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# **An Comhchoiste um Shaincheisteanna Ríthábhachtacha a théann i gcion ar an Lucht Siúil**

Tuarascáil maidir le le Sláinte an Lucht Siúil

Aibreán 2026

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## **Joint Committee on Key Issues Affecting the Traveller Community**

Report on Traveller Health

April 2026



34/JCKITC/02



## Contents

<b>Foreword</b> .....	<b>5</b>
<b>Recommendations</b> .....	<b>6</b>
<b>Overview of Committee Module on Traveller Health</b> .....	<b>13</b>
<b>Social Determinants of Traveller Health</b> .....	<b>13</b>
Life Expectancy.....	14
Accommodation.....	15
Employment.....	15
<b>Health Care Access and Trust</b> .....	<b>16</b>
Literacy.....	16
Anti-Racism .....	17
Culturally Appropriate Services .....	17
<b>Service Provision</b> .....	<b>18</b>
Recruitment and Staffing.....	18
Service Design .....	19
Public Health Nurses .....	19
<b>Primary Health Care Projects</b> .....	<b>20</b>
<b>Health Awareness</b> .....	<b>21</b>
Screening Programmes .....	21
Breast Feeding.....	22
<b>Mental Health</b> .....	<b>23</b>
Suicide.....	23
Current Initiatives.....	24
Intersectionality: Gender, Sexuality and Disability .....	25
Substance Abuse .....	26
<b>Ethnic Identifier</b> .....	<b>27</b>
<b>Engagement with Stakeholders</b> .....	<b>28</b>
<b>Committee Membership</b> .....	<b>31</b>

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Cathaoirleach.....	31
Leas-Chathaoirleach.....	31
Members .....	31
<b>Related information .....</b>	<b>32</b>
Publications .....	32
Committee videos.....	32
Committee debates .....	32
Contact details.....	32
Orders of reference.....	32
<b>Appendix 1: Recommendations from Previous Reports of the Joint Committee on Key Issues affecting the Traveller Community .....</b>	<b>33</b>
Interim Report of the Joint Committee on Key Issues affecting the Traveller Community November 2019.....	33
Joint Committee on Key Issues Affecting the Traveller Community Final Report of the Joint Committee on Key Issues Affecting the Traveller Community November 2021.....	34
Joint Committee on Key Issues affecting the Traveller Community Report on the Trailer Loan Scheme 30 October 2024 .....	45
Report on Travellers’ Experience of the Justice System 6 November 2024 .....	46
<b>Appendix 2: Parliamentary Questions Regarding Recommendations of previous Reports of the Joint Committee on Key Issues affecting the Traveller Community .....</b>	<b>50</b>
Question 1.....	50
Question 2.....	53
Question 3.....	55
Question 4.....	57

## Foreword

As Cathaoirleach of the Joint Committee on Key Issues Affecting the Traveller Community, I am presenting this Report on Traveller Health and Mental Health with a deep sense of responsibility and urgency. The evidence laid before the Committee is stark, unambiguous, and profoundly troubling. It reveals a pattern of racism, discrimination, and systemic neglect that has left an entire ethnic community feeling abandoned within its own country. The findings speak to a pervasive lack of hope among Travellers - an erosion of trust that has taken root after generations of unequal treatment and unmet commitments.

This report does not simply outline policy failures; it exposes the human cost of those failures. The disparities in health outcomes, the disproportionate burden of mental ill health, and the lived experiences shared with the Committee all point to a crisis that can no longer be met with incremental or symbolic responses. The status quo has already inflicted too much harm.

A radical change of direction from government departments, State agencies, and public services is now urgently required. Only a coordinated, sustained, and accountable shift in approach will begin to reverse the serious hardships faced by Travellers in Ireland. This must include meaningful engagement with Traveller organisations, culturally appropriate service provision, and a recognition - finally - of the dignity, identity, and rights of the Traveller community.

On behalf of the Committee, I would like to thank most sincerely those who came before us as witnesses to share their expertise, opinions, knowledge and proposals. Their input has been invaluable.

The Committee hopes that this report will serve not only as a record of the challenges, but as a catalyst for the decisive action that has been lacking for far too long. The Traveller community deserves nothing less than a future defined by equality, respect, and genuine opportunity.

**George Lawlor TD**

Cathaoirleach to the Committee

April 2026

## Recommendations

### 1. Endorsement of Existing Recommendations and Reports

1.1 Fully implement the recommendations of reports made by previous iterations of this Committee in the 32<sup>nd</sup> and 33<sup>rd</sup> Dáileanna. (See Appendix 1)

1.2 Endorse recommendations from Beyond the Poverty Trap report by Pavee Point and Report on the Traveller and Roma Mental Health Working Group, conducting a new AITHS, recommendations aligned with NTRIS and NTHAP.

### 2. Recommendations on an Ethnic Identifier for Travellers

2.1 Introduce an ethnic identifier for Travellers across all state agencies and public services in line with the recommendation of the All Ireland Traveller Health Study, 2010.

2.2 Support state agencies such as the HSE in completing the implementation of an ethnic identifier for Travellers.

2.3 Support the National Traveller Health Implementation Group in standardising best-practices for Traveller health across the HSE including its introduction of an ethnic identifier.

2.4 Support public bodies and NGOs in communicating the purpose and uses of the ethnic identifier to encourage self-identification where applicable.

2.5 Using the ethnic identifier to disaggregate population data and attain the most up-to-date statistics on Traveller health and life expectancy.

### 3. Recommendations on Culturally Appropriate Health Services

3.1 Ensure culturally appropriate public services by introducing anti-racism training for workers engaging with Travellers

3.2 Create specific dedicated channels to report discriminatory treatment of Travellers engaging with public services.

3.3 Require cultural competency and anti-racism training in third-level healthcare courses.

#### **4. Recommendations on Accessibility of Health Care**

4.1 Provide health services communications in ways accessible to those with low literacy levels, including via phone calls, including plain English explanations of medical terminology in letters, follow-ups by phone, text and in person by public health nurses.

4.2 Provide assistance for those with low literacy levels accessing medical services and medical cards.

4.3 Provide more flexible health appointment times and mobile units for primary health care services for those with long distances to travel or irregular working hours.

4.4 Mandate non-written submission options for public consultations such as phone lines, video calls, and in-person fora to ensure representative co-design of services with both Traveller individuals and organisations.

4.5 Task the Department of Education with undertaking a wide-ranging literacy programme to address the low literacy rates within our Traveller community.

#### **5. Recommendations on Health Screening**

5.1 Review and lower the eligible age for CervicalCheck cervical screening for Traveller women to 20 years of age, in recognition of earlier average age of marriage within the Traveller community and the associated earlier onset of HPV exposure risk. This review should be conducted by the National Cancer Screening Service in consultation with Traveller women's organisations and the National Traveller Women's Forum.

5.2 Provide options to pick-up bowel-screening kits in person or receive them via public health nurses or mobile units to accommodate those with issues receiving post at a permanent address.

#### **6. Recommendations on Policy Approaches**

6.1 Adopt an approach of progressive universalism by designing and funding systems and projects to be universally accessible with specific, targeted supports for Travellers and other minority groups.

6.2 Adopt a social determinants of health approach in all future policy making regarding Traveller health.

6.3 Ensure co-production approach to all Traveller health policy wherein Traveller individuals and organisations are involved in both design and delivery.

6.4 Fully implement the HSE's National Traveller Health Action Plan (45 recommendations) with a focus on goals 1-4 (inclusive) to:

- strengthen the governance, monitoring and structures to support the implementation of the national Traveller health action plan and within that, to ensure an ethnic identifier is urgently implemented to accurately identify Traveller-specific health needs, monitor access to services and measure the impact of targeted initiatives;
- improve Travellers' equality of access, participation and outcomes in mainstream health services through a human rights-based approach;
- to address the social determinants of health through targeted and mainstreaming measures through cross-departmental and cross-agency collaboration;
- enhance Travellers' access to culturally appropriate primary healthcare through investment in Traveller health units and primary healthcare for Travellers' projects;

6.5 Adopt a no-wrong-door policy based on Exchange House's policy ensuring that Travellers are not turned away from health care services if there is a suitable service available for their needs.

6.6 Deliver a State Apology for the systemic discrimination against Travellers.

6.7 Establish a cross-departmental working group, to be chaired by a senior government Minister, to address the emergency that is the unacceptably high mortality rate prevalent in the Traveller community.

## **7. Recommendations on Traveller Primary Health Care Projects**

7.1 Support existing PHCPs with permanent funding to expand the programmes nationally across the Traveller population.

7.2 Assess and improve payment structure for PHCP workers.

7.3 Create a dedicated forum for representatives from all PHCPs to meet and discuss challenges and future work.

7.4 Implement recommendations from the Department of Health PHCP Review, including increased core funding to support the development and sustainability of PHCPs.

## **8. Recommendations on Service Provision**

8.1 Establish a formal annual parliamentary accountability mechanism whereby the Minister for Health and the Minister of State with responsibility for mental health report to both Houses of the Oireachtas on implementation progress of this Committee's health and mental health recommendations.

8.2 Dedicate ringfenced funding for Traveller health and mental health rather than relying predominantly on pilot schemes, short-term funding, dormant accounts funding, etc.

8.3 Require Departmental clarity on budget allocation for Traveller health and mental health services, both public and through the dispersal of funds to NGOs, including regional breakdowns of spending and service provision.

8.4 Support the Department of Health in expanding core services across weekends to maintain consistency for those seeking help.

8.5 Assess the capacity for permanent, reliable funding for Traveller Organisations in alignment with NTRIS.

8.6 Increase the level of formal engagement between State agencies and Traveller NGOs.

8.7 Increase the number of Traveller Health Care Projects to 40 and set up a specific initiative in relation to Mental Health Care Projects.

## **9. Recommendations on Breastfeeding**

9.1 Secure permanent funding for the Brighter Beginnings programme and expand it across all health regions.

9.2 Increase the availability of the Beutler test across evenings and weekends.

9.3 Replicate existing Traveller breastfeeding projects run by the Traveller PHCPs on a national level to increase access.

## **10. Recommendations on Suicide**

10.1 Ensure permanent funding of Suicide Crisis Assessment Nurses (SCAN) to ensure universal access for all Travellers across the country. Grow the workforce beyond the current 16 SCAN nurses.

10.2 Provide postvention supports for those affected by suicide in the Traveller community through the HSE and support organisations already doing so.

10.3 Develop the existing suicide bereavement liaison services on a national level.

10.4 Support the Department of Health's establishment of the specialist group for Traveller mental health under the national implementation and monitoring committee of Sharing the Vision in partnership with Exchange House Ireland and the National Suicide Research Foundation.

## **11. Recommendations on Mental Health**

11.1 Put in place dedicated funding commitments for the Mental Health Action Plan.

11.3 Improve access to mental health services for Travellers in the justice system.

11.4 Ensure culturally appropriate mental health services and Traveller-specific mental health services are available through the HSE.

11.5 Endorse Exchange House's recommendations of:

- a costed implementable national Traveller mental health and suicide prevention action plan;
- embedding and scaling of Traveller-specific mental health services nationally; Traveller youth-centred culturally responsive models of mental health care;
- enhanced implementation of Traveller-specific crisis response capacity nationally;
- enhanced implementation of culturally appropriate suicide postvention supports nationally;
- and formalising integrated cross-sectoral partnership and referral pathways across our health, social and community services.

11.6 Support the HSE in expanding the Traveller counselling service nationwide on a permanent basis.

11.7 Support the National Traveller and Roma Mental Health Group in line with the Sharing the Vision strategy and the Connecting for Life report.

11.8 Endorse Exchange House's advocacy and formally invest in clinical lead positions through the HSE to help provide trauma-informed, Traveller-specific mental health services.

11.9 Fund communications to ensure awareness regarding the mental health supports available for Travellers across State and NGO services.

11.10 Treat mental health issues in the Traveller community as a national emergency.

## **12. Recommendations on Accommodation**

12.1 Improve the standard of Traveller accommodation as a factor of healthcare inequality through the Department of Housing and local authorities.

12.2 Assess the efficacy of Department of Health's pilot projects regarding Traveller's at risk of homelessness with the aim of expanding them nationally on a permanent basis.

## **13. Recommendations on LGBTQ+ Travellers**

13.1 Support codesign and delivery of mental health services for LGBT Travellers in cooperation with the National Action Group for LGBTI+ Traveller & Roma Rights.

13.2 Ensure that public mental health services include supports specifically for LGBT Travellers.

## **14. Recommendations on Gender**

14.1 Assess pilot projects supported by the Women's Health Fund and support the creation of more permanent projects to support Traveller women on a national level.

14.2 Secure permanent funding via Cuan for domestic violence services such as those provided by Exchange House and provide them on a national scale.

## **15. Recommendations on Children**

15.1 Support the rollout of the Brighter Beginnings programme across all health regions on a permanent basis.

15.2 Promote anti-racism in schools through the Department of Education to improve the treatment and wellbeing of Traveller children.

## **16 Recommendations on Staffing and Recruitment**

16.1 Assess and improve the compensation and working conditions for Traveller Primary Health Care Project workers (PHCP) by funding increased pay, pensions, medical cards.

16.2 Create pathways to full time employment for PHCP workers.

16.3 Recruit more PHCP workers to address understaffing and under-resourcing across all health regions.

16.4 Fund increased access to further education courses and placements to make healthcare work a more accessible career path for Travellers.

16.5 Increase funding for external communications for Traveller NGOs.

16.6 Implement affirmative action measures including scholarships and job placement programmes to increase the number of Travellers working in the healthcare system as doctors, nurses, social workers, psychiatrists and administrators.

## **17. Recommendations on Substance Abuse**

17.1 Assess the rate of overprescribing and over the counter drug abuse via disaggregated healthcare data

17.2 Provide Traveller specific addiction support services.

## **18. Recommendations on Employment**

18.1 Increase access to employment for Travellers to mitigate the impacts of unemployment and poverty as contributing factors to poor mental health in the Traveller community.

18.2 Require all semi-state organisations, Section 38 and Section 39 organisations, and governmental departments to report on an annual basis, to the relevant Minister, on what actions they have taken to recruit and retain members of the Traveller community.

18.3 Require all semi-state organisations, Section 38 and Section 39 organisations, and governmental departments to report on an annual basis, to the relevant Minister, on what actions they have taken encourage members of the Traveller community to participate in apprenticeship programmes they have.

## Overview of Committee Module on Traveller Health

This module focused on Traveller Health, including discussions of mental health, and heard from a variety of witnesses regarding vast health disparities between Travellers and the settled population. The Committee heard from a variety of witnesses that the social determinants of health such as housing, education, employment, and systemic discrimination are underpinned by racism against Travellers, severely disadvantaging Travellers in a multitude of ways.

Prevalent concerns among witnesses were the lack of measurable improvements in Traveller health statistics despite a variety of programmes piloted and established since the 2010 All Ireland Traveller Health Study (AITHS), a lack of consistent funding for programmes and organisations that are helping Travellers on a local scale, and the cyclical nature of investigating Traveller health challenges and failing to implement effective change to address them.

One particular concern that was raised repeatedly was the prevalence of suicide in the Traveller community and the impact it has not only on those who take their own lives but on their family, friends and wider community. The social determinants of poor mental health should be taken seriously as well as the potential for both pre- and post-vention supports.

## Social Determinants of Traveller Health

Witnesses that came before the Committee for this module on Traveller health painted a stark picture of a minority community facing extreme health inequality due to a variety of factors including systemic and social discrimination.

Certain projects have been designed with this multi-factor approach in mind. The Department of Health stated that €700,000 has been allocated over a period of two years to deliver Bray, Cork, Athy, Waterford and Westmeath to address the specific factors that impact on Traveller health in these communities, such as living conditions, social activities for Traveller men, school supports and access to employment. The projects were developed in partnership with local authorities and local Traveller organisations. The projects have yet to be assessed to determine what aspects of them can be used in scaled-up mainstreamed services for the whole country.

However, while the Department of Health is responsible for Traveller Health, the broader issues facing the Traveller community, many of which are the determinants of its public health inequalities, fall under the aegis of a multitude of Departments. This should in theory be addressed through a whole-of-government approach as outlined in the NTRIS, but in practice the interconnected problems contributing to Traveller health issues have not yet been addressed sufficiently to eradicate the health inequalities between Travellers and the settled population.

The causes of health inequality between Travellers and the settled population range beyond just direct health-related factors, from poor accommodation, to lack of employment, to racism and more. Witnesses from both public bodies and NGOs emphasized the importance of a social determinants of health approach to the issue of Traveller health. Public health policy must look beyond just the health problems faced by Travellers and seek to address the structural issues that lead to poor health outcomes for Travellers. The rest of this report should be considered in the context of the social determinants of health outcomes.

### Life Expectancy

While life expectancy in Ireland has continued to extend, Traveller's have not benefitted to the same extent as the rest of the population, as mentioned by Exchange House.

Travellers have a significantly lower life expectancy than the settled population, with data presented to the Committee by the Irish Traveller Movement (ITM) from the AITHS showing that Traveller men's life expectancy is 15.1 years below average and Traveller women's is 11.5 years lower. However, the most recent data from the EU Fundamental Rights Agency (2024) suggests some improvements in Traveller health, with the gap in life expectancy between Travellers and the general population closing slightly at 7.8 years less life expectancy for Traveller women and 10.6 years less for Traveller men.

Overall, the ITM stated, Traveller mortality rate being 3.5 times higher than that of the settled population. Witnesses from UCD noted that among Travellers, suicide rates are six times higher and infant mortality is three and a half times higher than the settled population.

ITM also referenced the AITHS finding that showed 58% of the Traveller population is under the age of 25.

Low life expectancy can contribute to feelings of hopelessness and fatalism among Travellers. Witnesses from UCD highlighted that it may be difficult for Travellers to take longevity related health recommendations from medical professionals while knowing that there is an increased likelihood that they may not live long enough to see the impact of those recommendations.

### Accommodation

As has been recognised by previous iterations of the Committee, Traveller's often live in substandard accommodation that is unsafe, overcrowded and not fit for purpose, as well as experiencing high rates of homelessness. Poor living conditions contribute to negative health outcomes in a variety of ways.

Exchange House highlighted a number of issues with accommodation such as damp and mould leading to acute respiratory issues among Travellers, limited access to clean water affecting hand washing capacity and encouraging the spread of preventable diseases as well as overcrowding making it difficult to control the spread of illness.

Pavee Point brought up similar issues with accommodation, including infrastructural issues such as proper lighting and indoor toileting facilities that would afford Travellers the ability to notice symptoms such as passing blood in stool or urine or to check their breasts for lumps.

The Department of Health has facilitated a project in conjunction with the Sláintecare Healthy Communities programme to provide a funding programme to specifically address the social determinants of health in conjunction with the local authorities, of which accommodation is one of several aspects. The Department of Health has also supported a pilot project through the Women's Health fund that focuses on supporting women at risk of homelessness, including Traveller women.

### Employment

Limited employment prospects for Travellers coupled with already high unemployment rates contribute to feelings of hopelessness and mental health difficulties, as well as limiting Travellers' ability to access both physical and mental health care services.

Exchange House referenced unpublished preliminary findings from a surveillance of death by possible suicide in the Traveller community showing that unemployment (often a result

of direct and indirect discrimination against Travellers and a lack of educational opportunities and support) contributes to poor mental health and disproportionately high suicide rates within the Traveller community.

Unemployment, underemployment, and low wages can limit Traveller's access to health care services, and UCD researchers pointed out that this happens in a variety of ways, from not mixing with people from outside of the Traveller community in the workplace who may be more likely to encourage engagement with screening programmes such as those for breast or cervical cancer, to being unable to take a taxi to a medical appointment if one is too sick to use public transport or drive. However, UCD researchers also pointed to a commendable level of health awareness in relation to certain modifiable risk factors for illness due to the work of Traveller Primary Health Care Projects and public health nurses.

## **Health Care Access and Trust**

### **Literacy**

Low literacy rates in the Traveller community present a barrier to accessing existing health care services and can be addressed through educational supports in schools, adult education programmes, and amending the means of healthcare communications.

Witnesses from UCD cited literacy as a barrier to Traveller engagement with healthcare, due to jargon-heavy communications about services and appointments which can be compounded by preexisting distrust, shame, and fatalism.

Limited literacy also impacts access to medical cards and engagement with necessary administrative tasks relating to healthcare.

Public health nurses were cited as playing an important role in helping people understand what is meant in letters about medical appointments, test results and screening programmes, as well as liaising with both Traveller Primary Health Care Project Workers and supporting Travellers themselves directly.

Low literacy rates also contribute to the marginalisation of Travellers in the democracy, politics and policymaking, and particular efforts to create inclusive approaches particularly to policy and programmes that affect Travellers should be made in accordance with the

maxim that was repeated by multiple Witnesses across this module: “Nothing about us without us.”

## Anti-Racism

Systemic and social racism against Travellers are prevalent in all parts of Irish society, with both direct and indirect discrimination affecting Travellers’ quality of life and health outcomes.

Many witnesses cited a fear and distrust of medical professionals and of the health care system among Travellers, in part due to the historical prevalence of medical discrimination and mistreatment against Travellers.

Notably, UCD researchers named racism and discrimination as root causes of the difficulties Travellers experience in adopting risk-reducing lifestyle behaviours, participating in screening and accessing healthcare.

Several Traveller organisations facilitate anti-racism training for organisations aimed at eliminating direct discrimination against Travellers by those engaging with them and shaping their experiences as service users, however, this training is neither widespread nor mandatory and there is no dedicated monitoring or oversight for implementing anti-racism training in practice.

The HSE witnesses mentioned that they are “finalising a framework for Traveller cultural awareness and anti-racism training to support the delivery of training to HSE staff and ensure that HSE mainstream services are inclusive and responsive to the needs of Travellers.”

## Culturally Appropriate Services

Beyond just eradicating anti-Traveller racism in health care settings, there are also contexts in which services need to be provided in a way that is specifically tailored to Travellers and delivered in a culturally appropriate way.

According to the AITHS, only 41% of Travellers expressed complete trust in healthcare professionals versus 82% in the general population, and just over 50% of Travellers reported concerns about the quality of care they received within health services. This is partly because services are not designed to cater to Travellers’ lived experience.

Culturally appropriate services are particularly relevant with regards to mental health and suicide prevention services, as mentioned by the Department of Health in relation to its Road to Hope and Change campaign given the disproportionately high rates of mental ill health and suicidality among Travellers.

Traveller specific services such as those run by Exchange House use a peer support model ensuring that interventions are designed through a cultural lens, helping to overcome stigma and fear specific to Travellers. Exchange House's prison services include culturally specific group therapy work that accounts for struggles faced by Travellers in particular, as well as helping to co-develop the first Traveller-led crack cocaine recovery programme.

Culturally appropriate services are effective in part because they acknowledge the specific challenges faced by Travellers that are not usually recognized by mainstream services, promoting increased engagement with necessary interventions.

Researchers from UCD referenced their efforts to include cultural competency education as part of third level teaching for health care professionals as an important step towards the provision of culturally competent services.

## **Service Provision**

### **Recruitment and Staffing**

In order to function effectively and equitably, Traveller health programmes need workers, and mainstream health services need Traveller workers.

The HSE noted the importance of Traveller Primary Health Care Project workers being supported in continuing their education allowing for higher quality service provision as well as career and wage progression. The HSE also voiced support for Travellers being recruited into HSE positions, particularly in administrative grades and from the Traveller Health Projects into other parts of the organisation.

Exchange House emphasised the importance of community development and education initiatives that it has support which enable Travellers, particularly women, to progress further in leadership and employment. In healthcare, this can mean an increase of Travellers working directly with their own community as well as the benefits to individual Travellers and their households from improved qualifications and employment.

Pavee Point have engaged with the Royal College of Surgeons and have put in place an affirmative-action measure to give Travellers an opportunity to study medicine in the Royal College of Surgeons. Similar affirmative action programmes have not been implemented on a wider scale.

Pavee Point also pointed out that in the case of Traveller Community Health Workers there are roughly 300 posts with only around 100 of them being full-time or whole-time-equivalent (WTE). Many workers work around 12 hours per week but are required to work additional overtime hours and fulfill functions outside of their role while only making €15 per hour and not being entitled to a pension. While this will be helped by the MyFutureFund autoenrollment scheme, it will not give all current Traveller Community Health Workers full pensions as most do not meet the minimum earnings qualification for the scheme. Poor compensation and understaffing also deter others from taking up these important roles.

### Service Design

Witnesses from public bodies and NGOs alike highlighted the importance of co-production as a guiding principle for service design with regard to Travellers as a marginalised ethnic minority.

Co-production means that organisations designing policies and services (ranging from the government and state bodies to large NGOs and civil society groups) work in partnership with affected groups taking into account their perspectives, experiences and expertise to deliver more equitable, efficacious outcomes.

In the case of the Traveller community, co-production can help to correct for a historical practice of designing policies affecting Travellers with no concern for their experience or well being, often with intentionally discriminatory and neglectful policy outcomes.

The Department of Health stated that in recent years it has put a particular focus on the principle of co-production. Pavee Point also highlighted the need for the Department of Health to engage directly with Traveller organisations.

### Public Health Nurses

Public Health Nurses were mentioned repeatedly by witnesses as an important pillar of Traveller health care. They can have significant positive impact on health outcomes by liaising with the Traveller community health workers and supporting Travellers directly.

Public health nurses have an understanding of the social determinants of Traveller health by being in their homes and communities and can thus build trust in ways other medical professionals cannot. Researchers from UCD mentioned how Public Health Nurses assist Travellers in understanding terminology used in appointment letters. The AITHS found very high levels of trust in public health nurses.

Multiple witnesses said that there is not enough investment in public health nurses.

## **Primary Health Care Projects**

Witnesses across the module repeatedly highlighted the importance of the five Traveller Primary Health Care Projects (PHCP). The projects provide front line support to Travellers while also functioning as a bridge between Traveller communities and organisations and the HSE. There is an ongoing review of the Traveller Primary Health Care Projects being undertaken by the HSE at the moment.

There are currently approximately 350 workers in 30 projects working directly with Travellers across the country. There were previously around 40 projects, so the overall number has declined. There is no centralised forum dedicated specifically to the PHCPs, though there is oversight provided by the National Traveller Health Implementation Group no witnesses were able to provide the Committee with the exact number of projects currently in operation.

Researchers from UCD before the Committee described the PHCPs as “transformative” for their role in educating Travellers about cancer prevention, screening and early detection as they are trusted members of the community who form a vital bridge between the community and health services. Their research showed that speaking with the local Traveller community health worker was a key enabler of screening participation.

The importance of these projects is highlighted in Goal 4 of the NTHAP, which is to enhance Travellers’ access to culturally appropriate primary healthcare through investment in Traveller health units and primary healthcare for Travellers' projects.

The HSE highlighted the importance of recruiting Travellers to be primary healthcare project workers and then supporting them in their education and training.

Pavee Point noted certain areas are underservices such as Louth, with Monaghan having no PHCP. This creates geographic inequalities in access to important services.

The HSE mentioned that there is scope to use the infrastructure of the PHCPs to build its mental health services for Travellers due to their unique connections with Traveller communities.

There are potential benefits to expanding these projects with increased funding and resources or to integrating their services into more mainstream health care services.

## Health Awareness

### Screening Programmes

Awareness of risk factors for serious illnesses and participation in health screening programmes can be pivotal to ensuring improvements in health outcomes. However, for many Travellers there are a variety of structural and social issues limiting awareness and engagement.

UCD researchers who came before the Committee shared the findings of the study they led, "Cancer Awareness and Attitudes among the Traveller Community in Ireland", in collaboration with Pavee Point Traveller and Roma Centre, the NCCP and the HSE. The researchers noted that Travellers are not a homogeneous population, and individual skills, knowledge, cancer awareness and attitudes vary. For example, in the survey, those aged 65 and older tended to hold the most negative views of cancer and were less likely to agree that cancer can often be cured.

Modifiable risk factors for cancer persist among Travellers due to a variety of reasons. For example, 36% of Travellers smoke compared to 21% of the general population and fewer Travellers consumed the recommended five or more portions of fruit and vegetables daily than in the general population, 11% versus 44%. Similar to the general population, Travellers have a lower uptake on the bowel screening programme than breast or cervical screening programmes.

The UCD researchers that came before the Committee noted that Travellers may not be aware that certain lifestyle factors such as alcohol and overweight function as risk factors for illnesses such as cancer. Other witnesses explained the ways in which modifying

lifestyle-based risk factors may seem futile amidst such disproportionately high mortality rates from cancer, suicide and even infant mortality.

The HSE noted recent research found higher rates of awareness around breast, bowel and cervical cancer, and higher screening among Travellers compared to the general population. This may be because of the high rates of these diseases among Travellers.

The issue of cervical cancer screening eligibility age for Traveller women was raised. CervicalCheck currently invites women for screening from age 25. However, given that Traveller women on average marry younger than the settled population, and given that human papillomavirus (HPV), the primary cause of cervical cancer, is associated with sexual activity, Traveller women may be exposed to cervical cancer risk factors several years before they become eligible for routine screening. Combined with a life expectancy 11.5 years lower than the settled population and historically lower uptake of screening services, this means Traveller women face a compounded risk of undetected cervical disease. The Committee heard from UCD researchers that cancer awareness is improving among Travellers, but structural barriers such as screening eligibility ages designed around settled population norms continue to create inequitable health outcomes. Senator Flynn proposed that the age for cervical screening eligibility for Traveller women should be lowered to 20, in recognition of their earlier average age of marriage and the heightened risk this creates.

### Breast Feeding

Among Travellers, breastfeeding rates are currently around 15%, up from around 2% in the 2010 AITHS, according to UCD researchers. In comparison, breastfeeding rates among the settled population are around 65%, per HSE data.

The Brighter Beginnings programme, run by the Department of Health is currently run in two health regions and includes breastfeeding supports. It is planned to expand across two further health regions next year. These supports can help increase breastfeeding rates and improve infant health.

UCD researchers pointed to delays in accessing Beutler tests and their results as a factor limiting the rates of breastfeeding among Travellers.

## Mental Health

Witnesses emphasised the importance of understanding the mental health crisis among Travellers not as isolated clinical problems but as deeply rooted in structural, social, economic, cultural and environmental determinants. Hence, the responses and solutions to these issues should be shaped by those conditions as well as by the clinical symptoms and diagnoses Travellers face.

Exchange House elaborated that low levels of formal education, early school leaving and discrimination in the labour market continue to cause long-term poverty exclusion and poor mental health within the Traveller community. This constant prejudice and a lack of opportunity compound the effects of trauma generation on generation.

Facing disproportionate rates of mental illness, Travellers are thus disproportionately affected by the under-resourcing of existing mainstream mental health services, such as the long waiting lists for CAHMS which have increased 200% in the last five years, as mentioned in a meeting of the Committee with witnesses from the HSE and Department of Health.

The Committee notes with deep concern that many of the mental health issues identified in this report were previously identified by an earlier iteration of this Committee and by the Traveller and Roma Mental Health Working Group. Despite reports, working groups, strategies and funding announcements, suicide rates have continued to rise, with Exchange House presenting preliminary data suggesting the probable suicide rate among Travellers may now be ten times higher than the settled population. It was emphasised that this is not a new crisis being discovered, it is a continuing crisis that has not been adequately responded to. The Committee is conscious that it risks producing another report that, without meaningful implementation oversight, will gather dust alongside those that came before it. This report must be accompanied by a binding implementation timeline and an annual Dáil and Seanad statement on progress.

### Suicide

Preliminary findings from Exchange House from a surveillance of death by possible suicide in the Traveller community show that the rate of probable suicide among the Traveller community is ten times higher, eight times higher for Traveller men and 15 times higher for Traveller women compared to the general population. Analysis of 2024 data indicates that

suicide rates are ten times higher in the Traveller community compared with the settled population

The Department of Health also highlighted the higher rate of self-harm across all age ranges for Travellers in comparison to the general population. A 2023 HSE research report showed that the risk of self-harm for Traveller men over the age of 50 was significantly higher than that for the general population.

A lack of hope was cited by Exchange House as one of the most significant drivers when it comes to suicide. This can be caused by a multitude of interconnected factors such as a lack of education, pressure to maintain cultural norms, inadequate housing, poverty and not being able to take pride in Traveller identity. Another significant risk factor for suicide is exposure to suicide, which is extremely common among Travellers.

### Current Initiatives

There are several initiatives to support Traveller mental health run both by public bodies and Traveller NGOs, though there is a lack of availability of these services for many who would benefit from them. Witnesses from Exchange house cited years of historic institutional abuse as a contributing factor to the Traveller community's wariness of statutory services and the HSE, as well as general mental illness stigma.

The Department of Health stated that it is supporting Traveller Mental Health Working Group, Travellers Together Preventing Suicide, ten youth mental health first aid training courses for those working with young Travellers and copper art skills projects through which nine Travellers will graduate with an NFQ level 5 qualification related to mental health.

The Traveller Road to Hope and Change programme was coordinated last year by Exchange House Ireland, Pavee Point & Traveller Counselling service and directed by a steering group made up from representatives from across the country. It raised awareness around Traveller suicide and encouraged dialogue towards suicide prevention throughout Ireland.

The Department of Health stated before the Committee that as of budget 2025, it has also funded specific posts in Portiuncula to have two SCANs for Travellers to ensure there is universal access and culturally appropriate services within the wider mental health service. However, these resources are not available in all Traveller communities around the country.

The Department also called for Traveller social workers on mental health teams as well as Traveller occupational therapists, nurses, doctors and psychiatrists, etc., to provide culturally appropriate services. The Department provides the HSE with a ring-fenced annual budget of €16 million for the provision of Traveller-specific health services, including €2.3 million for mental health. Further resources of €1 million are provided in budget 2026. In all, this represents an increase of 70% in funding since the NTHAP commenced.

The Connecting for Life strategy under the Department of Health features some specific mentions of Travellers, with the Traveller Health Implementation Group facilitating engagement with five primary healthcare projects so that they could hear directly from people in the Traveller community about what makes it difficult for them to access mental health services. The main piece of funding for Traveller Mental Health Service comes through the Office for Suicide Prevention.

Sharing the Vision is a whole-of-population approach, but it lists out a number of priority groups that may require specific interventions, including Travellers.

Exchange House noted the importance of suicide bereavement liaison services for Travellers but acknowledged that these services are not widely available.

Postvention supports were referenced as being of particular importance by witnesses from Exchange House to address suicide cluster and contagion. This involves collaboration between organisations around Ireland and even in the UK due to the geographical spread of the Traveller community.

### Intersectionality: Gender, Sexuality and Disability

For Travellers who are also part of other disadvantaged communities, struggles can be compounded and supports can be even harder to access. Culturally appropriate and co-designed services are particularly important for these vulnerable groups.

For LGBT Travellers, there are often a lack of Traveller specific supports in LGBT services and a lack of awareness of the impact of homophobia and transphobia and the lived experiences of LGBT people in the design and delivery of Traveller services. These shortcomings require both planning and resources across services to correct for.

Gender also affects Travellers' experience of mental health struggles and supports, with Traveller men facing gendered stigma around emotional vulnerability. Traveller women are

also at risk of issues such as homelessness and domestic violence negatively impacting their mental health while also limiting their ability to seek support.

Cuan is now funding a social work post via Exchange House to work with Travellers affected by domestic violence.

## Substance Abuse

Exchange House delivers a number of addiction services in tandem with other mental health and community services. Some of its addiction services are run in prisons, where those affected by the criminalisation of drug use are most in need of support, including one for women in the Dóchas Centre. These clinics provide emotional and practical support, advocacy relating to Tusla, support with accommodation and social welfare, individual counselling, EMDR trauma therapy, relapse prevention work and culturally specific group work. They also have two part-time addiction counsellors funded through a local drugs task force, one of whom has co-developed the first Traveller-led crack cocaine recovery programme.

Pavee Point noted that in advance of their upcoming research project, they can confidently say that substance and illicit drug use in the Traveller community has dramatically increased in recent years. This is in relation to both illegal drugs and the abuse of prescription drugs. The issue overlaps with mental health and is exacerbated by a lack of adequate investment in counselling and drug treatment services both for Travellers and the general public.

Drug treatment services are also institutions where racism against Travellers impacts their ability to access and benefit from services. Pavee Point highlighted a need for an ethnic identifier to capture data from the National Drug Treatment Service to assess the scope of addiction issues among Travellers, especially women and young people, two vulnerable groups of particular concern.

Overprescribing and polydrug abuse relating to benzodiazapines are significant issues found by the Pavee Point research into Traveller drugs use nationally, including the abuse of over-the-counter medication.

## Ethnic Identifier

An ethnic identifier is a data tool that allows data to be collected and separated by ethnic group in order to draw accurate conclusions. Ireland is a signatory to the UN International Convention on the Elimination of all forms of Racial Discrimination (ICERD). This convention recommends that "Population statistics should be disaggregated by race, colour, descent and ethnic or national origin, and sex". While Travellers were recognized as a distinct ethnic minority group by the Irish government in 2017 (though has not conferred upon Travellers the legal status of 'national minority' per the Council of Europe Convention for the Protection of National Minorities) this has not extended to the creation of an ethnic identifier for data-gathering purposes across public services.

Adopting ethnic identifier is necessary to collect and analyse disaggregated data on Travellers and was recommended by multiple witness groups. This data would be useful for both the State and NGOs for the purposes of resource allocation, understanding the scope of inequality facing Travellers and measuring Traveller engagement with existing mainstream health and mental health services.

By implementing an ethnic identifier, the State would be better able to measure the outcomes of policies pertaining to Travellers, including quantifying the impact of pilot projects relating to Traveller health and mental health in order to scale and reproduce the most effective ones. It would give the State up-to-date knowledge of health policy outcomes and equity.

The HSE is in the process of adopting an ethnic identifier but has not completed its implementation as of yet. It may be useful to consider a State mandate for a whole of Government approach in tandem with the Central Statistics Office rather than adopting it one Department/agency at a time.

The HSE outlined three key components to the identifier as:

- having the technical infrastructure to switch on, meaning fields for the entry of an ethnic identifier are in the data systems;
- ensuring that the question of ethnicity is asked in administrative processes when other personal information is being collected;

- communicating to individuals what the purpose of the identifier is, how the information will be used and how to answer accurately.

Given the historical discrimination against Travellers by the State, many may be fearful of identifying themselves as Travellers when engaging with State services. It is essential that this information is not misused, that it is instrumentalized to combat discrimination rather than perpetuate it, in order to build trust in the State and public services among Travellers.

## Engagement with Stakeholders

The Committee undertook a module of seven public meetings in November and December of 2025, January and February of 2026 examining Traveller health. The meeting details are below.

Date	Witness(es)	Official Record
6 November 2025	<p><b><i>Health Inequalities and the Mental Health Crisis among the Traveller Community</i></b></p> <p><b>Department of Health</b></p> <ul style="list-style-type: none"> <li>• Ms Siobhan McArdle, Assistant Secretary</li> <li>• Mr David Leach, Assistant Secretary</li> <li>• Mrs Siobhán Hargis, Principal Officer</li> <li>• Mrs Karen O`Connor, Assistant Principal Officer, Advisor</li> <li>• Mr Tony McCusker, General Manager Lead on Traveller Health</li> <li>• Ms Maria Bridgeman, Integrated Healthcare Area Manage</li> <li>• Ms Aileen Kitching, Public Health Lead for Social Inclusion</li> </ul> <p><b>Exchange House Ireland National Travellers Service</b></p> <ul style="list-style-type: none"> <li>• Ms Kerry Cuskelly, Chief Executive Officer</li> <li>• Ms Cathleen McDonagh Clark, Manager</li> <li>• Mr John O`Brien, Manager</li> </ul>	<a href="#">Transcript</a>
11 December 2025	<p><b><i>Traveller Health: Research and Evidence Base</i></b></p> <p><b>University College Dublin</b></p>	<a href="#">Transcript</a>

- Dr Patricia Fox, Assistant Professor, School of Nursing, Midwifery and Health Systems, Witness
- Dr Kate Frazer, Associate Professor, School of Nursing, Midwifery and Health Systems, Witness
- Dr Julie Broderick, Associate Professor, School of Public Health, Physiotherapy and Sports Science, Witness

15 January 2026	<p><b><i>National Traveller Health Action Plan and Report on the Traveller and Roma Mental Health Working Group</i></b></p> <p><b>Department of Health</b></p> <ul style="list-style-type: none"> <li>• Mr Jim Walsh, Principal Officer</li> <li>• Mrs. Siobhán Hargis, Principal Officer</li> </ul> <p><b>Health Service Executive</b></p> <ul style="list-style-type: none"> <li>• Ms Martina Queally, Regional Executive Officer</li> <li>• Ms Aisling Heffernan, Integrated Healthcare Manager</li> <li>• Mr Tony McCusker, General Manager</li> <li>• Ms Michelle Kearns (Public Gallery Attendee)</li> </ul>	<a href="#">Transcript</a>
29 January 2026	<p><b><i>Report on the Traveller and Roma Mental Health Working Group</i></b></p> <p><b>Pavee Point Traveller and Roma Centre</b></p> <ul style="list-style-type: none"> <li>• Mr Lynsey Kavanagh, Co-Director, Witness</li> <li>• Mr Martin Collins, Co-Director, Witness</li> </ul>	<a href="#">Transcript</a>
4 February 2026	<p><b><i>Traveller Health</i></b></p> <p><b>Pavee Point Traveller and Roma Centre</b></p> <ul style="list-style-type: none"> <li>• Mr Lynsey Kavanagh, Co-Director, Witness</li> <li>• Mr. Martin Collins, Co-Director, Witness</li> </ul>	<a href="#">Transcript</a>
12 February 2026	<p><b><i>Traveller Health</i></b></p> <p><b>Irish Traveller Movement</b></p> <p>Opening Statement</p> <ul style="list-style-type: none"> <li>• Mr Bernard Joyce, Director</li> <li>• Ms Bridget Kelly, National Traveller Policy Coordinator for Employment and Enterprise</li> </ul>	<a href="#">Transcript</a>

- Ms Jacinta Brack, National Policy and Advocacy Coordinator (Public Gallery Attendee)

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26 February 2026

***Primary Health Care for Traveller and Roma Communities***

[Transcript](#)

**Donegal Travellers Project**

- Ms Ann Friel, Primary Healthcare Coordinator,

**Longford Traveller Primary Health Care Project**

- Ms Mary Nevin, Community Health Worker and Manager of Longford Traveller PHCP

**Pavee Point Traveller and Roma Centre**

- Mr Lynsey Kavanagh, Co-Director
-

## Committee Membership

### Cathaoirleach

[George Lawlor TD](#), Labour Party

### Leas-Chathaoirleach

[Senator Eileen Flynn](#), Independent

### Members

[John Connolly TD](#), Fianna Fáil

[Dessie Ellis TD](#), Sinn Féin

[Tony McCormack TD](#), Fianna Fáil

[Séamus McGrath TD](#), Fianna Fáil

[Maurice Quinlivan TD](#), Sinn Féin

[Pádraig Rice TD](#), Social Democrats

[Barry Ward TD](#), Fine Gael

[Naoise Ó Muirí TD](#), Fine Gael

[Senator Maria Byrne](#), Fine Gael

[Senator Malcolm Noonan](#), Green Party

[Senator Joe O'Reilly](#), Fine Gael

[Senator Anne Rabbitte](#), Fianna Fáil

## Related information

### Publications

All publications for this committee are available on the [Oireachtas website](#).

### Committee videos

Footage of Committee proceedings can be found on the [Committee videos page](#).

### Committee debates

Transcripts of Committee debates can be found on the [Committee debates page](#).

### Contact details

The contact details for the Committee can be found on the [Committee page](#).

### Orders of reference

Read the [Orders of reference](#) for the Committee.

## **Appendix 1: Recommendations from Previous Reports of the Joint Committee on Key Issues affecting the Traveller Community**

Note: Numbering is consistent with original numbering in individual reports.

### [Interim Report of the Joint Committee on Key Issues affecting the Traveller Community November 2019](#)

1. Mandatory cultural awareness training across all State services that engage with the Traveller community.
2. Prioritise and implement an ethnic identifier across all health and State services to monitor participation, equality of access and outcomes for members of the Traveller community.
3. Establish a national Traveller mental health strategy which includes full implementation of existing strategies and recommendations for mental health with ring-fenced funding and institutional mechanisms to ensure implementation in collaboration with the Traveller community through the establishment of a national Traveller mental health steering group.
4. 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 which includes supports for the Traveller NGO sector involved in Traveller health.
5. Increased funding for the expansion of mental health services for Travellers, including but not limited to, the delivery of peer-led Traveller specific mental health supports through Traveller Primary Health Care Projects and other Traveller led and Traveller specific initiatives 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 in providing supports to the family members in terms of bereavement following a suicide.
6. Prioritise funding to examine the distinct needs of young members of the Traveller community who are vulnerable to suicide and expand and develop Traveller youth

mental health pilot projects and develop an initiative to train peer support outreach workers within the community.

7. Develop the capacity of the Traveller community to lead changes in the development and implementation of strategies to improve Travellers' mental health and reduce suicide levels.
8. Support the continuation of the Traveller Counselling Service as a specialist organisation for Travellers' mental health and provider of Traveller specific counselling as per recommendation 93 of the 2017 National Traveller and Roma Inclusion Strategy (NTRIS) and support the expansion of culturally appropriate counselling services with members of the Traveller community as therapists.
9. A full progress review on the implementation of recommendations of the National Traveller and Roma Inequality Study 2017-2021 to be carried out with clear timelines given as to when these recommendations will be implemented.
10. Reinstatement of 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.
11. Publish and implement the National Traveller Health Action Plan as a matter of urgency, including the establishment of an institutional mechanism with the HSE and the Department of Health to drive its delivery and implementation. The plan must be inclusive of clear targets, indicators, outcomes, timeframes and budgetary resources, and include a holistic and gender responsive approach and allocate a clear budget to address Traveller health inequalities at national level.

[Joint Committee on Key Issues Affecting the Traveller Community Final Report of the Joint Committee on Key Issues Affecting the Traveller Community November 2021](#)

**Recommendations on Health**

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 Travellerspecific 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.
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 ringfenced 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 ringfenced budget. A National Steering Group made up of all key stakeholders, including the 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.
16. A Traveller Specific Mental Health Awareness Campaign should be developed and delivered in partnership with the Traveller community, in particular with local groups.
17. Traveller employment in mental health services within the primary and specialist community mental health services, as trainers, service providers, etc should be encouraged. This would be an important step in addressing stigma, providing role models and ambassadors for the Traveller population in Ireland, sharing innate knowledge and insight into the community and Traveller culture. It would correspondingly serve as a source of much needed employment.

18. Innovative programmes and therapies centred on Traveller culture should be supported and developed. Particular attention should be given to the potential of Equine therapy and Traveller horse ownership as a mechanism for Traveller mental health promotion.
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.

### **Recommendations on Education**

22. Restore the dedicated funding to Traveller Education cut in the 2011, 2012 period in full and ring fence it to provide supplementary educational support for members of the Traveller Community where they would benefit from same.
23. Ensure the policy of mainstreaming Traveller education delivers full benefit by providing extra resources where necessary and appropriate to Travellers within the mainstream educational provision.
24. The Traveller Culture and History in Education Bill 2018 should be enacted and fully implemented.
25. Targeted financial supports towards travel and childcare costs should be examined to allow wider uptake of education and training courses.

26. Intercultural and Anti-racism training should be rolled out to all serving teachers as a mandatory part of their Continuing Professional Development.
27. Affirmative action policies should be introduced to encourage more people from ethnic minority backgrounds, including Travellers, to enter teaching.
28. Due to the documented traumatic history of Traveller parents within the Irish schooling system, it is important to acknowledge that if a school environment feels unsafe, any interaction could retrigger trauma reactions and result in disengagement by the parent. School structures should be trauma informed and trauma responsive.
29. Successful projects such as the Yellow Flag Programme and TOBAR should be provided with a centralised, secure source of funding, to guarantee their continuance and allow for their expansion.
30. Following the publication of the guidelines on Reduced Timetables, the use of these timetables should be strictly limited to exceptional circumstances and monitored to ensure that they are being applied in the correct fashion, and with full and informed parental consent. The Committee recommends that where patterns of overuse of reduced timetables emerge that the Department of Education should seek a written rationale from the school concerned.
31. Travellers should not be discouraged from studying the full range of subjects at school as not studying the full range of subjects can result in reduced opportunities in later life.
32. A National Traveller Education Strategy should be developed and implemented as a matter of urgency.
33. Disaggregated data collection to be prioritised within the education system, in order to better allow for future planning.
34. All Traveller children should have access to an after-school club and these clubs should be supported with adequate resources.
35. Pathways and programmes that support Travellers into the teaching profession should be expanded to include other educational roles, such as school completion officers.

36. A report should be produced and published on what outreach services exist to work within Traveller communities and/or Tusla services that engage with Traveller and Roma families. The report should also examine how they promote the Early Childcare and Education (ECCE) pre-school scheme, as well as the Access and Inclusion Model (AIM) for Children with a Disability, within the Traveller and Roma communities in order to facilitate access for every child to free pre-school from the age of three until they start school.
37. Early Childcare settings should be monitored to ensure the adherence to the principles underpinning both Aistear and Síolta and a review to determine if the model is working in terms of the real experience for Traveller and Roma children.
38. Awareness and cultural competency Training should be provided for Childcare Professionals with regard to Traveller culture and way of life.
39. A new mechanism to provide additional funding to non DEIS schools should be developed, so that they can provide breakfast clubs and homework clubs, alongside additional supports, where they are not yet available.
40. The liaison officer scheme should be rolled out to all schools. Travellers should be targeted and supported into these roles.
41. Up to date research in determining what issues Traveller children face in school should be commissioned, followed by a report with actionable recommendations towards supporting Traveller children through the education system.
42. A review of how the areas of intercultural, anti-racism, diversity, and intellectual and physical disability are dealt with in Teacher Education Programmes should be undertaken.
43. The Statutory Committee which advised the Minister for Education on initiatives which would address educational disadvantage, and which was abolished in 2012, should be re-established.
44. There should be targeted family literacy support programmes for parents of Traveller children to supported and funded, based on local need.

## Recommendations on Employment

45. A comprehensive national Traveller employment action plan should be developed, resourced and implemented.
46. Traveller organisations should be supported and resourced to play roles they deem to be appropriate in addressing unemployment amongst Travellers. Traveller organisations should be consulted during the planning stages of all employment initiatives, and these should include specific targets for Travellers and Roma.
47. There should be formal positive action measures for recruiting Travellers to the public sector. These programmes need to be led (and funded) from central government. The Department of Public Expenditure and Reform (DPER) should be the lead department as it fits within their remit in terms of public sector reform. Recruitment and employment practices should follow the good practices identified in research.
48. Specific hiring targets for Travellers should be introduced for public service and Civil Service bodies. In conjunction with this, minimum requirements for all public sector recruitment campaigns should be examined to ensure that they are necessary, and do not needlessly exclude or discourage Travellers from applying.
49. An awareness campaign should be aimed at employers and recruiters to promote the skills and knowledge base available within the Traveller community. The benefits of cultural awareness training for employers, recruiters and staff should be emphasised to all private sector employers with a particular focus on multi-national companies in receipt of State grants, etc.
50. Greater supports should be provided to social enterprises - these could include a community asset transfer policy to enable community organisations and social enterprises to make a request for land and buildings from local authorities and other public bodies. An additional funding stream should be established for CSP places for Traveller Projects particularly for new start up social enterprises.
51. The Community Services Programme should be expanded with a particular focus on areas where there are a large number of Travellers living to give Travellers who are not employed or have not been employed a positive experience of employment.

52. The work placement scheme being piloted in the Department of Justice should be rolled out across all Government departments and other public bodies. Outcomes for participants of the scheme should be monitored to ensure that it leads toward permanent employment.
53. Culturally appropriate apprenticeship and internship schemes should be developed in areas of traditional Traveller enterprise. Outcomes for participants should be monitored to ensure the schemes lead towards permanent employment. The Committee recommends the Department of Further and Higher Education, Research, Innovation and Science and the Department of Social Protection investigate further how internships / apprenticeships can be used as a vehicle to gaining fulltime employment beyond the date of the internship / apprenticeship.
54. Appropriate positive action measures should be put in place for all apprenticeship programmes. Culturally appropriate apprenticeship and internship schemes should be developed in areas of traditional Traveller enterprise. Outcomes for participants should be monitored to ensure the schemes lead towards permanent employment.
55. The Traveller Graduate Network should be supported in its provision of mentoring programmes, workshops and job fairs.
56. All administrative systems of agencies involved in employment activation and support should include a standardised ethnic identifier to monitor access, participation and outcomes of Travellers, and to inform the development of evidenced-based policies.
57. The Department of Social Protection should fund the current Traveller liaison workers network who could link employment ready Travellers with specific employers.
58. Cultural Awareness and anti-racism training should be mandatory for all staff working in employment activation and support.
59. The Department of Social Protection should hold further Traveller employment events, similar to the Job Week 2020 event, which could include job fairs, CV workshops and interview skills training. Traveller organisations should be liaised

with on how best to promote these events to members of the Traveller community, and on what type of events would be most useful.

60. An impact assessment needs to be undertaken on the effect of national legislation and byelaws on restricting the Traditional Traveller economy and measures taken to mitigate their impact.
61. The reformed NTRIS employment and enterprise subcommittee should prepare and progress a new action and outcome focused strategy for Traveller employment for immediate implementation and for inclusion in the next iteration of NTRIS, due on foot of publication of the EU Roma Strategic Framework for Equality, Inclusion and Participation for 2020– 2030.
62. The Department of Social Protection should take steps to ensure access to secondary benefits does not present a barrier to employment for Travellers, in particular given the health inequalities experienced by this community, and to ensure that Travellers are fully informed of their rights and entitlements in this regard.
63. The Department of Children, Equality, Disability, Integration, and Youth should develop and implement a strategy to enable full and effective implementation of the public sector equality and human rights duty by employment and enterprise service providers in the public sector.
64. Local Development Companies should take specific actions to increase uptake of programmes by Travellers that result in employment opportunities.
65. Participants who were far from the Labour Market, (including members of the Traveller Community), should be allowed to remain on both CE and TÚS schemes for extended periods. This could be measured by previous work experience before coming on such schemes.
66. Similarly, people who have been far from the Labour Market before taking up employment should be allowed to retain their medical cards, if they have one, for at least five years after taking up employment.

## Recommendations on Accommodation

67. As Travellers form a totally disproportionate percentage of the families and persons in homelessness because they find it harder to get accommodation in the private rental sector it is vital that the measures to reduce homelessness in Housing for All be implemented without delay.
68. An urgent audit should take place of living conditions in all traveller specific and halting sites and immediate action taken to address deficiencies in accommodation, community facilities, public infrastructure, estate management etc. to be paid for out of an enhanced allocation for traveller specific housing in the estimate of the Department of Housing, Local Government and Heritage. These actions should include short term emergency measures to improve matters and long-term provision of high standard accommodation for all travellers.
69. The audit at 68. should include the mobile homes or caravans that are used as permanent dwellings. In the case of people/families wishing to remain living in caravans/mobile homes where they are deficient, they should be immediately replaced by new caravans/mobile through and expanded “loan scheme” or by direct supply by the relevant local authority. These should be funded out of the budget allocation for “traveller housing” and the quality of these caravans should be monitored in the short term by Cena to ensure they are of good quality. In the longer term this role should transfer to the National Traveller Accommodation Authority. The amount offered in the Caravan loan scheme should be monitored regularly to ensure that high standard residential quality mobile homes can be afforded.
70. Where people would prefer more permanent type accommodation, such as a house or bungalow, on the same site this also should be accommodated.
71. Each TAP should be amended to reflect the result of this audit.
72. The audit should also reflect provision for expected new family formations and recognise the desire of many traveller families to retain their strong family connections.
73. The issue of the failure of many local authorities to get approval for Part 8 planning proposals must be addressed by the transfer of the decision making directly to An

Bord Pleanála where local authorities are failing to implement their TAP due to refusal to pass Part 8 planning proposals or due to possible refusal having a chilling effect of the development of plans to provide adequate housing for the Travellers.

74. A National Traveller Accommodation Authority should be established to oversee the development and implementation of Traveller accommodation policy and to have an input into the TAP developed by each local authority. Where a local authority is failing in its duty to provide good accommodation for Travellers the Minister for Housing, Local Government and Heritage should have power to transfer responsibility for Traveller Specific Accommodation to the Traveller Accommodation Authority.
75. The inclusion of a Traveller Identifier on social housing application forms should be implemented as expeditiously as possible and without delay.
76. Social housing applications should record Traveller's first, second and third choice of accommodation types, to better determine future needs.
77. The method for determining the number of travellers in a local authority area should be standardised across all local authorities.
78. The 'local requirement' for social housing supports should be removed.
79. Research on the design of culturally appropriate accommodation for Travellers should be carried out without delay, and should take into account Traveller household sizes, cultural considerations such as animal keeping, and future proofing to allow for future generations to remain living in proximity. Travellers must be engaged with and consulted throughout the process.
80. A network of transient sites should be established across the country without delay. Travellers should be consulted on their placement to ensure they align with Traveller nomadism patterns.
81. Cena should be funded to advise social housing landlords on the design, location and management of Traveller-specific accommodation projects.
82. Trespass legislation, in particular where it relates to publicly owned land, should be repealed until the network of transient sites is in place.

83. The ETHOS (European Typology on Homelessness) definition of homelessness should be adopted by all State bodies and Government departments, to better capture Travellers and others living in precarious accommodation or hidden homelessness.
84. Traveller specific accommodation funding, where not drawn down by local authorities, should be made available to Traveller groups and resident associations in traveller specific accommodation developments and halting sites for small capital works including estate management maintenance, minor repairs etc.

### [Joint Committee on Key Issues affecting the Traveller Community Report on the Trailer Loan Scheme 30 October 2024](#)

1. The Committee endorses the recommendations of the previous Joint Committee on Key Issues affecting the Traveller Community that all substandard trailers on local authority sites be audited – taking account of the trailer’s condition and suitability for family size – and that all substandard trailers be replaced by new trailers of a high standard.
2. The Committee recommends that the process of audit would commence within three months of this report being published and the scheme itself would commence roll out within six months of the publication of this report.
3. The Committee recommends that a Trailer Rental Scheme – informed by the proposal of National Traveller MABS – be provided on a permanent basis.
4. The Committee recommends that the Caravan Loan Scheme be renamed the Trailer Loan Scheme and that the maximum loan amount provided under the scheme is increased to ensure that brand new, high-quality and energy efficient units can be purchased.
5. The Committee recommends that funding is provided to all local authorities to provide for a Trailer Rental Scheme to run alongside a Trailer Loan Scheme and that both options are available to the Traveller community.
6. The Committee recommends that other forms of permanent housing such as chalets or modular homes be included in the terms of a proposed Trailer Rental Scheme and an updated Trailer Loan Scheme.

7. The Committee recommends that all trailers over seven years old would automatically be replaced as this is considered the lifespan of such trailers for 365 day of the year occupation.
8. The Committee recommends that costings for trailers would include all ancillary costs including installation, fire safe steps and ramps, civil works and fire safety and utility connection costs.
9. The Committee recommends that no deposit would be required from the recipient (at present €500 is required up front).
10. The Committee recommends that in the event of an applicant being in arrears in their rent that they would be eligible for the scheme as long as they entered into an arrangement to pay back the arrears instalments to the Local Authority.
11. The Committee recommends that total loan repayments on the scheme would be no greater than the Differential Rent for such a person less any rent being paid for the use of the site and other units on the site.
12. The Committee recommends that all trailers should meet standard BS3632

### [Report on Travellers' Experience of the Justice System 6 November 2024](#)

1. The Committee recommends that An Garda Síochána takes note of the evidence of racial profiling of Travellers borne out in the report of the Irish Travellers' Access to Justice initiative and the report on the Roma and Travellers survey of the European Union Agency for Fundamental Rights and puts in place appropriate measures to cease practices of racial profiling of Travellers.
2. The Committee recommends that An Garda Síochána increases the number of ethnic liaison officers and continues to develop the community policing model to improve relationships with local Traveller communities.
3. The Committee recommends that the Garda Racial, Intercultural & Diversity Office (GRIDO) is resourced to work with Traveller community organisations to provide appropriate training and supports to members of An Garda Síochána in relation to policing and the Traveller community.

4. The Committee recommends that a ticketing system to record instances of stop and search – as utilised in Northern Ireland – is introduced to gather data on the usage of stop and search and to give those who are targeted by this process a record of its occurrence and that a report is published annually.
5. The Committee recommends that an ethnic identifier is introduced throughout the process of criminal justice to gather accurate data relating to the policing and sentencing of the Traveller community and other ethnic minority groups compared with the general population and that a report is published annually.
6. The Committee endorses the recommendations of the Irish Travellers' Access to Justice report and echoes its recommendation that the Department of Justice develops a strategy to improve trust in the justice system and establishes an advisory group to monitor its implementation.
7. The Committee recommends that actions are taken to reduce the use of short sentences in the justice system and that alternatives to such sentences are prioritised, such as Enhanced Combination Orders as used in Northern Ireland.
8. The Committee recommends that in-prison resources such as education, counselling and mediation services are resourced to fully meet demand without the operation of waiting lists.
9. The Committee recommends that the Traveller Mediation Service is provided with increased funding to expand its operation to meet demand and to address disputes before involving the justice process.
10. The Committee recommends that disaggregated data regarding the extent and nature of participation in in-prison services is collected and reported annually.
11. The Committee recommends that those convicted of the offence of drug possession and those offenders who suffer from drug addiction are diverted to drug counselling programmes rather than the prison system where possible.
12. The Committee recommends that the criteria utilised in pre-sentencing reports are reviewed and updated where it is apparent that members of the Traveller and Roma

communities are disadvantaged due to the cultures, norms and attributes of these communities.

13. The Committee recommends the introduction of pre-sentencing reports akin to Gladue reports, as utilised in Canada, to inform members of the judiciary of relevant systemic factors that may contribute to a member of the Traveller community committing an offence.
14. The Committee recommends that cultural competency training relating to Travellers, Roma and other ethnic minorities is incorporated into Continuous Professional Development for the judiciary, court staff, the Probation Service and members of the legal profession.
15. The Committee recommends that those released from prison are assisted in accessing supports such as addiction counselling and education to reduce the rate of re-offending.
16. The Committee recommends that a model akin to that used by the Horses of Hope Equine Centre in Castlerea Prison is developed and resourced in other prisons where there is demand.
17. The Committee recommends that members of the Traveller community should be entitled to a referral to the Probation Service where the defendant has been convicted of certain offences.
18. The Committee recommends that a purpose-built, rehabilitation facility is constructed for women who have been convicted of minor and drug-related offences to divert from committal to high-security prisons such as Limerick Female Prison and the Dóchas Centre.
19. The Committee endorses the recommendations of the interim report of the Joint Committee on Drugs Use, in particular recommendation 40 which references the need for increased provision of suitable support for Travellers and members of other minority communities.
20. The Committee recommends that the Department of Children, Equality, Disability, Integration and Youth commissions research into the negative attitudes towards the

Traveller community that are evident in Irish society and the reasons behind their prevalence.

## Appendix 2: Parliamentary Questions Regarding Recommendations of previous Reports of the Joint Committee on Key Issues affecting the Traveller Community

### Question 1

**For Written Answer on:** 25/03/2026

**Question Number(s):** 446,449 **Question Reference(s):** 23106/26, 23109/26

**Department:** Health

**Asked by:** Dessie Ellis T.D.

### Question

To ask the Minister for Health when additional funding will be provided for the expansion of mental health services for the delivery of peer-led Traveller specific mental health supports through Traveller primary health care projects, including local Traveller specific initiatives providing timely and appropriate interventions in a mental health crisis; and if she will make a statement on the matter.

To ask the Minister for Health her plans to provide dedicated funding to train peer support outreach workers from the Traveller community working with young members of the Traveller community who are vulnerable to suicide; and if she will make a statement on the matter.

### Reply

Travellers are noted as priority groups in both Ireland's national mental health policy, Sharing the Vision and the suicide reduction strategy, Connecting for Life. Both policies recognise the vulnerability to and increased risk of mental health difficulties and suicidal behaviour of Travellers, and that these should be taken into consideration in the development and delivery of mental health services to Travellers. The Government's ongoing investment in mental health services continues to support the reform and enhancement of mental health services in Ireland through these policies.

Government policy relating to supporting Traveller and Roma communities is currently outlined in the National Traveller and Roma Inclusion Strategy (NTRIS). The strategy is a

cross-departmental initiative and contains a set of specific actions aimed at improving the situation for Traveller and Roma communities in Ireland including mental health.

In addition, the HSE's National Traveller Health Action Plan (NTHAP, 2022-2027) provides a roadmap for improving health experiences and outcomes for Travellers.

I have made significant additional funding for culturally appropriate Mental Health supports available for Travellers as follows:

### 2025 Funding – Total funding for Traveller Mental Health

Initiative	€
National Traveller Counselling Service (Exchange House)	330,000
Traveller mental health coordinators (WTE x9)	495,000
Offaly Traveller Movement	157,296
Sligo Traveller Support Group CLG	55,030
Meath Travellers Workshops GLG	28,571
Galway Traveller Movement Company Limited by Guarantee	12,600
Laois Traveller Action Group	7,550
Offaly Traveller Movement	157,296
Mental Health Actions within the National Traveller Health Action Plan	290,000
Traveller Youth MH - Youth work and counselling/psychotherapy	370,000
Culturally appropriate supports for Travellers: Suicide Bereavement Liaison Service and NCP for Self-Harm and Suicide Related Ideation:	365,000
<b>Total for 2025</b>	<b>2,268,343</b>

**2026**

An additional €480,000 is allocated by Minister Butler to support Traveller Mental Health initiatives in 2026. These initiatives include co-created Traveller/Roma Led Mental health projects aligned to relevant strategies and action plans, support for the work of the Traveller Mental Health Network, Criminal Justice System Peer Support, Mental Health First Aid, peer navigator, bespoke online suicide prevention training, and a surveillance system for death by probable suicide among Travellers. Funding is recurrent.

**Total funding for 2026 (recurring base + new development)**

€2,268,343 + €480,000 = **€2,748,343**

As your question regarding the number of Traveller peer support mental health workers in post is an operational matter, I have referred that part of your question to the HSE for direct reply to you.

## Question 2

**For Written Answer on:** 25/03/2026

**Question Number(s):** 447,448 **Question Reference(s):** 23107/26, 23108/26

**Department:** Health

**Asked by:** Dessie Ellis T.D.

### Question

- To ask the Minister for Health the additional funding that will be provided for supports for Traveller families in the event of bereavement, a death by suicide of a family member; and if she will make a statement on the matter.
- To ask the Minister for Health her plans to provide dedicated funding in developing youth mental health pilot projects to meet the needs of young members of the Traveller community who are vulnerable to suicide; and if she will make a statement on the matter.

### Reply

The Traveller Community are recognised as a priority group in national mental health strategies such as Sharing the Vision and the National Suicide and self-harm Prevention Strategy - Connecting for Life, Travellers experience disproportionately high levels of mental health difficulties and suicide rates.

Connecting for Life (CfL) is Ireland's national suicide reduction strategy, which came to an end in 2024. It's successor policy will be launched shortly. It has had strong cross-departmental support from areas including, Justice, Education, Higher Education, Agriculture and Social Protection. Connecting for Life has provided Ireland with a very robust, evidence-based policy on suicide reduction.

Connecting for Life has positioned Ireland as a leader in suicide prevention, and the approach adopted in CfL has been emulated in several countries. The OECD's 2023 Country Health Profile for Ireland partly attributed reductions in suicide to Connecting for Life and the comprehensive, cross government approach to suicide prevention adopted in Ireland.

Permanent improvements to suicide prevention for Travellers specifically under Connecting for Life include:

- Enhanced community level responses to suicide among Travellers, through local action plans and the network of Resource Officers for Suicide Prevention (ROSPs).
- Enhanced bereavement and crisis support services, including culturally appropriate services for Travellers
- Funding of the Exchange House Ireland Mental Health Service for Travellers
- Development of targeted campaigns to reduce stigma associated with self-harm and suicide.
- Development of co-produced training and education materials.
- Establishment of a National Monitoring System for deaths by suicide among Travellers.
- Enhanced investment into research on specific interventions for Travellers.
- Specific SCAN posts for Travellers to manage self-harm presentations through the National Clinical Programme for Self-Harm and Suicide-related Ideation (NCP SHSI).

In relation to funding, additional funding has been provided annually to address Traveller mental health, with a priority focus on funding Traveller organisations to co-develop mental health services and supports.

In Budget 2025, significant additional ring-fenced funding of €365,000 was secured By Minister Butler, Minister for Mental Health for Traveller mental health initiatives. Additionally funding of €200,000 for the National Traveller Counselling service which was allocated on a once-off basis for 2024, was mainstreamed under Budget 2025, bringing the total funding for Traveller mental health to €565,000.

An additional €480,000 was allocated by Minister Butler also to support Traveller Mental Health initiatives in 2026, which include co-created Traveller/Roma Led Mental health projects aligned to relevant strategies and action plans and support for the work of the Traveller Mental Health Network, among others. In addition, the HSE National Office for Suicide Prevention (NOSP) received a record allocation of €16m in 2026 to expand crisis supports and suicide.

To the extent that this is a service matter, I have asked the Health Service Executive to respond to the Deputy directly as soon as possible.

### Question 3

**For Written Answer on:** 25/03/2026

**Question Number(s):** 450,451 **Question Reference(s):** 23110/26, 23111/26

**Department:** Health

**Asked by:** Dessie Ellis T.D.

#### Question

- To ask the Minister for Health her plans to continue supporting and providing funding for the continuation of the Traveller counselling services; and if she will make a statement on the matter.
- To ask the Minister for Health if she will support the expansion of culturally appropriate counselling services with members of the Traveller community as therapists; and if she will make a statement on the matter.

#### Reply

I have provided funding in successive budgets to increase counselling services for the Traveller Community. In Budget 2023, the Dept of Health allocated an additional €1.3 million to the HSE to commence the implementation of the National Traveller Health Action Plan, with €300k of this being specifically allocated for Traveller mental health. Two new primary healthcare for Traveller projects were established and staff in other projects were offered an uplift.

#### **Traveller Counselling Service**

With regards to Budget 2024, the Department allocated additional non-core funding to expand the Traveller Counselling Service, in line with action 27 in the Traveller Health Action Plan and action 2.3.3 in Connecting for Life. This targeted measure demonstrates the joined-up approach to Traveller health between mental health and inclusion health policy units in the Department. Members of the Traveller community work as therapists in the Traveller Counselling Service.

In Budget 2025, significant additional ring-fenced funding of €365,000 was secured for Traveller mental health initiatives. In addition, funding of €200,000 for the National Traveller Counselling service which was allocated on a once-off basis for 2024, was

mainstreamed under Budget 2025, bringing the total funding for Traveller mental health to €565,000. This will build on previous years to expand the National Traveller Counselling Service to also provide services to young Travellers, ensuring that this culturally inclusive counselling service receives the support that it needs.

Budget 2026 provides for an additional €480,000 for several Traveller specific suicide prevention initiatives which have been co-designed with the Traveller Community.

To the extent that this question relates to services, I have referred this question to them for direct reply.

## Question 4

**For Written Answer on:** 25/03/2026

**Question Number(s):** 454,452,453 **Question Reference(s):** 23115/26, 23112/26, 23114/26

**Department:** Health

**Asked by:** Dessie Ellis T.D.

### Question

- To ask the Minister for Health to publish and implement the National Traveller Health Action Plan; to establish an institutional mechanism with the HSE and the Department of Health to drive its delivery and implementation; and if she will make a statement on the matter.
- To ask the Minister for Health if she will reinstate the Traveller Health Advisory Committee; and if she will make a statement on the matter.
- To ask the Minister for Health if she will consider appointing a Department lead on Traveller health and mental health to monitor and progress actions across Departments and initiative; and if she will make a statement on the matter.

### Reply

The policy instrument for improving Traveller health outcomes is the national Traveller health action plan, published jointly by the Department and the HSE in 2022. The action plan was developed in consultation with Traveller organisations and is delivered in partnership with Travellers. The HSE leads on the implementation of the action plan, overseen by a national monitoring group, the National Traveller Health Implementation Group (NTHIG), with representation from the Department and Traveller organisations.

The HSE has recently published a mid-term review of the action plan, to inform the remaining two years of the plan. The review found that the action plan provides clear direction and momentum for improving Traveller health. However, regional implementation of the plan has been uneven. Looking forward, the establishment of the new HSE regional structures provides an opportunity to re-invigorate the action plan. Another key message is to focus on achievable, prioritised goals, that can realistically be delivered and do not overstretch limited resources.

The HSE recently published a review of the 31 primary healthcare projects that employ Traveller healthcare workers. The report makes five recommendations, which have been accepted by all stakeholders. The HSE has commenced work to implement the recommendations in 2026. This will require additional resources, along with better monitoring and standardised work practices. The Dept of Health is committed to working with the HSE and Traveller organisations to achieve these outcomes, so that the projects can be strengthened to delivery on their vital role.

The development of a Traveller mental health action plan has been significantly advanced by the establishment of a Traveller mental health specialist group, under Sharing the Vision, the national mental health policy. Additional resources were provided for Traveller mental health in 2025 and 2026. The Department is developing a new national suicide prevention policy this year, which is likely to herald further actions focused on Travellers.

The Department provides the HSE with a ring-fenced budget of €16 million for the provision of Traveller-specific health services, including €2.3m for mental health. Further resources of €1m are provided in Budget 2026. In all, this represents an increase of 70% in funding since the action plan commenced.

The Department of health's statement of strategy 2025-2028, identifies measures that improve life expectancy for Travellers as a priority action for public health. The goal is to level up Traveller life expectancy to the national standard. To this end, the Department has developed three public health measures to drive health equity for Travellers, and to complement the Traveller health action plan. They include a programme to address the social determinants of Traveller health, a programme to support the health and social needs of Traveller women at risk of homelessness and a prevention and early intervention initiative on Traveller child health, known as Brighter Beginnings.

The Department actively consults with Travellers on a range of health policy initiatives. There are two policies currently out for public consultation - the draft national drugs strategy and the new Healthy Ireland framework.

As health equity is central to both these policies, I would encourage Traveller organisations to have their say on how they can best meet the additional health needs of Travellers.