



PAVEE POINT
TRAVELLER AND ROMA CENTRE

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

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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Good morning, I would like to thank you for the invitation today and welcome the Committee's work on highlighting the issues facing Travellers today.

I also want to acknowledge the commitment and support from the Minister's for Health and the hard work of the HSE and certain people in the Department of Health over the past 30 years that I have been working in this area.

I have been doing this work for over 30 years. I am one of the first Traveller women who approached the health board with Pavee Point looking for Primary Health Care for Travellers, given that our health was so bad. They said it wouldn't work- Travellers going out talking to other Travellers. I eventually wore them down and they said we would be funded for one year. We're still here now and there have been many other Traveller Primary Health Care Projects set up around the country.

We worked hard and it took us several long years to get the Traveller Health Strategy and one of its recommendations was Primary Health Care for Travellers Projects. It also recommended the setting up of the Traveller Health Advisory Committee which I was part of and it was really important because we worked with the Department of Health and the HSE. That has been gone since 2012 and we feel that we have been left behind. We did get a promise from the Minister that it would be reconvened but this has happened. We feel there is a block somewhere in the Department and that it isn't the Minister.

We were also told we need the evidence that our health needs were bad and we lobbied the Department of Health for the All Ireland Traveller Health Study. We got over €1 million for the study and trained 400 Travellers from all across Ireland to go out and find out about our health needs. Again, they said it couldn't be done but we went the length and breadth of Ireland and got the evidence. It was done by Travellers for Travellers.

We found that my people (Travellers) are dying younger and at a faster rate. To make this real for you, where I live there are 300 Traveller families. I can count only a fistful that are over 60 years age. My own husband died a young man in his early 50's leaving a young family behind.

So the Study found lots of the problems but also highlighted some positive things.

It found almost all Traveller women were accessing maternity services for the first time and double the number of Traveller women were getting smear tests and breast checks than women in the general population. This is because of the information the Traveller Community Health Workers in the Primary Health Care Projects are giving direct to Travellers in their own words and in a way that they understand why these health services are important. We are the ones on the ground saving lives. We are helping the state by doing this service but we don't always feel valued or appreciated. Most of Traveller Community Health Workers work 12 hours but in reality we're on call 24 hours a day, as we live in the community. We see our people suffering and this constantly on our mind and impacts our own mental health.

We are losing really good Traveller Community Health Workers because there has been a lack of investment in our future by the State. Traveller health has not received any new development monies since 2008. Most of us are on the minimum wage despite years of

service and there is little progression routes. When it comes the day that I retire, there is no retirement plan for me. We don't get the same entitlements as other workers in the HSE.

Do you think that's right? That after years of service and hard work on behalf of the State to improve our community's health we come out with nothing.

It is like taking one step forward and three or four steps back. Therefore, we are always battling.

Many of our workers are losing their medical cards and given the our health needs we can't afford to not have a medical card. It is government policy that everybody will have access to GP care within 5 years. All we're asking is that Travellers be prioritised given our health needs. We further recommend that with immediate effect all Travellers employed in Primary Health Care Projects, are helped to retain their medical card. Similar to those with disabilities. This is about 300 Traveller Health Workers. This would be a huge confidence measure for Traveller Community Health Workers around the country.

I am hopeful, that we can work together to address the issues I have spoken about but we need leadership. I am tired of running after Ministers and trying to convince them that our health is at crisis point. We need all departments to help, as Travellers health is affecting by Travellers not getting jobs, not being supported in school and living in bad conditions, with no services.

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.

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>

Health¹	Education²	Accommodation³
<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. ⁴ • Approximately 1,700 Travellers on the roadside without basic facilities⁵
No new development funding has been allocated to Traveller health since 2008	-86.6% cuts were made to Traveller education during austerity	Almost half of the Traveller accommodation budget given to local authorities by the government was sent back unspent in 2019

AITHS Key Findings: Mental Health and Suicide	
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	

¹ https://www.ucd.ie/t4cms/AITHS_SUMMARY.pdf

² <http://www.cso.ie/en/csolatestnews/pressreleases/2017pressreleases/presstatementcensus2016resultsprofile8-irishtravellersethnicityandreligion/>

³ <http://www.cso.ie/en/csolatestnews/pressreleases/2017pressreleases/presstatementcensus2016resultsprofile8-irishtravellersethnicityandreligion/>

⁴ Department of Housing, Planning and Local Government (2017) Total Number of Traveller Families in all categories of Accommodation. Dublin: Stationery Office.

⁵ Department of Housing, Planning and Local Government (2017) Total Number of Traveller Families in all categories of Accommodation. Dublin: Stationery Office.

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.

