

# Traveller Health Unit Eastern Region

STRATEGIC PLAN 2016-2018

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Feidhmeannacht na Seirbhíse Sláinte  
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# Foreword

Pavee Point Traveller & Roma Centre coordinates the THU<sup>1</sup> since 1998 on behalf of the HSE in the Eastern region. Our region covers the greater Dublin area, Wicklow and Kildare. In the current reforms of health sector our THU will remain the biggest in the country and will cover Community Healthcare Organisations in areas 6, 7 and 9. In our THU we cover approx. 2,000 Traveller families representing a population of 8,000 Travellers. THU work in addressing Traveller health inequalities is managed through funding 9 Primary Health Care for Travellers Projects (PHCPs) in our region.<sup>2</sup> These nine PHCPs employ an average of 8 community health workers on a part-time basis (12 hours per week) and they undertake health advocacy in a range of health arenas e.g. health education; child health; women's health; mental health; social determinants work including accommodation and environmental health issues; immunization & health alerts; addiction; diet & exercise; health and well-being etc.

In addition Pavee Point coordinates joint THU work through the Eastern Regional Traveller Health Network (ERTHN) which brings added value to the work of the THU and represents better value for money through commissioning joint research, training, development and publication of resources for PHCPs in the region. THU membership comprises representatives of Traveller organisations, HSE services and hospitals. The THU establishes time limited sub groups from time to time to work on specific themes e.g. data collection & KPIs; environmental health; Traveller employment in HSE; Travellers in Care; Travellers and hospital access etc. and has organised conferences and published reports in these areas of work. The THU has two standing sub groups addressing finances and mental health issues. In addition the THU gives support to the Traveller Counselling Service and a specific health project in Blanchardstown.

We are concerned to ensure that Traveller health is prioritised by the HSE and Department of Health given the findings of the All Ireland Traveller Health Study which documented low life expectancy and high mortality and morbidity rates among Travellers with suicide rates six times the national average (seven times for Traveller men). Five years after the publication of the AITHS no detailed National Action Plan to address Traveller health inequalities has yet been produced. This, combined with the disproportionate cuts to Traveller services under the guise of Austerity, is of huge concern to Travellers and Traveller organisations as well as a range of United Nations bodies.

In June 2015 the UN International Committee for Economic, Social and Cultural Rights concluding observations on Ireland said:

*The Committee is concerned at the overall deteriorating healthcare services, affected by significant budget cuts in public health in recent years, and at the negative impact on the access of disadvantaged and marginalized individuals and groups to adequate healthcare, in particular:*

*(d) The poor health state of Travellers and Roma, particularly their life expectancy and infant mortality which are respectively 15 years less and more than three times higher than the general population (art. 12).*

**It also recommends that the State party strengthen the Health Information and Quality Authority to ensure quality health services and take effective measures without delay to reduce the disparity between Travellers and Roma and the general public in health and access to health services (Recommendation 28).**

Our THU will continue the work to reduce this disparity in the health status of Travellers and the general public and will engage with other sectors who also have a responsibility to make this happen.



**Concepta de Brún**  
*THU Chairperson*

1. *The Traveller Health Unit in the Eastern region was established in 1998 on foot of a recommendation from the seminal government policy report on Travellers, the Task Force on the Travelling Community (1995). The Task Force recommended that each health board (HSE) should establish a Traveller Health Unit (THU) with brief to ensure Traveller health was prioritised; coordinated and monitored within each health board.*
2. *The 9 Primary Health Care Projects comprise TravAct (Coolock); North Fingal (Balbriggan & N. Co); Pavee Point (Finglas & Blanchardstown); Ballymun; Southside; Tallaght; Clondalkin; Wicklow; Kildare.*

# The 10 Common Basic Principles for Roma Inclusion

These principles aim at guiding the EU institutions and Member States when they design and implement new policies or projects for Roma inclusion.

They represent a legally non-binding political declaration. However, Member States have shown their commitment to basing future initiatives on these principles.

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

Some of the Principles are on issues that are well-established, while others are very innovative, such as:

- 'Explicit but not exclusive targeting' of the Roma is essential for inclusion policy initiatives. It implies focusing on Roma people as a target group but not to the exclusion of other people who share similar socio-economic circumstances. There is an ongoing debate on how to best address the needs of ethnic minorities which includes two contrasting approaches: a specific approach (targeted at a specific minority) or a general approach (concerning everybody). The second Principle allows us to go beyond this debate with the introduction of the 'explicit but not exclusive approach'.
- The 'inter-cultural approach' which stresses that both the Roma and mainstream society have much to learn from each other and that inter-cultural learning and skills deserve to be promoted alongside combating prejudices and stereotypes.
- 'Aiming for the mainstream' which emphasises that policies should support the Roma to participate fully in mainstream society, rather than developing separate Roma settlements or labour markets.

# 1. Introduction



**The Traveller Health Unit in the Eastern Region has a proud track record of achievement in enhancing Traveller health status, improving the capacity of mainstream health services to respond to Traveller needs, and responding to the social determinants that are at the root of Traveller health inequalities. It is a vital element within the wider health service in serving as the necessary bridge for the health service into the Traveller community and for the Traveller community into the health service.**

This strategic plan is designed to build on this track record. It takes account of a context of ongoing change and challenge within the health service. It seeks to evolve the Traveller Health Unit such that it continues to play its indispensable role appropriately within this changing and challenging context. The Strategic Plan will be implemented through an annual workplan.

This strategic plan takes a values-based approach in establishing objectives and action areas for the Traveller Health Unit. This approach both reflects a health service that is itself values-based and responds to new challenges in the field of equality and human rights posed by the recently introduced public sector duty to have regard to the need to eliminate discrimination, promote equality and protect human rights.

## 2. Context



### 2.1 TRAVELLER HEALTH UNIT

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

- Monitoring the delivery of services to Travellers and setting regional targets against which performance can be measured;
- Ensuring that Traveller health is given prominence on the agenda of the Health Board;
- Ensuring coordination and liaison within the Health Board and between the Health Board and other statutory and voluntary bodies in relation to the health situation of Travellers;
- Collection of data on Traveller health and utilisation of health services;
- Ensuring appropriate training of health service providers in terms of their understanding of and relationship with Travellers;
- Supporting the development of Traveller specific services, directly by the Health Board or indirectly through funding appropriate voluntary organisations.

This Task Force recommendation was implemented as part of the National Traveller Health Strategy 2002-2005. The National Traveller Health Strategy reiterated the mandate recommended for the Traveller Health Units. The Traveller Health Unit is the cornerstone around which health services are delivered effectively to the Traveller community and Traveller health issues are mainstreamed into general health policy and service provision.

## Role

Traveller Health Units were established to have a particular role in: The development of service plans, planning and monitoring research into Travellers' health status and access to health services in conjunction with other boards and the THAC, production of information for inclusion in the Health Board's Annual Report, and liaison with Managers for Travellers' Health in other Health Board areas and with Local Traveller Accommodation Consultative Committees in the local authority

The National Traveller Health Strategy promised funding for the Traveller Health Units to enable them to implement the Strategy, to progress new health initiatives, in accordance with agreed action plans and to resource Traveller groups to participate effectively in the Traveller Health Units.

The National Traveller Health Strategy states that 'some of the key determinants of health exist outside the formal health care sector'. It includes proposals to ensure that full account is taken of these in the planning and delivery of health services. Specific mention is made of cooperation between the Department of Health and the Department of Environment and Local Government in relation to accommodation issues.

## Operation

The establishment and operation of the Traveller Health Units reflect a concern to ensure:

- An active partnership with and participation of Travellers and Traveller organisations in identifying health priorities for their community, the planning of health responses, and the delivery of health services;
- A targeting of the Traveller community with specific health initiatives to address health inequalities and respond to particular health needs, alongside improved Traveller access to mainstream health services and initiatives available to the general public.
- An improved healthcare encounter with health service professionals better attuned to the distinct culture and identity of the Traveller community and greater trust in the health services from Travellers.
- The social determinants that lie at the root of Traveller health inequalities would be addressed in an integrated manner within an overall health response.

## 2.2 TRAVELLER HEALTH SITUATION

### National Traveller Needs Assessment

The National Traveller Health Strategy committed to a focus on 'equality of outcome as well as equality of access to, and participation in, services beginning from the position that there is a greater need for healthcare for Travellers at present, given their poor current health status'. A key recommendation in the strategy was the undertaking of a national Traveller health needs assessment.

The national Traveller health needs assessment commenced in 2008. In 2010 the Our Geels, All Ireland Traveller Health Study was published. It provides the key context within which the Traveller Health Unit seeks to implement its mandate. It provides the evidence for the priorities and work of the Traveller Health Unit.

### Health Inequalities

The Our Geels, All Ireland Traveller Health Study established significant inequalities in the health status of the Traveller community and in their access to health services. It concluded that the Traveller community has a higher burden of ill-health than does the general population. It further identified that the 'burden of health problems experienced by Travellers is arguably strongly attributable to social conditions and educational and cultural opportunity and engagement'.

The gap in life expectancy between Traveller women and settled women was 11 years in 2008, whereas it was 12 years in 1987. The gap in life expectancy between Traveller men and settled men was 15 years in 2008,

whereas it was 10 years in 1987. Traveller men have four times the mortality rate of the general population. Traveller women have three times the mortality rate of the general population. The infant mortality rate for Travellers is 3.5 times the rate of the general population. Age-specific mortality rates suggest excess rates at all ages for both Traveller men and women. There are only 3% of Travellers over the age of 65 compared to 13% in the general population according to the Census.

The main causes of death were heart disease and stroke (25%), cancer (19%), and lung disease (13%). Traumatic causes, including accidents, are an important factor among younger adults, and more recently suicide is a key contributor. Suicide rates of both young men and women are high, and much higher for young men than in the general population.

The Traveller suicide rate is six times higher compared to the general population and accounts for about 11% of all Traveller deaths. Ample evidence was found of risk factors for mental ill-health, depression and suicide. In particular, frequent mental distress (fourteen or more days of poor mental health in the preceding month) was found to be present in 11.9% of Traveller respondents, and prevalence increased with age.

Traveller adults were found have a higher burden of chronic diseases, and higher measures of risk factors such as smoking, high blood pressure, cholesterol, and dietary consumption of fried foods. Fewer Travellers drink alcohol than in the general population, but those who do drink, drink more frequently. They have similar rates of injury, but higher rates of injury from accidents. Breastfeeding rates are extremely low. Traveller children were found to have higher reported prevalence of hearing, eyesight and speech problems.

## Healthcare Encounters

Travellers (41%) were found to be much less likely than the general population (82.7%) to trust health professionals and to feel respected in such encounters. 40% of Travellers reported experiences of discrimination in accessing health services. Health service providers also identify discrimination towards Travellers in health service provision. Considerable and feasible room for improvement was suggested as possible in the quality of the healthcare encounter with insufficient training for key frontline providers on cultural aspects of Traveller healthcare identified.

## Trust, Dignity and Discrimination

In the AITHS study the level of complete trust by Travellers in health professionals was only 41% this compares with a trust level of 82% by the general population in health professionals.

- 53% of Travellers “worried about experiencing unfair treatment”.
- Over 40% of Travellers had a concern that they were not always treated with respect and dignity.
- Over 50% of Travellers had concerns of the quality of care they received when they engaged with services.
- Over 50% of Travellers have experienced Discrimination in their daily lives.
- 40% of Travellers have experienced discrimination in accessing health services, compared to 17% of Black Americans and 14% of Latino Americans (Krieger et. al. 2005).

## Social Determinants

The Our Geels, All Ireland Traveller Health Study also noted the particular influence of:

- Accommodation, in terms of ‘exposure to physical hazards in the poorer quality accommodation to impact on mental health and wellbeing of living in stressful situations’.
- Education, in terms of Travellers ‘not achieving even a full primary school education in sufficient numbers’ and ‘that the relevance and appropriateness of that education deserves scrutiny’, and of ‘a cross-generational deprivation at play. Parents cannot help their children’s school education. There are no older people with life experience to steer the community and to call on traditional skills and values’.

- Discrimination, in terms of 'higher levels of discrimination than expected and lower levels of trust in others and in health service providers' reported. It is noted that this is 'likely to lower a sense of efficacy and self esteem and this is damaging to mental health and wellbeing'.

## 2.3 TRAVELLER HEALTH PRIORITIES

The Our Geels, All Ireland Traveller Health Study established that Travellers have distinct health needs along with particular social determinants of health. There is a challenge to close the gap between their health and that of the general population. This underpins the need for a specific approach to Traveller health that combines a focus on priorities in social determinants and in clinical care.

### Social Determinants

**The key finding the Study identified was the need for a strategic action plan to be set out, with a firm commitment to implementation, targets and timeframes to address Traveller health inequalities.**

It acknowledged any strategy to address the health status of Travellers would need to respond to the social determinants of this health status. It identified five priority areas for intervention in this regard:

1. Adequacy of accommodation is essential to ensure health improvement for Travellers with no official halting site without basic amenities and sufficient numbers of them to accommodate Travellers.
2. The cornerstone remains education and the first objective must be for every Traveller child to attain the minimum equivalent of the Junior Certificate and that a similar number of them go through secondary school to professional or higher education as the general population. Strong attention should be given to adult education.
3. A national multi-level education campaign is required to help break down the stereotypes held by many people in the general population about Travellers and to produce a more rounded understanding. A national exhibition of Traveller crafts and traditions could be mounted in the National Museum as one way of capitalising on the positives of Traveller culture provides important balance.
4. Employment policy must treat the community like a small and medium enterprise and take a bottom-up strategy.
5. The current graduate and under-graduate curricula for health and education professionals should explicitly include a module on Traveller health status and customs. Hospitals with a significant Traveller catchment should include a section on Travellers as part of routine staff induction, general practice with a Traveller list should offer a similar induction to staff, and there should be a set of guidelines as to how Traveller families are managed from frontline to discharge.

### Clinical Care

The study recommended that the National Traveller Health Strategy could still inform further developments in health care for Travellers. The National Traveller Health Strategy predominantly focused on clinical care issues and makes commitments in a broad range of areas: ante-natal and post-natal care; genetic screening; family planning and sexual health; domestic violence services; general practitioner services; dental health and oral health promotion; ophthalmic and aural services; psychiatric and mental health services; disability services; and substance misuse services.

The Our Geels, All Ireland Traveller Health Study identified four priority clinical care needs:

1. Mother and child services to reduce infant mortality, support positive parenting outcomes and break the cycle of lifelong disadvantage that starts early for Traveller families.

2. Empowerment and promotion of self-esteem for young Travellers of both genders to improve mental health and wellbeing, with a particular focus on the engagement of men.
3. Supportive and culturally appropriate strategies for all aspects of positive lifestyle as well as risk factor detection and management to address cause-specific issues for respiratory and cardiovascular disease.
4. A new model of primary care delivery for Travellers dovetailed with the emergence of Primary, Continuing and Community care services, and in partnership with the Primary Health Care for Travellers Project Networks.

## 2.4 TRAVELLER HEALTH STRATEGIES

### Culturally appropriate interventions

The report of the Task Force recommended as a starting point for all interventions that 'the distinct culture and identity of the Traveller community be recognised and taken into account'. The National Traveller Health Strategy takes up this challenge in committing to 'the creation and maintenance of a positive awareness among all those involved in the health services of the cultural traditions and distinct identity of the Traveller community'. In-service training is identified as a key step in this regard.

Traveller culture and identity emphasise the need to target services on the Traveller community to respond to specific needs and to implement a form of Traveller proofing to adapt mainstream or general policies and services to take account of the practical implications of cultural difference to ensure access. This may mean there will be a need to develop targeted measures in some instances.

### Community development

The National Traveller Health Strategy emphasises the need for 'a community development approach incorporating a permanent role for peer led services and the development of new roles for Travellers within the health services as planners, service providers and promoters, as appropriate'. It commits to active partnership and participation of Travellers and their representative organisations in determining health priorities for their community.

Community development is a long-term process that enables people experiencing inequality and disadvantage to work together to identify their needs, create and achieve change, exert influence on decisions that impact on them, and cooperate to improve the quality of their lives. Community development emphasises Traveller leadership, participation and capacity to achieve change for and within their own community.

### Peer led interventions

The report of the Task Force recommended that 'Traveller participation in health service delivery at all levels should be supported' and made particular reference to the expansion of 'peer led services' such as the Traveller Primary Health Care project piloted in the Eastern Health Board. The National Traveller Health Strategy took this up with a commitment to develop Primary Healthcare for Travellers Projects in conjunction with Traveller organisations in all Health Board areas where there is a significant Traveller population. Primary Health Care Projects emphasise the role of Travellers as health service providers as well as consumers and as key intermediaries between their community and the health service.

In the All Ireland Traveller Health Study, 83% of Travellers reported getting their information from Primary Health Care Projects and Traveller organisations.

## 2.5 POLICY COHERENCE

### Primary Care Service Plan

The Traveller Health Unit sits within current and ongoing evolution of healthcare provision. Provision in the field of primary care has a central relevance. The Primary Care Service Plan 2015 identifies divisional priorities that encompass primary care, social inclusion, quality, primary care reimbursement service, and system wide priorities.

Primary care priorities include a focus on improved access to primary care services, models of care for chronic illness management, service integration measures to reduce the reliance on acute hospitals, coverage of community intervention teams and access to diagnostics in primary care, oral health services, and the community oncology programme.

Social inclusion priorities include a focus on health outcomes for people with addictions, reductions in levels of homelessness, and primary care services to vulnerable and disadvantaged groups (including Travellers and Roma with a focus on asthma, diabetes, cardiovascular disease, suicide and mental health).

Primary care reimbursement service priorities include a focus on access to GP care, without fees, to children under 6 years and adults over 70 years, the medicine management programme, and medical card eligibility assessment, medical card provision and reimbursement.

System wide priorities include a focus on quality and patient safety with a focus on service user experience, development of a culture of learning and improvement, patients, service users and staff engagement, medication management and reduction of healthcare associated infections, and serious incidents, reportable events, complaints and compliments.

The Traveller Health Unit has a contribution to make in shaping current and future Service Plans in the health sector, enabling their effective implementation, and ensuring their impact on the Traveller community.

### Institutional Reform

The Traveller Health Unit sits within current and ongoing institutional reform within the health sector.

The Traveller Health Unit is directly linked to the Primary Care Directorate. However, the work of the Traveller Health Unit has a relevance across Directorates responsible for Social Care, Mental Health, Hospitals and Health and Wellbeing.

Our Traveller Health Unit relates to Community Healthcare Organisations in Area 6 (Wicklow, Dun Laoghaire, Dublin South East), 7 (Kildare/West Wicklow, Dublin West, Dublin South City, and Dublin South West), and 9 (Dublin North, Dublin North Central, and Dublin North West). Community Healthcare Organisations are responsible for the delivery of primary and community-based services within national frameworks and responsive to the needs of local communities. They are rooted in the commitment to integrated care, in terms of treating people and service users at the lowest level of complexity that is safe, timely, efficient and as close to home as possible.

The Traveller Health Unit provides a mechanism for coordination and coherence across the different parts of the health service in responding to the health needs of Travellers. It offers a means of dialogue with Travellers and a source of knowledge about Travellers to these different parts of the health service.

### National Policy

The Traveller Health Unit sits within a wider national policy setting in relation to wider policy and provision in relation to the Traveller community. Ireland is bound under EU policy commitments to produce and implement a National Traveller and Roma Inclusion Strategy. The Department of Justice and Equality plays a lead role in this and a new strategy is currently under preparation. Health is required to be one pillar of this strategy.

The Traveller Health Unit provides a conduit of expertise and knowledge to feed into these policy developments and their implementation.

# 3. Equality and Human Rights Statement



**This statement reflects the commitment of the Traveller Health Unit to address equality and human rights concerns for all Travellers. It fulfills the obligations under the Irish Human Rights Equality and Commission Act 2014 (S.42) to have regard to the need to eliminate discrimination, promote equality and protect human rights. It informs the development, implementation and evaluation of this strategic plan.**

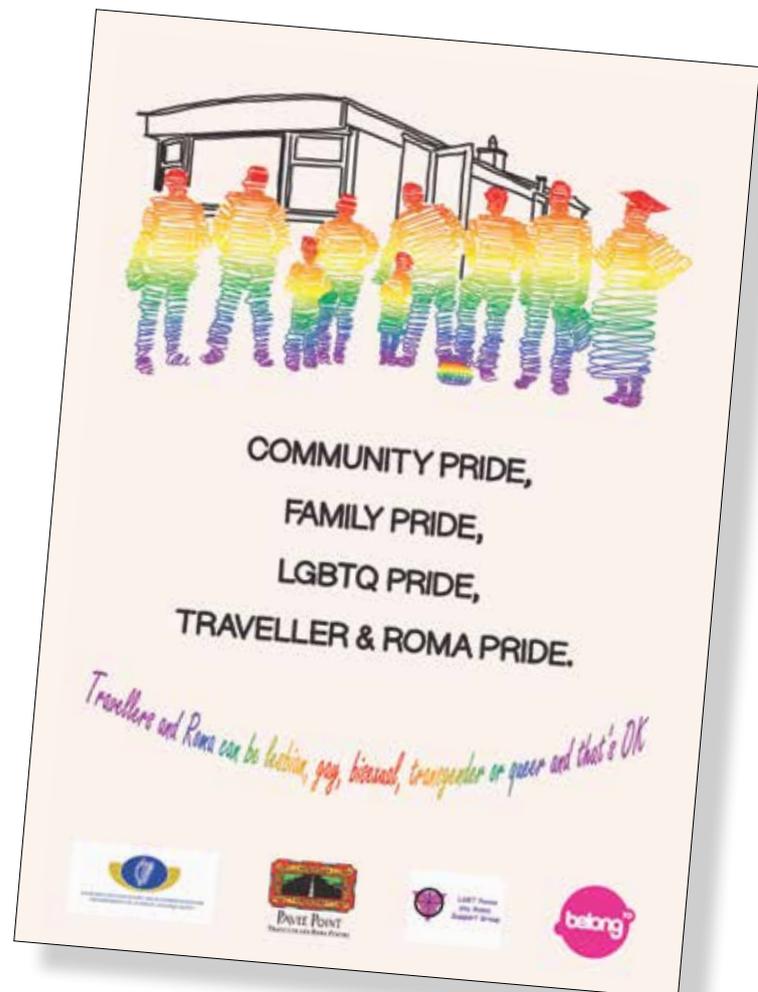
Travellers experience widespread discrimination, racism and inequality. Traveller's ethnic identity remains unrecognised. The ethnic identifier is being rolled out in a fragmented manner. There are instances where it is not appropriately applied or not applied at all. This renders the situation and experience of Travellers largely invisible.

Institutional issues present barriers to equality and human rights for Travellers. These include:

- The shift back to more general provision for the whole population as opposed to a dual strategy of mainstreaming and targeting Travellers. Mainstreaming has not been understood as involving both Traveller inclusion in general provision and adapting general provision to enable Traveller inclusion. Plans, budgets, programmes and services need to be Traveller proofed if general provision is to be accessible to and of benefit to Travellers. Budgets for actions targeted on Travellers need to be replenished and reinstated after severe cutbacks in recent years.
- Steps that diminish the context for a positive Traveller health status. The Trespass legislation and housing policies have impacted negatively on Traveller health. There have been disproportionate cutbacks in services targeting Travellers that impact on their human rights to health, employment, and education among other areas. The withdrawal of targeted resources include the Traveller dedicated PHNs.

- An emphasis on clinical approaches to health that has been accompanied by victim blaming and a limited focus on the social determinants of Traveller health status.
- Institutional discrimination is at issue where Travellers are inadequately served by general provision, where general provision has failed to take account of the practical implications of Traveller ethnic identity and culture, and where Travellers have been excluded from general provision.
- There is little traction for rights with Travellers posed as consumers or service users rather than citizens or rights holders.
- Traveller issues hold limited status within key institutions. Those who would champion Traveller issues within these institutions can also be marginalized without status.

Traveller diversity has emerged as an important focus from the work of the Traveller Health Unit. Actions have identified specific issues for LGBTQ Travellers, young and older Travellers, men and women Travellers, and Travellers with a disability. Roma have been included in the work in a context where there has been no success in securing a Roma primary health care project. Men's health has emerged with some urgency as a focus and the focus on older people needs further developing, including a focus on social care.



# 4. Strategic Direction



## THU Mission:

**Contribute to improving Travellers lives, well being and health status by impacting on health systems to enhance uptake and navigation of these by Travellers, addressing the root causes of Traveller health inequalities that lie in their social and economic circumstances, providing care and support to Travellers, and underpinning a new status for the Our Geels, All Ireland Traveller Health Study.**

## Values:

This strategy takes a values-based approach that reflects the centrality of values in the operation of the health services; the identification of specific values in health service policies targeting Travellers; and the potential in a values-based approach to ensure compliance with the public sector duty. The values that underpin, shape and drive this strategy are:

## EQUALITY:

### Valuing equality means:

- Recognising that equality involves enabling Travellers to have the same opportunities as the general population, to make choices between real options, and to achieve the same level of outcomes.
- Understanding that equality encompasses Traveller access to resources (including social goods such as health), influence, recognition and status for their culture and identity, and respect and trust within society.
- Responding to the need to achieve equality through mainstreaming a concern for equality for Travellers within general policies, programmes and services alongside policies, programmes and services specifically targeting the particular needs, situation and experience of Travellers.
- Acknowledging that achieving equality benefits Travellers, state institutions and the wider society.

## **PARTICIPATION:**

### **Valuing participation means:**

- Recognising that Travellers need to have a say in decisions that impact on them.
- Understanding the need to support and empower Travellers to have the capacity to participate in decision-making.
- Responding to the challenge to develop decision-making systems and structures to enable participation by Travellers.
- Acknowledging the potential for better decision making through engaging a diversity of views and perspectives.

## **CULTURAL DIVERSITY:**

### **Valuing cultural diversity means:**

- Recognising the centrality of culture to Traveller's status, identity, and sense of self worth.
- Understanding the tangible and intangible nature of culture that encompasses what Travellers do, how they think and learn, their behaviour and the values they hold.
- Responding to the practical implications of Traveller culture for policy-making, programme design, and service provision.
- Acknowledging the importance of cultural diversity for society and societal wellbeing.



# 5. Strategic Priorities



## 5.1 INTERVENTION AREA ONE: Intercultural Action

### Objective

The Traveller Health Unit aims to support policy makers and service providers within the health service and in other relevant public services to respond effectively to the practical implications of an intercultural approach to ethnic diversity.

### Action Areas

#### 1. Addressing status for interculturalism and ethnic diversity

##### a. Promoting visibility:

- i. Promote a new status for the Our Geels, All Ireland Traveller Health Study and a renewed priority for its findings and recommended actions. This Strategic Plan is part of a regional response to these findings and recommended actions.
- ii. Promote and support the use of an ethnic identifier, within an ethnic equality monitoring approach, in health, accommodation, education and employment services with a view to analysing the situation of Travellers.
- iii. Promote and support the use of hand held records as one means to give visibility to the primary health care work of the Traveller Health Unit.

#### 2. Addressing capacity for interculturalism and ethnic diversity

##### a. Cultural competence:

- i. Promote and provide intercultural training that addresses anti-racism, cultural diversity and equality issues for Travellers to personnel in the health services. A particular focus on combating stereotypes would form part of any such training.

### 3. Addressing standards for interculturalism and ethnic diversity

#### a. *Institutional change:*

- i. Promote and support an infrastructure (of policies, procedures and health equality impact assessment) to achieve equality, accommodate cultural diversity and eliminate discrimination within health service institutions and other relevant institutions.
- ii. Promote and support the roll out of an ethnic identifier across all health data collection administrative systems.
- iii. Promote and support Traveller and Traveller organisation participation in planning, policy making, and service provision design by health service institutions and other relevant institutions.
- iv. Promote and support the implementation of the public sector duty in the planning work of health service institutions and other relevant institutions.

#### Indicators

- > Usage of ethnic identifier within an ethnic equality monitoring approach.
- > Number of health service providers and staff of other relevant institutions who have undertaken intercultural training covering anti-racism, cultural diversity, and equality issues for Travellers.
- > Number of health service institutions and other relevant institutions working to an agreed equality, diversity and non-discrimination standard underpinned by specific policies, procedures and impact assessment processes.
- > Number of health service institutions and other relevant institutions that have developed processes for Traveller and Traveller organisation participation in key decision making that impacts on Travellers.
- > Number of instances that the public sector duty was implemented by health service institutions and other relevant institutions, with a view to eliminating discrimination against, promoting equality for, and protecting the human rights of Travellers.

## 5.2 INTERVENTION AREA TWO: Participation

### Objective

The Traveller Health Unit aims to empower Travellers and Traveller organisations to participate as decision-makers, service providers and service consumers in health service institutions and other relevant institutions.

### Action Areas

#### 1. Addressing the participation of Travellers and Traveller organisations in decision making on accommodation, education, and employment determinants of ill health

##### a. *Advocate and engage*

- i. Make submissions to relevant policy makers and service providers on steps to improve the accommodation, education and employment status of Travellers and to address these areas as determinants of Traveller health status.
- ii. Enable Traveller and Traveller organization participation in and engagement with consultation and decision-making committees or structures at local, regional and national level on matters of accommodation, education and employment for Travellers.

*iii.* Promote, support and engage with inter-agency processes and inter-sectoral collaboration between health services, local authorities, educational establishments and employment services to address the social determinants of Traveller health.

*iv.* Make submissions to and engage with the development and implementation of the National Traveller and Roma Inclusion Strategy.

## **2. Addressing Traveller and Traveller organisation participation in improving health outcomes for Travellers**

### ***a. Traveller peer led services:***

*i.* Support and resource Traveller Primary Health Care Projects to play a central role as a peer-led mechanism in delivering on the values and objectives of the Traveller Health Unit and to employ coordinators and Community Health Workers.

*ii.* Provide ongoing professional development for Traveller Community Health Workers on the basis of an annual programme of training and learning opportunities to increase their knowledge.

*iii.* Devise and provide adequate and appropriate supports and working conditions for Traveller Community Health Workers and Primary Healthcare Coordinators.

*iv.* Ensure the ongoing collation and submission of hand held records.

### ***b. Traveller and Traveller organisation influence:***

*i.* Pursue and promote a community development model to improving the health status of Travellers that empowers the community to analyse its situation and experience, take control of its own development, and negotiate solutions to their issues.

*ii.* Promote and enable Traveller participation in health planning, change processes within the health sector, programme design, and delivery decisions.

## **3. Addressing Travellers as service providers:**

### ***a. Employment within the health sector***

*i.* Deploy the Traveller Health Unit HSE Employment Toolkit to promote and support the employment of Travellers in the mainstream health services.

## **Indicators**

- > Number of submissions on accommodation, education and employment issues and on the National Traveller and Roma Inclusion Strategy.
- > Number of committees on accommodation, education and employment issues engaged with or participated on by Travellers and Traveller organisations.
- > Number of interagency agreements and cross-sectoral collaborative initiatives developed.
- > Number of Traveller Primary Health Care Projects supported.
- > Number of coordinators and Community Health Workers employed in Traveller Primary Healthcare Projects.
- > Number of Community Health Workers participating in further education initiatives.
- > Number of Travellers employed within or in position to seek employment within the health service.

## 5.3 INTERVENTION AREA THREE: Equality

### Objective

The Traveller Health Unit aims to address and reduce the health inequalities experienced by the Traveller community through promoting good health practices within the community, enhancing access to and the impact of health care services for Travellers, and addressing the social determinants of poor health.

### Action Areas

#### 1. Addressing accommodation, employment, and education determinants of ill health

##### *a. Information and support:*

- i.* Develop, pilot and disseminate information on and support access to accommodation, education, employment and information services.

##### *b. Monitor and research:*

- i.* Develop an evidence base on homelessness and its impact on Traveller health in a manner that takes account of the particular manner in which Travellers experience and respond to homelessness.
- ii.* Develop an evidence base on Travellers in private rented accommodation and its impact on Traveller health in a manner that takes account of particular experiences of isolation.
- iii.* Develop an evidence base and devise responses to issues of fire safety and other safety related risks in Traveller accommodation.
- iv.* Monitor access to appropriate accommodation, access to education, and levels of unemployment within the catchment area.

#### 2. Addressing discrimination determinants of ill health

##### *a. Discrimination*

- i.* Promote and support health promotion services in the Eastern region to raise the awareness of the general public to the impact of discrimination on the Traveller community.
- ii.* Explore the situation of and response to bullying, cyber bullying and harassment of Travellers in school settings and on social media.
- iii.* Develop, pilot and disseminate information on and support access to redress mechanisms for discrimination.
- iv.* Monitor experiences of racism within the catchment area.

##### *b. Cultural Resilience*

- i.* Promote and support activities to stimulate pride in identity, intergenerational cultural exchange, and engagement with cultural symbols, such as horses.

#### 3. Addressing cancer, respiratory health, cardiovascular health, and diabetes

##### *a. Information provision:*

- i.* Develop, pilot and disseminate Traveller specific materials, organise information sessions, give talks, hold open days, and organise education campaigns to promote healthy practices and ensure awareness of the services available.

##### *b. Supports:*

- i.* Promote screening services including breast check, cervical smear, skin cancer, bowel cancer, and prostate cancer through outreach within the Traveller community and on-site registration. Ensure people access any required supports on foot of screening through outreach to the individuals involved.

- ii.* Support recognition of respiratory health issues and roll out the Traveller specific asthma programme to facilitate better asthma management and control within the Traveller community.
  - iii.* Provide role models, education, and supports for people to recognise the importance of and engage in daily exercise and healthy eating and to make lifestyle changes.
  - iv.* Promote cardiovascular and diabetes screening services and enable access to them through outreach and on-site initiatives.
- c. Collaboration:**
- i.* Engage, support and work with relevant awareness, education and support services to enable their work within the Traveller community.

#### **4. Addressing mental health**

**a. Information:**

- i.* Develop, pilot and disseminate Traveller specific materials, organise information sessions, give talks, hold open days, and organise education campaigns on maintaining good mental health, recognising mental health issues, and accessing mental health services.
- ii.* Undertake community mental health advocacy work.
- iii.* Promote positive mental health.
- iv.* Facilitate Traveller access to mainstream mental health services.

**b. Supports:**

- i.* Raise awareness of mental health issues and combat stigma in relation to mental health issues and the use of mental health services.
- ii.* Enable access to counseling for Travellers with mental health issues.
- iii.* Logging incidence of suicide, suicide attempt and self-harm.
- iv.* Develop and provide supports to respond to the specific mental health needs of young Traveller men and LGBTQ Travellers.
- v.* Provide supports to enable Traveller resilience as a means to underpin good mental health.

**c. Collaboration:**

- i.* Engage, support and work with awareness, education and support services for good mental health and with suicide prevention and bereavement support services to enable and inform their work within the Traveller community.

#### **5. Addressing health and wellbeing**

**a. Information:**

- i.* Develop, pilot and disseminate Traveller specific materials, organise information sessions, give talks, hold open days, and organise education campaigns for pregnant women and for mothers as primary care givers.

**b. Supports:**

- i.* Outreach to support pregnant women and ensure their access to relevant services.
- ii.* Create spaces for women looking after young children to interact so as to address experiences of isolation and meet specific needs.
- iii.* Provide parenting programmes to new parents.
- iv.* Support mothers to avail of child development services and vaccination services.

**c. Collaboration:**

- i.* Engage, support and work with awareness, education and support services for mothers and for child development to enable and inform their work within the Traveller community.

**6. Addressing men's health**

**a. Information:**

- i.* Develop, pilot and disseminate Traveller specific materials, organise information sessions, give talks, hold local health fairs and open days, and organise education campaigns that target men's health needs.

**b. Supports:**

- i.* Provide health advice clinics and fitness schemes and organise activities tailored to and targeted at men.
- ii.* Support the emergence and development of culturally appropriate Men's Sheds initiatives.
- iii.* Facilitate Traveller mens action projects and networks.

**c. Collaboration:**

- i.* Engage, support and work with awareness, education and support services on men's health to enable and inform their work within the Traveller community.

**7. Addressing addiction**

**a. Information:**

- i.* Develop, pilot and disseminate Traveller specific materials, organise information sessions, and give talks on substance and alcohol and on services in these fields.

**b. Supports:**

- i.* Enable access to addiction services through outreach and on-site activities including training and mutual support initiatives.

**c. Collaboration:**

- i.* Engage, support and work with awareness, education and support services on substances misuse to enable and inform their work within the Traveller community

**8. Addressing violence against women**

**a. Information:**

- i.* Develop, pilot and disseminate Traveller specific materials, organise information sessions, and give talks on violence against women and on services in these fields.

**b. Supports:**

- i.* Enable access to domestic violence services through outreach.
- ii.* Provide awareness raising initiatives and training programmes on healthy relationships for young men and women, and on managing anger to men.
- iii.* Develop resource materials and provide training to staff of domestic violence services.
- iv.* Make policy submissions.

**c. Collaboration:**

- i.* Engage, support and work with awareness, education and support services on violence against women to enable and inform their work within the Traveller community

**9. Addressing feuding**

**a. Information:**

- i.* Develop, pilot and disseminate Traveller specific materials, organise information sessions, and give talks on conflict resolution and on services in these fields.

**b. Supports:**

- i.* Develop and implement conflict resolution initiatives to respond to incidences of feuding.

**c. Collaboration:**

- i.* Engage, support and work with awareness, education and support services on conflict resolution to enable their work within the Traveller community

**10. Addressing emerging issues**

**a. Older people:**

- i.* Engage with older Travellers on their care needs and with social care providers on responding appropriately to these.

**b. Children at risk:**

- i.* Implementing a scoping exercise to assess issues in relation to child sexual abuse.

**c. Cyber-Bullying:**

- i.* Provide workshops on cyber-bullying and encourage use of the app to assist in accessing support for this issue.

**11. Collate evidence**

**a. Reports**

- i.* Collate evidence through the ethnic identifier and the hand-held records to provide situation reports on Traveller health, health inequalities and the social determinants of these and to track issues of morbidity, mortality, suicide rates, and population changes.

**Indicators\***

- > Number of Travellers informed and assisted to access accommodation, education, employment, and citizen information services.
- > Number of research and monitoring reports issued in relation to accommodation, education and employment issues.
- > Number of Travellers informed and assisted to access discrimination redress mechanisms.
- > Number of initiatives to raise awareness of the general population of the impact of discrimination against Travellers.
- > Number of Travellers involved in cultural resilience activities.
- > Number of Travellers at information sessions, open days, and talks.
- > Uptake of screenings for breast checks, cervical smears, prostate cancer, skin cancer, cardio-vascular, and diabetes.
- > Uptake of mental health services, cardio-vascular and diabetes screening services, child development services, substance misuse and addiction services, domestic violence services, social care services for older Travellers, and follow-up services on foot of screening.
- > Knowledge levels within the Traveller community on asthma management and control.
- > Number of Travellers participating in healthy living initiatives, mother and toddler and parenting initiatives, and in men's health related activities.
- > Number of conflict resolution initiatives implemented to respond to feuding.
- > Scoping exercise on children at risk conducted.
- > Number of health awareness, education and support organisations involved with the Traveller community on foot of collaboration.

*\* Assumes an ethnic identifier is in place to provide evidence.*

# 6. Implementation



## 6.1 STRUCTURES

**The Traveller Health Unit will meet on a regular basis. It will seek high-level involvement from the relevant HSE Directorates. This will allow senior managers direct access to the work of the Traveller Health Unit, and provide Travellers and Traveller organisations with direct access to senior managers. It will enable cross directorate collaboration which can be deepened through joint initiatives.**

Links will be developed by the Traveller Health Unit with Primary Care Teams. The new local authority structures will be engaged with, in particular the Local Community Development Committees and the Local Economic and Community Plan. Designated health officials will be sought to link to the THU including Primary Health Nurses and Environmental Health Officers.

The Traveller Health Unit will seek a supportive context for its work at national level including a reconvening of the National Traveller Health Advisory Committee and will contribute to its work.

## 6.2 SUPPORTS

**The Traveller Health Unit will prepare an annual plan of actions to drive and secure implementation of this strategic plan.**

The Eastern Region Traveller Health Network will continue to be convened and supported as a forum for Travellers and Traveller groups to feed their perspective into the Traveller Health Unit and for Travellers and Traveller groups working on health issues to develop mutual support and solidarity.

Pavee Point will be resourced to provide technical support to the Traveller Health Unit.

## 6.3 RESOURCES

**The key funding for the Traveller Health Unit will come from the Primary Care Directorate.**

The Traveller Health Unit will seek a reinstatement and centralisation of the Traveller health budget. Additional funding will be sought from other Directorates to resource specific initiatives that fall under their remit.

## 6.4 EVALUATION

**The Traveller Health Unit will implement a monitoring and quality assurance process in managing the implementation of this strategic plan.**

An evaluation of this strategic plan will be conducted in year three of its implementation. This evaluation will take a values-based approach. It will also make use of the indicators identified in this strategic plan.



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