the National Traveller and Roma Inclusion Strategy.

Frank Feighan TD,
Minister of State for Public Health,
Wellbeing and
The National Drugs Strategy

We strongly endorse this Action Plan as it aligns with the Department's strategic priority to improve access to healthcare for socially excluded groups. To support the delivery of the Action Plan, the Department is providing new development funding of €1.3 million in 2023. This is in addition to the €10 million that is already ringfenced for Traveller-specific health services.

Travellers have the right to the highest attainable standard of health as is the norm in Irish society. Ireland has made great strides to improve health and extend life expectancy. Regrettably, these improvements have not benefited the Traveller community who continue to experience severe health inequalities, reflected in a shorter life and a poorer quality of health. Overall, there is a gap of up to 13 years in life expectancy between Travellers and the general population. Travellers are three times as likely to have poor health or some type of difficulty or disability than the non-Traveller population in the 35-54 age group.

Mary Butler TD,
Minister of State for Mental Health
and Older People

Traveller health inequalities reflect the social and economic disadvantages faced by this population group, referred to as the social determinants of health. Being a minority ethnic group can also be predictor of poor health. Therefore, to reduce Traveller ill health, a comprehensive public health response is needed that provides tailored and affirmative measures to prevent disease, promote health and prolong life for this population group, and are delivered in partnership with Travellers.

In this regard, there are positives to be drawn from the public health response to COVID-19 in the Traveller community. It put in place measures to improve living conditions in the congregated settings in which Travellers live and, together with Traveller organisations, provided tailored solutions to mitigate outbreaks and to increase take-up of vaccines. The Action Plan is an opportunity to build on the momentum and mobilisation in public health during COVID-19 to create sustainable improvements in Traveller health.

The Action Plan recognises that Travellers can encounter difficulties in accessing healthcare services in a timely and convenient manner. Furthermore, as a minority ethnic group, their experience of services can be problematic and off-putting. Low health literacy and poor communication channels impair interactions between Travellers and healthcare providers. Evidence shows that socially excluded groups underuse some services, such as primary and preventative care, and often rely on emergency services such as A&E when their health needs become acute. These difficulties result in missed opportunities for preventive and early interventions, and exacerbate health inequalities.

To improve access to healthcare for Travellers, the Action Plan reflects an inclusion health approach that seeks to change how health services are delivered. Central to this is the involvement of service users in healthcare delivery. The primary healthcare projects highlighted in the Action Plan are an example of a peer-led model that trains Travellers as Community Health Workers. The provision of services in a culturally sensitive manner is another feature of an inclusion health approach.

Mental health issues pose an increasing challenge to Traveller health and wellbeing, as highlighted in the Report of the Joint Committee on Key Issues Affecting the Traveller Community. The Department's policies for mental health, Sharing the Vision and Connecting for Life (the strategy for reducing self-harm and suicide) recognise that Travellers have specific vulnerabilities and that these should be addressed through the delivery of diverse and culturally competent mental health services.

In line with this, the Action Plan contains six mental health actions, which are supported by additional funding of €300,000 in the mental health budget. This ringfenced funding builds on previous staff recruitment and funding for Traveller mental health – nine Traveller mental health coordinators (2017) and €365,000 for Traveller mental health engagement (2022). Further funding of €55,000 was awarded for a peer-led research project to develop a Traveller mental wellness continuum framework (also in 2022). In addition, the National Office for Suicide Prevention provides annual funding for the Traveller mental health service and supports a number of research projects on Traveller mental health. Together, the targeted actions and ringfenced budget can deliver a strategic approach to Traveller mental health, as set out in the Programme for Government and the Report of the Joint Committee on Key Issues affecting the Traveller Community.

To further support the implementation of the Action Plan, the Department is developing two initiatives on Traveller health related to its core programmes. The first initiative will address the social determinants of Traveller health in conjunction with the Sláintecare Healthy Communities programme. The second initiative will provide healthcare supports for Traveller women who experience homelessness, as part of the Department's women's health Action Plan. These initiatives tailor mainstream health policy to take account of the specific health needs of Travellers.

We believe the Traveller health Action Plan is a significant step to improving health experiences and outcomes for the Traveller community. We commend the HSE, the National Social Inclusion Office and the Steering Group (chaired by Martina Queally) who developed this plan. We look forward to working with the HSE, Traveller organisations and other stakeholders to support and monitor its implementation over the coming years.

"This National Traveller Health Action Plan ...contains a clear framework for the implementation and monitoring of the actions...including the need for targeting and mainstream measures as well as evidence-based policy..."

Executive Summary

This National Traveller Health Action Plan (NTHAP) outlines significant Traveller health inequalities that must be addressed during the 5-year period of 2022-2027. It contains a clear framework for the implementation and monitoring of the actions herein, including the need for targeting and mainstream measures as well as evidence-based policy, which requires systematic ethnic equality monitoring, including the introduction of ethnic identifiers on health data sets, so progress in health outcomes can be measured and the NTHAP adapted and updated as appropriate. This aligns with existing government policy, including public sector (Public Sector Equality and Human Rights Duty) obligations as set out in Section 42 of the Irish Human Rights and Equality Commission Act (2014).

A social determinants and whole-of-Government approach to addressing Traveller health is acknowledged, and planned for, within the NTHAP. This is Government policy and will be required if the health gap between Travellers and the majority population in Ireland is to be reduced beyond the lifetime of the NTHAP. This requires a joined-up approach, in line with the cross-governmental commitment outlined in Sláintecare in relation to integrated cross sectoral working. This Plan seeks to develop cross-sectoral partnerships to address Traveller Health inequalities and a recognition that what affects health goes well beyond the provision of essential healthcare services.

For ease of reference, the actions set out by NTRIS are included in Appendix 1 of this Plan. The Plan is structured into four main sections that are underpinned by addressing the National Traveller and Roma Inclusion Strategy, social determinants of health and health inequalities.

Section 1 outlines the vision for Traveller health and the guiding values and principles which help to achieve this vision. It draws on existing values and principles and recognises in particular the importance of community development principles in ensuring an inclusive approach for Travellers.

This section also outlines the importance of alignment of this Plan with key health and national policies and strategies both mainstream and Traveller specific. Finally, the wide-reaching consultation process engaged in to develop this Plan is outlined.

Section 2 provides the overall framework for this Plan and focuses on the Goals, Strategic objectives (these are illustrated in Figure 1 on the next page) and the 45 actions developed and their proposed outcomes to address the health inequalities experienced by Travellers and build on the positive partnership models and initiatives which have been developed. It also outlines the framework concepts that influence strategic approaches to implementing the actions in the Plan.

Section 3 focuses on the need to address the specific health needs of Travellers through this Plan. It provides an overview of the main demographics and social determinants of Traveller health. Some of what is known about the extent and nature of Traveller health inequalities is highlighted. This provides a clear picture of how Travellers are particularly disadvantaged in terms of health status.

It demonstrates that the particular influence of social determinants on the poor health of Travellers is reflected in their living conditions, which has created challenges for basic public health. It is acknowledged that during the pandemic also, these issues have been further exacerbated and have increased Travellers' vulnerability to contracting and becoming ill with the COVID-19 virus. It acknowledges the positive working relationships developed during the pandemic at regional level between the THUs, PHCTPs and HSE Public Health, and how these can be built on to influence further partnership initiatives to address the high levels of communicable and non-communicable diseases amongst Travellers.

However, also recognised are the positive developments and mechanisms used to address Traveller health needs in recent years and which have impacted positively on trends in Traveller health.

Section 4 gives an overview of the policy context in Ireland for addressing Traveller health and the main structures that support Traveller health at a national, regional and local level are outlined. These structures demonstrate an opportunity for the social determinants of health to be progressed in an integrated manner at policy and planning levels and acknowledge that addressing health inequalities requires a whole-of-Government approach.

Supporting this is an overview of the governance, implementation and monitoring structures which are necessary to guide the process of addressing specific Traveller health needs, including dedicated resources, monitoring and accountability. The means to achieving this vision and the expected outcomes are outlined.

Figure 1. Goals and strategic objectives

GOAL 1:

Strengthen the governance, monitoring and structures to support the implementation of the Action Plan

- Develop and strengthen processes and mechanisms to ensure implementation of the NTHAP at a national level in partnership with Travellers and Traveller organisations.

- Develop standardised funding structures and processes to allow for adequate funding for the Traveller health sector and ensure accountability.

- Development of clear accountability mechanisms to monitor and evaluate implementation progress of NTHAP.

GOAL 3:

Address the Social Determinants of Traveller Health through targeted and mainstream measures

- Development of specific policy priorities, strategies and actions which address Traveller health inequalities using an intersectional analysis and facilitating targeted measures.

- Ensure a whole-of government and social determinants approach to addressing Traveller health inequalities in line with the NTRIS, Healthy Ireland and Sláintecare.

GOAL 2:

Improve Traveller's equality of access, participation and outcomes in mainstream health services through a human-rights based approach.

- Mainstreaming and responding to Traveller health needs and addressing Traveller health inequalities in existing and forthcoming health policy and services.

- Explicit inclusion of Traveller health needs in all population health approaches for service planning and funding, aligning with new and existing HSE structures, including Sláintecare.

GOAL 4:

Enhancing Travellers' access to culturally appropriate primary health care through investment in Traveller Health units and Primary Health Care for Traveller Projects.

- Strengthening the structures that work in partnership with Travellers via NTHAF at national level, the Traveller Health units at regional level and the Primary Health Care for Traveller Projects at local level.

- Develop and strengthen mechanisms to ensure meaningful consultation, inclusion and participation of Travellers in local, regional and national health related structures underpinned by community development principles and values.
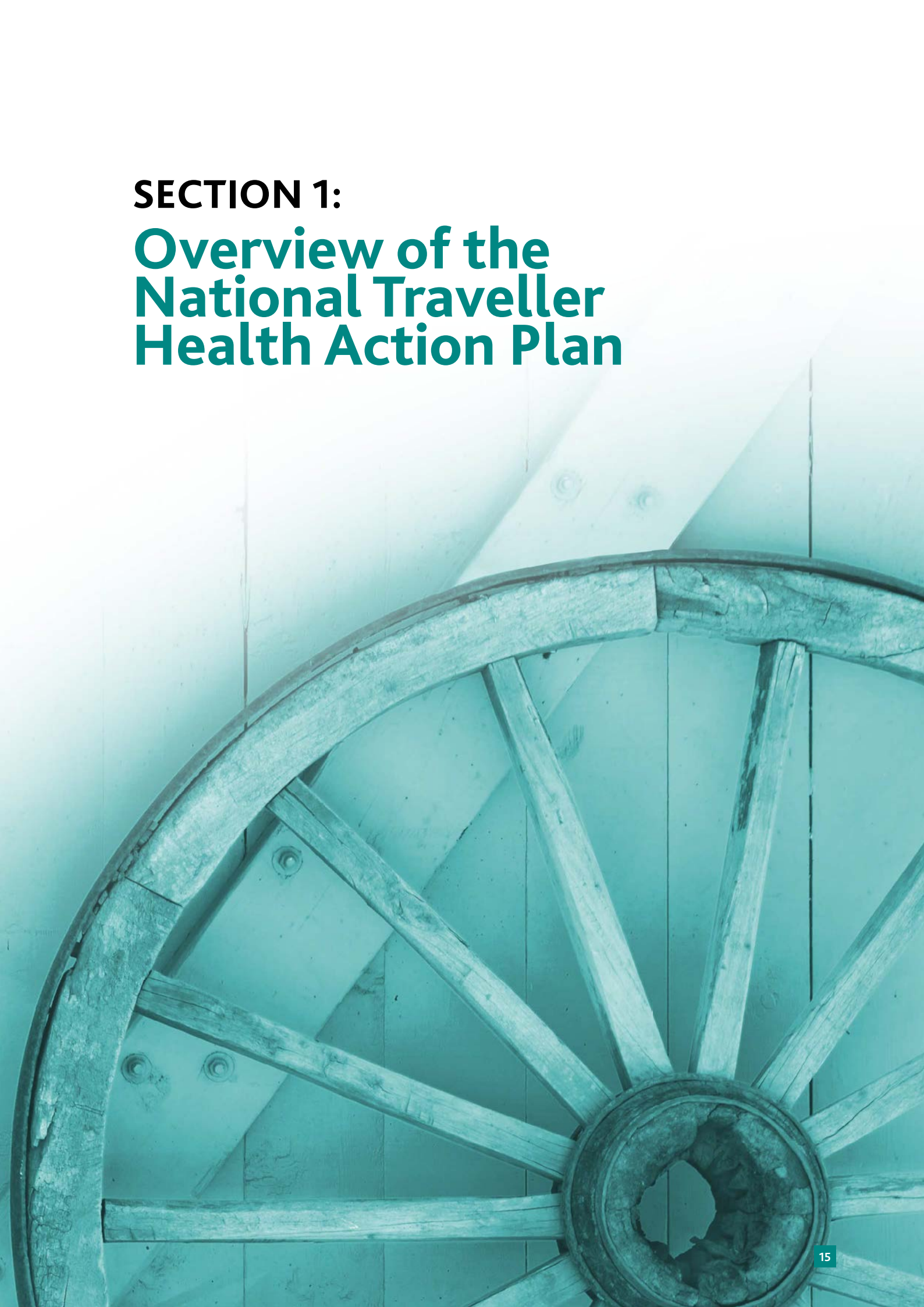
"*Poor social and economic circumstances affect health throughout life. People further down the social ladder usually run at least twice the risk of serious illness and premature death as those near the top.*"

WILKINSON AND MARMOT, 2003

Photo © Derek Speirs

SECTION 1:
Overview of the National Traveller Health Action Plan

Introduction

Travellers are an Irish minority ethnic group whose ethnicity was only formally acknowledged by the Irish State in 2017. The *All Ireland Traveller Health Study, 2010* (AITHS) established the Traveller population at 36,224 in the Republic of Ireland (AITHS, 2010). There were approximately 30,987 Travellers in the Republic of Ireland in 2016, accounting for approximately 0.7% of the total population (CSO Census, 2017). However, the most recent annual Traveller family count 2021 undertaken by the Department of Housing, Local Government and Heritage (DHLGH) reports that there are 11,680 Traveller families in Ireland. Given that the average Traveller family size is 5.3 (CSO Census 2016), this is equivalent to 61,904 Travellers or 1.2% of the overall population (as per preliminary figures, CSO Census 2022).

Representing just over 1% of the population, Travellers in Ireland experience persistent racism and discrimination resulting in poorer outcomes in terms of health, education, employment and accommodation, as observed by a number of UN treaty-monitoring bodies, European institutions, and equality and human rights bodies. In 2021, the European Union Agency for Fundamental Rights (FRA) found that 65% of Travellers reported experiencing discrimination, one of the highest reported rates within the six European countries it surveyed.

Since 2010, a number of reports have echoed the findings of the AITHS, such as Census 2016, an Economic and Social Research Institute report on the social profile of Travellers (ESRI, 2017), and a report on mental healthcare published by a parliamentary committee on health (Oireachtas, Mental Healthcare, 2018). A report by the National Social Inclusion Office (NSIO, 2021), '*National COVID-19 Traveller Service User Experience Survey*', acknowledges the more recent challenges imposed by COVID-19 and its findings provide guidance for future HSE service planning and quality service improvement within the context of this Plan.

This Plan is informed by the findings from the *All-Ireland Traveller Health Study* (AITHS), an analysis of Traveller health inequalities commissioned by the Department of Health (DoH) and undertaken by University College Dublin (UCD), in partnership with Traveller Health Units (THUs) and Primary Healthcare for Travellers Projects (PHCTPs).
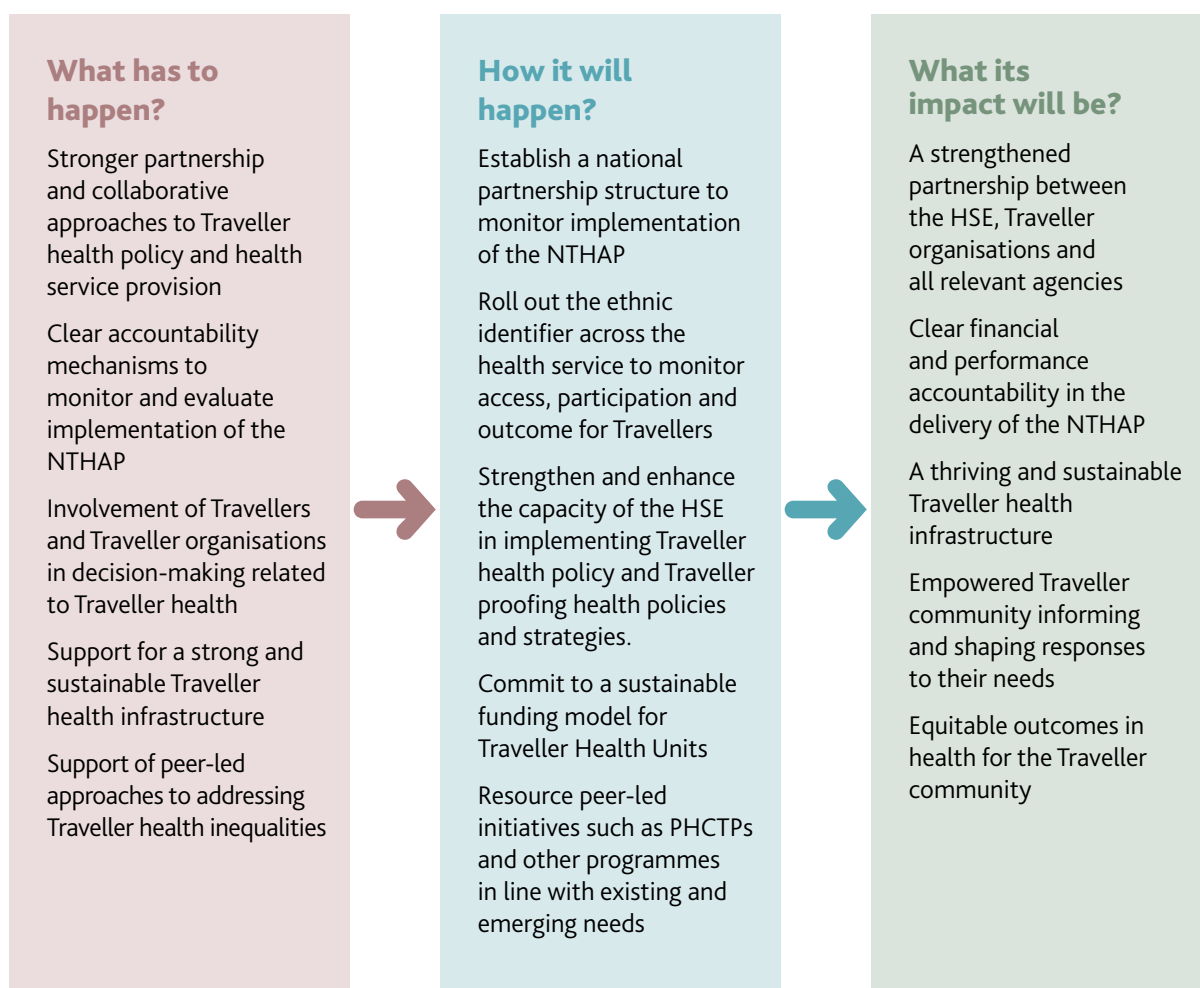
Findings from the AITHS provide a clear evidence basis for identifying and documenting the extent of Traveller health inequalities in Ireland using a 'social determinants' approach'. This Plan, which is underpinned by this approach, explains what is meant by 'social determinants of health' and how they are linked to inequality and poor health outcomes for Travellers. Addressing the social determinants of health and determining opportunities for better Traveller health requires not just the action of the Health Services, but the participation of key decision-makers in the areas of accommodation, education, transport, health and social policy. The Plan advocates for this approach by developing a comprehensive, cohesive and ambitious programme of action.

1.1 VISION FOR TRAVELLER HEALTH

> " *The vision is for a health service in which Travellers can achieve their full potential in respect of their physical, mental and social wellbeing and where the wellbeing of all Travellers is valued and supported at every level. The vision is underpinned by one in which Traveller families have equitable outcomes in health resulting in a healthy and resilient Traveller community.* "

The vision for Traveller health will be achieved through active, integrated and sustainable partnerships between Traveller organisations and other relevant agencies. The Plan will be achieved by working through the Traveller Health Units (THUs) and seeking funding in line with the HSE National Service Plan on an annual basis. All innovation and good practice will be shared across the THUs to ensure maximum effect.

Figure 2. Achieving the NTHAP vision

What has to happen?	How it will happen?	What its impact will be?
Stronger partnership and collaborative approaches to Traveller health policy and health service provision	Establish a national partnership structure to monitor implementation of the NTHAP	A strengthened partnership between the HSE, Traveller organisations and all relevant agencies
Clear accountability mechanisms to monitor and evaluate implementation of the NTHAP	Roll out the ethnic identifier across the health service to monitor access, participation and outcome for Travellers	Clear financial and performance accountability in the delivery of the NTHAP
Involvement of Travellers and Traveller organisations in decision-making related to Traveller health	Strengthen and enhance the capacity of the HSE in implementing Traveller health policy and Traveller proofing health policies and strategies.	A thriving and sustainable Traveller health infrastructure
Support for a strong and sustainable Traveller health infrastructure	Commit to a sustainable funding model for Traveller Health Units	Empowered Traveller community informing and shaping responses to their needs
Support of peer-led approaches to addressing Traveller health inequalities	Resource peer-led initiatives such as PHCTPs and other programmes in line with existing and emerging needs	Equitable outcomes in health for the Traveller community

1.2. GUIDING VALUES AND PRINCIPLES

The HSE philosophy provides for 'loyal and impartial service for the benefit of the State and the people of Ireland'. At the heart of this Plan are values and principles that inform this philosophy. These values and principles underpin the Plan and will guide implementation of actions in the coming years. These are outlined below:

1.2.1 Traveller inclusion

10 Common basic principles of Traveller and Roma Inclusion

The 10 common basic principles of Traveller and Roma inclusion as adopted by the European Commission and the NTRIS. These principles, outlined in Figure 1.3, reflect on the need for strong working partnerships at all levels between stakeholders, including government departments, statutory agencies, Travellers and Traveller organisations.

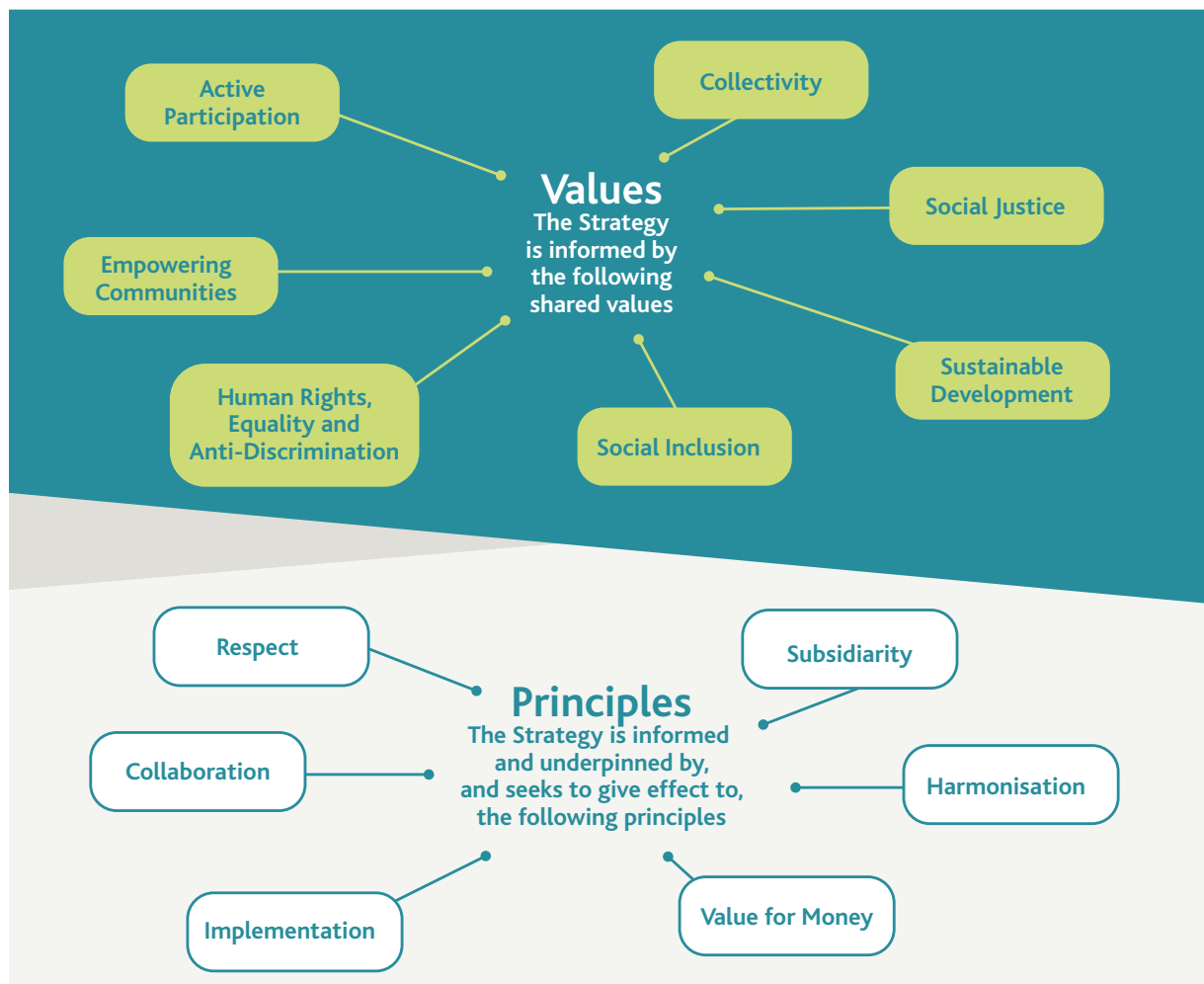**Figure 3. 10 common basic principles of Traveller and Roma inclusion**

1. Constructive, pragmatic and non-discriminatory policies	6. Transfer of evidence-based policies
2. Explicit but not exclusive targeting	7. Use of European Union instruments
3. Inter-cultural approach	8. Involvement of regional and local authorities
4. Aiming for mainstream	9. Involvement of Central Statistics Office
5. Awareness of the gender dimension	10. Active participation of Traveller and Roma

1.2.2 Community development

Sustainable, inclusive and empowered communities

The NTHAP has adopted the values and principles as outlined below in the government report, *'Sustainable, Inclusive and Empowered Communities: A five-year strategy to support the community and voluntary sector in Ireland 2019-2024'.*

Figure 4. Community development principles

Community development is a holistic approach and is grounded in the following principles:

- social justice and solidarity;

- equality and human rights;

- active participation, empowerment and collective action.

> *Community development and community workers work to empower, enable and support communities to improve their quality of life. They work to address poverty and social exclusion, and to achieve rights and equality for marginalised communities including Travellers, women, migrants, minorities and others that experience poverty, inequality and social exclusion.*
>
> **SUSTAINABLE, INCLUSIVE AND EMPOWERED COMMUNITIES, 2019**

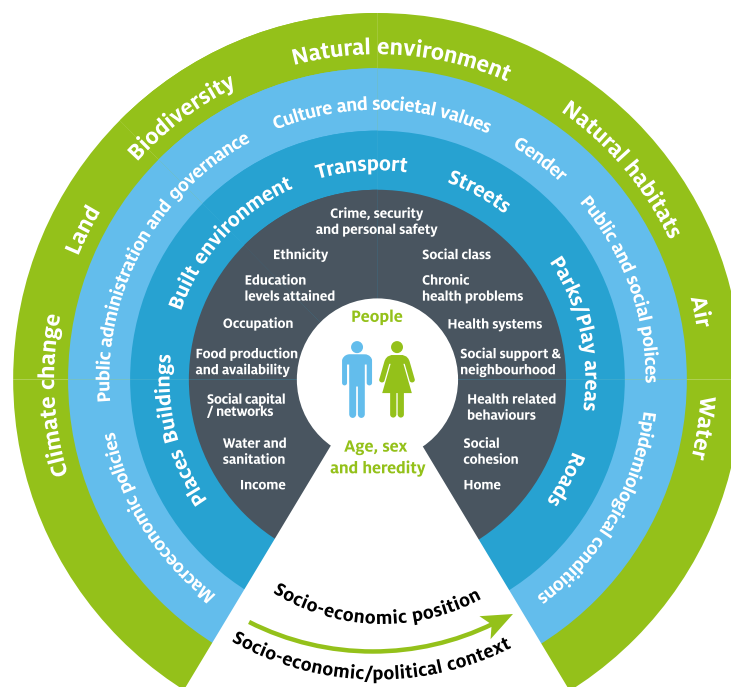### 1.2.3 Social Determinants of Health

Health outcomes are not shaped or solely determined by genetic or biological processes, but are influenced by the social, political and economic conditions in which we are born, grow, live, work and age. These influences are known as the 'social determinants of health'. These 'social determinants' recognise that inequalities in social, political and economic conditions give rise to unequal and unjust health outcomes for different groups, including Travellers.

> **GOOD PRACTICE: YOU TUBE VIDEO ON THE SOCIAL DETERMINANTS OF TRAVELLER WOMENS' HEALTH. CORK TRAVELLER VISIBILITY GROUP**
>
> This YouTube video was produced by the Cork Traveller Visibility Group and supported by University College Cork and is available at the following link:
>
> **www.youtube.com/watch?v=CaMMh8N_Jww** or you can search YouTube using the heading of this text box.

Figure 5. Social determinants of health

The social determinants of health, as seen in Figure 5, are factors that can impact on health and wellbeing. These factors are wide-ranging and include:

- Healthcare
- Accommodation, including general and Traveller-specific accommodation and homelessness ;
- Anti-racism and discrimination;
- Education attainment;
- Lifestyle;
- Income, employment and job security.

Research has shown that social determinants can be more important than healthcare or lifestyle choices in influencing health (WHO, 2021). In Ireland, there is a strong link between poverty, ethnicity, socio-economic status and health (ERSI 2022).

Both Healthy Ireland and Sláintecare identify the social determinants of health as imperative to addressing health inequalities and stress the importance of adequate resourcing of health promotion and public health approaches. The HSE will continue to work in developing strong partnerships with relevant agencies, the Traveller community and existing Healthy Ireland and local authority structures. The HSE will use both targeted and mainstream approaches to their work with other agencies.

The approach of *Healthy Ireland: A Framework for Improved Health and Wellbeing, 2013–2025* (Department of Health, 2013) is based on an understanding of the determinants of health. The realignment of Theme 6, in Healthy Ireland's Strategic Plan 2021-2025 addresses health inequalities and demonstrates a renewed focus on addressing the social determinants that result in health inequalities within the population.

1.2.4 Health inequalities

Health inequalities mean that some communities have poorer health outcomes when compared with the general population. These differences (inequalities) are unfair and unjust (inequities) and can be prevented. They can be measured by comparing indicators. These indicators include:

- life expectancy;
- infant mortality rates;
- adult mortality rates and causes;
- morbidity: the rate and extent of single and multiple, long-term diseases;
- mental health and suicide rates;
- quality of life indicators that can measure wellbeing.

WHO has urged governments to introduce universal healthcare as a strategy to reduce health inequalities. Ireland is one of the few countries in Europe that does not yet have universal access to healthcare, including Primary Healthcare.

> *"This inequality of access is embedded in our current system and creates barriers and perverse incentives that stand in the way of doing the right things for patients that need care. Moreover, wider health inequalities persist among some groups of the population."*
>
> **SLÁINTECARE IMPLEMENTATION STRATEGY, 2018**

Analysis of data and research findings provide us with a profile of the extent and depth of health inequalities experienced by particular marginalised communities compared with the general population.

This information helps contribute to the development of effective:

1. policy
2. priority actions

Addressing health inequalities requires analyses which focus on areas of inequality including, gender, age, civil and family status, disability, sexual orientation, income, religious beliefs, ethnicity, and membership of minority groups. Such analyses supports the development of an evidence base by which access, participation and outcomes for specific groups, such as Travellers, can be measured.

1.3 STRATEGIC CONTEXT AND STATUTORY OBLIGATIONS

This Plan is aligned with all existing relevant policies and programmes, both mainstream and Traveller specific, in particular health actions contained in the NTRIS. The Plan also complies with public sector ('positive duty') obligations as set out in Section 42 of the Irish Human Rights and Equality Commission Act (2014). Some of the key health and national Traveller policies and that are aligned to this Plan are set out in Table 1 below and the balance are included in Appendix 1 and Appendix 2

Table 1: Key Health and National Traveller Policies aligned to NTHAP

POLICY	SUMMARY
Connecting for Life Ireland's National Strategy to Reduce Suicide 2015–2020	Characterises minority groups as a priority group for whom there is evidence of vulnerability to, and increased risk of, suicidal behaviour. Minority groups are defined as members of the LGBTQIA+ community, members of the Traveller community, people who are homeless, people who come in contact with the criminal justice system (e.g., prisoners), people who have experienced domestic, clerical, institutional, sexual or physical abuse, asylum seekers, refugees, migrants and sex workers. The strategy contains a goal to enhance accessibility, consistency and care pathways of services for people who may be vulnerable to suicidal ideation.
Sharing the Vision, A Mental Health Policy for Everyone 2022	Action-oriented and focused on better outcomes for people experiencing mental health difficulties to bring about tangible changes in their lives and achieve better results
Healthy Ireland: A Framework for Improved Health and Wellbeing (2013–2025)	This framework sets out a series of themed actions aimed to improve the health of people living in Ireland. One of its goals is to reduce health inequalities in Ireland, with a focus on the broader social determinants of health. In a section on partnership and cross-sectoral work, it sets out a series of actions that involve cross-sectoral partners.
Sláintecare Implementation Strategy 2018	It sets out the direction for the next 10 years and actions to be taken in the first 3 years of the Sláintecare implementation process.
Sláintecare Implementation Strategy and Action Plan 2021-2023	Sets out the priorities and actions for the next phase of the reform programme. It aims to deliver a universal health service that offers the right care, in the right place, at the right time, at low or no cost.
ZERO TOLERANCE – The Third National Strategy on Domestic and Gender Based Violence, 2022	Envisages a range of actions to be implemented by State, voluntary and community-sector organisations aimed at preventing and responding to domestic, sexual and gender-based violence. All actors leading on implementing actions will be required to consider the issue of access for priority groups involving inputs from the relevant communities to identify and address any barriers.
National Traveller and Roma Inclusion Strategy, 2017-2021	The National Traveller and Roma Inclusion Strategy 2017-2021 (NTRIS) is the Government policy framework and cross-departmental initiative to improve the lives of the Traveller and Roma communities in Ireland.

These national policy documents set out the wider context that informs this Plan, including the broad healthcare reforms advocated for in Sláintecare, the main policy vehicle for healthcare reform in Ireland. Sláintecare key developments are outlined in section 1.4.

1.4 HSE KEY STRUCTURES BEING DEVELOPED AT LOCAL AND REGIONAL LEVEL

Presently, community health and social services are planned, funded and delivered separately from hospital services. There are nine Community Healthcare Organisations (CHOs) and seven Hospital Groups, which provide services to various parts of the country. Hospital Groups and Community Health Organisations (CHOs) serve populations that are grouped in different ways, which makes it challenging for the healthcare system to deliver integrated care.

1.4.1 Sláintecare Key Developments at Local and Regional level

Enhanced Community Care (ECC)

Enhanced Community Care (ECC) is imperative to the vision articulated in Sláintecare by re-orientating healthcare services towards care in the community. Central to achieving this objective is the delivery of integrated, patient-focused care and health promotion initiatives that improve the overall health of the local population

1.4.2 Regional Health Areas (RHAs):

Regional Health Areas (RHAs) recognise the value of geographical alignment for population-based resource allocation and governance to enable integrated care. Each RHA will be able to plan, resource and deliver health and social care services for the needs of its unique population. This will support improved accountability and governance in terms of finance and performance; empower frontline staff; and bring decision-making closer to the frontline.

1.4.3 Community Healthcare Networks (CHNs)

One of the main goals of the CHN model of care is to place the needs of the service user at the centre of its approach, ensuring people get the right services based on the complexity of their health care needs. CHNs will deliver primary and community services to an average population of 50,000 people each.

A population health needs analysis will be central to the delivery of services in each network. This is a collection of relevant information about each network's demographic, the health status of service users and services in place to meet their health needs.

> *"Support the establishment of 96 community healthcare networks (CHNs), each servicing a population of 50,000 people, which will facilitate a population needs assessment and population stratification approach to service delivery. The CHNs will also enable the integration of teams working in primary care services and the move towards more integrated end-to-end care pathways as well as providing for more local decision making and community involvement in planning to map identified health needs in their local area".*
> HSE SERVICE PLAN 2022.

In the roll-out of these new regional and local structures it is essential that there is engagement with the THUs and the PHCTPs to ensure alignment and facilitate Traveller participation, in line with the principle of empowerment and participation.

1.5 DEVELOPMENT OF THE NATIONAL TRAVELLER HEALTH ACTION PLAN

Development of this Plan involved an extensive research and consultative process. This included four, well-attended regional meetings of relevant stakeholders as outlined in Appendix 1. The meetings took place in June 2018 in Dublin, Limerick, Sligo and Cork. A detailed NTHAP Discussion Paper was circulated prior to each event to help inform these meetings. Participants were asked to consider the following five questions:

1. What areas of Traveller health would you like to see prioritised in the NTHAP?

2. How do you think this Plan should be implemented?

3. Are there any major issues you think are missing from the discussion document?

4. How can community engagement be further maximised?

5. How can other agencies, in particular, local authorities, play a stronger role in broader Traveller policy that impacts on health?

The combined outcomes from the four regional consultative meetings were summarised in a report which was circulated to all participants for comment and accuracy. The report was also published on the website of the HSE National Office for Social Inclusion and further feedback from stakeholders was invited.

In October 2018, a draft plan was submitted to the HSE National Office for Social Inclusion (NSIO). Based on further feedback from stakeholders, including the National Traveller Health Advisory Forum and the NSIO Social Inclusion Governance Group (SIGG) , the HSE committed to redrafting the Plan. A steering group was convened in October 2019, chaired by Martina Queally, Chief Officer, HSE Community Healthcare East. The final Plan was developed following further review of submissions and additional engagement with stakeholders.

"As Fran Baum, one of the WHO Commissioners on the Social Determinants of Health, has pointed out, governments need a commitment to the values of fairness and justice and an ability to respond to the complex nature of the social determinants of health 'beyond exhorting individuals to change their behaviour."

(BAUM, 2007)

Photo © Derek Speirs

SECTION 2:
The Action Plan

2.1 NTHAP FRAMEWORK CONCEPTS

For the purpose of this Plan, some key concepts are outlined in detail below. A shared understanding of these concepts allows us to transfer them into our actions for Traveller health. These concepts include implementation, mainstreaming, targeting, monitoring, social determinants and partnership working.

Implementation

Implementation of the Plan means developing and strengthening processes and mechanisms to ensure implementation of the Traveller Health Action Plan on national and local levels in partnership with Travellers and Traveller organisations.

Mainstreaming

Mainstreaming considers the needs of Travellers using a proofing system when developing all policy and providing services. The inclusion of Travellers in Irish society must be the ultimate aim of all policies and services if their intention is to be fully inclusive. In line with the 10 Common Basic Principles of Traveller/Roma Inclusion, to ensure effective access of Travellers to mainstream services, including health services, means that services must be adapted to Travellers' needs. If this is not done, it will further limit Travellers' equality of access, participation and outcomes in respective policy areas.

> *"A mainstreamed approach is sufficient when outcomes are identical for all components of the target groups; when evidence shows a clear gap between the situation of Roma and Travellers versus the rest of society (e.g. regarding their health and housing situation), policies should be adjusted, and specific measures should also be developed."*
>
> **EUROPEAN COMMISSION ASSESSMENT OF IRELAND'S NATIONAL TRAVELLER AND ROMA INCLUSION STRATEGY, 2016**

Targeting

Targeting means that there is an explicit focus on the Traveller population and measures are implemented tailored to their specific needs. Explicit targeting requires clear objectives, specific themes, adequate forms of implementation of objectives as well as specific forms of reporting, including indicators to measure outcomes. This is described as "explicit but not exclusive targeting" which means that, all new national policies and strategies should explicitly take account of the particular and distinctive needs of Travellers.

Monitoring

Monitoring ensures we can measure progress in this Plan using tools such as data and performance indicators and time scales. This also includes research and evaluation strategies. Strategies should explicitly take account of the distinct needs of Travellers and develop a set of clear accountability mechanisms to monitor and evaluate implementation progress.

Social determinants

A whole-of government and social determinants' approach is recommended for addressing Traveller health inequalities in line with the NTRIS, Healthy Ireland and Sláintecare.

A social determinants' approach refers to the measures and supports from other non-health agencies that can support improved Traveller health, for example in relation to accommodation and education.

Partnership working

Develop and strengthen mechanisms to ensure meaningful consultation, inclusion and participation of Travellers in local, regional and national health-related structures underpinned by community development principles and values.

The elements of the framework for this Plan are not mutually exclusive but are complementary approaches used to address Traveller Health inequalities in existing and forthcoming national, regional and local health policy and services.

2.2 ACHIEVING THE GOALS, OBJECTIVES AND ACTIONS IN THE PLAN

The approach to achieving the 4 goals in this Action Plan is based on the following considerations:

- A clear implementation strategy based on the framework set out to include mainstreaming, targeting, monitoring, social determinants and partnership working.
- Each CHO to develop a detailed implementation plan for the NTHAP, with clear targets, budget allocation, time scales, monitoring framework and a list of persons responsible within 3 months of publication of the Plan.
- Alignment of the Plan with existing and emerging health policy in Ireland.
- Inclusion of the commitments on Traveller health in this Plan as set out in the NTRIS.
- A focus on the health services that impact Traveller health and wellbeing, ranging from primary healthcare to acute hospital services.
- A focus on the health and social care interventions that will have the most impact on Traveller health, including maternal and infant care, mental healthcare; rare diseases services and chronic disease diagnosis, early interventions and management.
- The inclusion of measures by public bodies that provide services that impact on health and wellbeing, including community and local development, accommodation and homelessness, employment and income support, anti-racism, and education.
- Recognition of the specific and additional health needs of potentially marginalised groups within the Traveller community, including women, children; lesbian, gay, bisexual, transgender, queer, intersex + (LGBTQI+ Travellers, prisoners/ex-prisoners, and Travellers who are experiencing domestic, sexual and gender based violence (DSGBV), substance misuse/addiction issues.
- Promotion of the wider use of an ethnic identifier across all health data sets to assist with monitoring access, participation and outcome to services for Travellers.

GOAL 1	Strengthen the governance, monitoring and structures to support implementation of the National Traveller Health Action Plan			
Strategic Objective	**No.**	**Strategic Action**	**Responsibility**	**Strategic Alignment**
Develop and strengthen processes and mechanisms to ensure implementation of the NTHAP at a national, regional and local levels in partnership with Travellers and Traveller organisations.	1	Establishment of a NTHAP implementation group to monitor the delivery of the actions in the Plan and develop performance monitoring frameworks in line with existing HSE systems.	**NTHAP Steering Group**	
	2	Develop a CHO implementation plan for the NTHAP, with clear targets, budget allocation, time scales, and monitoring framework within 3 months of publication of the Plan.	**HSE Chief Officers + THUs**	Joint Committee on Key Issues Affecting the Traveller Community (Recommendation 6)
	3	Prepare annual reports including, the collation of the CHO implementation reports, with reference to the aim, goal and objectives set out in this plan for submission to the THAF and the NTHAP Implementation Group.	**HSE, NTHAP implementation group & THAF**	Final Report of the Joint Committee on Key Issues affecting the Traveller Community
Develop standardised funding structures and processes to allow for adequate funding for the sector and ensure accountability	4	Accountability and transparency to Traveller budget processes.	**HSE + THUs**	Joint Committee on Key Issues Affecting the Traveller Community
	5	Develop a sustainable funding model and scope the potential for introduction of standardised multi-annual funding structures, processes and service agreements to support the Traveller health infrastructure	**HSE**	NTRIS (Action 75) Joint Committee on Key Issues Affecting the Traveller Community
	6	Engage the THUs in the decision making process in relation to prioritisation and spending of Traveller health budgets in their region.	**HSE + THUs**	NTRIS (Action 65 & 75)
Development of clear accountability mechanisms to monitor and evaluate implementation progress of NTHAP.	7	The HSE will convene an annual consultative forum on Traveller health to provide updates and to promote broader engagement in the NTHAP.	**HSE**	NTRIS
	8	Work with Public Health partners to ensure Traveller active participation and representation on national and local health-related structures and identify Traveller health needs and approaches to Population health planning and funding.	**HSE + Public Health Partners**	NTRIS (Action 65)

GOAL 1	Strengthen the governance, monitoring and structures to support implementation of the National Traveller Health Action Plan			
Strategic Objective	**No.**	**Strategic Action**	**Responsibility**	**Strategic Alignment**
	9	Work with relevant services to develop a set of Traveller health indicators to support national and CHO NTHAP implementation plans.	**HSE HR**	Department of Health Statement of Strategy 2021-2023
	10	Support the approval of the inclusion of ethnicity in the IHI in line with data protection legislation.	**HSE + DoH**	Section 42, IHREC 2014 (Public Sector Duty)
	11	Ensure the implementation of a standardised ethnic identifier across all health administrative systems to monitor access, participation and outcomes of all groups, including Travellers, and to inform the development of evidence-based policies and services.	**HSE**	NTRIS (Action 67) Second National Intercultural Health Strategy, 2018-2023 Section 42, IHREC 2014 (Public Sector Duty)
	12	Implement Section 42, IHREC Act 2014 ('Public Sector Equality and Human Rights Duty'), by assessing, addressing and reporting on its impact on equality and human rights as specifically relates to Travellers.	**HSE**	Section 42, IHREC 2014 (Public Sector Duty)

OUTCOMES:

- **Implementation of the NTHAP at national, regional and local levels.**
- **Development of appropriate health indicators for Traveller health.**
- **Progress agreed for the inclusion of ethnic identifier on all health data sets on a phased, prioritised basis.**
- **Improved participation by Travellers in local decision-making and policy and programme research and design, implementation and monitoring.**
- **Improved disaggregated data to monitor and evaluate Travellers' access, participation and outcomes from mainstream health services.**
- **Public sector duty (Section 42, IHREC Act 2014) is implemented in the HSE.**
- **Clearer financial and performance accountability in the delivery of the NTHAP.**
- **Accountability and transparency on Traveller budget processes.**

GOAL 2	Improve Traveller's equality of access, participation and outcomes in mainstream health services through a human-rights based approach		
Strategic Objective	**No.**	**Strategic Action**	**Responsibility**	**Strategic Alignment**
Mainstreaming and responding to Traveller health needs and addressing Traveller health inequalities in existing and forthcoming health policy and services.	13	The HSE will commission research as appropriate to the needs of the NTHAP, including exploring approaches to inclusion health and the development of an assessment tool to address Traveller health inequalities and support Traveller inclusion within health services.	**HSE**	Roadmap for Social Inclusion, 2020-2025 Sláintecare Action Plan 2022 Reform Programme 2 (Workstream 1) Women's Health Action Plan 2022-2023
	14	Ensure Traveller-proofing of existing and new strategies, policies and services to support Traveller inclusion and provision of culturally appropriate services.	**HSE**	NTRIS (Action 79) Sláintecare Action Plan 2022 Reform Programme 2 (Workstream 1) Healthy Ireland: A Framework for Improved Health and Wellbeing
	15	Identify and prioritise Traveller specific actions in annual HSE National Service and Divisional Operational Plans (in line with national and NTHAP priorities), inclusive of targets.	**HSE**	NTRIS (Action 66)
	16	Prioritise the inclusion of Travellers across all HSE Integrated Care Programmes and Clinical Programmes, with an initial focus on Mental Health and Chronic Disease.	**HSE**	NTRIS (Action 63 & 66) Sharing the Vision (Recom 6) Sláintecare HSE National Framework for the Integrated Prevention and Management of Chronic Disease in Ireland 2020 – 2025
	17	National Social Inclusion Public Health as well as Regional Departments of Public health Leads and THUs to work in partnership to support preventive and clinical health programmes e.g. health inequalities cancer, COPD, chronic diseases, mental health and addiction.	**HSE National Social Inclusion Public Health + Regional Departments of Public Health and THUs**	Sláintecare HSE National Framework for the Integrated Prevention and Management of Chronic Disease in Ireland 2020-2025

GOAL 2	Improve Traveller's equality of access, participation and outcomes in mainstream health services through a human-rights based approach			
Strategic Objective	**No.**	**Strategic Action**	**Responsibility**	**Strategic Alignment**
	18	Develop standardised training and Traveller-specific health inclusion toolkit for health service providers to support Traveller cultural safety within the health services.	**HSE + Traveller Organisations**	NTRIS (Action 80, 81 & 87) Joint Commission on Key Issues Affecting the Traveller Community (Recommendation 1)
	19	Undertake mapping, in partnership with Traveller organisations, of the Traveller population in Community Health Networks (CHNs) to support a population health planning approach for the health and social care needs of the Traveller community.	**HSE (CHOs) + RHAs**	NTRIS (Action 79) Sláintecare
Explicit inclusion of Traveller health needs in all Population Health Approaches for Service Planning and Funding, aligning with new and existing HSE structures, including Sláintecare	**20**	Prioritise Traveller health needs in the Enhanced Community Care (ECC) programme (including Community Healthcare Networks) in line with Sláintecare.	**HSE + Community Health Networks**	NTRIS (Action 79) Sláintecare (Reform Programme 2)
	21	Ensure the health needs of Travellers are prioritised and explicitly included in all population health-based planning approaches and associated population-based resource allocation.	**HSE**	NTRIS (Action 75 and 79) Sláintecare (Workstream 2) Joint Committee on Key Issues Affecting the Traveller Community

OUTCOMES:

- Improved access, opportunities, participation rates, outputs and outcomes from mainstream health services for Travellers.
- Improved mainstreaming of Travellers to address health inequalities across policy and services.
- Increased engagement of Travellers in chronic disease prevention and treatment programmes.
- Traveller health needs are identified and prioritised in the Enhanced Community Care (ECC) programme (including Community Healthcare Networks) in line with Sláintecare.
- HSE Public Health personnel working with the Traveller Health infrastructure to address the high levels of non-communicable diseases within the Traveller community.
- Traveller-proofing of HSE policies and services; human rights and equality issues identified by the HSE and identification of policies, plans and actions in place, or proposed to be put in place, to address these issues.

GOAL 3	Address the social determinants of Traveller health through targeted and mainstreaming measures			
Strategic Objective	**No.**	**Strategic Action**	**Responsibility**	**Strategic Alignment**
Development of specific policy priorities, strategies and actions which address Traveller Health inequalities using an intersectional analysis and facilitating targeted measures.	22	Resource a National Traveller education and employment pilot initiative to promote and support employment of Travellers across the health services. Based on learning from the pilot, the HSE will engage with other education partners in line with NTRIS actions.	**HSE + THUs + Traveller organisations**	NTRIS (Action 77, 80 & 83) National Access Plan: A Strategic Action Plan for Equity of Access, Participation and Success in Higher Education 2022-2028 Action Plan for increasing Traveller participation in higher education National Strategy for Women and Girls 2017-2020 Programme for Government: Our Shared Future
	23	Undertake a scoping analysis of the level of employment, considering structured education pathways/ opportunities for Travellers and identify a baseline national Traveller employment target to increase Traveller participation in the HSE (staffing).	**HSE + THAF + THUs + Academic partners**	NTRIS (Action 77 & 84) National Strategy for Women and Girls 2017-2020 Programme for Government: Our Shared Future
	24	Implement an ethnic identifier into HSE workforce employment data systems to ensure the availability of disaggregated equality data i.e., (age, gender, ethnicity), to identify any gaps and undertake special measures required to address those gaps as related to Travellers.	**HSE HR**	NTRIS (Action 67) Section 42, IHREC 2014 (Public Sector Duty) Joint Commission on Key Issues Affecting the Traveller Community (Recommendation 10)
	25	Ensure the local Connecting for Life Implementation Plans include Traveller-specific actions as relevant to the local area and promote Traveller representation on groups as appropriate.	**HSE**	NTRIS (Action 90) Sharing the Vision (Action 1, 25, 26, 27, 28 & 39) Connecting for Life

GOAL 3	Address the social determinants of Traveller health through targeted and mainstreaming measures			
Strategic Objective	No.	Strategic Action	Responsibility	Strategic Alignment
	26	Support and resource peer-led initiatives focused on Traveller men's health to improve mental health and wellbeing.	HSE	NTRIS (Action 87 & 88) Connecting for Life (Action 2.3.3) Joint Committee on Key Issues Affecting the Traveller Community (Recommendation 4)
	27	Support and further develop culturally safe services to respond to the mental health needs of Travellers in consultation with Travellers and organisations.	HSE and NOSP	NTRIS (Action 87) Sharing the Vision (Recommendation 61)
	28	Work with the HSE to develop programmes to address mental health issues for young Travellers.	HSE + THUs	NTRIS (Action 42) Connecting for Life (Action 3.1.6) Joint Committee on Key Issues Affecting the Traveller Community (Recommendation 4)
	29	Ensure implementation of the outstanding mental health actions in NTRIS to maximise the delivery of diverse culturally competent mental health supports throughout the services.	HSE Mental Health + NOSP + NTRIS	NTRIS Mental Health actions.
	30	Prioritise the implementation of actions relating to Travellers in Sharing the Vision and Connecting for Life.	HSE Mental Health + NOSP + NTRIS	Connecting for Life (Action 2.3.3, 3.1.6) Sharing the Vision (Action 1, 25, 26, 27, 28, 39 & 61)
	31	Older Persons services to develop culturally safe responses for older Travellers (age 49+ given premature ageing).	HSE	NTRIS (Action 81) Joint Committee on Key Issues Affecting the Traveller Community (Recommendation 1)

GOAL 3	Address the social determinants of Traveller health through targeted and mainstreaming measures		
Strategic Objective	No.	Strategic Action	Responsibility	Strategic Alignment
	32	Increase access to culturally appropriate supports for Deaf and Disabled Travellers.	HSE	National Disability Inclusion Strategy 2017-2021
	33	The HSE as a partner in the Drug and Alcohol Task-forces (DATFs) will engage with PHCTPs/Traveller organisations to support Travellers with problem alcohol and /or drug use in accessing culturally appropriate addiction rehabilitation services and to represent Traveller issues on the DATFs.	HSE + Drugs & Alcohol Taskforce + THAF + THUs	NTRIS (Action 64) Reducing Harm, Supporting Recovery (Action 2.1.27)
	34	The HSE to develop strategic mainstream and targeted measures to address the impact of homelessness on Traveller health.	HSE Public Health	Department of Health: Statement of Strategy 2021 – 2023 National Traveller Accommodation Consultative Committee (NTACC) Housing for All - a New Housing Plan for Ireland Housing First National Implementation Plan 2022-2026
	35	Consolidate the public health measures put in place to minimise the impact of COVID-19 and other communicable diseases on Travellers, including primary childhood immunisation programmes, control of outbreaks such as hepatitis A, and COVID-19 vaccinations.	HSE Public Health + Local Authorities + other relevant agencies.	NTRIS (Action 79) Healthy Ireland: A Framework for Improved Health and Wellbeing
	36	Public Health Departments and regional Traveller Health Structures to work in partnership with local authorities and Government Departments, as appropriate to address the social determinants of Traveller Health.	HSE Public Health + other relevant agencies.	Healthy Ireland: A Framework for Improved Health and Wellbeing

GOAL 3	Address the social determinants of Traveller health through targeted and mainstreaming measures			
Strategic Objective	**No.**	**Strategic Action**	**Responsibility**	**Strategic Alignment**
Ensure a whole of government and social determinants approach to addressing Traveller health inequalities in line with the NTRIS, Healthy Ireland and Sláintecare	37	HSE representatives on Local Authority (LA) structures/Local Community Development Committees (LCDCs) will be supported to advocate for Traveller health priorities.	**HSE/CHOs + THAF**	Sustainable, Inclusive and Empowered Communities NTRIS (Action 79)
	38	HSE will work with Public Health partners to explore methods to identify Traveller health needs and approaches to population health planning and funding by Traveller Proofing structures and services.	**HSE**	NTRIS (Action 79) Healthy Ireland: A Framework for Improved Health and Wellbeing

OUTCOMES:

- **Identified career progression routes for Traveller health workers into mainstream employment within health services and in 'identified positions' within HSE/DoH.**

- **Increased employment and training opportunities for Travellers within mainstream health services.**

- **Increased support for Travellers in accessing addiction and rehabilitation services.**

- **Provision of increased access to culturally appropriate health services and supports for Traveller men; Older Travellers; Travellers with a disability and Travellers who are homeless.**

- **Provision of culturally safe Mental Health and suicide support services for Travellers.**

- **HSE Public Health minimising the impact of communicable diseases in the Traveller community.**

- **Cross-departmental and cross-agency collaboration in addressing the social determinants of Traveller health inequalities.**

GOAL 4	Enhancing Travellers' access to culturally appropriate primary health care through investment in Traveller Health Units and Primary Health Care for Travellers Projects			
Strategic Objective	**No.**	**Strategic Action**	**Responsibility**	**Strategic Alignment**
Strengthening the structures that work in partnership with Travellers via NTHAF at national level, the Traveller Health units at regional level and the Primary Health Care for Traveller Projects at local level.	**39**	In line with NTRIS action 74, the HSE will review the existing arrangements for engagement with Traveller representative organisations with a view to agreeing improvements.	**HSE**	NTRIS (Action 74)
	40	In line with NTRIS action 73, the HSE will continue to resource and strengthen the THAF to prioritise and mainstream Travellers in partnership with the structures that support Traveller health.	**HSE**	NTRIS (Action 73)
	41	Explore barriers to recruitment and retention of staff in Primary Health Care for Traveller Projects (PHCTPs).	**HSE + THAF**	NTRIS (Action 77 & 84) Joint Committee on Key Issues Affecting the Traveller Community (Recommendation 8)
	42	Review the functioning and capacity of THUs with a view to strengthening and standardising their approaches in all regions including: a. Staffing, resources and capacity building b. Representation and membership	**HSE + THAF**	NTRIS (Action 65 & 75) Joint Committee on Key Issues Affecting the Traveller Community (Recommendation 3 & 9)
	43	Continue to resource PHCTPs in line with key responsibilities for marginalised communities; identify resources to reinstate and expand PHCTPs in areas where they do not exist	**HSE**	NTRIS (Action 75 & 76) Joint Committee on Key Issues Affecting the Traveller Community (Recommendation 9)
Develop and strengthen mechanisms to ensure meaningful consultation, inclusion and participation of Travellers in local, regional and national health related structures underpinned by community development principles and values.	**44**	Continue to support Traveller participation in relevant health structures through the resourcing of the National Traveller Health Network and regional Traveller Health Networks in each THU.	**HSE**	NTRIS (Action 75)

GOAL 4	Enhancing Travellers' access to culturally appropriate primary health care through investment in Traveller Health Units and Primary Health Care for Travellers Projects			
Strategic Objective	No.	Strategic Action	Responsibility	Strategic Alignment
	45	Continue to support and resource culturally appropriate measures to address Traveller health literacy within Primary Health Care for Traveller Projects.	HSE + DoH	Healthy Ireland: A Framework for Improved Health and Wellbeing

OUTCOMES:

- **Improved coordination and effective partnerships between Traveller representation and the HSE.**

- **Increased operational and representative capacity of THUs.**

- **Stronger evidence base to inform proactive policymaking and service provision for Travellers.**

- **Stronger and more effective Traveller health infrastructure.**

- **Increased access for Travellers to PHCTPs at local level.**

- **Nationally consistent approach across THUs and PHCTPs.**

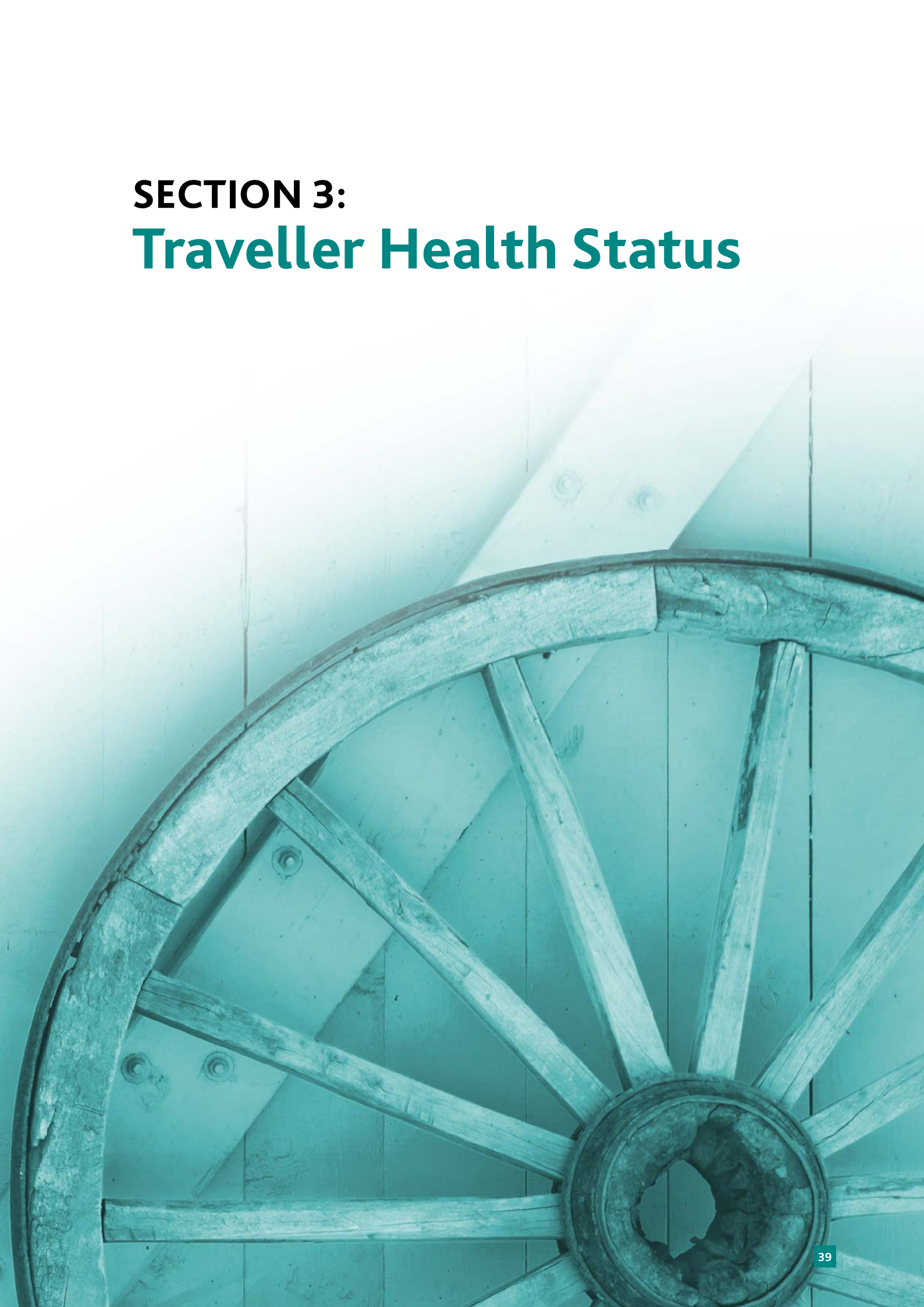- **Culturally appropriate Health Literacy to be included as an action in the PHCTPs.**

> *"The social conditions in which people live and work can help create or destroy their health. Lack of income, inappropriate housing, unsafe workplaces and lack of access to health care systems are some of the social determinants of health leading to inequalities."*
>
> **WORLD HEALTH ORGANIZATION, 2004**

SECTION 3:
Traveller Health Status

3.0 TRAVELLER HEALTH STATUS

This section illustrates the demographic profile of Travellers, their mortality rates and life expectancy compared to the general population in Ireland. This data is based on the findings of the AITHS, as per NTRIS Action 79, which informs the development of this Action Plan (unless referenced otherwise).

Since 2010, a number of reports echo the findings of the AITHS, for example Census 2016, an Economic and Social Research Institute report on the social profile of Travellers (ESRI, 2017), a report on mental healthcare published by a parliamentary committee on health (Oireachtas, Mental Healthcare, 2018), and more recently, the data emerging from COVID-19 indicating that it disproportionately impacted Travellers and has contributed to the further widening of their health inequalities.
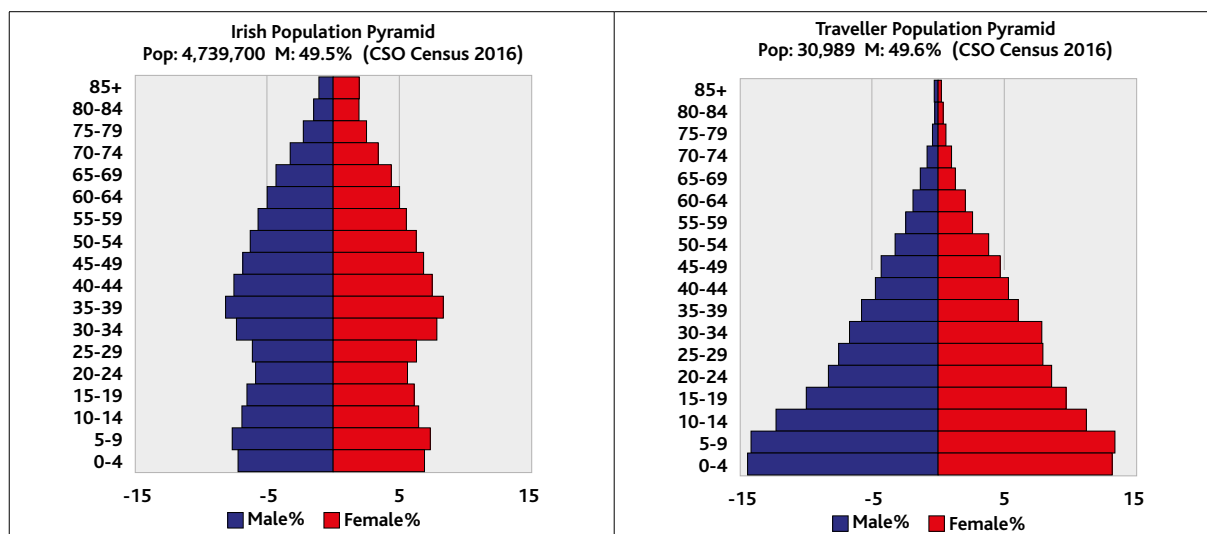
3.1 TRAVELLER DEMOGRAPHICS

The All-Ireland Traveller Health Study, 2010 (AITHS, 2010), established the Traveller population at 36,224 in the Republic of Ireland.

• 42% of Travellers were under 15 years compared with 21% in the general population

• 63% of Travellers were under 25 years compared with 35% in the general population

• 3% of Travellers were over 65 years compared to 11% in the general population

• Only 8 Travellers were aged over 85 years

• Median age for Travellers was 22.4 years compared to 36.1 years in the general population.

According to Census 2016, there were approximately 30,987 Travellers in the Republic of Ireland, accounting for less than 1% (0.7%) of the total population; 60% of Travellers were aged under 60 years compared to 33% of the general population and only 3% were aged 65 and over compared to 13.3% of the general population. However, the most recent annual Traveller population estimate undertaken by the Department of Housing, Local Government and Heritage (DHLGH) in 2021 reports that there are 11,680 Traveller families in Ireland. Given that the average Traveller family size is 5.3 (CSO Census 2016), this is equivalent to a total population of 61,904 Travellers or 1.2% of the overall population (as per preliminary figures CSO Census 2022).

Figure 6. Comparative population pyramids for Travellers and the general population based on Census 2016

Travellers have a distinctive population profile (see Figure 6). The CSO Census 2016 Traveller population pyramid is similar to the AITHS 2008 pyramid, indicating little change in the population structure. This type of population pyramid is indicative of higher birth rates, a younger population, and higher mortality rates at a younger age. Similar population profiles can be found among other ethnic minorities such as the Inuit in Canada and the Aboriginal community in Australia.

3.2 TRAVELLER MORTALITY RATES

Mortality rates

- Traveller men have 4 times the mortality rate of the general population.

- Traveller women have 3 times the mortality rate of the general population.

- Suicide is 6 times the rate of general population.

- The infant mortality rate for Travellers is 3.5 times the rate of the general population (4 infant deaths per 1,000 in the national population compared to 14 infant deaths per 1,000 in the Traveller population).

Adult mortality

According to the AITHS, when standardised for age, the overall Traveller mortality rate is 3.5 times higher than that of the general population - a 3 times differential for women and a four times differential for men.
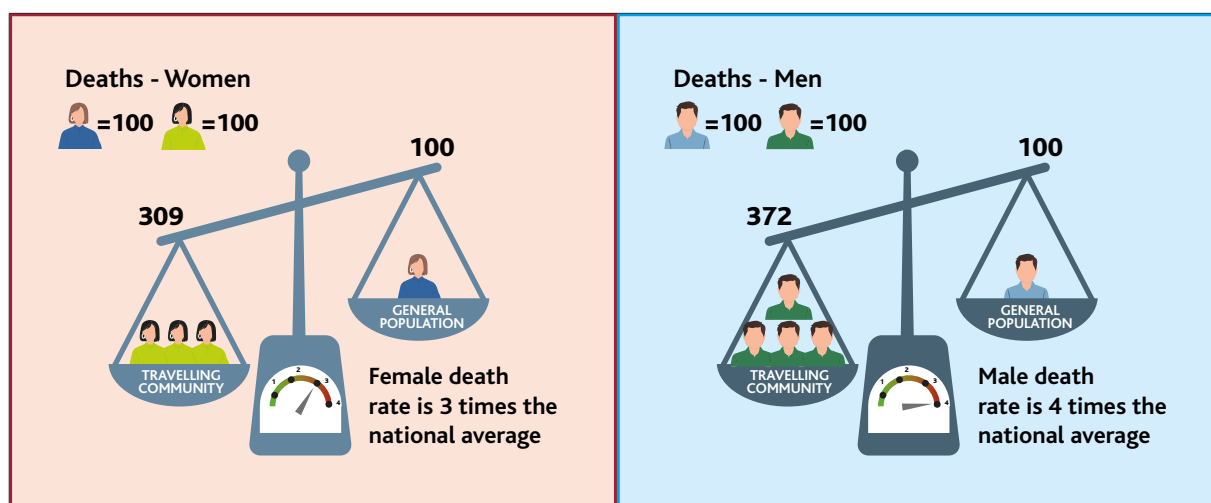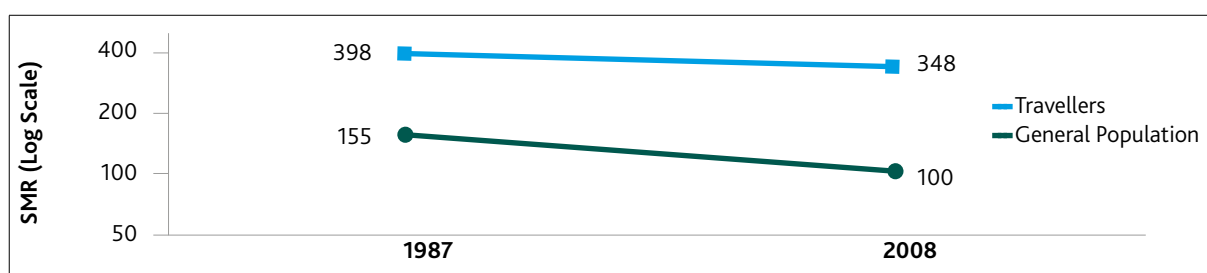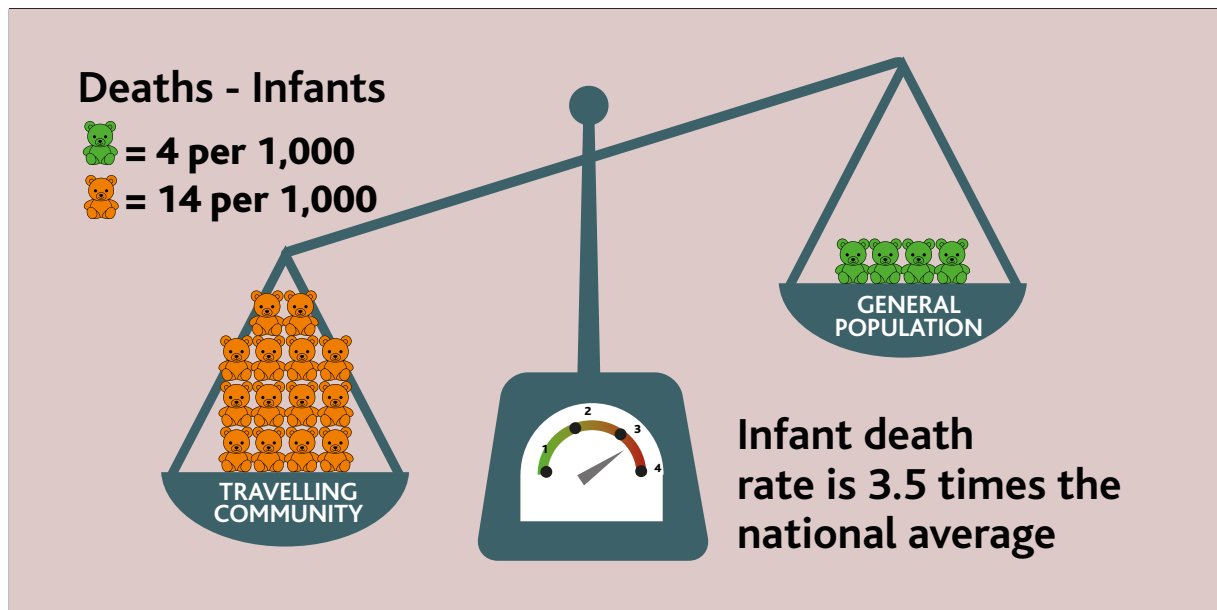
Figure 7: Mortality rates

Figure 8. Standardised mortality rates for all Travellers 1987 to 2008

Infant mortality rates

A birth cohort study on maternal and infant care undertaken by UCD in 2011 concluded that, "while there have been positive improvements in some aspects of maternity care, Traveller infant mortality (14 per 1,000) remains almost four times that of the general population". The findings also show that Traveller mothers have a shorter birth gap between pregnancies, and higher parity and stillbirth rates, when compared to the general population.

Figure 9: Traveller infant mortality rates

Deaths - Infants
= 4 per 1,000
= 14 per 1,000

GENERAL POPULATION

TRAVELLING COMMUNITY

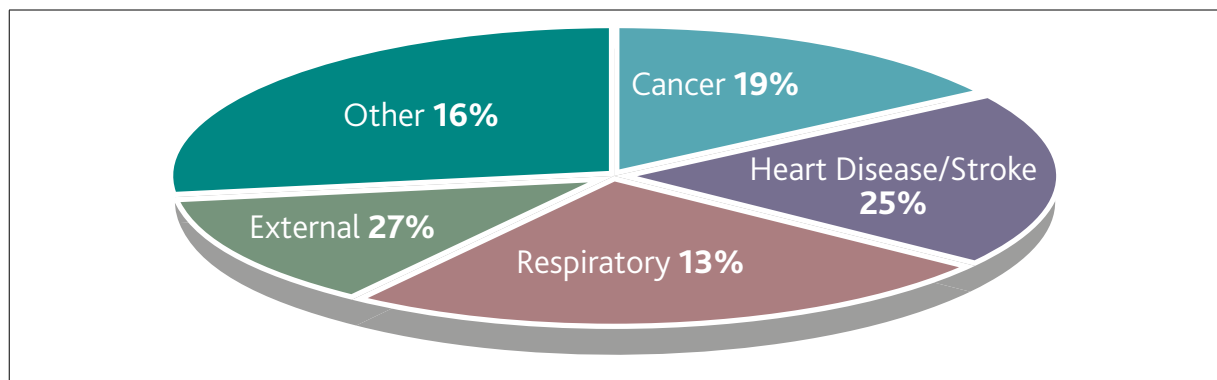Infant death rate is 3.5 times the national average

Excess Deaths –AITHS

If Travellers had the same health status/mortality rates as the general population, the number of deaths expected in 2008 would be 54. But the actual number of deaths was 188, which is an excess of 134 Traveller deaths.

3.2.1 Causes of death

The leading causes of death in Travellers was identified as heart disease, external causes, respiratory diseases and cancer (Figure 10).

Figure 10. Causes of confirmed Traveller deaths

Other **16%**
Cancer **19%**
Heart Disease/Stroke **25%**
Respiratory **13%**
External **27%**

3.2.2 Life expectancy

The average expectancy for Travellers was 65.9 years compared to 79.3 years in the general population.

The Traveller male life expectancy in the AITHS 2008 was 61.7 years, highlighting a gap of 15.1 years between Traveller males and the male general population. This is a large increase up from a 10-year gap in 1987.

The Traveller female life expectancy is now at 70.1 years, highlighting a gap of 11.5 years between Traveller females and the female general population. This is a small decrease down from a gap of 12 years in 1987.

3.2.3 Morbidity

In the AITHS findings there were higher reported levels of diabetes, cardiovascular disease including high blood pressure and high cholesterol levels, and respiratory conditions including bronchitis and asthma.

- 6.1% of Travellers had been diagnosed with diabetes compared to 3% of the general population.
- 29% had been diagnosed with asthma compared to 6.0% in the general population.
- 31% of Travellers were on prescribed medication.

3.2.4 Disability

A report by the ESRI published in 2017 concluded that "All of the evidence points to poorer health outcomes among Travellers than the general population" and:

- Travellers are nearly three times as likely as non-Travellers in the 35–54 age group to experience any difficulty or disability (31% versus 11%). The differences in risk are apparent across all disability types and across all the different kinds of difficulty.
- In total, 9% of Travellers aged 35–54 years have a psychological or emotional disability, compared to 3% of their non-Traveller counterparts. There is a similar difference in the rate of having mobility limitations with the figure for Travellers more than three times higher than that for non-Travellers (13% versus 4%), (ESRI, 2017).

Census 2016

- 19.2% of Travellers were living with a disability.

3.2.5 Mental health and suicide

- 63% of Traveller women said their mental health was not good for one or more days in the last 30 days compared to 20% of GMS female card holders
- 59% of Traveller men said their mental health was not good for one or more days in the last 30 days compared to 22% of GMS female card holders
- 56% of Travellers said that poor physical and mental health restricted their normal daily activities compared to 24% of GMS population.

Suicide

- The AITHS also found that suicide accounts for approximately 11% of all deaths within the Traveller community which is 6 times the national rate.
- The Traveller suicide rate was 58 per 100,000 compared to 11.4 in the general population in 2008.

3.3 SOCIAL DETERMINANTS OF TRAVELLER HEALTH

Health status, demographics and social determinants of Traveller Health are presented and highlights the importance of addressing the broad range of factors influencing Traveller Health. The gaps and inequalities in health-related outcomes as a result of these social determinants are presented, along with a narrative supporting progress in this area to date.

In order to address the unacceptable health inequalities experienced by the Traveller community, as illustrated in Section 2.1, there is a need to address the broader social determinates of Traveller Health, as recommended by the WHO.

> *Addressing the Social Determinants of Health appropriately is fundamental for improving health and reducing long term health inequalities which requires action by all sectors and civil society."*
> WORLD HEALTH ORGANIZATION

The social determinants relating to Traveller health include:

- Family size
- Accommodation and living conditions
- Education
- Employment
- Discrimination
- Income
- Lifestyle
- Trust in health services

3.3.1 Family size

- In the AITHS in 2008, the average Traveller family size was 4 compared to 2.8 in the general population; in the CSO Census 2016 the average Traveller and family size has increased to 5.3 compared to 4.1 in the general population.
- Almost 1 in 2 Traveller women aged 40-49 had 5 or more children compared with only 1 in 24 in the general population. (CSO Census, 2016)

3.3.2 Accommodation and living conditions

In the AITHS

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

- 73% of respondents 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 80% of Travellers are living in houses.

In the Census 2016

- Nearly 40% of Traveller households had more persons than rooms compared with less than 6% of non-Traveller households.

- Traveller overcrowding was 7 times higher than the national rate.

- 15% of all Travellers were homeless, the equivalent to 709,632 people in the general population.

3.3.3 Education

In the AITHS

- A total of 38.5% of 30-44 year olds and 25.8% of 45-64 year olds had primary education only

- Over 90% of 14 year olds are currently in school or training centres.

- 28.8% had difficulty in reading.

- Half (50%) of Travellers reported experiencing difficulty reading the instructions for medication.

Education was identified in the data (by Travellers and service 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.

In the Census 2016

- 13% of Travellers completed secondary education in comparison with 92% of the general population.

- 57.2% of Traveller males were educated to primary level at most, compared with just 13.6% of the general population.

- Less than 1% of Travellers went on to third level education

3.3.4 Employment

In the AITHS

4.8% of Travellers were either employed or self-employed

Census 2016 findings

- 80% of Travellers were unemployed compared to the national unemployment rate of 6.6% in the general population.

- 11% of Travellers stated that they were unable to work due to disability compared to 4.3% of the general population.

3.3.5 Experience of social exclusion and discrimination

Overall, Travellers experience more severe poverty and social exclusion than all other groups in Ireland. To a significant extent, this poverty and social exclusion is the result of a complex mix of factors which also impact on other disadvantaged groups. In general, Travellers experience much higher levels of income poverty and deprivation than the rest of the population and have high levels of financial exclusion.

> *"Racism is a poison in all societies, and we see it in so many aspects of daily life. It has so many different manifestations and clearly one of the outcomes of systematic racism is unfair access to health care, marginalisation, othering of people to the point where they don't get access to healthcare. Ultimately there is a health consequence to racism, a direct psychological consequence, a denial of services consequence, a marginalisation consequence, a poverty consequence, and education consequence, all of these lead to ill health, so racism is a heath issue"*
>
> **MICHAEL RYAN, WHO**

In 2010, a national survey of attitudes and prejudices towards Travellers reported the following:

- 40% of respondents were unwilling to employ a Traveller;

- 79.6% were reluctant to purchase a house next to a Traveller;

- 18.2% would deny Irish citizenship to Travellers.

In 2017, the ESRI found that Travellers were almost 10 times more likely than non-Travellers to experience discrimination in seeking work. It also found that Travellers were 22 times more likely to experience discrimination in accessing private services such as restaurants and banks. More recently in 2021, the EU Fundamental Rights Agency (FRA) found that 65% of Travellers reported experiencing discrimination, one of the highest reported rates within the six European countries it surveyed. This is also reflected in the general respondents surveyed with 46% stating they would feel "uncomfortable with Travellers as neighbours."

In the AITHS

- Over 40% of Travellers experienced discrimination in accessing health services.

- The majority of service providers (66.7%) agreed that discrimination against Travellers occurs in the health services.

3.3.6 Experience of Travellers' Use of Health Services

- Only 41% of Travellers had complete trust in healthcare professionals (AITHS 2010) compared to a trust level of 82% in the general population.

- 53% of Travellers were "worried about experiencing unfair treatment" in the health service.

- Over 40% of Travellers had a concern that they were not always treated with respect and dignity by health services.

- Over 50% of Travellers had concerns about the quality of care they received when they engaged with health services.

3.3.7 Lifestyle

Healthy diet

- 31% of Travellers said price was a factor which prevented them from eating a healthier diet.

- 56.2% used butter as the most popular spread and was consumed most days.

- 38% added salt to food at the table.

- 45% consumed fruit or vegetables on a daily basis.

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.

Smoking: More than half (52%) of Travellers were 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 reported that illicit drug use was a problem in the community.

The data showed that the prevalence of prescription drugs was a major concern for Travellers, particularly women.

Travellers have higher smoking levels, and challenges with addiction issues; these are multifaceted issues that require a range of culturally appropriate responses. Those most empowered are most likely to make life changes that promote their health. In recognising individual responsibility, we also need to recognise that lifestyle is also shaped by cultural identity, quality of life, poverty, health education, general literacy levels and other factors.

3.3.8 Accessing health information

The AITHS reported that 83% of Travellers received culturally appropriate health information from PHCTPs and Traveller organisations. This is supported by findings from the NSIO 2021 COVID-19 Traveller Service User National Experience Survey, which reported that 86% of Travellers accessed COVID-19 health information from Traveller organisations and Traveller health structures. The AITHS also noted that while mainstream health services were available to Travellers, they were perceived as culturally inappropriate and unsatisfactory, resulting in Travellers' low engagement and poor health outcomes. Findings from the Study indicate various institutional, cultural, social and structural barriers that restricted Travellers from accessing and engaging with health services.

3.4 PUBLIC HEALTH AND TRAVELLERS

The approaches of the regional Departments of Public Health in the HSE to working with the Traveller Health Units and Travellers organisations during the COVID-19 pandemic were dynamic and required a high level of engagement and bespoke response and direct action to interrupt the cycles of transmission. The Regional Departments of Public Health were able to linked effectively and built trust with Traveller communities through their grassroots partnerships with the Primary Health Care Projects and the Traveller Health Units. This approach helped significantly with vaccine advocacy and health promotion activities.

Travellers were the highest at-risk group in terms of burden of disease and extensive outbreaks. The Health Protection Surveillance Centre (HPSC) is Ireland's specialist agency for the surveillance of communicable diseases, and reports weekly on the number of outbreaks and cases in the Traveller Community. Each outbreak was managed by the Regional Department of Public Health and many were complex and required a significant amount of resources and engagement to manage. In the second and third waves, there were several large-scale outbreaks in a number of locations around the country. HPSC also supported the National Social Inclusion Office in developing specific COVID-19 Guidance for the Traveller community. The Contact Management Programme (CMP) notified results to people tested (or their nominated person) and assisted Departments of Public Health to identify and manage contacts of people who had COVID-19. The then 10 Regional Departments of Public Health, with support from CMP, identified outbreaks specific to Traveller communities. Travellers and Traveller representatives were trained as contact tracers in the CMP to support Travellers during this process.

> *Travellers (all ages and those aged 18-64 years) were noted to be at an elevated risk of infection, and in those aged 18-64 years there was an increased risk of severe disease (in terms of hospitalisation when considered as a proportion of the population). Notably, these results were considered to underestimate the true prevalence, given limitations with the use of the ethnic identifiers and the harder to reach nature of this population*
>
> **HIQA, 2021**

Travellers encounter poverty, poor and overcrowded accommodation, high levels of unemployment, significant levels of discrimination and racism and a lack of access to mainstream services. These issues were further exacerbated during this pandemic and increased their vulnerability to contracting and becoming ill with the COVID-19 virus. Over half (56%) of Travellers live in overcrowded conditions, with many living in unauthorised sites where basic facilities such as electricity and water are lacking. Large family units, coupled with crowded living conditions make it nearly impossible for those testing positive with COVID-19 or those identified as a close contact, to follow the HSE's self-isolation guidelines.

> *It's not just COVID-19 that is killing people, it's under privilege, it's lack of access, it's years of living with health conditions that haven't been properly managed because of the colour of your skin, or your ethnicity, or your social group.*
>
> **DR. MIKE RYAN, WHO, 2020**

The COVID-19 pandemic highlighted the benefit of the close working relationship and the need for ongoing engagement between Traveller Health Units/Traveller organisations, Departments of Public Health, HPSC and CMP recognising the broader Public Health needs of Travellers. The Public Health needs of Travellers include high levels of morbidly and mortality from cancer, chronic heart disease, respiratory disease, mental health and suicide found in the All Ireland Traveller Health Study, as well recognising the risk of spread of communicable disease in densely populated groups.

A Public Health Specialist's statutory responsibilities are those of a Medical Officer of Health:

- To support and provide advice on strategic and operational Health Protection issues (including COVID-19) in relation to vulnerable or marginalised groups in Ireland, including prevention, case management, outbreak response, and vaccination and mitigation measures *[Health security responsibility of MOH]*.

- To support and provide Public Health advice to the NSIO and the wider HSE to inform HSE strategies and policies, support decision-making to improve the health of the population, in order to reduce health inequalities *[Health intelligence responsibility of MOH]*.

- To advocate for a broader determinants of health approach to vulnerable/marginalised populations *[MOH/ Public Health advisory role to HSE and other authorities]*.

The Report on the National Traveller COVID-19 Accommodation Preparedness Checklist (NSIO & Traveller Accommodation Support Unit, Department of Housing, Planning and Local Government 2017), reiterated the importance of partnership, noting examples of collaboration between HSE Public Health, National Social Inclusion Office, Department of Housing, Local Government and Heritage, Local Authorities, THUs and PHCTPs which had a positive effect on the health outcomes of Travellers. The report recommends that these partnerships are encouraged and maintained beyond COVID-19, to respond to the extensive range of factors which determine health inequalities among Travellers.
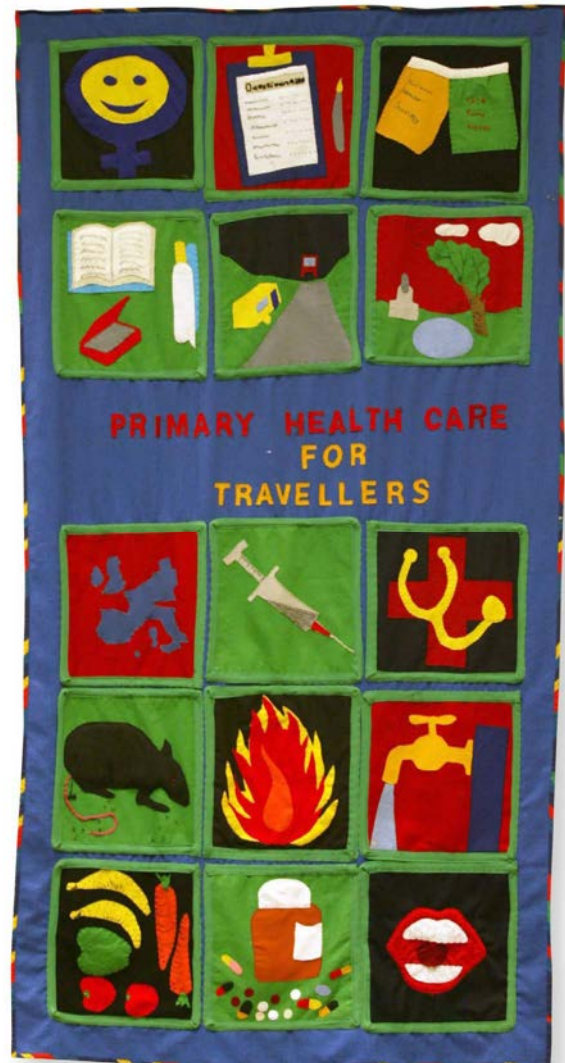
In order for Regional Departments of Public Health and National Public Health leads to engage and support the National Traveller Health Action Plan and regional implementation plans, sufficient resources are required.

3.5   TRENDS IN TRAVELLER HEALTH

Trends in Traveller health status over two decades as illustrated in this section, show that Travellers are falling further behind the health of the general population in Ireland. The AITHS reported concluded that:
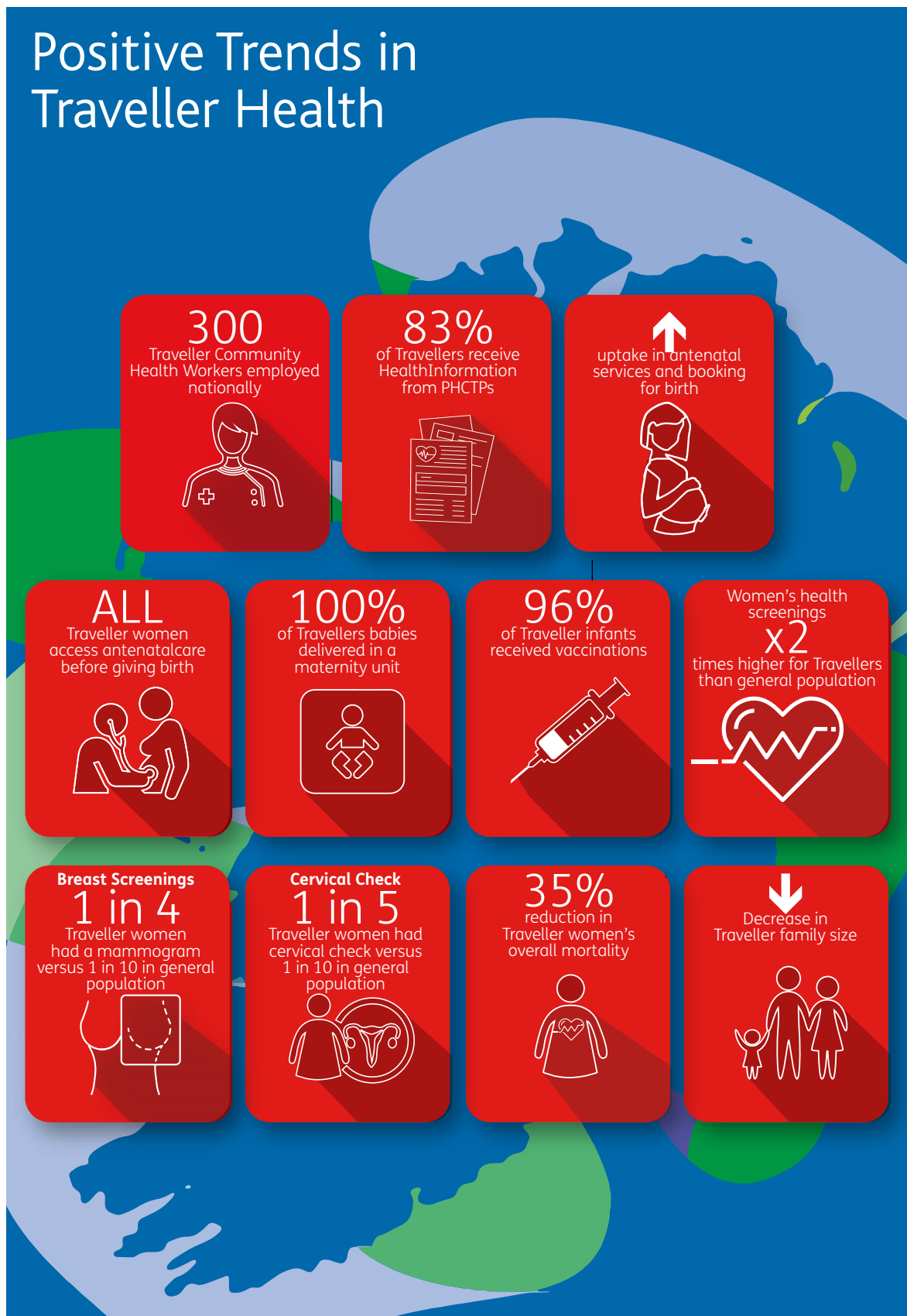
'At all ages and for all causes of death, Travellers experience a higher mortality than the general population. The problem is endemic and complex and will not be solved in the short term without considering the wider contextual issues. The fact that an identifiable disadvantaged group in our society is living with the mortality experience of previous generations 50-70 years ago cannot be ignored. The fact that the gap between Traveller mortality and that in the general population has widened in the past 20 years shows that comprehensive approaches to address this situation are required and are indeed vital.'

AITHS 2010

However, there have been some positive developments in Traveller health in recent years. Traveller organisations have played a leading role in highlighting the problems experienced by Travellers, and in finding constructive solutions to these problems in partnership with the DoH/HSE.In addition, the Primary Healthcare for Traveller Projects have had successes as shown in Figure 11 on the next page.

Photo © Derek Speirs

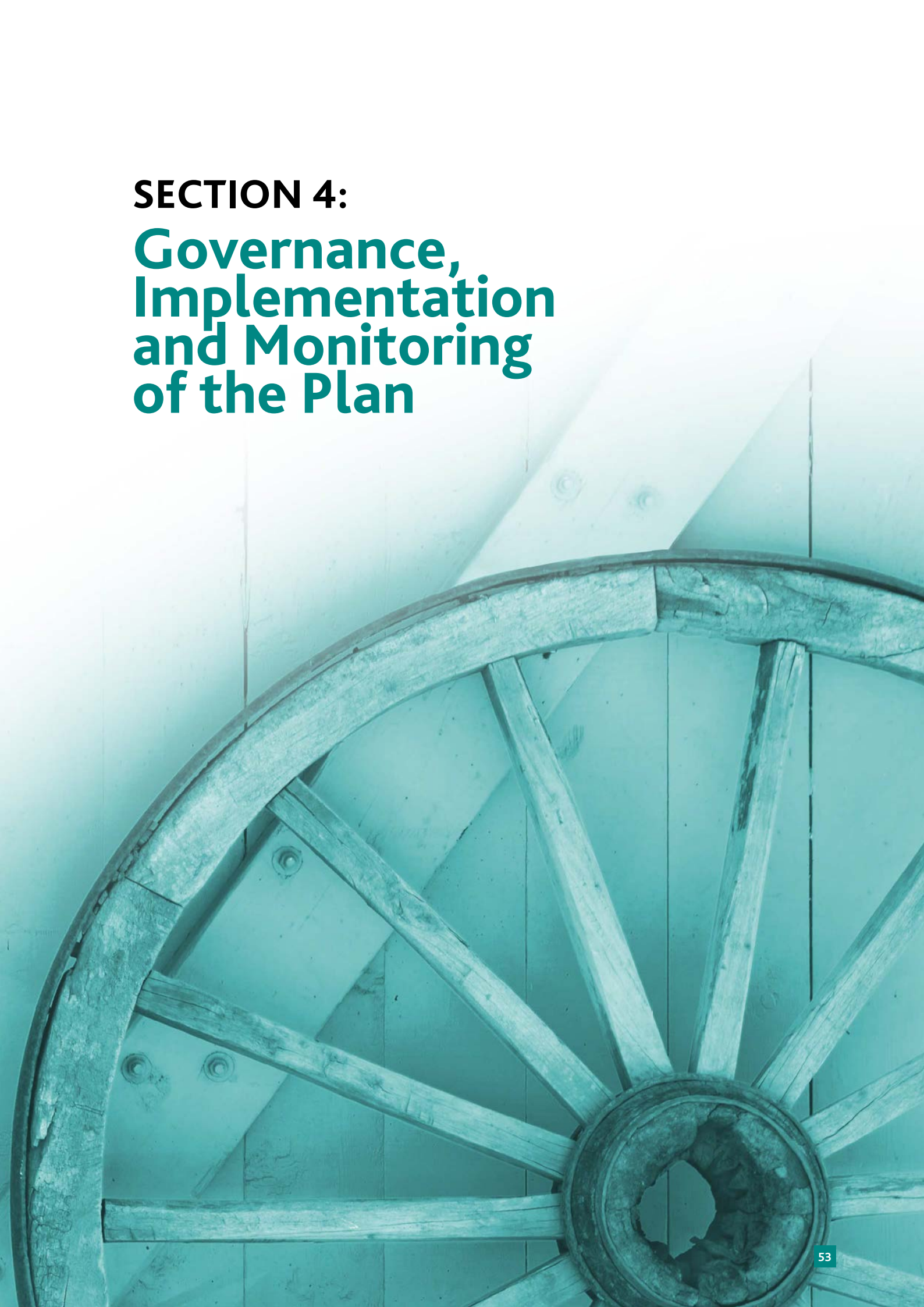**Figure 11. Positive trends in Traveller health in Ireland**

"A focus on health equity means valuing health as an essential and valuable resource for human development, helping people reach their potential and contribute positively to society."

TACKLING HEALTH INEQUALITIES AN ALL-IRELAND
APPROACH TO SOCIAL DETERMINANTS, 2008.

Photo © Derek Speirs

SECTION 4:
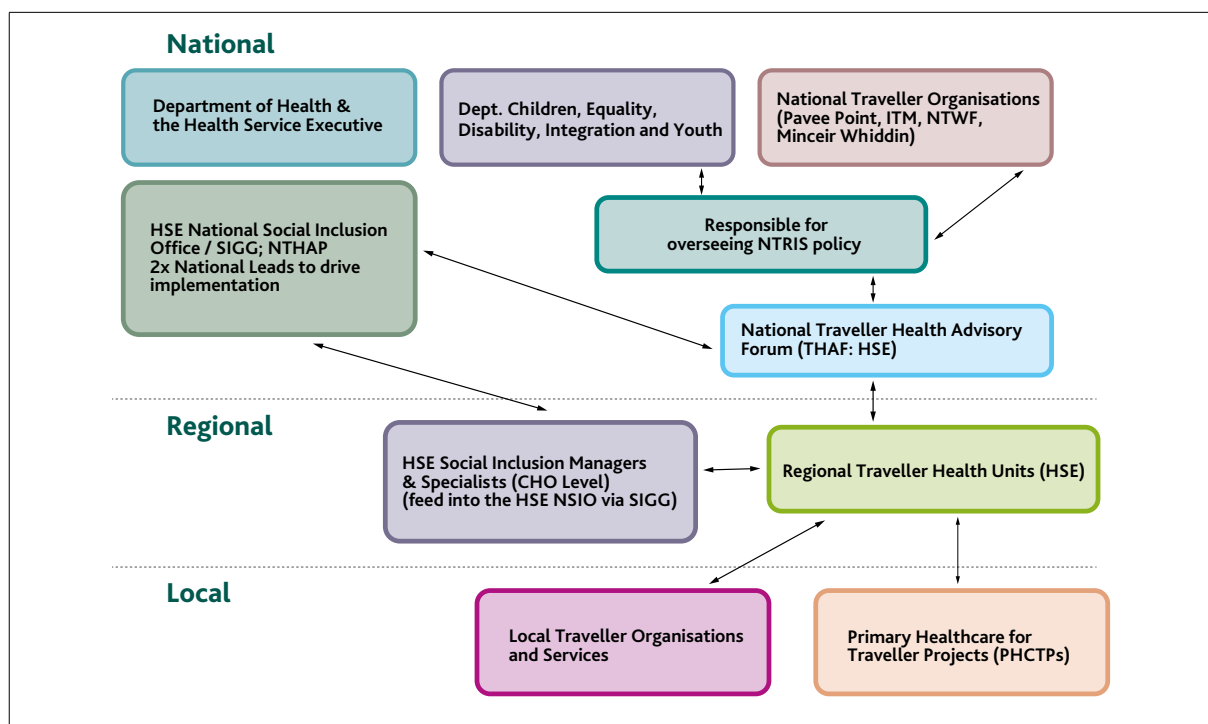# Governance, Implementation and Monitoring of the Plan

4.1 STRUCTURES TO SUPPORT TRAVELLER HEALTH

During the consultative phase for the development of this Plan, there was collective agreement that the current implementation structures for Traveller health required urgent attention in terms of streamlining and increasing resources at a national, regional and local level. This section sets out how updating these structures will be pivotal in the governance of the Plan.

Figure 12 outlines a summary of existing targeted and engagement strategies that affect Traveller Health structures at local, regional and national level that impact on Traveller Health inequalities. Supporting Traveller health requires joined-up thinking and a whole-of-Government approach. It is imperative to continue to forge and maintain strong links with other statutory and voluntary agencies at all levels, including significant engagement with local authorities and associated structures to effectively address Traveller health inequalities.

Figure 12: National, regional and local structures that support Traveller Health

At all levels, a vibrant Traveller community sector is essential to drive engagement in defining and responding to health needs. It is recognised that this needs to be better acknowledged and resourced as part of local and national community development strategies in Ireland.

The National Traveller Health Advisory Forum (NTHAF)

The overall purpose of the THAF is to provide national coordination and support for Traveller health planning, delivery and monitoring. The Forum generally meets every 6 weeks and comprises HSE staff, Traveller Health Unit (THU) Coordinators, a Traveller organisation/PHCP representative from each THU, and representatives from national Traveller organisations. The THAF also convenes a number of associated working groups (in areas such as KPIs, ethnic equality monitoring training, mental health, primary care, chronic diseases, etc.).

The Forum is an important mechanism with an overall objective to support the HSE in prioritising Traveller health nationally and to ensure the mainstreaming of Traveller health in all existing and upcoming health policy developments and service provision. It also assists with alignment nationally, with THAF being members of the HSE SIGG in the HSE National Social Inclusion Office via the membership of the Chair of THAF.

At a national, regional and local level HSE Social Inclusion and Primary Care provide support to a range of primary care projects and other initiatives for Travellers, e.g., Traveller Health Units (THUs), Primary Healthcare for Travellers Projects (PHCTPs) and Targeted initiatives. In PHCTPs Travellers work as community health peer workers, and this allows primary healthcare to be developed based on the Traveller community's own values and perceptions.

GOOD PRACTICE: 'PAVEE MOTHERS' - TRAVELLER MATERNAL HEALTH INITIATIVE, PAVEE POINT AND ERTHU

The aim of the Pavee Point Traveller Maternal Health Initiative is to help develop appropriate information resources and to develop awareness of barriers to access to maternal health services with the service providers. Pavee Mothers is part of that initiative and its objective is to addresses the lack of Traveller engagement with mainstream antenatal education. It grew out of the work of the PHCTPs as the project were aware that the mainstream resources were inaccessible and inappropriate for Traveller women given lower literacy rates and the lack of culturally appropriate materials. This initiative bridges this gap through the development of Traveller specific maternity resources, designed by Traveller women for Traveller women providing information in a manner that is tailored to their needs. Pavee Mothers provides information in relation to antenatal, delivery, postnatal, breast feeding; infant and child health and childhood development and vaccinations. The site has recently added a section on coping with pregnancy loss and mental health and wellbeing. This initiative is co-funded by the National Social Inclusion office and the Eastern Region Traveller Health Unit.

The purpose of the Pavee Mothers site is to provide an easily accessible resource that Traveller women can use to support them during and after pregnancy. It can be accessed via phones or other devices and can be updated over time with further relevant or changing information and guidance.

Further information and resource available at: **https://paveemothers.ie/**

Primary Healthcare for Traveller Projects (PHCTPs)

PHCTPs are partnership projects between the HSE and Traveller organisations that provide ongoing support for Traveller families on the ground and act as an interface between mainstream health services and Traveller Community Health Workers. These projects train Travellers from their local communities to become Traveller community health peer workers (TCHWs) to effectively bridge the gap between a community that is experiencing high levels of health inequalities and a health service challenged to provide culturally appropriate health services and information to this marginalised community.

In the AITHS 83% of Travellers reported that they received and responded to health information and advice from the PHCTPs and Traveller organisations, which is reflected below in the higher uptake of screening among Travellers relative to the general population:

- 25% of Traveller women had breast screening for cancer, compared with 13% of women in the general population

- 23% of Traveller women had a cervical smear test compared with 12% of women in the general population

Additionally, the HSE confirmed similar findings in their National COVID-19 Traveller Service User Experience Survey, with the majority (86%) of Travellers reporting that they accessed COVID-19 health information from Traveller organisations/THUs. This approach has been proven internationally as an effective method of engaging and including minority ethnic groups in health service provision.

The PHCTPs are the vital vehicles for community engagement, and have been identified as a key means of building trust between Traveller communities and health professionals at a local level.

The PHCTPs employ Traveller Community Health Workers (TCHWs) on a part-time basis who undertake health advocacy in a range of health arenas (e.g., health education, child and infant health, immunisation and health alerts, addiction, diet and exercise, health and wellbeing, women's health, men's health, mental health, and social work including accommodation and environmental health issues).

The main aim and objectives of PHCTP are:

- To establish primary healthcare 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.

Regional Traveller Health Units (THUs)

The THU works to prioritise Traveller health concerns and address Traveller health inequalities on behalf of the HSE. THUs are an effective mechanism in which Traveller health inequalities can be addressed; they are an essential cornerstone of which health services are delivered effectively to Travellers and Traveller health issues are mainstreamed into general health policy and service provision. Operating at CHO level, and working in partnership with local Traveller organisations/Primary Healthcare Projects, the THU is mandated to:

- Monitoring the delivery of health services to Travellers and setting of regional targets against which performance can be measured;

- Ensuring that Traveller health is given prominence on the agenda of the HSE;

- Ensuring coordination and liaison within the HSE, and between the HSE and other statutory and voluntary bodies, in relation to the health situation of Travellers;

- Collection of data on Travellers' health and their utilisation of health services;

- Ensuring appropriate training of health service providers in terms of their understanding of, and relationship with, Travellers;

- Supporting the development of Traveller-specific services, either directly by the HSE or indirectly through appropriate voluntary organisations;

There are at present seven THUs (based on the former health board regions), which are as follows: Midwest; West; North-West; South; South-East; Midlands and the Eastern region. The work of THUs was positively independently evaluated in 2007 after the formation of the HSE.

GOOD PRACTICE: 'TRAVELLER CULTURAL AWARENESS TRAINING (TCAT) IN THE SOUTH WEST THU REGION – CHO 4

Traveller Cultural Awareness Training (TCAT)

TCAT is an initiative that has been developed by Traveller organisations in Cork City and County, (Kerry Travellers is in the process of joining) and is funded and supported by the CHO 4 Traveller Health Unit. It offers quality training on Traveller culture and history to staff in service provider organisations and in particular to HSE staff. The aim of the programme is to improve access to services for Travellers by ensuring staff have an understanding of Traveller history and culture to enable them to develop their services to be inclusive of Travellers. The training is facilitated by a team of Traveller trainers who tailor make each programme based on the specific needs of services. Each training programme is developed in response to feedback from service providers. The programmes are participatory in nature and are facilitated and developed by Traveller trainers based on good practice and models of successful work. The initiative is coordinated by a steering group made up of representatives from Traveller led organisations and two HSE representatives. The initiative is part of an overall strategy to improve access to services for the Traveller community and build intercultural understanding. To date training has been provided to a range of statutory, voluntary and community services including health services, education providers, local authority staff, Tusla staff, MABS, the Garda Síochána, Youth services and other local community services. The initiative has been hugely successful and is in high demand from services providers looking to improve access for Travellers. This initiative is a model of good practice that can be replicated in other areas.

http://www.tvgcork.ie/node/84

4.2 IMPLEMENTATION OF THE NTHAP

The implementation of the NTHAP requires robust governance structures to ensure accountability, drive implementation and ensure stakeholder engagement. The current HSE structure tasked with prioritising Traveller health is the Traveller Health Advisory Forum (THAF).

> In the Consultation process, *stakeholders stressed the needs for political oversight and accountability, welcoming […] an annual report on implementation of the NTHAP […] they also emphasised that NTHAP must have local implementation if it were to have an impact on the ground. Therefore, it was recommended to have each Chief Officer develop a Local (NTHAP) Implementation Plan (similar to other national plans/strategies i.e. Connecting for Life). Stakeholders recommended that this must be done in partnership with the existing Traveller health infrastructure (THUs/PHCTPs).*

NTHAP Implementation Group

The NTHAP Implementation Group will be established by end of 2022 and it will be chaired by a Senior Health official and will have representation from across the HSE, Public Health, Traveller Health Units and Primary Health Care for Traveller Projects. It will operate in a structured way to ensure that the HSE and the THUs are working collectively to address Traveller Health inequalities.

Targeted and mainstream priority actions will be identified through the collation of the nine regional detailed NTHAP implementation plans developed by each CHO area to inform annual work plans and feed into the National Service Plan and the Estimates process.

The NTHAP Implementation Group will meet quarterly to monitor progress on delivery, providing direction and guidance to CHO's to support implementation and address national challenges. The group will identify and prioritise available funding sources, to ensure the most effective use of resources across the country to effect change in Traveller Health.

The HSE will also ensure strategic coordination in the implementation of national strategies of relevance to the Health Status of Travellers (per Appendix 2).

Photo © Derek Speirs

4.2.1 Accountability

Time frame: The role and accountability of the NTHAP will be from 2022 to 2027. A mid-term review will be carried out in respect of implementation in 2024 and an evaluation will be conducted in 2026.

HSE accountability will be achieved through the NTHAP Implementation Group, THAF and the development and publication of an implementation plan and an annual report.

Financial accountability will be achieved through monitoring Traveller health budgets allocated regionally to THUs by the NTHAP Implementation Group.

Public accountability will be achieved through the requirement that each Community Healthcare Organisation will develop and publish a NTHAP area implementation plan and an annual report which will be submitted to the NTHAP Implementation Group. THUs will also develop a 5-year implementation plan and publish an annual report.

4.2.2 Dedicated resources

Effective implementation requires an approach that is comprehensive and coordinated. Common issues will be addressed by harnessing expertise, gaining synergies and devising cost-effective solutions. We will be seeking resources through the HSE National Service Plan for targeted and mainstream measures in line with key annual key priorities.

The NTHAP will be resourced from the DoH/HSE who will work with partners in other government departments/ agencies at national and local levels. The HSE will have oversight of the national Traveller health budget which will be allocated by the CHO's to THUs on a regional basis in proportion to the Traveller population resident in each specific region.

This is in line with Sláintecare and will ensure greater transparency and accountability in relation to the allocation of Traveller health funding. This Plan further proposes that Traveller health budgets are protected and monitored, particularly in the context of health service reform, including Sláintecare reform. It also proposes that:

• THUs are involved in the decision-making process in relation to prioritisation and spending of Traveller health budgets in their regions. Financial reporting to THUs on Traveller health budgets is fundamental and will be reported to the NTHAP Implementation group.

• Underspends in a THU region will be returned to the NTHAP Implementation Group and will be allocated to Traveller-specific health initiatives in other THUs in line with the NTHAP national priorities.

• When health posts for Travellers become vacant, they will be filled as a matter of priority in line with Travellers' health inequalities.

4.2.3 Measuring progress

A key dimension of this Plan is the measurement of outcomes. The HSE and the NTHAP Implementation Group will work with the Department of Health to identify and develop high-level indicators to measure Traveller health and the impact of the NTHAP and other relevant strategies, that can be compared with national data such as HRB and the annual count of Traveller families by the NTACC for denominator data. Key indicators will be developed to provide an instructive barometer which will support the HSE and the DoH to measure progress in some key areas across the outcomes over the life-time of the Plan. Examples of key indicators that could be collected are morbidity, GP referral rates and Emergency Department attendance levels etc. Qualitative data indicators on experience of engaging with health services and the level of trust and quality reported will also be important to include. Where data is available, the AITHS will be used as the baseline.

An essential requirement for measuring progress is the wider use of a standardised ethnic identifier (in line with the CSO national census) which will be promoted across all health data sets to assist with monitoring access to, participation in and outcomes after providing, services for Travellers. Until updated data is available, the AITHS will be used as baseline.

4.2.4 Ethnic equality monitoring

A key recommendation of the NTRIS, and the new EU Roma/Traveller Strategic Framework for Equality, Inclusion and Participation 2020-2030 is the implementation of ethnic equality monitoring, inclusive of an ethnic identifier in routine administrative health data sets as has been successfully implemented in a range of national data sets. This recommendation is in line with health reforms under Sláintecare. It identifies the need for a population health planning approach and resource allocation to understand and plan for the health and social care needs of Travellers. This Plan recognises the importance of ethnic equality monitoring in developing and measuring approaches that address the inequalities experienced by Travellers, thus ensuring greater equality and inclusion in services that are designed to meet their specific needs.

> *"Ethnic equality monitoring (EEM) or ethnic monitoring, is the process used to collect, store, analyse and utilise data about the ethnic composition of a population on a regular basis. It is the systematic collection and use of data to ensure that policymakers respond appropriately to the diverse needs of a population and to establish mechanisms to promote equality and opportunity…This is vital to reduce inequalities and enhance outcomes for marginalised groups. It is also fundamental to effectively equality proof, enhance performance of services, improve service delivery and to improve wider social cohesion."*
>
> **POLICY AND PRACTICE IN ETHNIC DATA COLLECTION AND MONITORING,**
> **PAVEE POINT TRAVELLER AND ROMA CENTRE, 2016**

Conclusions

This NTHAP outlines the significant Traveller health inequalities that need to be addressed in the 5 years of the Plan and beyond. Current approaches to addressing inequalities are clearly not serving Travellers well. A social determinants and whole-of-Government approach to addressing Traveller health is acknowledged, and planned for, within the NTHAP. Only through acknowledging this process can the challenges of the health gaps between Travellers and the general population be addressed.

The actions outlined in this Plan are ambitious but provide a solid foundation upon which to build and maintain a legacy of success in addressing the specific health needs of our Traveller population.

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APPENDICES

APPENDIX 1: ALIGNED HEALTH ACTIONS IN TRAVELLER POLICIES AND STRATEGIES

No.	Policy/Strategy	No.	Actions / Recommendations
2a	National Traveller and Roma Inclusion Strategy, 2017-2021	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.
		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.
		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.
		51	The Health Service Executive will support the youth sector to develop targeted culturally appropriate programmes for Travellers and Roma which support mental wellbeing and resilience in youth work settings.
		56	All relevant Departments and Agencies will ensure that work undertaken with Traveller and Roma families is underpinned by the ten common basic principles on Roma inclusion adopted by the European Commission.
		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.
		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.
		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.

APPENDIX 1: ALIGNED HEALTH ACTIONS IN TRAVELLER POLICIES AND STRATEGIES			
No.	Policy/Strategy	No.	Actions / Recommendations
		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.
		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.
		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.
		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.
		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.
		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.
		76	Pending a review of service, the Health Service Executive will develop a plan to expand the Primary Healthcare for Traveller projects and take into account also the needs for targeted initiatives for men.
		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.

APPENDIX 1: ALIGNED HEALTH ACTIONS IN TRAVELLER POLICIES AND STRATEGIES

No.	Policy/Strategy	No.	Actions / Recommendations
		79	The national framework for action to improve health and wellbeing, Healthy Ireland, will continue to take a whole of Government approach to drive change at population level and will focus on specific targeted actions and interventions for disadvantaged communities and at-risk groups including Travellers and Roma.
		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.
		81	The Health Service Executive will design and disseminate culturally appropriate and culturally competent, accessible information and healthcare materials in partnership with Traveller and Roma organisations.
		82	The Health Service Executive will support and train healthcare staff to use clear language in dealing with diagnosis and treatment options.
		84	The Health Service Executive will engage with Traveller representative organisations to establish pathways to employment and support existing employees.
		87	The Health Service Executive will support and further develop culturally appropriate services to respond to the mental health needs of Travellers and Roma in consultation with Traveller and Roma organisations.
		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.
		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.
		90	A review by the National Office for Suicide Prevention of its funding of Traveller projects will assess the effectiveness of existing programmes and provide guidance in relation to future initiatives.

APPENDIX 1: ALIGNED HEALTH ACTIONS IN TRAVELLER POLICIES AND STRATEGIES			
No.	**Policy/Strategy**	**No.**	**Actions / Recommendations**
		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.
		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.
		94	The Health Service Executive will explore prescribing practices to Travellers as evidenced amongst a cohort of the Traveller community with a view to rationalising prescribing patterns and medication management for individuals. Relevant recommendations will be integrated into policy, guidance, protocol and training programmes.
		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 used of these services by Travellers and Roma.
		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.
		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.
		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.

APPENDIX 1: ALIGNED HEALTH ACTIONS IN TRAVELLER POLICIES AND STRATEGIES			
No.	Policy/Strategy	No.	Actions / Recommendations
		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.
2b	Final Report of the Joint Committee on Key Issues Affecting the Traveller Community – Health actions	1	Mandatory cultural awareness and anti-racism training should be rolled out across all State services that engage with the Traveller community.
		2	There should be a ring-fenced health budget for the Traveller community within the Health Services Executive (HSE) that cannot under any circumstances be appropriated to make up for shortfalls elsewhere within the HSE.
		3	Increased funding should be provided for the delivery of peer-led Traveller specific mental health supports through Traveller Primary Health Care Projects in local areas to provide timely interventions in relation to poor mental health, to provide appropriate interventions in the event of an attempted suicide, and to provide supports to family members bereaved following a suicide.
		4	Prioritise funding to examine the distinct needs of young members of the Traveller community who are vulnerable to suicide and develop an initiative to train peer support outreach workers within the community.
		5	Traveller organisations should be resourced to develop new and effective community mental health programmes targeting specific groups (e.g., children, young people, older people, women, men, LGBTQI community members), building community resilience and empowerment. Support should be given to local Traveller projects to identify and research local needs and causes of mental health difficulties. Funding should be provided to local groups to enable the development and support of specific local mental health initiatives, addressing local needs including the need for increasing access to services.
		6	The National Traveller Health Action Plan should be published as a matter of urgency and an independent implementation body, with ring-fenced budgets to drive delivery and implementation, should be established. The Plan must be inclusive of clear targets, indicators, outcomes, timeframes and budget lines.

APPENDIX 1: ALIGNED HEALTH ACTIONS IN TRAVELLER POLICIES AND STRATEGIES

No.	Policy/Strategy	No.	Actions / Recommendations
		7	Reinstate the Traveller Health Advisory Committee and appoint a Department lead on Traveller health and mental health to monitor and progress actions across Departments and initiatives.
		8	All Travellers employed in Traveller Primary Health Care Projects should be entitled to a medical card.
		9	Traveller specific health infrastructure, including Traveller Health Units and Traveller Primary Health Care Projects, should be protected and receive increased resources for their expansion and development in line with the National Traveller and Roma Inclusion Strategy 2017 to 2021 (NTRIS) (Action 76).
		10	Implementation and roll-out of ethnic equality monitoring, including a standardised ethnic identifier across all health administrative systems, to monitor access, participation and outcomes of Travellers, and to inform the development of evidenced-based policies and service.
		11	There should be a ring-fenced budget for a National Traveller Mental Health Strategy. A National Traveller Mental Health Steering Group should be established in partnership with all key stake holders including the Traveller community to oversee the development and implementation of the strategy.
		12	The structures and steering group of the National Traveller and Roma Inclusion Strategy should remain in place and in operation until the successor strategy to NTRIS is developed and implemented.
		13	A National Traveller Mental Health Strategy, as promised in the Programme for Government, should be implemented, with a ring-fenced budget. A National Steering Group made up of all key stakeholders, including the Final Report of the Joint Committee on Key Issues affecting the Traveller Community Page 23 of 98 Final Report of the Joint Committee on Key Issues affecting the Traveller Community Page 23 of 98 Traveller community should be formed to oversee the development and implementation of the strategy.
		14	A Traveller Counselling Service should be properly resourced in order to provide a national counselling service to Travellers.
		15	A mental health advocacy service should be created for Traveller mental health.

APPENDIX 1: ALIGNED HEALTH ACTIONS IN TRAVELLER POLICIES AND STRATEGIES			
No.	**Policy/Strategy**	**No.**	**Actions / Recommendations**
		16	A Traveller Specific Mental Health Awareness Campaign should be developed and delivered in partnership with the Traveller community, in particular with local groups.
		19	There should be a Cross Sectional approach to addressing the root causes of the mental health crisis in the Traveller community. National efforts to support Travellers' mental health should not occur in isolation, not just in relation to Traveller health but inclusive of all social determinants and, taking into account the different layers of systemic oppression over decades and the interplay between the multiple stressors that affect the mental health of Travellers.
		20	The 2006 Expert Group on Mental Health Policy report 'A Vision for Change' acknowledged the need for the provision of inclusive and respectful mental health services and recommended that mental health services should be provided in a culturally sensitive manner. This recommendation should be further affirmed, established and realised within the delivery of services.
		21	There should be an immediate report prepared in relation to the effects of the COVID-19 pandemic on the Traveller community, and appropriate actions should be taken to address all concerns raised in this report.

APPENDIX 2: ALIGNED NATIONAL HEALTH POLICIES AND STRATEGIES

No.	Policy/Strategy	No.	Actions / Recommendations
1	**Better Outcomes Brighter Futures: The National Policy Framework for Children and Young People, 2014-2020**	**1.4**	Tackle inequalities in health outcomes for identified vulnerable groups, including Travellers, Roma, refugee and asylum-seeking children, migrants, young people identifying as lesbian, gay, bisexual and transgender (LGBTQI+), those experiencing poverty, and children and young people who are the responsibility of the State, whether in care or detention.
		5.6	Reduce discrimination and intolerance of all types experienced by marginalised groups (i.e. Travellers, Roma, migrants and asylum-seekers; children and young people with disabilities; those in care and detention; lesbian, gay, bisexual and transgender (LGBTQI+) young people; and those from ethnic or religious minorities).
2	**Connecting for Life – Ireland's National Strategy to Reduce Suicide 2015–2020**	**1.2.2**	Deliver targeted campaigns to improve awareness of appropriate support services to priority groups.
		1.3.1	Deliver campaigns that reduce stigma to those with mental health difficulties and suicidal behaviour in the whole population and self-stigma among priority groups.
		2.3.2	Deliver training and awareness programmes in line with the National Training Plan prioritising professionals and volunteers across community-based organisations, particularly those who come into regular contact with people who are vulnerable to suicide.
		2.3.3	Deliver a range of mental health promoting programmes in community, health and education settings aimed at improving the mental health of the whole population and priority groups.
		3.1.3	Develop and deliver targeted initiatives and services at Primary Care level for priority groups.
		3.1.4	Evaluate as appropriate targeted initiatives and/ or services for priority groups.
		3.1.5	Provide and sustain training to health and social care professionals, including frontline mental health service staff and primary care health providers. This training will improve recognition of, and response to, suicide risk and suicidal behaviour among people vulnerable to suicide.
		3.1.6	Continue the development of mental health promotion programmes with and for priority groups, including the youth sector.

APPENDIX 2: ALIGNED NATIONAL HEALTH POLICIES AND STRATEGIES

No.	Policy/Strategy	No.	Actions / Recommendations
		5.4.2	Deliver training in suicide prevention to staff in government departments and agencies who are likely to come into contact with people who are vulnerable to/at risk of suicidal behaviour.
		7.4.4	Evaluate innovative approaches to suicide prevention including online service provision and targeted approaches for appropriate priority groups.
3	Creating a Better Future Together: National Maternity Strategy, 2016–2026	3	Additional supports are provided to pregnant women from vulnerable, disadvantaged groups or ethnic minorities, and take account of the family's determinants of health, e.g. socio-economic circumstances.
		8	An on-line resource for maternity services is developed, to act as a one-stop shop for all maternity related information; any information provided will be understandable and culturally sensitive.
4	Department of Health: Statement of Strategy 2021-2023	p.15	Improved access to care for socially excluded groups – including Travellers, Roma, people who are homeless, asylum seekers, refugees and people who use drugs.
		p.36	Publish a Traveller and Roma mental health Action Plan.
		p.37	Ensure in-reach supports and pathways to access treatment for homeless, Traveller and new communities.
5	Healthy Ireland: A Framework for Improved Health and Wellbeing (2013–2025)	2.7	Health and social policy planners, commissioners and funding programmes will prioritise community-based programmes for those most at risk, experiencing the greatest disparities and with the greatest opportunity for impact and mainstreaming.
6	Healthy Ireland Strategic Action Plan 2021-2025	1.9.8	Work with Government to provide smoking cessation initiatives targeted at disadvantaged groups.
		2.8.2	Implementation of the National Traveller and Roma Inclusion Strategy.
		3.1.1	Take a more targeted approach to Healthy Ireland Fund allocation, consider weighting initiatives that address key priorities of Healthy Ireland, and be flexible to local needs.
		3.3.4	Develop local communication and engagement campaigns to increase the delivery of specific messages to the targeted population groups and in the advertising of new services, driving increased demand for new local programmes and services.

**APPENDIX 2: ALIGNED NATIONAL HEALTH POLICIES AND STRATEGIES**
No.	**Policy/Strategy**	**No.**	**Actions / Recommendations**
		4.1.1	Set out plan and targets for primary prevention for high-risk populations and implement in line with agreed plan.
		6.1.3	Develop initiatives to address health inequalities in marginalised groups.
7	**HSE Service Plan 2022 Traveller and Roma Communities**	p.56	Finalise and publish the Traveller Health Action Plan • Expand and re-establish Primary Healthcare for Traveller Projects, to address Traveller health inequalities and enhance preventative and early intervention measures • Run a pilot Period Poverty programme for Travellers and Roma to establish an evidence base for national roll-out • In conjunction with Health and Wellbeing Services, work to establish, expand or extend the reach of existing projects in the area of creativity and the arts with the Traveller community
8	**National Disability Inclusion Strategy, 2017-2021**	11	We will develop and roll out a reform and culture change programme.
9	**National Cancer Strategy 2017-2026**	7	The NCCP and the HSE Health & Wellbeing Directorate, in partnership with the voluntary sector, will develop a rolling programme of targeted multi-media based public awareness and education campaigns, aimed at the early detection of specific cancers and with particular focus on at-risk populations.
10	**National LGBTI+ Inclusion Strategy 2019-2021**	13	Supports are provided to those at higher risk of multiple discrimination and double marginalisation including LGBTI+ older people, migrants, Travellers, people with disabilities and LGBTI+ prisoners.
11	**National Sexual Health Strategy 2015–2020**	3.19	Identify and establish links with other relevant strategies, particularly those relating to vulnerable and at-risk groups, to ensure their sexual health needs are addressed.
12	**National Strategy for Women and Girls 2017–2020**	1.20	Include actions in the forthcoming National Traveller and Roma Inclusion Strategy (2017-2020) to support initiatives in relation to Traveller and Roma women's education and employment, including by provision of community-based supports for retention of Traveller and Roma children in the education system.

APPENDIX 2: ALIGNED NATIONAL HEALTH POLICIES AND STRATEGIES			
No.	**Policy/Strategy**	**No.**	**Actions / Recommendations**
		1.4	Support the development and implementation of social protection policies and programmes that address gender inequality - with a focus on the most vulnerable such as female headed households.
		2.9	Include actions in the forthcoming National Traveller and Roma Inclusion Strategy (2017-2020) to support initiatives in relation to Traveller and Roma women's health including by further developing and enhancing the Traveller Primary Healthcare Projects, and continued engagement with national Traveller organisations.
		3.11	The National Traveller and Roma Inclusion Strategy (2017-2020) includes commitments to facilitate participation in public life by Traveller and Roma women, including by continuing to fund and support the National Traveller Women's Forum, Mincéirs Whiden, and relevant local community Traveller and Roma projects.
13	**NWC-Improving Health Outcomes and Experiences of the Healthcare System for Marginalised Women.**	1.1	Introduce gender-sensitivity and unconscious bias training – co-designed with women
		2.1	Invest in local, accessible supports for health promotion and early intervention; including through additional funding for the Traveller Primary Healthcare Projects, community resource centres and local domestic abuse services.
		2.3	Enhance pathways between community and specialist care.
		3.3	Provide clear and accessible information on care pathway
		4.1	Recognise areas of social policy that have a significant impact on women's health.
		4.2	Proactively engage - adopt a 'health in all policies' approach.
14	**Programme for Government 2020, Our Shared Future**	p.77	Implement a National Traveller Health Action Plan
		-	Review the National Traveller and Roma Inclusion Strategy 2017-2021 and ensure that the successor strategy has a stronger outcomes focused approach. As part of this, we will develop a comprehensive Traveller and Roma Training, Employment and Enterprise Plan.

APPENDIX 2: ALIGNED NATIONAL HEALTH POLICIES AND STRATEGIES			
No.	Policy/Strategy	No.	Actions / Recommendations
		-	Publish a Traveller and Roma Mental Health Action Plan.
15	Reducing Harm, Supporting Recovery: A Health-led Response to Drug and Alcohol Use in Ireland 2017–2025	2.1.27	Improve the capacity of services to accommodate the needs of people who use drugs and alcohol from specific communities including the Traveller community; the lesbian, gay, bisexual, transgender and intersex community; new communities; sex workers and homeless people. (there are five sub-actions here
			There are four sub-actions on cultural awareness training and EEM, might be good to include them?
			a. Fostering engagement with representatives of these communities, and/or services working with them, as appropriate;
			b. Considering the need for specialist referral pathways for specific groups who may not otherwise attend traditional addiction services (i.e. those who engage in chemsex);
			c. Providing anti-racism, cultural competency and equality training to service providers; and
			d. Ensuring all services engage in ethnic equality monitoring by reporting on the nationality, ethnicity and cultural background of service users for the NDTRS and treat related disclosures with sensitivity.
16	Roadmap for Social Inclusion	52	Renew and refresh the system and level of engagement between Government bodies and the community and voluntary sector.
17	Second National Intercultural Health Strategy, 2018 -2023	Goal and action no. 2.9	Deliver health-related actions in the National Traveller and Roma Inclusion Strategy 2017- 2021 including violence against Traveller and Roma women on a phased, prioritised basis, taking the findings of Roma in Ireland – A National Needs Assessment (2018) into account while implementing agreed actions.
		2.27	Work to ensure that maternity services are responsive to the specific needs of migrant women and women from the Traveller and Roma communities and that they are culturally appropriate. This will include access to culturally appropriate information in relevant languages and interpretation services.

APPENDIX 2: ALIGNED NATIONAL HEALTH POLICIES AND STRATEGIES			
No.	**Policy/Strategy**	**No.**	**Actions / Recommendations**
		2.30	Support and progress actions of the LGBTI+ National Youth Strategy 2018-2020 that have particular relevance to young service users from diverse ethnic and cultural backgrounds
		4	Work towards the development of high quality data collection, monitoring and evaluation to build an evidence base on minority ethnic health and ensure evidence-informed practice.
		p.58	Support the implementation of HSE assigned actions in the National Traveller and Roma Inclusion Strategy 2017- 2021 relating to children and youth.
18	**Sharing the Vision, A Mental Health Policy for Everyone, 2020-2030**	6	The proposed National Mental Health Promotion Plan and the existing work of Connecting for Life should incorporate targeted mental health promotion and prevention actions that recognise the distinct needs of priority groups.
		26	CMHTs' outreach and liaison activities with Voluntary and Community Sector partners in the local community should be enhanced to help create a connected network of appropriate supports for each service user and their FCS.
		27	An individualised recovery care plan, co-produced with service users and/or FCS, where appropriate, should be in place for, and accessible to, all users of specialist mental health services.
		28	All service users should have a mutually agreed key worker from the CMHT to facilitate coordination and personalisation of services in line with their co-produced recovery care plan.
		30	CMHTs and sessional contacts should be located, where possible and appropriate, in a variety of suitable settings in the community, including non-health settings.
		39	The HSE should consult with service users, FCS, staff, and those supporting priority groups to develop a standardised access pathway to timely mental health and related care in line with the individual's needs and preferences.
		61	The HSE should maximise the delivery of diverse and culturally competent mental health supports throughout all services.

APPENDIX 2: ALIGNED NATIONAL HEALTH POLICIES AND STRATEGIES

No.	Policy/Strategy	No.	Actions / Recommendations
19	**Sláintecare Implementation Strategy 2018**	**p.32**	Population health needs assessment: The first step in understanding the needs of the population is to assess health need and the distribution of that need in a population, followed by population risk stratification with identification of particularly vulnerable population groups. This must include an understanding of the wider determinants of health.
20	**Sláintecare Implementation Strategy and Action Plan 2021-2023**	**p.16**	Enhanced Community Care- bringing care directly to vulnerable groups.
21	**Stronger Together The HSE Mental Health Promotion Plan 2022-2027**	**18**	Facilitate access to mainstream mental health promotion programmes for socially excluded groups.
		19	Support and co-design mental health literacy initiatives for priority groups through dedicated communications campaigns and resources.
		20	Develop and implement mental health promotion training for those working with priority groups.
		21	Further strengthen the provision of co-produced mental health promotion programmes for people with mental health difficulties in line with the principles of the National Framework for Recovery in Mental Health.
		22	Scale up and further strengthen existing Traveller mental health promotion initiatives within the existing Traveller health infrastructure.
22	**Women's Health Action Plan 2022-2023**	**5c**	Rethinking how we support women, and particularly marginalised women, to connect into health supports in settings that are comfortable and convenient. We will bring particular focus to: • Women from disadvantaged communities and those at risk of poverty and social exclusion, including Traveller and Roma women • Women with a disability We will develop services through the HSE which meet the additional health needs of women who experience poverty and social exclusion, including groups like homeless women, Traveller and Roma women, and international protection applicants.

APPENDIX 2: ALIGNED NATIONAL HEALTH POLICIES AND STRATEGIES

No.	Policy/Strategy	No.	Actions / Recommendations
23	**ZERO TOLERANCE - Third National Strategy on Domestic and Gender Based Violence, 2022 -2027**	**1.3**	Ensure issues of policy intersectionality are highlighted and prioritised.
		2.4	Make clear connections and agree targets with other equality and inclusion strategies and related legislation (that focus on socially excluded groups).
		4.4	All actors leading on implementing actions will be required to consider the issue of access for these groups (priority groups). This consideration needs to involve inputs from the relevant communities and the specialist and community based support organisations to identify and address any barriers. • All cultural awareness training provided as part of this strategy to involve members of the relevant communities/support organisations • The establishment of an Access Committee (made up of representatives of the different groups) that can advise organisations or lead implementing bodies on how to ensure their supports are inclusive and accessible • The availability of an Access Fund to facilitate and support the involvement of support services and socially excluded groups in the design and implementation of actions The use of the Public Sector Duty requirement as the mechanism to examine the efficacy of the access supports put in place • The research and evaluation strand of the Strategy will review the accessibility of different actions and areas of work. This work will be informed by the newly established third Strategy Access Committee and by international best practice in relation to addressing intersectional issues

APPENDIX 3: CONSULTATION GROUPS

HSE	
HSE Clerical Administration	HSE Midland Regional Drug & Alcohol Task Force
HSE Community Dietician Service	HSE Regional Liaison Nurse, Traveller Health, Social Inclusion
HSE Community Alcohol & Drugs Service (CADS)	HSE Traveller Healthy Minds
HSE Department of Public Health Medicine, Sligo	HSE Traveller Health Services, CHO3
HSE Designated Public Health Nurse for Travellers	Northwest Regional Drug & Alcohol Task Force
HSE Dublin North Mental Health Service	Mid-West Regional Drug & Alcohol Forum
HSE Health & Wellbeing	Sligo, Leitrim & West Cavan Local Health Office
HSE Health Promotion & Improvement Service	Drug and Alcohol Task Force, West Region
HSE Health Promotion & Improvement Service, Tobacco	HSE Mental Health Service Coordinator for Travellers
HSE National Social Inclusion Office	Consultant Psychiatrist Psychoanalytic
HSE Oral Health Office, Co. Cork	Drugs & Alcohol Task Force Coordinator, Dublin
HSE Public Health Nursing	General Practitioners
HSE Regional Counselling Service, Co. Leitrim	Mental Health Service, Cork
HSE Social Inclusion	National Training & Development, Mental Health Service
HSE Speech & Language Service	Neonatal Unit, University Maternity Hospital
HSE The Patient Narrative Project, Dublin	School of Public Health, College of Medicine & Health, UCC
HSE Tobacco Free Ireland Programme	Shine Cork - Mental Health
HSE West Public Health Nursing	Sligo General Hospital, Dermatology Unit
HSE General Adult Community Mental Health, Sligo	Tallaght Adult Mental Health Services
HSE Cavan/Monaghan Traveller Primary Health Care	University Hospital Limerick, Paediatrics
HSE Environmental Health Service, Dub.	

APPENDIX 3: CONSULTATION GROUPS

TRAVELLER ORGANISATIONS / TRAVELLER PRIMARY HEALTH CARE PROJECTS/ TRAVELLER HEALTH NETWORKS

Pavee Point Traveller and Roma Centre	Limerick Traveller Health Advocacy Programme
Minceirs Whiden	Longford Primary Health Care Project
National Traveller Women's Forum	Mayo Traveller Support Group
Balbriggan Travellers PHCTP	Meath Travellers Workshop
Blanchardstown Traveller Development Group	Pavee Point PHCTP
Carlow Traveller Programme	Roscommon Traveller Health Programme
Cavan Traveller Movement	Sligo Traveller Support Group
Clare Traveller Primary Health Care Project	Southern Regional Health Network
Clondalkin Travellers Development Group PHCTP	St Margaret's Community Association PHCTP
Community Development Traveller Health Project, Kerry	St. Margaret's Ballymun PHCTP
Cork Traveller Women's Network	STAG (Southside Travellers Action Group) PHCTP
Donegal Travellers Project	Tallaght Travellers PHCTP
East Cork Travellers	TravAct PHCTP
Eastern Region Traveller Health Network	Traveller Visibility Group (TVG)
Galway Traveller Movement	Travellers of North Cork
Kerry Traveller Health Community Development Project	West Cork Travellers
Kildare Travellers Action PHCTP	West Limerick Primary Healthcare Project for Travellers
Kilkenny Traveller Health Project	Western Traveller Intercultural Development
KTGBD Kilmallock	Wicklow Travellers PHCTP

TRAVELLER HEALTH UNITS

Traveller Health Unit, Eastern Region	Traveller Health Unit, South
Traveller Health Unit, Mid-West	Traveller Health Unit, Midlands

APPENDIX 3: CONSULTATION GROUPS

Traveller Health Unit, West	Traveller Health Unit, North-West
Traveller Health Unit, South East	

TRAVELLER SERVICES

Exchange House Ireland National Travellers Service	National Traveller MABS
Traveller Counselling Service	Traveller Mediation Service

STATUTORY AGENCIES / LOCAL GOVERNMENT

Clare Local Authority	Limerick City & County Healthy Cities
Clare Local Development Company	Limerick City and County Council, Social Work Department
Cork North Community Work Department	Longford Development Company/Longford Traveller DC
Kilkenny County Council, Social Work Department	North Tipperary Leadership Partnership
Galway County Council, Social Inclusion, Community Enterprise & Economic Development Section	

NON GOVERNMENT ORGANISATIONS / COMMUNITY GROUPS

ADAPT Domestic Abuse Services Limerick	Shannon Family Resource Centre
Cork City Horse Project Initiative	Springboard Cork
Cork Gay Project	The Glen & Mayfield, Rapid Programme, Cork
Focus Ireland	Tusla, Domestic, Sexual & Gender Based Violence Service
National Women's Council of Ireland	Tusla, Sligo
North West Clare Family Resource Centre	Women's Aid
Regional Suicide Resource Office, Waterford	

APPENDIX 4: STEERING GROUP MEMBERS

Martina Queally (Chairperson)	Chief Officer, Community Healthcare East (CHO6)
Alva Byrne	Community Healthcare East, Chief Officers Office (Administrative support to the Steering Group)
Bridget Nevin	National Traveller Health Advisory Forum Representative
Concepta De Brun	Regional Social Inclusion Specialist, HSE
Declan Hynes	Head of Human Resources, Community Healthcare East (CHO6)
Fiona Murphy	Head of Health & Wellbeing, Midlands Louth Meath Community Healthcare Organisation (CHO8)
Geraldine Crowley	Assistant National Director, Primary Care Strategy & Planning, HSE
Joe Doyle	National Social Inclusion Office, HSE Primary Care Division
Josephine Fogarty	Traveller Health Unit Co-ordinator, HSE Midwest Community Healthcare (CHO3)
Lynsey Kavanagh	Traveller Health Unit, Eastern Region
Missie Collins	Traveller Primary Healthcare Projects Representative
Ronnie Fay*	Traveller Organisation Representative, Pavee Point Traveller and Roma Centre

* *(Deceased)*

APPENDIX 5:
OTHER CONTRIBUTORS TO THE DEVELOPMENT AND FINALISATION OF THE NTHAP

Nurul Amin*	Training and Research Manager, Eastern Region THU
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Michelle Hayes	Project Manager, National Social Inclusion Office, HSE
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Diane Nurse	Retired National Lead, Social Inclusion Office, HSE
Aoife O'Neill	Community Healthcare East
Brigid Quirke	Project Manager, Traveller Health
Derek Speirs	Photographer
Philip Watt	Consultation process and report
NTHAF	National Traveller Health Advisory Forum
NTHN	National Traveller Health Network

* (Deceased)

APPENDIX 6: COMPARISON OF TRAVELLER POPULATION, CSO* CENSUS 2016 WITH THE ANNUAL TRAVELLER FAMILY COUNT BY THE DHLGH 2016**

Local Authority, CHO*** and THU areas	Traveller Population CSO Census 2016	DHLGH Annual Traveller family count 2016	CHO Area	Estimated Traveller population 2016. Traveller families x by 5.3 ****	Difference in population and %'s between CSO and DoH count
	30,987	10,364		54,929	23,229 (42%)
Leitrim	211	69	1	366	155 (42%)
Sligo	384	125	1	663	279 (42%)
Cavan	475	156	1	827	352 (43%)
Donegal	588	272	1	1,442	854 (59%)
Monaghan	271	157	1	832	561 (67%)
Fingal	1,315	486	9	2,576	1,260 (49%)
CHO 1: THU North West	7522	2,025		10,733	3, 211 (30%)
Mayo	1,303	393	2	2,083	780 (37%)
Roscommon	514	112	2	594	80 (13%)
Galway City	1,598	393	2	2,083	485 (23%)
Galway County	2,647	573	2	3,037	390 (13%)
CHO 2: THU West	6,062	1,471		7,796	1,734(22%)
Clare	910	251	3	1,330	420 (32%)
Limerick City and County	1,658	698	3	3,699	2,041 (55%)
Tipperary	1,235	407	3+5	2,157	922 (43%)
CHO 3: THU Mid- West	6,062	1,471		7,796	3, 067 (30%)
Cork City	882	484	4	2,565	1,683 (66%)
Cork County	1,255	411	4	2,178	923 (43%)
Kerry	968	382	4	2,025	1,057 (52%)
CHO 4: THU South West	3089	1,367		7,245	4,156 (57%)

APPENDIX 6: COMPARISON OF TRAVELLER POPULATION, CSO* CENSUS 2016 WITH THE ANNUAL TRAVELLER FAMILY COUNT BY THE DHLGH 2016**

Kilkenny	554	196	5	1,039	485 (47%)
Waterford City and County	520	192	5	1,018	498 (49%)
Wexford	1,508	704	5	3,731	2,223 (60%)
Carlow	507	275	5	1,458	951 (65%)
CHO 5: THU South East	3,089	1,367		7,245	4,156(57%)
Dún Laoghaire-Rathdown	421	76	6	403	-18 (0.5%)
Dublin City	2,057	697	6,7,9	3,694	1637 (44%)
Wicklow	778	242	6 + 7	1,283	505 (39%)
South Dublin	2,208	282	7	1,495	-713 (-48%)
Kildare	743	242	7	1,283	540 (42%)
Fingal	1,315	486	9	2,576	1,260 (49%)
CHO 6, 7, 9: THU East	3105	1,277		6,768	3663 (50%)
Offaly	910	306	8	1,622	712 (44%)
Westmeath	1,008	415	8	2,200	1,192 (54%)
Laois	761	180	8	954	193 (20%)
Longford	1,049	338	8	1,791	742 (41%)
Meath	977	431	8	2,284	1,307 (57%)
Louth	772	419	8	2,221	1,449 (65%)
CHO 8: Traveller Population estimates	5,477	2,089		11,072	5,595(51%)

*Central Statistics Office

**Department of Housing, Local Government and Heritage - Annual count, total number of Traveller families in all categories of Accommodation

***Community Health organisations

****Average Traveller family size from the CSO Census 2016

"There are many groups of people who require tailored health and social care interventions in order to address the health inequalities they face. These health inequalities may also be compounded by the wider determinants of health. This Reform Programme sets out key projects required to address health inequalities and move towards universal healthcare."

SLÁINTECARE IMPLEMENTATION STRATEGY & ACTION PLAN 2021-2023

"The social conditions in which people live and work can help create or destroy their health. Lack of income, inappropriate housing, unsafe workplaces and lack of access to health care systems are some of the social determinants of health leading to inequalities."

(WORLD HEALTH ORGANIZATION, 2004)

An Roinn Sláinte
Department of Health

For more information contact:

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