



**PAVEE POINT**  
TRAVELLER AND ROMA CENTRE

# **Submission to Dept. of Health**

## **Statement of Strategy**

**Pavee Point Traveller and Roma Centre**  
**October 2014**

**Pavee Point**

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## Summary

Pavee Point Traveller and Roma Centre ('Pavee Point') welcomes the opportunity to make this submission to the Department of Health ('the Department') as it prepares its forthcoming Statement of Strategy. Our work involves research, local action, awareness-raising, national resourcing and policy advocacy, and we undertake a community work approach based on the principles of human rights, equality, cultural diversity and interculturalism. All our work is undertaken using a community development approach.

Amongst the activities we undertake are training, technical support, information and communications resources. We work at national, regional and local levels. Amongst our activities at national level we resource and coordinate national networks including the National Traveller Health Network and the National Drugs Network. We also represent Travellers on a number of national government appointed committees including the National Traveller Health Advisory Committee (Dept. of Health) the Traveller Health Advisory Forum (HSE). We represent the Community Pillar in social partnership mechanisms associated with Dept. of Health. At regional level we coordinate the Traveller Health Unit in the Eastern region.

Pavee Point holds to the principle that in order to achieve equality for Travellers and Roma, attention must be paid to the structural determinants/ issues that impact on them, including education, employment, poverty, health, discrimination and racism. This means that policy and practice must be underpinned by an inter-cultural approach and by principles of equality, diversity and anti-racism.

Travellers experience stark inequalities in health, including low life expectancy, high mortality rates, problems with quality, and trust in relation to the services. It is also acknowledged by health providers that they and their services discriminate against Travellers (as evidenced in the All Ireland Traveller Health Study).

Delivering services based on equality does not mean treating people the same, but designing and implementing programmes that are inclusive, culturally appropriate, and appropriate to the needs of groups in society, including Travellers and Roma, and lead to better outcomes for disadvantaged groups, including Travellers and Roma. Fundamentally we believe that Travellers and Roma should be afforded rights to their cultural identity, without experiencing marginalisation and discrimination in the process. There is a need for an urgent response and positive action to address the current and historic discrimination, and to address the determinants that are leading to these unacceptable health inequalities. Travellers and Roma should therefore be considered as important stakeholders in the development of health services, policies and practice.

Ultimately, we assert that until Travellers are recognised as a minority ethnic group in Ireland, as recommended (unanimously) by the Joint Oireachtas Committee on Traveller Ethnicity (in April 2014), the situation of Travellers as well as Roma will not be sufficiently progressed.<sup>1</sup> Moreover, we believe that a key priority is also the development of a progressive National Traveller and Roma Integration Strategy with full

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<sup>1</sup> And endorsed by other groups UN CERD

participation of Traveller and Roma representative organisations. We also assert that in order to drive policy and implement programmes a national steering committee comprised of policy-makers and senior civil servants, on a cross-departmental and inter-agency basis, and inclusive of Traveller and Roma representatives should be established.

Those with greater health needs and poorer health status will be disproportionately affected by issues and deficiencies in a health system. We hold that the Statement of Strategy undertaken by the Department of Health has the potential to address health inequalities, or exacerbate them, leading to even greater disparities in health outcomes for Travellers and Roma. Our submission includes specific measures relevant to the key goals of the Department identified in the current Statement of Strategy. It also includes general principles for effective inclusion which we believe should underpin all strategies and actions of the Department and agencies within its remit. We urge the Department to adopt our recommendations in its Statement of Strategy.

## **Specific recommendations for Statement of Strategy**

### **TRAVELLER HEALTH STRATEGY**

We are concerned that the government has failed to take concerted action to address the health inequalities that Travellers face and adopts a “mainstreaming approach”, which ignores disparities in health outcomes. The Department of Health’s National Traveller Health Advisory Committee (which had Traveller organisation representatives), has not been convened since October 2012, at a time when major reform has taken place within health services in Ireland with the establishment of new Health Directorates and the more recently proposed Community Healthcare Organisations. Despite the evidence in the All-Ireland Traveller Health Study (AITHS), Traveller health has not been a priority and the budget for Traveller health developments has been used for mainstream health services.

1. Given the evidence base provided by the AITHS, which shows the level of health inequalities faced by Travellers (outlined in section 2 below), immediate action is required by the Irish state. We urge the Department of Health to prioritise the establishment of a new Traveller Health Strategy with the full participation of Traveller and Roma representative organisations. The strategy must be based on AITHS funding, have clear implementation plans, deliverables, and monitoring and reporting processes, and must be accompanied by adequate resources to achieve outcomes.
2. The Department should reconvene the National Traveller Health Advisory Committee as a matter of priority. This committee would have a key role in oversight of the National Traveller Health Strategy.

### **IMPLICATIONS OF THE HABITUAL RESIDENCE CONDITION (HRC)**

3. The possibility that some people may be denied health services on the basis of not meeting the HRC conditions is of critical importance, and must be reviewed as a matter of urgency by the Department.
4. The Department must ensure a rights-based system of access to healthcare, irrespective of the existence or otherwise of the HRC. Non-compliance with HRC criteria must not be a basis for exclusion from health services. This rights-based approach needs to be explicitly stated in the Statement of Strategy.
5. The Statement of Strategy should make a comprehensive commitment to equality of access for all in Ireland, with a particular emphasis on those who experience health inequalities, such as Travellers and Roma.

#### **TRAVELLER HEALTH UNITS**

6. The work of the Traveller Health Units (THUs) should continue to be resourced and their role and influence enhanced. Senior management at Community Healthcare Organisation level with responsibility for primary care, mental health, acute hospitals, social and continuing care services and other key health services should be mandated to become part of the THU structures in all regions.

#### **STRUCTURAL REFORM IN HEALTH SERVICES**

7. The establishment of the nine Community Healthcare Organisations must be accompanied by a senior management position in each one with direct responsibility for Traveller and Roma health.
8. There must also be a senior manager role with responsibility of ensuring that Traveller health issues are mainstreamed within the HSE Directorates.

#### **ACCESS TO GP SERVICES AND MEDICAL CARDS**

9. It is essential that a period of capacity building in the health system is undertaken. This includes ensuring that sufficient GP services are in place to meet the population needs, and likely increased demand for GP services.
10. At present, GMS patients are required to register with a different GP if they move to different areas. This disproportionately affects Travellers and Roma communities, given the communities' nomadic culture, and can restrict access to GP services. This can exacerbate already health inequities and compromise continuity of care, and this requirement should cease immediately.
11. The Statement of Strategy should commit to ensuring that a rights-based approach and principles to access to healthcare underpins policy and operations. Moreover, the principles for inclusion and equality, identified in this submission should be adopted as cornerstones of an effective and inclusive healthcare service.
12. There must be inclusion of a commitment to Equality / Traveller/Roma proof all health policies and programmes.

13. Pavee Point have already called for a period of time during which Travellers would retain their medical card (following access to employment or after they are no longer eligible for medical cards) in light of Travellers' poorer health status and experience of discrimination. We propose that the new Statement of Strategy would include this provision for marginalised groups such as Travellers and Roma, providing extended coverage to account for this disadvantage.

#### **FUNDING OF SERVICES – PRIMARY HEALTH CARE FOR TRAVELLERS PROJECTS**

14. We strongly urge that the current primary health care for Travellers projects (PHCTPs), as currently delivered to Travellers throughout Ireland continue to be resourced as part of health services. The PHCTP's values of empowerment, participation, partnership and advocacy should be core to the design and implementation of health services.
15. In an effort to mainstream Roma into health services, a Roma primary healthcare project, based on the PHCTP model should be piloted and adequate resources should be ring-fenced for this purpose.
16. There should be a requirement for health services to address the needs of marginalised and minority ethnic groups such as Travellers and Roma through a series of training, equality mainstreaming and proofing measures to secure greater integration between services. This should be a condition of funding, and part of service level agreements.

#### **NEEDS ANALYSIS AND EVIDENCE-BASED POLICIES**

17. The difference in demography between the majority population and Traveller community is important to highlight in the planning of future health services, and must be taken into consideration in any needs analyses which will give rise to future planning of services. In particular, the findings of the All Ireland Traveller Health Study (AITHS) must be core to these considerations.
18. We would urge the inclusion of 'equality of health outcomes' as one of the core principles that underpin health services and the work of the Department. This should ensure that targets and outputs are put in place as part of provisions in the future system.

### **Principles for effective inclusion**

Pavee Point holds that any strategy must be underpinned by an inter-cultural approach and by principles of equality, diversity and anti-racism. Strategies and implementation programmes must be inclusive, culturally appropriate, and appropriate to the needs of groups in society, including Travellers and Roma. The principles below are cross-cutting and should be applied to all objectives, actions and initiatives of the Department of Health, as well as to the wide range of organisations, agencies and institutions that operate within its remit. We urge that they are made explicit in the Department's Statement of Strategy.

## **DECISION-MAKING AND OVERSIGHT**

- 19.** Given the extent of disadvantage and marginalisation experienced by Travellers and Roma, it is imperative that structures established for the achievement of goals and strategies include the participation of Traveller and Roma. There should be at least one specific position for Traveller and Roma organisations on all such structures.
- 20.** Working groups should be established around issues of positive action, equality, and inter-culturalism, with mandatory inclusion of Traveller and Roma organisations, as part of the actions and objectives established under the new Statement of Strategy.

## **CONSULTATION**

- 21.** For all consultation mechanisms proposed, specific engagement must take place with the Traveller and Roma communities, and this engagement should be developed and designed alongside Traveller and Roma organisations.
- 22.** In addition, we believe that a process of consultation with Travellers and Roma in Ireland be undertaken on an ongoing basis, at key junctures in the development and implementation of the Statement of Strategy, and in addition to the participation of Traveller and Roma representatives on formal decision-making structures established.

## **EQUALITY IMPACT ASSESSMENT**

- 23.** The process of developing a Statement of Strategy must take into account specific cultural and health needs of relevance to marginalised and ethnic groups, such as Travellers and Roma. Pavee Point insists that a 'one size fits all' approach will not be sufficient to account for the diversity of situation, experience and identity of Travellers and Roma in Ireland. We would strongly recommend that mandatory equality proofing and equality impact assessment of all strategies (including the Statement of Strategy) and policies should take place.
- 24.** All equality proofing and impact assessment measures should be overseen by a steering or working group comprised of stakeholders, including Traveller organisation representatives and staff of the Department (including senior management), and it should be resourced by staff members.

## **ETHNIC IDENTIFIER AND DATA COLLECTION**

- 25.** Pavee Point recommends that the Department puts in place a system for capturing data on the participation of Travellers and Roma (as well as other minority ethnic groups) in all thematic areas, organisations, and actions within its remit through the implementation of an ethnic identifier on a mandatory basis.

- 26.** Pavee Point recommends that disaggregated data be used to monitor, assess and inform measures taken to improve equality of outcomes for Travellers and Roma health.

## **INNOVATIVE MEASURES AND PROGRAMMES**

- 27.** Pavee Point recommends that the Department support innovative approaches, in the achievement of objectives, and work with organisations such as Pavee Point in their development.

## **TEN COMMON PRINCIPLES ON ROMA INCLUSION**

- 28.** We recommend that all work with Traveller and Roma communities should be underpinned by the ten common basic principles on Roma inclusion adopted by the European Commission, and underpin the strategic and operational activities of the Department of Health and agencies within its remit.

## **TRAINING**

- 29.** Anti-racism and cultural awareness training should be mandatory, and repeated at regular intervals for all staff involved in all health services, including primary care, acute hospitals, social and continuing care. Such training should include provisions on the experience, situation and identity of Travellers and Roma in Ireland, as well as the policy dimension and how these affect Travellers. The Department of Health should enforce this provision.

## **RECRUITMENT AND MONITORING**

- 30.** As part of the recruitment process of staff, criteria for employment and job descriptions should include provisions for a commitment to anti-racist and equality perspective. Job descriptions of staff should also reflect this perspective in terms of essential skills.
- 31.** The performance management system for staff in the public sector (PMDS) should include wider criteria in their measurement of performance to include outcomes in terms of progressing equality for Travellers and Roma in Ireland.
- 32.** Given the importance of adopting principles of inter-culturalism and equality, we would urge the Department of Health and agencies within its remit to target the employment of Travellers and Roma in any future recruitment processes. This would enhance the capacity of the agency and include the expertise of these communities.



**POSITIVE ACTION PROGRAMME**

- 33.** Drawing on good practice, and other good practice positive action measures documented by the HSE's Traveller Health Unit (Eastern Region),<sup>2</sup> we recommend a programme for positive action for key positions across health services be established. A working group, comprising senior management from the Department of Health, representatives of the health service providers, regulatory structures (e.g., HIQA) and Traveller and Roma representation would be convened to oversee the process.

**CULTURAL IDENTITY**

- 34.** This right to a cultural identity should underpin all values, policies and practices of health care provision, and all decision-making, implementation and regulatory structures established should be required to explicitly acknowledge this right.

**POSITIVE DUTY**

- 35.** The actions proposed in this submission could – if implemented – demonstrate how the Department is meeting its positive duty, and should be adopted in order to demonstrate this legal obligation.

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<sup>2</sup> For a model and examples of positive action measures within the HSE and the public sector as a whole, see TSA Consultancy (2007): *Toolkit and Guidelines for the Employment of Travellers in the Health Service Executive*. Dublin: HSE, Traveller Health Unit Eastern Region

# 1. Introduction

## 1.1. Pavee Point Traveller and Roma Centre

Pavee Point Traveller and Roma Centre ('Pavee Point') welcomes the opportunity to make this submission to the Department of Health as it prepares for its Statement of Strategy.

Pavee Point is a voluntary, or non-governmental, organisation committed to the attainment of human rights for Irish Travellers and Roma. The group is comprised of Travellers and Roma, and members of the majority settled population working together in partnership. The aim of Pavee Point is to contribute to improvement in the quality of life and living circumstances of Irish Travellers and Roma<sup>3</sup> through working for social justice, solidarity, socio-economic development and human rights.

Our work involves research, local action, aware-raising, national resourcing and policy advocacy, and we undertake a community work approach based on the principles of human rights, equality, cultural diversity and inter-culturalism. Amongst the activities we undertake are training, technical support, information and communications resources.

All our work is undertaken using a community development approach, which seeks to challenge the causes of disadvantage / poverty and to offer new opportunities for those lacking choice, power and resources. Community development involves people experiencing disadvantage being the active agents in making changes they identify to be important. It supports them to draw upon their own knowledge and experiences to develop their skills. Crucially, it is based on the premise that policies, programmes and services intended to tackle or eliminate poverty are much more likely to be efficient and effective if the people who are part of communities affected by poverty and disadvantage are involved in the design and implementation of solutions.

We also recognise the importance of Traveller participation, self-determination and collective action, and also that the majority of the problems that Travellers experience are as a result of racism and a failure to recognise them as a minority ethnic group.

## 1.2. Health work of Pavee Point

Our work is undertaken at national, regional and local level.

At a national level Pavee Point resources the National Traveller Health Network which is a national forum for all the Traveller PHCTPs in the country. Pavee Point represents

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<sup>3</sup> "Roma" used at the Council of Europe refers to Roma, Sinti, Kale and related groups in Europe, including Travellers and the Eastern groups (Dom and Lom), and covers the wide diversity of the groups concerned, including persons who identify themselves as "Gypsies".

Travellers on a number of national committees including the National Traveller Health Advisory Committee (NTHAC) and the Traveller Health Advisory Forum (THAF).

At a regional level Pavee Point coordinates and provides technical support to the Traveller Health Unit (THU) in the Eastern Region. We also resource the Eastern Regional Traveller Health Network (ERTHN) which is a regional network of Travellers and Traveller organisations and other Non-Government Organisations (NGOs) working with Travellers, who are committed to addressing health inequalities experienced by Traveller. Pavee Point work closely with the THU in the development of standards and models of best practise for Primary Health Care for Travellers Projects (PHCTPs), and also provide training and support for Coordinators, Assistant Coordinators and Community Health Workers of PHCTPs.

The main focus of the work at a local level is through the Primary Health Care for Travellers Project (PHCTP). The other local projects undertaken by Pavee Point is the Traveller Men's Health Project.

### **PRIMARY HEALTH CARE PROGRAMME**

Primary Health Care has been identified and used as an innovative approach to health care in the developing world. In the last decade there has been a growing interest and demand for such a service in the developed world as evidence from studies indicate that the expanding marginalised populations here are suffering disproportionately from poor health and have less access to health care services.

**Primary Health Care (PHC) is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community, through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It is the first level of contact of individuals, the family and community with the national system, bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.**

***Alma Ata Declaration, 1978 (WHO/UNICEP)***

It is a flexible system which can be adapted to the health problems, the culture; the way of life and the stage of development reached by the community. Successful Primary Health Care Projects have emphasised a process that valued empowerment, partnership and advocacy when designing and implementing health care interventions. This allows the partners to highlight inequality and negotiate solutions with their relevant partners. Community participation and inter-sectoral collaboration are key requisites for the success of Primary Health Care.

Travellers require special consideration in health care because:

- They are a distinct cultural group with different perceptions of health, disease and care needs.

- These distinct characteristics imply that innovative approaches to service organisation, content and delivery are required if health conditions are to improve.

The PHCTP was established as a joint partnership initiative with the Eastern Health Board (EHB) and Pavee Point and began as a pilot initiative in 1994 with funding from the Eastern Health Board.

The Report of the Task Force on the Traveller Community (1995) and the National Travellers Health Strategy (Department of Health and Children, 2002) have both strongly endorsed the work of the PHCTP and recommended its replication. The National Travellers Health Strategy set many targets which are dependent on the development of an effective and inclusive local Traveller health infrastructure and recommended that the PHCTP are the ‘cornerstone’ of the strategy and should be developed as an effective mechanism to facilitate the implementation of its actions. Many Travellers participate in the PHCTP throughout the country. Since 2002, up to 40 PHCTPs were established around the country and they have trained more than 300 Traveller women as Traveller Community Health Workers (TCHWs). Unfortunately with cuts to funding there are now about 25 PHCTPs.

The programme has the following objectives:

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

This model of Primary Health Care for Travellers requires the use of a Community Development approach, engagement with health service providers, and effective Traveller participation to address the specific and collective needs of the Traveller community. The PHCTP employs two joint coordinators one with a health remit and background, the other with a community development approach. The work of the project is based on outreach work in the community with Traveller families. It also provides training on Traveller culture and specific Traveller health needs to service providers and other Traveller groups. Traveller Community Health Worker’s experience and understanding of the needs and concerns in their community is both comprehensive and extensive.

The work of the PHCTP was highlighted in the All Ireland Health Study as follows:<sup>4</sup>

- Significant sources of information trusted by Travellers (particularly for those with literacy problems) were the health care teams and Traveller health workers. Travellers indicated that in addition to information, the PHCTP crucially provided informal support and a network for information exchange and were more tuned-in to the specific health issues that Travellers faced.

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<sup>4</sup> Further information on the findings of the AITHS with regard to the health of Travellers and with regard to the impact of the PHCTP on Travellers’ health is outlined in section 2 of this submission.

- 83% of the Travellers interviewed said they got their health information and advice from the PHCTP and from the Travellers organisations. The PHCTP was the second most important source of health information for Travellers in Ireland after GPs.
- Traveller women thought that outreach services like the PHCTP facilitated Traveller trust. This was reported to enhance the uptake and use of services such as screening as borne out in the census data when Traveller health community workers were able to mediate between the services and individual Travellers in the community.
- Traveller projects were also said to have positive psychosocial benefits for those involved in the projects and for particularly vulnerable individuals. Concern about the closure of projects was also frequently expressed in Traveller narratives.

The All Ireland Traveller Health Study (Our Geels) is highlighted below.

### **'OUR GEELS', ALL IRELAND TRAVELLER HEALTH STUDY (AITHS)**

Pavee Point supported the design, implementation and publication of Our Geels,<sup>5</sup> an all island of Ireland ground breaking piece of research conducted over three years on the Health needs of Irish Travellers. The study was undertaken by the UCD School of Public Health and Population Science in partnership with Traveller organisations and it was funded by the Departments of Health and published in September 2010.

This research was grounded in the community development approach to address Traveller health inequalities adopted by Pavee Point using a primary health care model since 1994. This approach ensures that Travellers are involved at all stages of the development and delivery of the project. It facilitates the involvement of both literate and pre-literate participants and can therefore be inclusive of those most marginalised in the community. It addresses the causes (social determinants) of ill health rather than just dealing with the consequences (health inequalities). The findings of the study are outlined in section 2.1.

### **CONTEXT FOR SUBMISSION - STATEMENT OF STRATEGY**

This submission is made to the Department of Health as it prepares for its forthcoming Statement of Strategy.

We also make recommendations around general themes of good practice, including participation in structures, training and awareness, data collection and monitoring.

The format of the submission is as follows:

- Section 2 provides an outline of the profile and experiences of Travellers and Roma in Ireland and key issues affecting them, particularly as regards health.
- Section 3 outlines our specific recommendations to the Department as it prepares its Statement of Strategy.
- Section 4 includes principles for effective inclusion, which we believe must underpin the Statement of Strategy, and all policies and provisions arising from it.

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<sup>5</sup> Our Geels means 'our community/lives' in Cant, Travellers own language.



## 2. Travellers and Roma in Ireland

### 2.1. Travellers in Ireland

The number of people enumerated as Travellers in Census 2011 was 29,573, an increase of 32% since census 2006. All counties apart from Limerick and Waterford showed increases in the Traveller population that were larger than the increase in the general population.<sup>6</sup> The figure compares with 36,224 population of Travellers enumerated in the Traveller All Ireland Health Study (AITHS).<sup>7</sup>

#### AGE PROFILE OF TRAVELLERS

Census 2011 reports that the general age profile of Travellers is far lower than the population as a whole. This is an important consideration in planning health services.

- The average age of Travellers was 22.4 years compared with 36.1 years in the national population, and over half of Travellers (52.2%) were aged under 20 years.
- Traveller males of retirement age and above (65+) numbered only 337 accounting for 2.3% of the total Traveller male population, in stark contrast to the general population where males of retirement age and above accounted for 10.7% of all males.
- Traveller children account for 48% of the total Traveller population, whereas all children in the census account for 25% of the total national population.
- The number of Traveller children increased by 30.3% between 2006 and 2011.

#### HEALTH

In 2010, 'Our Geels', the All Island Traveller Health Survey (AITHS) was published. Key findings included:

- Life expectancy at birth for male Travellers is 15.1 years less than the general population, as 61.7 years. This is the same life expectancy age as found in research undertaken in 1987. The 2010 data represents a widening of the gap by 5.2 years (between 1987<sup>8</sup> and 2010). This is equivalent to the life expectancy of the general population in the 1940s. There are, however, marginal increases in male Traveller life expectancies at later ages. However, men in the community continue to have higher rates of mortality for all causes of death.
- Life expectancy at birth for female Travellers is now 70.1 which is 11.5 years less than women in the general population, and is equivalent to the life expectancy of the general population in the early 1960s. This has improved from 1987 when life expectancy was 65 years.
- Traveller infant mortality is estimated at 14.1 per 1,000 live births. This is a small decrease from an estimated rate of 18.1 per 1,000 live births in 1987. Over the same

<sup>6</sup> This increase was attributed to a greater disclosure amongst the population as regards their ethnic status and identity following collaboration between Pavee Point and the CSO.

<sup>7</sup> All Ireland Traveller Health Study Team, School of Public Health, Physiotherapy and Population Science, University College Dublin (2010) *All Ireland Traveller Health Study: Our Geels*.

<sup>8</sup> When the last health study was completed.

time period the general population infant mortality rate has reduced from 7.4 to 3.9 per 1,000 live births.

- There have been improvements in Traveller women's health, notably (1) a narrowing the gap in life expectancy between Traveller and non-Traveller women of 0.4 years, (2) reduction in fertility rates to 2.7 per 1,000 population and (3) uptake of cervical screening at rates higher than the general population and uptake of breast screening at rates similar to the general population.
- Traveller women thought that outreach services like the PHCTP facilitated Traveller trust. This was reported to enhance the uptake and use of services such as screening as borne out in the census data when Traveller health community workers were able to mediate between the services and individual Travellers in the community. As a result, Traveller women have a higher rate of participation in screening programmes compared with the general population:
  - 25% of Traveller women compared to 13% of general population had a breast screening.
  - 23% of the Travellers had smear test compared to 12% of general population.
- Moreover, the location of PHCTP was positively correlated with improved access to health services, and the PHCTP were second most frequent contact after GPs for health advice.
- The research reports that the general healthcare experience of Travellers is not as good as the general population, with communication cited as a major issue by both Travellers and service providers. Moreover, trust in services is a theme, and the AITHS found that the level of complete trust by Travellers in health professionals was only 41%. This compares with a trust level of 83% by the general population in health professionals. Moreover, barriers of access to health services were identified in the research and included:
  - Waiting list (62.7%)
  - Embarrassment (47.8%)
  - Lack of information (37.3%)
  - Cost (31%)
  - Difficult to get to (25%)
  - Health settings (22%)
  - Refused service(15%)
- Regarding the incidence of specific illnesses, Travellers have a greater burden of chronic diseases than the general population, with conditions such as back conditions, diabetes, and heart attack increased by a factor of 2, and respiratory conditions such as asthma and chronic bronchitis increased by a factor of 2-4, in comparison with the general SLAN<sup>9</sup> population. The AITHS also reported the following:
  - Over 52% of Travellers aged 40 – 60 years, who were interviewed, had been diagnosed with high blood pressure in the last year, compared to 35% of the general population.
  - Over 42% Travellers diagnosed with high cholesterol in last year, compared to 30% of the general population.

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<sup>9</sup> Survey of Lifestyle Attitudes and Nutrition



- 31.3% of Travellers are on some form of prescribed medication
- Just under half of all Travellers feel discriminated against. This is experienced in all aspects of life. However, least discrimination is experienced in sport, followed by the health sector. Travellers have a strong sense of community and high levels of community/family support.
- Suicide rates are nearly 7 times higher in Traveller men compared with the general male population. Suicide accounts for 11% of all Traveller deaths.

The AITHS findings reported that both Travellers and health service providers interviewed acknowledged that ‘social determinants’ were the main cause of the poor health status of Travellers, this includes accommodation, education, employment, poverty, discrimination, lifestyle and access and utilisation of services.

Pavee Point works on the basis of the ‘social determinants’ approach. In this respect the following considerations are relevant in determining the health status of Travellers:

- A study commissioned by Pavee Point in 2013, using Census 2011 data, reports that a third of all Travellers who live in temporary accommodation have no sewerage disposal and one in five have no piped water.<sup>10</sup> The same study noted that Travellers live in smaller and more overcrowded homes than the settled community.
- The same report shows a fall in allocations by the Department of Environment, Community and Local Government in relation to Traveller-specific accommodation, from €40m in 2008 to €6m in 2012, a reduction of 85%. A further problem is that substantial parts of the allocation are unspent. For example in 2012, 34% of the reduced accommodation budget was unspent.<sup>11</sup>
- Unemployment in the Irish Traveller community was 84.3% in 2011, up from 74.9 per cent five years earlier. The Census 2011 reports that 19% across the whole population are unemployed. Barriers to labour market engagement experienced by Travellers include literacy problems; educational qualifications, prejudice in relation to where people live, and confidence.<sup>12</sup>
- Travellers experience educational disadvantage: census 2011 reports that 55% (of Travellers whose education had ceased) had completed their education before the age of 15, compared with 11% for the total population. Moreover, only 3.1% continued their education past the age of 18, compared with 41.2% for the total population, and only 1% of Travellers progressing to third level education (compared with 31% of the settled population).

## 2.2. **Roma in Ireland**

The situation of Roma in Ireland is very intricate and complex. There are an estimated 5,000 Roma in Ireland from countries including Romania, Bulgaria, Slovakia, Czech Republic, Hungary and Poland. However, there is very little accurate data available as Roma ethnicity is not collected in immigration, employment, or other Government statistics. Nor is Roma ethnicity included in the ‘ethnic and cultural background’ question in the Census. In any case, Roma participation in the Census is likely to be problematic given issues of social exclusion, discrimination and lack of trust in authority

<sup>10</sup> Harvey, B. (2013) Travelling with austerity. Dublin: Pavee Point

<sup>11</sup> Harvey, B. (2013) IBID

<sup>12</sup> Murphy, P. (2003): Report on Community Employment Skills and Progression. Report carried out by Equal at Work on behalf of South Dublin Public Sector Site

by many Roma. The lack of trust and isolation amongst Roma is exacerbated by events in Dublin and Athlone in October 2013 where children were removed from families by An Garda Síochána (under Section 12 of the Childcare Act) without any sound basis.

Research by the EU Fundamental Rights Agency (FRA) in 2012 found that in 11 EU countries:

- One out of three Roma are unemployed
- About 90% of the Roma live in poverty
- About half of the Roma said that they have experienced discrimination in the past 12 months<sup>13</sup>

Roma have long experienced racism and discrimination in Europe, and it has been estimated that the death toll of Roma in the holocaust ranges from 220,000 – 1,500,000 (it has also been estimated that around 25% of all European Roma were killed in the holocaust), and others endured forced sterilisation. More recently, Roma have been subject to violence, incitement to hatred, and segregated education.

The European Roma Rights Centre<sup>14</sup> reports that violence against Roma communities is rising across Europe. The attacks they have documented include police violence, arson attacks, mob violence and anti-Roma demonstrations.

Former Council of Europe Commissioner on Human Rights, Thomas Hammarberg, noted in 2012 that ‘in many European countries the Roma population is still denied basic human rights and made victims of flagrant racism. The Roma remain far behind others in society in terms of educational attainment, employment, housing and health standards, and they have virtually no political representation.’<sup>15</sup>

The lack of accurate information on Roma communities makes it difficult to develop effective and appropriate policies and to provide appropriate services. However, it does appear that Ireland has a relatively small Roma population compared to other western European countries, so it should be possible to address the difficulties that they are experiencing.

### 2.3. Key policy issues

Pavee Point believes that much of the difficulties faced by Travellers and Roma have their basis in racism and discrimination in Ireland, both at an individual and an institutional level. Much of the policy responses and practice has been characterised by a fragmented approach, which has led to state institutions undermining the policies of

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<sup>13</sup> European Union Fundamental Rights Agency (2012) The Situation of Roma in 11 EU Member States – Survey Results at a Glance. <http://fra.europa.eu/en/publication/2012/situation-roma-11-eu-member-states-survey-results-glance>

<sup>14</sup> The European Roma Rights Centre (ERRC) is an international public interest law organisation working to combat anti-Romani racism and human rights abuse of Roma through strategic litigation, research and policy development, advocacy and human rights education. Since its establishment in 1996, it has endeavoured to provide Roma with the tools necessary to combat discrimination and achieve equal access to justice, education, housing, health care and public services.

<sup>15</sup> Thomas Hammarberg is a Swedish diplomat who held the post of Council of Europe Commissioner for Human Rights in Strasbourg from 1 April 2006 to 31 March 2012.

other state institutions. Examples of some policy issues which impact on Travellers and Roma are outlined below.

### **HABITUAL RESIDENCE CONDITION**

Habitual residence is a condition which applicants must satisfy in order to qualify for certain social welfare assistance payments. Habitual residence essentially means an applicant must be able to prove a close link to Ireland. Five factors are considered to determine habitual residence:

- The length and continuity of residence in the state or in any other particular country;
- The length and purpose of any absence from the state;
- The nature and pattern of the person's employment;
- The person's main centre of interest;
- The future intentions of the person concerned as they appear from all the circumstances.

Pavee Point have noted that the application of HRC is having a disproportionate and devastating impact on Travellers and Roma in Ireland and raising serious human rights concerns. This arises in a number of ways: Travellers who are living a nomadic lifestyle may move between the UK and Ireland, and application of the HRC to the Common Travel Area will have a disproportionately negative impact, even though the movement by Travellers' does not reflect an intention to relinquish ties to Ireland. The provisions in the HRC guidelines make no provision for nomadism, make no consideration that Travellers and Roma may not in fact live in permanent housing.

In addition, the application of restrictions until July 2012 to labour market access for Roma from Romania and Bulgaria has in practice excluded many Roma from these countries from accessing employment and community employment schemes. This has also negatively affected their work record. Pavee Point also has concerns in relation to the gendered nature of the assessment of the nature and pattern of a person's employment, as women who perform caring roles are less likely to have been in formal employment.

These restrictions simply make it impossible for Travellers to travel across the island and place Roma and Travellers in destitution. Our position is that:

- HRC is having disproportionate effect on Travellers and Roma
- The Irish Government has human rights obligations and needs to ensure that all legislation, policy and practice are in line with the Treaties that it has signed up to. It is clear that the impact of HRC is acting as a barrier to the realisation of Travellers' and Roma human rights in Ireland which needs to be addressed.
- The HRC needs to be reformed and more stringent proofing of the impact of economic and budgetary policies particularly on people in vulnerable situations needs to be put in place, as these restrictions go far beyond the intended purpose of controlling immigration.
- Application of the concept of a geographical 'centre of interest' to culturally nomadic communities such as the Traveller community is problematic, as it is interpreted

from the viewpoint of the static majority population. Guidelines need to be amended to take into account differences in Traveller culture.

- The application of HRC to child benefit needs to be removed. All children living in Ireland should be treated equally and according to the principle of non-discrimination. This is in line with the UN Convention on the Rights of the Child, which Ireland has signed up to.
- HRC is not always applied in a consistent and timely manner. This is placing people who are already at risk into extremely vulnerable situations.

The restriction on benefits and services for people without what the state deems 'habitual residence' is resulting in families and children unable to access a range of services, including health and welfare services.

In an effort to mainstream Roma into health services, a Roma primary healthcare project, based on the PHCTP model should be piloted and adequate resources should be ring-fenced for this purpose.

### TRAVELLER ETHNICITY

Until Travellers' ethnicity is recognised by the State, we believe that such difficulties will remain, and that the health inequalities of Travellers will not be addressed. We believe that unanimous recommendation from *The Joint Oireachtas Committee on Traveller Ethnicity* that the State recognise Traveller ethnicity in April 2014 is an important step. The report outlines three steps on how formal State recognition of Traveller ethnicity could be brought about:

- Step 1: That either the Taoiseach or the Minister for Justice and Equality make a statement to Dáil Éireann confirming that this State recognises the ethnicity of the Travelling community.
- Step 2: That the Government then writes to the relevant international bodies, confirming that this State recognises the ethnicity of the Travelling community.
- Step 3: That the Government build on these initiatives and commence a time-limited dialogue with the Traveller representative groups about the new legislation or amendments to existing legislation now required.

This recognition would entitle Travellers and Roma to their right to a cultural identity. It would mean that Travellers and Roma would automatically be included in all State anti-racism and inter-cultural initiatives, and that discrimination that the communities experience would be recognised as racism. It would also ensure that Travellers would be afforded protection under the EU Race Directive. Recognition of the ethnic minority status of Travellers would open a new dialogue as to how the State and health services interact with Travellers into the future.

Pavee Point has called on the Minister to immediately act on this report recommending the recognition of Traveller Ethnicity and to accept this cross party recommendation.

**IRELAND'S NATIONAL TRAVELLER/ ROMA INTEGRATION STRATEGY**

Ireland's *National Traveller / Roma Integration Strategy* was submitted in 2012 (on foot of a requirement for all EU Member states to submit a strategy which comprised four pillars one of which is health).<sup>16</sup> We believe that the plan provided a good opportunity to ensure a coordinated and consistent approach, to address policy gaps in relation to issues such as training, employment, and health, and to review existing strategies in relation to Travellers.

However, Traveller and Roma representatives had no involvement in the development of the strategy; no funding has been associated with any of the actions; and no targets and monitoring provisions have been specified as part of the policy framework of the plan. As a result, the strategy has been ineffective. The European Commission has conducted two assessments across all member states: both exposed serious gaps in Ireland's strategy, and in its most recent assessment, Ireland received a poor score of four out of 22 criteria for assessment established by the Commission.

Pavee Point has also called for a coordinated approach in the form of a Traveller and Roma Agency in Ireland, given the range of agencies and structures relevant to Travellers. At a minimum we call for the establishment of a Traveller and Roma Unit, which would be a structure that brings together policy-makers and senior civil servants, on a cross-departmental and inter-agency basis. Such a structure should be implemented by a national steering committee, which would include Traveller and Roma representatives.

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<sup>16</sup> The EU Framework for National Roma Integration Strategies, established in 2011, called on member states to develop national Roma Inclusion Strategies.

### 3. Statement of strategy

Those with greater health needs and poorer health status will be disproportionately affected by issues and deficiencies in a health system. We hold that the proposed Statement of Strategy has the potential to address health inequalities, or exacerbate them, leading to even greater disparities in health outcomes for Travellers and Roma.

Pavee Point holds to the principal that in order to achieve equality for Travellers and Roma, attention must be paid to the structural determinants/ issues that impact on them, including education, employment, poverty, health, discrimination and racism. This means that policy and practice must be underpinned by an inter-cultural approach and by principles of equality, diversity and anti-racism.

Delivering services based on equality does not mean treating people the same, but designing and implementing programmes that are inclusive, culturally appropriate, and appropriate to the needs of groups in society, including Travellers and Roma, and lead to better outcomes for disadvantaged groups, including Travellers and Roma. Fundamentally we believe that Travellers and Roma should be afforded rights to their cultural identity, without experiencing marginalisation and discrimination in the process.

As noted in sections 1 and 2 of this submission, the AITHS presented the overwhelming evidence that Travellers experience stark inequalities in health, including low life expectancy, high mortality rates, problems with quality, and trust in relation to the services. It is also acknowledged by health providers that they and their services discriminate against Travellers (as evidenced in the study). There is a need for an urgent response and positive action to address the current and historic discrimination, and to address the determinants that are leading to these unacceptable inequalities.

Travellers and Roma should therefore be considered as important stakeholders in the development of health services and practice.

Ultimately, as outlined in section 2.3, we feel that until Travellers are recognised as a minority ethnic group in Ireland, as recommended (unanimously) by the Joint Oireachtas Committee on Traveller Ethnicity (in April 2014), the situation of Travellers as well as Roma will not be sufficiently progressed.<sup>17</sup>

#### 3.1. Specific recommendations for Statement of Strategy

##### **TRAVELLER HEALTH STRATEGY**

We are concerned that the government has failed to take concerted action to address the health inequalities that Travellers face and adopts a “mainstreaming approach”, which ignores disparities in health outcomes. The Department of Health’s National Traveller Health Advisory Committee (which had Traveller organisation representatives), has not been convened since October 2012, at a time when major reform has taken place within health services in Ireland with the establishment of new Health Directorates and the

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<sup>17</sup> And endorsed by other groups CERD

more recently proposed Community Healthcare Organisations. Despite the evidence in the All-Ireland Traveller Health Study (AITHS), Traveller health has not been a priority and the budget for Traveller health developments has been used for mainstream health services.

1. Given the evidence base provided by the AITHS, which shows the level of health inequalities faced by Travellers (outlined in section 2 below), immediate action is required by the Irish state. We urge the Department of Health to prioritise the establishment of a new Traveller Health Strategy with the full participation of Traveller and Roma representative organisations. The strategy must be based on AITHS funding, have clear implementation plans, deliverables, and monitoring and reporting processes, and must be accompanied by adequate resources to achieve outcomes.
2. The Department should reconvene the National Traveller Health Advisory Committee as a matter of priority. This committee would have a key role in oversight of the National Traveller Health Strategy.

### **IMPLICATIONS OF THE HABITUAL RESIDENCE CONDITION (HRC)**

3. The possibility that some people may be denied health services on the basis of not meeting the HRC conditions is of critical importance, and must be reviewed as a matter of urgency by the Department.
4. The Department must ensure a rights-based system of access to healthcare, irrespective of the existence or otherwise of the HRC. Non-compliance with HRC criteria must not be a basis for exclusion from health services. This rights-based approach needs to be explicitly stated in the Statement of Strategy.
5. The Statement of Strategy should make a comprehensive commitment to equality of access for all in Ireland, with a particular emphasis on those who experience health inequalities, such as Travellers and Roma.

### **TRAVELLER HEALTH UNITS**

6. The work of the Traveller Health Units (THUs) should continue to be resourced and their role and influence enhanced. Senior management at Community Healthcare Organisation level with responsibility for primary care, mental health, acute hospitals, social and continuing care services and other key health services should be mandated to become part of the THU structures in all regions.

### **STRUCTURAL REFORM IN HEALTH SERVICES**



7. The establishment of the nine Community Healthcare Organisations must be accompanied by a senior management position in each one with direct responsibility for Traveller and Roma health.
8. There must also be a senior manager role with responsibility of ensuring that Traveller health issues are mainstreamed within the HSE Directorates.

#### **ACCESS TO GP SERVICES AND MEDICAL CARDS**

9. It is essential that a period of capacity building in the health system is undertaken. This includes ensuring that sufficient GP services are in place to meet the population needs, and likely increased demand for GP services.
10. At present, GMS patients are required to register with a different GP if they move to different areas. This disproportionately affects Travellers and Roma communities, given the communities' nomadic culture, and can restrict access to GP services. This can exacerbate already health inequities and compromise continuity of care, and this requirement should cease immediately.
11. The Statement of Strategy should commit to ensuring that a rights-based approach and principles to access to healthcare underpins policy and operations. Moreover, the principles for inclusion and equality, identified in this submission should be adopted as cornerstones of an effective and inclusive healthcare service.
12. There must be inclusion of a commitment to Equality / Traveller/Roma proof all health policies and programmes.
13. Pavee Point have already called for a period of time during which Travellers would retain their medical card (following access to employment or after they are no longer eligible for medical cards) in light of Travellers' poorer health status and experience of discrimination. We propose that the new Statement of Strategy would include this provision for marginalised groups such as Travellers and Roma, providing extended coverage to account for this disadvantage.

#### **FUNDING OF SERVICES – PRIMARY HEALTH CARE FOR TRAVELLERS PROJECTS**

14. We strongly urge that the current primary health care for Travellers projects (PHCTP), as currently delivered to Travellers throughout Ireland continue to be resourced as part of health services. The PHCTP's values of empowerment, participation, partnership and advocacy should be core to the design and implementation of health services.
15. In an effort to mainstream Roma into health services, a Roma primary healthcare project, based on the PHCTP model should be piloted and adequate resources should be ring-fenced for this purpose.
16. There should be a requirement for health services to address the needs of marginalised and minority ethnic groups such as Travellers and Roma through a series of training, equality mainstreaming and proofing measures to secure



greater integration between services. This should be a condition of funding, and part of service level agreements.

**NEEDS ANALYSIS AND EVIDENCE-BASED POLICIES**

- 17.** The difference in demography between the majority population and Traveller community is important to highlight in the planning of future health services, and must be taken into consideration in any needs analyses which will give rise to future planning of services. In particular, the findings of the All Ireland Traveller Health Study (AITHS) must be core to these considerations.
- 18.** We would urge the inclusion of ‘equality of health outcomes’ as one of the core principles that underpin health services and the work of the Department. This should ensure that targets and outputs are put in place as part of provisions in the future system.

## 4. Principles for effective inclusion

### 4.1. Introduction and context

Pavee Point holds to the principle that in order to achieve equality for Travellers and Roma, attention must be paid to the structural issues that impact on them, including discrimination and racism. This means that policy and practice must be underpinned by an inter-cultural approach and by principles of equality, diversity and anti-racism.

Delivering services based on equality does not mean treating people the same, but designing and implementing programmes that are inclusive, culturally appropriate, and appropriate to the needs of groups in society, including Travellers and Roma, and lead to better outcomes for disadvantaged groups, including Travellers and Roma. Fundamentally we believe that Travellers and Roma should be afforded rights to their cultural identity, without experiencing marginalisation and discrimination in the process.

We believe that Travellers and Roma should therefore be considered as important stakeholders in the development of all strategies, as well as their implementation.

Adopting this approach is critical now, in light of devastating and disproportionate impact on Travellers of funding cuts.<sup>18</sup> These are summarised in the tables below:<sup>19</sup>

Programmes for Travellers	Loss of funding (2008-2012)
Interagency activities	-100%
Traveller education	-86.6%
Traveller accommodation	-85%
Equality	-76.3%
National Traveller Organisation	-63.3%
FAS Special Initiative for Travellers	-50%
National Traveller Partnership -	32.1%
Traveller SPY youth projects -	29.8%
Health	-5.4%

The figures should be compared to the overall reduction in government current spending of -4.3% over 2008-2013. It should also be noted that the haemorrhaging of the Traveller health budget coincided with the establishment of the HSE with major cuts happening during Celtic Tiger years (2006-2007). In these two years, less than €400,000 of €2,000,000 that was allocated for Traveller health was made available for this purpose. The rest was used in order to 'break-even' the HSE budget.

<sup>18</sup> Harvey, B (2013): *Travelling with austerity: Impacts of Cuts on Travellers, Traveller Projects and Services*. Dublin: Pavee Point

<sup>19</sup> Note: the report highlights that some state agencies did not even spend all their allocation, so the loss of resources is even worse than that highlighted in the figures.

The cumulative impact of all the cuts identified above has had a detrimental impact on Travellers health and well-being.

Ultimately, as outlined in section 2.3, we feel that until Travellers are recognised as a minority ethnic group in Ireland, as recommended (unanimously) by the Joint Oireachtas Committee on Traveller Ethnicity (in April 2014), the situation of Travellers as well as Roma will not be sufficiently progressed.<sup>20</sup>

In this section, we outline key recommendations which cross-cut all activities and processes involved in the Department. We believe in adopting these, the plans will be enhanced, and outcomes for Travellers and Roma (as well as other groups) will be maximised. These principles include:

- Decision-making and oversight
- Preparatory actions
- Consultation
- Equality/Social impact assessment
- Data collection
- HR and capacity building measures

### 4.2. Decision-making and oversight

Given the extent of disadvantage and marginalisation experienced by Travellers and Roma, and in the absence of ethnic identifiers and comprehensive sources of data, it is imperative that all structures established by the Department for implementation of the Statement of Strategy include the participation of Traveller and Roma representative organisations. There should be at least one specific position for Traveller and Roma representation on all such structures.

Working groups should be established around issues of positive action, equality, and inter-culturalism, with mandatory inclusion of Traveller and Roma representatives, as part of the actions and objectives established under the new Statement of Strategy.

### 4.3. Preparatory actions and consultation

Identifying barriers and group needs: care should be taken to identify barriers that are likely to exist for Travellers (including consideration of different age groups, gender etc.). It is important that the needs of key marginalised and minority ethnic groups, such as Travellers and Roma are undertaken, as a 'one size fits all' approach will not be sufficient.

#### CONSULTATION

We believe that a 'one size fits all' approach will not be sufficient to account for the diversity of situation, experience and identity of Travellers and Roma in Ireland. As outlined in section 3, consultation with Travellers and Roma must take account of this

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<sup>20</sup> And endorsed by other groups UN CERD

For all consultation mechanisms proposed, specific engagement must take place with the Traveller and Roma communities, and this engagement should be developed and designed alongside Traveller and Roma organisations.

In addition, we believe that a process of consultation with Travellers and Roma in Ireland be undertaken on an ongoing basis, at key junctures in the development and implementation of the Statement of Strategy, and in addition to the participation of Traveller and Roma representatives on formal decision-making structures established.

### **4.4. Equality proofing and equality impact assessment**

We would strongly recommend that mandatory equality proofing of all strategies, policies and action plans takes place. This would establish the potential impact (positive and negative) of strategies and policies on Travellers and Roma with regard to achieving equality of outcome. This would involve implementing equality/social impact assessments on programmes and policies. It must also involve a programme of monitoring changes arising from equality/social impact assessment.

All proofing measures should be overseen by a steering or working group comprised of stakeholders, including Traveller organisation representatives and staff of the Department (including senior management), and it should be resourced by staff members.

### **4.5. Ethnic identifier and data collection**

Data collection is essential for the effective monitoring of access to and outcomes from services. We would urge the Department to put in place a system for capturing data on the participation of Travellers and Roma (as well as other minority ethnic groups) in all thematic areas and actions within its remit.<sup>21</sup> Without disaggregated data, it will not be clear how Travellers or Roma are progressing with regard to the work and objectives of the Department. If an ethnic identifier was introduced, it would enable the monitoring and assessment of the effectiveness of initiatives directed at Travellers and Roma.

This would include mandatory implementation of an ethnic identifier across all areas. This would support the plan to identify needs, combat racism and discrimination, promote equality, monitor progress of programmes and policies and provide a basis for evidence-based policy-making.

Pavee Point has long called for the recognition of Travellers as an ethnic group and for the implementation of an ethnic identifier to provide better services to minority groups. Pavee Point calls for an ethnic identification and ethnic equality monitoring process which will facilitate the collection of data disaggregated on basis of ethnicity (inclusive of Travellers) within a human rights framework. This requires:

- A universal question for all service users
- Based on principle of voluntary self-identification of ethnic status
- Data collected is aggregated and anonymised

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<sup>21</sup> The Council of Europe Convention 108 specifies certain conditions for the processing of personal data and in order for the collection of ethnic data to be legitimate and lawful, these requirements must be fulfilled.

- Data is only used for the purpose for which it was collected
- It is available in a timely manner
- It is analysed in consultation with the organisations representing minority ethnic groups

Any system should include the voice of minority ethnic groups, and Pavee Point has supported the design and implementation of ethnic identifiers in Ireland (for example, with the central statistics office as part of national Census and with HSE services).

Pavee Point recommends that disaggregated data be used to monitor, assess and inform measures taken to improve equality of outcomes for Travellers and Roma health.

#### 4.6. **Innovative measures**

Traveller and Roma representative organisations have the potential to contribute to development of good practice and effective services in Ireland, through exploratory research, piloting and development of initiatives. We would recommend that the Department support innovative approaches, and work with organisations such as Pavee Point in their development. These could include targeted measures and programmes delivered in cooperation with Traveller organisations around enterprise and entrepreneurship or other joint initiatives and programmes.

#### 4.7. **Ten common principles on Roma inclusion**

We recommend that all work with Traveller and Roma communities should be underpinned by the ten common basic principles on Roma inclusion adopted by the European Commission, and underpin the strategic and operational activities of the Department of Health.<sup>22</sup> These provide for the following:

- **Constructive, pragmatic and non-discriminatory policies:** Such policies are relevant and appropriate to the situation on the ground. This means that the development, implementation and evaluation of policies and services should not be based on preconceptions.
- **Explicit but not exclusive targeting:** implies focusing on Travellers and Roma as a target group, but not to the exclusion of other groups that share the same socio-economic circumstances.
- **Aiming for the mainstream:** despite policies and initiatives being designed to promote inclusion, the long-term impact can result in strengthening segregation. Policies deemed as ‘neutral’ can lead to indirect discrimination of Travellers and Roma when they impose additional barriers for Travellers and Roma because of their situation. The ultimate aim of policies should be the inclusion of Travellers and Roma in mainstream society.
- **Awareness of gender dimension** emphasises the need to recognise the socio-economically and politically disadvantaged position of Traveller and Roma women in comparison to Traveller/Roma men and non-Roma women. Traveller and Roma women have a crucial role in the promotion of their own inclusion and tackling issues related to multiple discrimination based on their gender and ethnicity.

<sup>22</sup> Council of Europe, The 10 Common Basic Principles on Roma Inclusion  
[http://www.coe.int/t/dg4/youth/Source/Resources/Documents/2011\\_10\\_Common\\_Basic\\_Principles\\_Roma\\_Inclusion.pdf](http://www.coe.int/t/dg4/youth/Source/Resources/Documents/2011_10_Common_Basic_Principles_Roma_Inclusion.pdf)

- **Transfer of evidence-based policies** emphasises the importance of collecting socio-economic data to feed into the development, implementation and monitoring of Roma and Traveller inclusion policies.
- **Use of European Union instruments:** there are a number of European Union instruments for Member States to use in ensuring Traveller and Roma inclusion. These consist of legal, financial and coordination instruments, including the Racial Equality Directive, Framework Decision on Racism and Xenophobia, European Social Fund, and European Regional Development Fund.
- **Involvement of civil society:** Traveller and Roma inclusion policies need to be developed, implemented and evaluated in close cooperation with civil society, including researchers, NGO sector, and social and community partners. This enables the dissemination of knowledge and expertise, and allows for the generation of public debate and accountability in policy process.
- **Active participation of Roma:** Roma and Traveller participation at all stages of policy development, implementation, and evaluation is required in order enhance the quality and effectiveness of policies.

## 4.8. **HR and capacity building measures**

### **TRAINING**

Underlying the above measures identified is the need for all Departmental staff and (as well as staff of all agencies and organisations within its remit) to be fully aware of the context in which Travellers and Roma live in Ireland. Anti-racism and cultural awareness training should be provided and participation should be mandatory, and repeated at regular intervals for all staff. Such training should include provisions on the experience, situation and identity of Travellers and Roma in Ireland, as well as the policy dimension and how these affect Travellers and Roma. The Department of Health should enforce this provision. Pavee Point has extensive expertise in the design and delivery of training in these areas.

### **RECRUITMENT AND MONITORING**

As part of any future recruitment process of staff in the Department as a whole (as well as agencies and implementation bodies within the Department's remit), criteria for employment and job descriptions should include provisions for a commitment to anti-racist and equality perspective. Job descriptions of staff should also reflect this perspective in terms of essential skills.

The performance management system for the public sector (PMDS) should also include wider criteria in their measurement of performance to include outcomes in terms of progressing equality for Travellers and Roma in Ireland.

Given the importance of adopting principles of inter-culturalism and equality, we would urge the Department (and its agencies) to target the employment of Travellers and Roma in any future recruitment processes. This would enhance the capacity of the Department and its agencies and include the expertise of these communities.

### **POSITIVE ACTION PROGRAMME**

We would also recommend that a positive action measure with respect to any future employment opportunities for Travellers and Roma should be a key policy for the Department and actions arising from its work. As outlined in section 2.1, Travellers and Roma are the most marginalised groups from the labour market, with barriers experienced including:

- Literacy confidence (to a greater extent than literacy problems).
- Educational qualifications – particularly where the Leaving Certificate is an entry level requirement for jobs.
- Ageism – particularly for those older workers who have not had the opportunity to complete the Leaving Certificate.
- Prejudice and racism
- Confidence

As part of this, Recognition of Prior Learning (RPL) needs strengthening, and that any unnecessary barriers or entry requirements for employment are removed, as there is a risk that such provisions may lead to undermined access to employment for Travellers.

There are examples of good practice in positive action for Travellers recruitment in Ireland within the public sector.<sup>23</sup> Drawing on these, and other good practice positive action measures documented by the HSE's Traveller Health Unit (Eastern Region),<sup>24</sup> we recommend a programme for positive action for key positions in the Department and its agencies where recruitment is planned. A working group, comprising senior management, and Traveller and Roma representation would be convened to oversee the process. The following actions should come within its remit:

- Examination of roles and programmes to prioritise positive action measures
- Design of programme and planning (including needs analysis)
- Clear objective for outcomes (across different grades and positions)
- Recruitment processes
- Support in the workplace (and engagement with training providers)
- Progression opportunities (within the organisation)
- Monitoring and evaluation of programme

A staff member should be tasked with the role of coordinating the process and should report to the working group.

### 4.9. Cultural identity

Ultimately we believe that Travellers and Roma communities have a right to a cultural identity, and that this should be recognised and reflected in policy, strategy development and in the delivery of services within the Department.

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<sup>23</sup> For example, the civil service internship programme for Travellers, South Dublin County Council and others.

<sup>24</sup> For a model and examples of positive action measures within the HSE and the public sector as a whole, see TSA Consultancy (2007): *Toolkit and Guidelines for the Employment of Travellers in the Health Service Executive*. Dublin: HSE, Traveller Health Unit Eastern Region

This is entirely consistent with Article 30 of the *UN Convention on the Rights of the Child* which Ireland has ratified.<sup>25</sup> This states that ‘In those States in which ethnic, religious or linguistic minorities or persons of indigenous origin exist, a child belonging to such a minority or who is indigenous shall not be denied the right, in community with other members of his or her group, to enjoy his or her own culture, to profess and practise his or her own religion, or to use his or her own language.’

This right to a cultural identity should underpin all values, policies and practices of health care provision, and all decision-making, implementation and regulatory structures established should be required to explicitly acknowledge this right.

### 4.10. Positive duty

The legislation for the establishment of the Irish Human Rights and Equality Commission (IRHEC) introduces a new positive duty obliging public bodies to have regard, in the performance of their functions, of the need to eliminate discrimination and promote equality of opportunity and treatment. The new Commission will be explicitly empowered to further support public bodies in meeting their obligations under this positive duty, such as advising on the development by public bodies of performance measures, operational standards and preventative strategies.

The actions proposed in this submission could – if implemented – demonstrate how the Department of Health and all health services in Ireland are meeting their positive duty, and should be adopted in order to demonstrate this legal obligation.

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<sup>25</sup> United Nations. Convention on the Rights of the Child, Article 27(1)  
<http://www2.ohchr.org/english/law/pdf/crc.pdf>