



PAVEE POINT
TRAVELLER AND ROMA CENTRE

Pavee Point Opening Statement to the Special Joint Committee on key issues affecting the Traveller Community: Health

October, 2019

Pavee Point Traveller and Roma Centre

Pavee Point Traveller and Roma Centre ('Pavee Point') have been working to challenge racism and promote Traveller and Roma inclusion in Ireland since 1985. The organisation works from a community development perspective and promotes the realisation of human rights and equality for Travellers and Roma in Ireland. The organisation is comprised of Travellers, Roma and members of the majority population, who work together in partnership to address the needs of Travellers and Roma as minority ethnic groups experiencing exclusion, marginalisation and racism. Working for social justice, solidarity and human rights, the central aim of Pavee Point is to contribute to improvement in the quality of life and living circumstances of Irish Travellers and Roma, this includes equality of access, participation and outcomes in health.

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We thank the Chairperson and members of the committee. We are delighted to have the opportunity to be here and welcome the Committee's focus on Traveller health inequalities. We have provided a comprehensive and detailed submission which will serve as a reference document should it need it in the future. We will give a quick overview of the issues involved and leave time for a discussion which will be the best use of the Committee's time.

Pavee Point wishes to highlight key issues regarding Traveller health, the poor health status of Travellers and the impact of broader social determinants on Traveller health; the positive developments that have occurred; the need for investment in the Traveller health infrastructure; and a strategic and co-ordinated response to address the issues highlighted today.

Before we begin it is important to contextualise Traveller health within the broader social determinants and the need to recognise the causal pathways, which include discrimination, education, employment, accommodation, etc. if we are to realistically address Traveller health inequalities, other Government Departments have to also address the determinants. We commend the work of the Committee to date in exploring these issues and would recommend that other thematic sessions include questions on their impact on Travellers' health.

Next year will mark ten years since the publication of the very comprehensive All Ireland Traveller Health Study (AITHS) which took 3.5 years to complete, costing the taxpayer €1.3 million and involved a concerted effort between Traveller organisations, Traveller peer researchers and researchers in UCD. This study yielded an unprecedented 80% participation rate- this is recognised as an exceptional response rate, particularly with 'so-called hard to reach groups.'

The evidence of the Study was clear:

- Travellers have one of the lowest life expectancies of any other minority ethnic group in Ireland; the overall Traveller life expectancy is 66 years. This is 15 years less for Traveller men and 12 years less for Traveller women.
- Infant mortality almost 4 times higher than the national rate
- Traveller mortality is 3.5 times higher
- Traveller suicide is 7 times higher and accounts for 11% of Traveller deaths

The Study also showed that institutional discrimination exists within our health services:

- Less than half of all Travellers had complete trust in health care professionals compared to the trust level found in the general population (Slan Study)
- Over half of Travellers were concerned about the quality of care they received when they engaging with health services.
- 40% of Travellers reported discrimination accessing health services which was supported by almost 7 out of 10 of service providers who agreed that their services discriminated against Travellers.

We know from the Study that Travellers are dying of the same causes as the general population, however, in far greater numbers. If this was any other group in Irish society it would be seen as a national crisis. However, as our colleagues have pointed out, the findings of this Study were ignored, we were told no actions could be taken as there were no resources due to the recession. Despite the recovery, we still have no action and Traveller's health continues to deteriorate. We feel that it is not prioritised within Department and we require leadership and urgent action.

It would be remiss, not to acknowledge the very many positive developments over the past twenty years. In particular the development of a strong Traveller health infrastructure at national, regional

and local levels. The establishment of the Traveller Health Advisory Committee (THAC) which was a structure within the Department of Health and was responsible for the development of Traveller health policy and oversight of the Traveller health budget. Its achievements include the publication of the Traveller Healthy Strategy, the piloting of the ethnic identifier and the ground breaking AITHS. We acknowledge that the Committee heard last week that the THAC was reviewed and a recommendation was to disband the group, however, this was not the case and in its absence, there was no representative mechanism to drive a response to the detailed findings of the AITHS. We are awaiting the establishment of an essential structure to monitor Traveller health policy and mainstream Traveller health across the Department in line with commitments in NTRIS.

At regional level we have the Traveller Health Units (partnership structures between HSE and local Traveller organisations) through which Traveller health issues are highlighted and mainstreamed into regional health service provision.

In addition to national and regional structures, the Primary Health Care for Travellers Projects (PHCTPs) at local level, which were acknowledged in the Traveller Health Strategy as ‘cornerstone of which health services are delivered effectively to Travellers’. This was clearly reflected in the AITHS, with 83% of Travellers receiving health information from PHCTPs.

Unfortunately, this Traveller health infrastructure has been weakened due to lack of investment over the last 10 years, leading to the closure of a number of these projects.

There has been a disproportionate disinvestment in Traveller health which has pre-dated austerity. This was identified in 2009 to the Joint Committee on Health and Children¹ in which we highlighted that in 2007, €1 million was allocated for Traveller health developments, of which €100,000 was allocated towards the all-Ireland Traveller health study and the remainder was put towards balancing the HSE budget.

Similarly, in 2008 a further €1 million was allocated to Traveller health developments and the HSE introduced a stipulation that one could only spend in 2008 what was spent in 2007. Therefore, once again €900,000 of the Traveller health budget went to balancing the HSE budget. Out of a potential €2 million for Traveller health development funding, given Traveller health status, given the all-Ireland study and given the significant needs, €1.8 million was used to balance the HSE books. This is unacceptable, and in our view immoral, given the health status of the Traveller community.

We believe this reflects a lack of prioritisation of Traveller health and a disregard for Traveller health inequalities. Traveller health has not receive any new development funding from the Department of Health since 2008.

We welcome the commitment in Action 73 from the National Traveller Roma inclusion Strategy ‘to develop a detailed action plan with clear target, indicators, timeframes and resources’. There has been a robust consultation process, which produced the first draft of the Action plan, which totally ignored the recommendations from the consultation process and while we would like to acknowledge the HSE’s commitment to revise the Plan, there is a need to ensure that the revised Plan includes the establishment of a new institutional mechanism under the aegis of the Department of Health and Health Service Executive (HSE) to drive the implementation of the Plan. This renewed institutional mechanism must also have political accountability. It is in line with commitments outlined in the National Traveller and Roma Inclusion Strategy (Action 74).

¹ https://www.oireachtas.ie/en/debates/debate/joint_committee_on_health_and_children/2009-03-10/3/

Ethnic equality monitoring and the roll out of an ethnic identifier across all health and social care administrative systems, is required to monitor access, participation and outcomes for Travellers (and other minority ethnic groups). This will provide an evidence base to inform Traveller health policy, service utilisation and provision and the tackling of Traveller health inequalities. It will also contribute to a more effective and efficient health service.

It will also ensure that public health bodies comply with the statutory requirements under Section 42 of the Irish Human Rights and Equality Act 2014 which mandates all public bodies to take proactive steps to assess equality and eliminate discrimination²

Travellers and Traveller organisations continue to mobilise, innovate and make positive contributions to close health inequality gaps. Pavee Point continues to work in partnership with a range of health and voluntary service providers when the opportunities arise. There is significant progress in the acknowledgement of Traveller health inequalities in Ireland and in the understanding of how to address these issues at a conceptual level. However, we still have a challenging road ahead. In this light we would recommend:

Key Recommendations

1. Publish and implement the National Traveller Health Action Plan as a matter of urgency, including the establishment of an institutional mechanism with the HSE and Department of Health to drive its' delivery and implementation. The Plan must be inclusive of clear targets, indicators, outcomes, timeframes and budget lines.
2. Sláintecare recommends access to universal GP care within 5 years. We recommend that Travellers be prioritized and fast-tracked in this process. We further recommend that with immediate effect all Travellers employed in Primary Health Care Projects are entitled to a medical card (similar to Disability/Community Service Programme/CE). This is circa 300 medical cards.
3. The Traveller specific health infrastructure, including Traveller Health Units and Traveller Primary Health Care Projects, should be protected and receive increased resources for their expansion and development in line with the National Traveller and Roma Inclusion Strategy (Action 76). It is important that health reforms do not undermine the work and progress of the THUs given their institutional knowledge and their impact on the ground.
4. Ensure that a clear budget is allocated and protected to address Traveller health inequalities at national level.
5. Ensure that Traveller health inequalities are mainstreamed within the Department of Health and across HSE and into existing and forthcoming policy that impacts on Traveller health.
6. Implementation and rollout of ethnic equality monitoring, including a standardised ethnic identifier across all health administrative systems to monitor access, participation and outcomes of Travellers, and to inform the development of evidenced-based policies and services.

² All public bodies in Ireland have responsibility to promote equality, prevent discrimination and protect the human rights of their employees, customers, service users and everyone affected by their policies and plans. This is a legal obligation, called the Public Sector Equality and Human Rights Duty, and it originated in Section 42 of our founding legislation, the Irish Human Rights and Equality Act 2014. https://www.ihrec.ie/download/pdf/ihrec_act_2014.pdf

Appendix: Traveller Health Key Facts and Figures
(Special Joint Committee on key issues affecting the Traveller Community: Health-Traveller Community Health Workers)

AITHS Key Findings: Trust in Health Services
<ul style="list-style-type: none"> • Traveller organisations and Primary Health Care for Traveller Projects (PHCTPs) were the most recognised and used support services for Travellers, particularly for mental health • 83% of Travellers reported receiving health information and advice from PHCTPs: <ul style="list-style-type: none"> ○ 25% of Traveller women had breast screening for cancer, compared with 13% of women in the general population ○ 23% of Traveller women had a cervical smear test compared with 12% of women in the general population • The level of complete trust by Travellers in health professionals was only 41% compared with a trust level of 82% by the general population in health professionals
<p>Since 2007 there disproportionate disinvestment in Traveller health which has pre-dates austerity. In 2008, out of a potential €2 million for Traveller health development funding, given Traveller health status, given the all-Ireland study and given the significant needs, €1.8 million was used to balance the HSE books.</p>

Health ³	Education ⁴	Accommodation ⁵
<ul style="list-style-type: none"> • Only 3% of Travellers over 65 • 42% of Travellers under 15 years of age compared with 21% of the general population • 63% of Travellers under 25 years of age compared with 35% of the general population • Only 8 Travellers found over 85 years of age 	<ul style="list-style-type: none"> • 13% of Travellers complete secondary education in comparison with 92% of the general population. • 57.2% of Traveller males were educated to primary level at most, compared with just 13.6% of the general population • Less than 1% of Travellers go on to third level education 	<ul style="list-style-type: none"> • Nearly 40% Traveller households had more persons than rooms compared with less than 6% of non-Traveller households • Traveller overcrowding 7 times the national rate • 15% of all Travellers are homeless; the equivalent to 709,632 people in the general population.⁶ • Approximately 1,700 Travellers on the roadside without basic facilities⁷
<p>No new development funding has been allocated to Traveller health since 2008</p>	<p>-86.6% cuts were made to Traveller education during austerity</p>	<p>Almost half of the Traveller accommodation budget given to local authorities by the government was sent back unspent in 2019</p>

³ https://www.ucd.ie/t4cms/AITHS_SUMMARY.pdf

⁴ <http://www.cso.ie/en/csolatestnews/pressreleases/2017pressreleases/presstatementcensus2016resultsprofile8-irishtravellersethnicityandreligion/>

⁵ <http://www.cso.ie/en/csolatestnews/pressreleases/2017pressreleases/presstatementcensus2016resultsprofile8-irishtravellersethnicityandreligion/>

⁶ Department of Housing, Planning and Local Government (2017) Total Number of Traveller Families in all categories of Accommodation. Dublin: Stationery Office.

⁷ Department of Housing, Planning and Local Government (2017) Total Number of Traveller Families in all categories of Accommodation. Dublin: Stationery Office.

AITHS Key Findings: Mental Health and Suicide

- 62.7% of Traveller women and 59.4% of Traveller men reported their mental health was not good for one or more days in the last 30 days, compared to 19.9% of the non-Travellers
- 56% of Travellers said that poor physical and mental health restricted their normal daily activities, compared to 24% of the non-Travellers
- Overall Traveller rate suicide is 6 times higher than general population
- Suicide is 7 times higher for Traveller men and accounts for approx. 11% of all Traveller deaths
- Suicide is 5 times higher for Traveller women

Aside from once-off funding from Dormant Accounts and 9 HSE posts for Mental Health Co-Ordinators for Travellers, there is no dedicated Traveller mental health budget

AITHS Key Findings: Discrimination

- 53% of Travellers “worried about experiencing unfair treatment” from health providers
- 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
- 40% of Travellers experienced discrimination in accessing health services, compared to 17% of Black Americans and 14% of Latino Americans
- 66.7% of service providers who agreed that discrimination against Travellers occurs sometimes in their use of health services. Mental health service providers also admitted that anti-Traveller discrimination and racism were evident within the services, resulting in substandard treatment of Traveller service users.

Despite recommendations by international human rights monitoring bodies, the National Action Plan against Racism (2005-2008) was never renewed.