

COVID-19 AND IRISH TRAVELLERS:

Interim Responses, Reflections and Recommendations

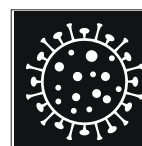


“ It's not just COVID-19 that is killing people, it's underprivilege, it's lack of access, it's years of living with health conditions that haven't been properly managed because of the colour of your skin, or your ethnicity, or your social group ” DR. MIKE RYAN, WHO, 2020

Pavee Point Work March-August 2020



PAVEE POINT
TRAVELLER AND ROMA CENTRE



Coronavirus
COVID-19
Public Health
Advice

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**COVID-19 and Irish Travellers: Responses, Reflections and Recommendations
Pavee Point Work March-August 2020**

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Introduction

The COVID-19 pandemic reached the Republic of Ireland on 29 February 2020 and from the onset, Pavee Point was concerned that it would have a potentially devastating impact on the Traveller community given their existing health inequalities and poor living conditions¹. The combination of more cramped and poorer living conditions; poorer health status and health literacy; and poorer access to primary care had the potential to create a perfect storm for the rapid spread of the pandemic.

Many Travellers from throughout the country were raising their concerns and fears about COVID-19 and how it would potentially affect their children, families, and communities. Traveller organisations and Traveller Primary Health Care Projects were also raising their concerns and seeking guidance in addressing COVID-19. In Pavee Point, we quickly recognised that COVID-19 should be an organisational priority for all staff, participants and programmes and galvanised ourselves into action in working to mitigate the impact of the pandemic among the Traveller and Roma communities in Ireland.

We were also aware that at European and international levels² concerns were being raised about the potentially disproportionate impact that COVID-19 would have on minority and marginalised communities, and specifically on Traveller and Roma³ communities.

During COVID-19 Pavee Point worked collaboratively and in partnership with the HSE, Traveller Health Units (THUs) and Traveller organisations and Primary Health Care Projects (PHCPS), the Department of Education and Skills, Department of Housing, Local Government and Heritage, the Department of Rural and Community Development and other government departments. to ensure the prioritisation of Travellers during this time. Pavee Point, alongside many other Traveller organisations at local and national levels, have a strong history in fighting to respect, protect and fulfil Traveller human rights. Pavee Point has a long track record and a particular competence in addressing Traveller health inequalities and their Right to Health⁴. Using an interagency approach and ensuring social determinants focus to public health, this work resulted in policy and service provision changes which has had tangible outcomes for Travellers on the ground.

The actions we took have been very positively recognised by the HSE:

"I worked in the HSE's National Social Inclusion Office from March to June 2020, in the response to COVID-19 among socially excluded groups in Ireland. Among these groups are the Travelling Community and the Roma Community. I had specific interaction with the Traveller Community on several occasions, managing outbreaks and visiting halting sites, as well as adapting public health guidelines so that the recommended actions would be feasible for Travellers to follow.

Pavee Point played a crucial part in all these endeavours and contributed considerably to limit the incidence of infection among Travellers. Pavee Point and its networks and structures, built up over decades, were and remain a key bridge between Travellers and public health staff. They were accessible 24/7 and were very solution focussed throughout. Pavee Point staff also helped build trust between Travellers and public health responders which is key to any public health endeavour.

For the future and in the spirit of better responses from communities at risk in relation to guidance that can be challenging the continuing involvement of Pavee Point is critical, way beyond COVID-19. It was a great honour to be involved directly with the travelling community and with Pavee Point in working to help Travellers improve their health prospects in these challenging times".

**PROFESSOR JOE BARRY, PROFESSOR OF PUBLIC HEALTH MEDICINE,
PUBLIC HEALTH & PRIMARY CARE, TRINITY COLLEGE DUBLIN**

¹ See Appendix 1

² See Statements from the OSCE and FRA here: <https://www.osce.org/odihr/449668>; <https://fra.europa.eu/en/news/2020/persistent-roma-inequality-increases-covid-19-risk-human-rights-heads-say>

³ <https://www.coe.int/en/web/commissioner/-/governments-must-ensure-equal-protection-and-care-for-roma-and-travellers-during-the-covid-19-crisis>
See Appendix 2

⁴ This right is enshrined in Article 35 of the EU Charter of Fundamental Rights and in Article 25 of the Universal Declaration of Human Rights (UDHR).

This report documents our work with the Traveller community during the first six months of the pandemic- March to August 2020, and sets out clear recommendations to inform future policy development and approaches to service provision for Travellers.

We have produced this report to:

- Document the work we undertook
- Share the learning
- Identify good practices
- Make policy recommendations

Key Achievements March-August 2020

- Ensuring Travellers and Roma were named under vulnerable groups and included in the work of the NPHET Vulnerable People Subgroup
- Ensuring Travellers and Roma were identified as priority groups for COVID-19 testing
- Undertaking of fast tracking and targeted testing of Travellers and Roma
- Issuance of a national circular from the Department of Housing, Local Government and Heritage to all local authorities to ensure the provision of emergency facilities and Traveller accommodation to self-isolate where necessary

- Engagement of public health doctors in implementation of the national circular
- A national ban on Traveller evictions during the COVID-19 crisis, including Travellers living on the side of the road or Travellers doubling up on sites in emergency legislation.
- Successfully lobbied to ensure that Community Response Forums (CRFs) were inclusive of Traveller representation, resulting in the Department of Housing, Local Government and Heritage issuing advice to Local Authority Chief Executives through the City & County Managers Association (CCMA) to ensure Traveller representation on these structures.
- Inclusion of an ethnic identifier in the HPSC database (CIDR)
- Issuance of PPE to all Traveller Primary Health Care Workers
- Development of culturally appropriate COVID-19 health education materials

This report is organised in two sections. Section One documents the work undertaken by Pavee Point during the COVID-19 pandemic and highlights some of the challenges and successful outcomes achieved. Section Two makes policy recommendations.



Section 1:

National Policy and Advocacy Work

Housing Circular

At the onset of the pandemic in early March, Pavee Point convened a meeting of the Eastern Region Traveller Health Network⁵ (ERTHN). The purpose of the meeting was to share information on COVID-19 and address some of the fears local PHCPs were raising about the pandemic. At this meeting all present were clear that the essential public health messages then - of hand-washing, social distancing and self-isolating to protect against COVID-19 - would simply not be possible for many Travellers who lived in overcrowded conditions and had no access to running water, etc. This was particularly clear given that over 1 in 10 Travellers are homeless (13.5%)⁶ with many 'doubling or tripling up' living in the yards of extended family members. These issues had also been raised at the Eastern Region Traveller Health Unit (THU)⁷ meeting the week before which is chaired by a HSE Chief Officer. During the ERTHN meeting we discussed and documented the concerns PHCPs had. A short report⁸ was drawn up that afternoon following the meeting (March 12th) and was sent to the Chairperson of the Eastern Region THU. She organised a teleconference with the HSE National Office of Social Inclusion who brought the report to the attention of the HSE Public Health Lead for Social Inclusion/Vulnerable Groups who in turn fed the concerns into the National Public Health Emergency Team⁹ (NPHE).

A result of this, and other lobbying work, it was agreed that a National Circular would be issued to all local authorities¹⁰ by the Department of Housing, Local Government and Heritage, indicating that essential services needed to be provided to Travellers. This was issued to all local authority Directors of Housing on March 18th and it included provision for water, toilets, refurbishment, site works and additional mobile

accommodation and space where there is overcrowding. It also made provision for self-isolating facilities, which included funding being made available to all local authorities to provide additional mobile homes/caravans where necessary. To date, provision has been made for an additional €3.2m to 23 local authorities to provide these essential services to Travellers.

Additionally, weekly Zoom calls took place during the first month with the then Junior Minister for Housing, Damien English, and officials from the Traveller Accommodation Unit (TAU) in the Department of Housing, Planning and Local Government, where concerns could be raised about the lack of engagement and prioritisation of Travellers by some local authorities. The four national Traveller organisations coordinated our efforts and jointly shared information on the implementation of the Circular with the Department of Housing. The TAU monitored this on an on-going basis throughout the early phase of COVID-19 and it is on the agenda of the subsequent National Traveller Accommodation Consultative Committee meetings.

This Circular was a really important confidence building measure among Travellers and Traveller organisations. It sent out a clear message early on during COVID-19 that Travellers were a priority for the Government and their concerns would be addressed. It was also indicative of a whole of Government approach to Traveller health issues during the pandemic. It resulted in many real and significant changes to Traveller accommodation facilities which improved the quality of life of many Traveller families. It also resulted in regional Traveller Health Unit coordinators having regular weekly meetings with the Directors of Housing to address accommodation issues relating to COVID-19. The fact that Traveller accommodation was being addressed by

⁵ The ERTHN is a regional network of 9 local Primary Health Care for Travellers' Projects (PHCPs) and a local health initiative in the Eastern Region. The network covers CHOs 6, 7 & 9 (Dublin, Kildare and Wicklow) and works with approximately 8,200 Travellers.

⁶ Department of Housing, Local Government and Heritage (2019) Total Number of Traveller Families in all categories of Accommodation. Dublin: Stationery Office.

⁷ The Eastern Region Traveller Health Unit (THU) is co-ordinated by Pavee Point on behalf of the HSE. The THU work plan is implemented through regional THU initiatives with 9 PHCPs and a local health initiative. As one of the largest THUs in the country, the Eastern region THU works across 3 CHOs (6, 7 & 9) covering approx 8,200 Travellers or 26% of the total Traveller population in Ireland.

⁸ Eastern Region Traveller Health Unit (2020) HSE and Local Authority Advocacy Document to enable Travellers self-isolate from COVID-19: Eastern Region Traveller Health Unit. Dublin: Pavee Point Publications.

⁹ The National Public Health Emergency Team (NPHE) is the mechanism for coordinating the health sector response to significant public health emergencies. The NPHE for COVID-19 was established on 27th January 2020 in the Department of Health and is chaired by the Chief Medical Officer. A number of subgroups were established under the NPHE for COVID-19, including a Vulnerable People Subgroup. For governance structures see: Department of Health (2020) National Public Health Emergency Team (NPHE) for COVID-19 Governance Structures. Dublin: Department of Health.

¹⁰ Department of Housing, Local Government and Heritage (2020) Traveller Accommodation Unit – Electronic Correspondence: Directors of Services for Housing in each local authority in relation to Traveller accommodation and COVID-19. Dublin: Department of Housing, Local Government and Heritage

Directors of Housing and beyond the 'Traveller accommodation sections' in many local authorities was recognised by many Traveller organisations as a progressive development. The engagement of HSE local public health doctors with local authorities also contributed to positive outcomes for many Travellers.

A key achievement of our work to date was the issuance of a National Circular from the Department of Housing, Planning and Local Government to all the local authorities requesting that they provide basic facilities where all Travellers live, including unofficial sites where water and sanitation were not in place. This has been crucial during this pandemic. Equally, Pavee Point lobbying to ensure a ban on Traveller evictions and working with the Traveller community to identify gaps in the implementation of the National Circular with the Department, especially where there was reluctance within local authorities. This went a long way towards giving the Traveller community a better chance of surviving Covid-19.

**CONCEPTA DE BRUN,
HSE REGIONAL SOCIAL INCLUSION SPECIALIST**

Ban on Evictions

Initially the Government introduced a ban on evictions of rent payers and mortgage holders during COVID-19 however it excluded Travellers who were unauthorised to occupy local authority land. On March 25th Pavee Point wrote to Minister Damien English advocating that Travellers be protected from evictions during the pandemic.¹¹ These issues were also raised by Pavee Point with political representatives and a Dáil vote ensured the emergency ban on evictions was then extended to Travellers on the side of the road and to Travellers doubling up on the same plot of land with extended family members. It also included Travellers living on existing unauthorised sites on the roadside but excluded the development of any new unauthorised sites which would continue to be dealt with in line with existing trespass legislation. This offered some security to particularly vulnerable Traveller families living on the roadside during the pandemic.

Engagement of Public Health Doctors

During the pandemic we witnessed the positive involvement of public health doctors in addressing the living conditions of Travellers and Roma. The authority they brought to the concerns which have been raised by Traveller organisations over many years was welcomed. We witnessed local authorities providing and approving essential services such as running water, sanitation and electricity within a matter of weeks - when public health doctors were involved - despite Travellers and Traveller organisations advocating for such basic services for many years. We hope the provision of such necessities (water, toilets and electricity, etc.) was not just prioritised because of the risk to the general public, but rather, because of the real concern for the lives and

health of Travellers living in Ireland. Moving forward, it is imperative that public health continue this positive engagement and ongoing involvement with Traveller Health Units and Traveller organisations in addressing Traveller health inequalities given the disproportionate distribution of chronic health conditions and communicable diseases as evidenced in the All Ireland Traveller Health Study (AITHS).

"As a result of COVID-19 and the intervention of an Outbreak Control Team which involved HSE social inclusion, public health, THU, Pavee Point, Dublin City Council, the TAU and our PHCP the living conditions for many Traveller families in our area have been improved. Families got water, toilets, washing machines, mobile homes and improved site works including the promise of electricity. It shouldn't take a pandemic to make sure such basic living conditions are available."

**BRIGID NEVIN, TRAVACT PRIMARY HEALTH CARE
PROJECT COORDINATOR, COOLOCK.**



Harnessing the strong Traveller health infrastructure to strategically respond to COVID-19

A key development that took place in March was establishment of the National Traveller COVID-19 Response teleconferences by the HSE national lead on Travellers. The overall aim of the teleconferences were to support national co-ordination and responses in relation to COVID-19 and Travellers. These were attended by Traveller Health Unit Co-ordinators, representatives from the HSE National Social Inclusion Office including the HSE Public Health Lead for Social Inclusion/Vulnerable Groups.

These teleconferences provided a useful forum to ensure Traveller issues were prioritised by the HSE. Issues raised here were brought to the attention of the HSE National Social Inclusion Governance Group and the NPHET Vulnerable People Subgroup, where they were escalated to the main NPHET when necessary. These teleconferences were successful in:

¹¹ <https://www.paveepoint.ie/emergency-law-protects-travellers-from-eviction/>

- Ensuring a nationally consistent approach to testing Travellers for COVID-19
- Providing a forum for documenting the impact of COVID-19 on Travellers through gathering data on the numbers of COVID-19 positive cases and deaths
- Facilitating the sharing of information and guidance documents
- The development and dissemination of resources and COVID-19 related education materials
- Allocation of funding
- Proactively undertaking targeted measures when necessary
- Providing up to date information to Travellers and Traveller organisations

The leadership demonstrated by the HSE National Social Inclusion Office facilitated good communications and the releasing of resources when needed. The involvement of Public Health in the work of Traveller organisations during COVID-19 must be acknowledged and was much appreciated. Prior to the pandemic, THUs, Traveller organisations and PHCPs engagement with Public Health was limited; however, as previously noted, the authority they brought to ensuring that local authorities fulfilled their statutory obligations of providing basic services to Travellers such as water, electricity and facilities to self-isolate where necessary was paramount during this time. Their support for Travellers and Roma to be named as priority groups for testing and the organisation of testing and fast-tracking results meant that where there were outbreaks risk assessments were undertaken in a timely manner preventing further spread of COVID-19.

Key concerns and emerging issues for Travellers on the ground could be highlighted through these teleconferences. National public health guidance was shared and then disseminated at local levels. A dedicated HSE COVID-19 resource page for Travellers (and another for Roma) were set up where culturally appropriate public health resources developed by Traveller organisations could be shared¹².



Dedicated national Traveller (and Roma) COVID-19 helplines were sought and established and funded by the HSE. The Traveller helpline was organised through the THU in the Midlands Region but provided a national service. Reports from these helplines were provided and issues emerging could be dealt with and followed up through the weekly teleconferences. The helpline contacted local Traveller organisations and/or PHCPs if a Traveller from a specific area had contacted for support/ advice, e.g. seeking a COVID-19 test or looking for a facility to self-isolate. This would then be followed up at the local level by the Traveller organisations and/or PHCPs with permission from the individual.

Naming Travellers Under Priority Groups

The HSE developed guidance for vulnerable groups in early March, with members of vulnerable groups showing signs and symptoms of the virus automatically prioritised by GPs for COVID-19 testing. Yet, despite documented health inequalities, Travellers and Roma were not prioritised and initially named under this testing criteria and therefore Pavee Point lobbied to ensure their inclusion given health inequalities and vulnerabilities. On March 26th the criteria was extended to include Travellers and Roma. Guidance was provided to GPs to this effect.

While this was welcomed, clear issues emerged in relation to the length of time it took to be tested and the time it took to get the test results. While these issues were similar for all groups nationally, for Travellers with large families living in over-crowded conditions this was particularly difficult. This was also exacerbated by the perceived stigma among Travellers, particularly in the early days of COVID-19, that if you contracted the disease it was because you weren't keeping your home clean. The effect of this was that Travellers would not disclose if they had been referred for testing and often didn't self-isolate because they didn't want to bring what they perceived as shame on their families. Work was undertaken to try and debunk these myths and show that the responsible thing to do was to acknowledge you were being sent for testing and to self-isolate while awaiting results in order to protect yourself, your family and your community. We developed a podcast with one of our PHCP workers explaining the testing process based on her own experience and with clear messaging around stigma. We also produced short video clips showing a Traveller going for the test and then about getting the results¹³ and these were shared widely throughout Ireland.

To mitigate the delays in testing, and potential further spread of the disease, Pavee Point lobbied for positive action measures to be undertaken for testing Travellers. In the greater Dublin area we worked closely with HSE

¹² <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/travellers-and-roma/irish-travellers/traveller-covid-19-resources.html>

¹³ <https://www.paveepoint.ie/testing-for-covid19-a-positive-step-to-stop-the-virus/>

and Safety Net¹⁴, a medical charity providing primary care to marginalised groups, to undertake targeted outreach testing on Traveller sites and group housing schemes where there were concerns about a potential outbreak of COVID-19. Safety Net also had capacity to fast track test results which was really useful and reduced anxiety among Travellers awaiting results. It also meant more timely interventions could be undertaken among extended Traveller families where necessary. We also worked with the National Ambulance Service (NAS) who also provided outreach testing on sites when necessary. However, depending on which laboratories the NAS tests were sent to, there were delays in receiving the results. This targeted testing was useful where an outbreak on-site had been identified. It alleviated anxiety, reduced stigma, with the whole site being voluntarily tested, and was convenient and avoided use of public transport by a potential COVID-19 positive person.

‘We contacted the THU about a confirmed COVID case on a halting site. They contacted public health and arranged for the public health doctors to come out to visit the site and do an assessment. The doctors recommended that three from that family be tested, two of which came back positive. Public health were then going to test other extended family members but other Traveller families were very concerned and wanted to be tested too. CTDG pushed public health to let everyone on the site who wanted to be tested to get the test. This is what happened and it helped reduce anxiety and tensions on the site. It also helped us build up good relationships with public health doctors.’

DOREEN CARPENTER, MANAGER CLONDALKIN TRAVELLERS DEVELOPMENT GROUP

Community Response Forums

Pavee Point was contacted by several local Traveller organisations to raise concerns that Community Response Forums (CRFs) were being established in local authorities¹⁵ to provide community supports and resilience during COVID-19. One of their roles was to ensure the delivery of targeted social care supports and assistance to vulnerable groups and individuals in the community. Traveller organisations were not automatically included in membership of these CRFs which potentially meant that Travellers would not necessarily benefit from the supports that were to be offered through the CRFs. Pavee Point wrote to then Minister for Housing, Planning and Local Government Eoghan Murphy¹⁶ and also met with Minister Damien English to highlight our concerns. As a result of this

work, we successfully ensured the CRFs were inclusive of Traveller representation, resulting in the Department issuing advice to Local Authority Chief Executives through the City and County Managers Association (CCMA) to ensure Traveller representation on these structures. Subsequently, Traveller organisations who sought membership of CRFs were included and many Travellers benefitted from the supports provided through the forums.



Providing a clear evidence base: ethnic equality monitoring

Since 1993, Pavee Point Traveller and Roma Centre has advocated for the collection of disaggregated data on the basis of ethnicity, inclusive of Travellers and Roma, in line with European/national data protection law and within a human rights framework.¹⁷ This work has directly resulted in the introduction of a question on ethnicity in the national census and this ethnic question (identifier) being used in a number of official routine datasets including those in health, education, accommodation and social inclusion.¹⁸

From the beginning of the pandemic we were conscious of the urgent need for disaggregated data to monitor the impact of the crisis on Travellers, Roma and other minority ethnic groups. This was particularly pertinent given concerning trends in relation to Roma and other minority ethnic groups in other jurisdictions¹⁹. In early March 2020, we urged the State to collect and collate ethnic data to monitor and document the impact of COVID-19 on Travellers, Roma and other minority ethnic groups. We also highlighted the need for the General Register Office (GRO) to record ethnicity on its death register to accurately capture Traveller and Roma mortality during the pandemic. The HSE brought it to the attention of the NPHET Vulnerable People Subgroup

¹⁴ <https://www.primarycaresafetynet.ie>

¹⁵ <https://www.gov.ie/en/publication/1f06f7-covid-19-community-call-local-authority-helpline-numbers-and-email-a/>

¹⁶ Pavee Point (2020) Letter to Minister Eoghan Murphy, T.D. re: Traveller and Roma Inclusion in Community Response Forums and Ensuring Self-Isolation Facilities for Travellers and Roma. Dublin: Pavee Point

¹⁷ As per the United Nations High Commissioner for Human Rights (2018): self-identification, voluntary self-identification; transparency; privacy; active participation and accountability

¹⁸ See here: https://www.paveepoint.ie/wp-content/uploads/2016/04/Counting-Us-In-A4_WEB.pdf; Fay and Kavanagh (2019) If We Are Not Counted, We Do Not Count: A Bottom-up Approach to Ethnic Equality Monitoring in Ireland In: Il Cortés Gómez, I. and End, M., eds. (2019) Dimensions of Antigypsyism in Europe. Brussels: ENAR. 231-246.

¹⁹ International data has indicated the disproportionate impact of COVID-19 on minority ethnic groups. For example, the UK has acknowledged the disproportionate impact of the virus on minority ethnic groups in its recent report published by Public Health. Similarly, in the U.S., ethnicity data reported to the CDC reflects a similar picture, with States such as Louisiana reporting that 7 out of 10 COVID-19 (70%) related are African Americans.

and it was subsequently raised in the main NPHE meetings.²⁰ While it was agreed that the collection of ethnic data was important by NPHE, it wasn't fully implemented. In the interim, we knew that in the absence of ethnic equality monitoring (inclusive of an ethnic identifier) across all health data collection systems, particularly at the point of referral, identifying cases within the community would be extremely challenging. In response to this, we developed a national Traveller and Roma COVID-19 monitoring template which was shared with all Traveller Health Units, local Traveller organisations, Traveller Primary Health Care Projects and groups working with Roma²¹. We also worked with Safety Net to support the inclusion of an ethnic identifier in their COVID-19 data collection system to capture Traveller and Roma cases.

Through the National Traveller Health Network (NTHN),²² we advised local Traveller organisations and Traveller Primary Health Care Projects to complete the template and forward it to us and their THU Co-ordinator on a weekly basis. We collated this data and reported it during National Traveller and Roma COVID-19 Response teleconferences where it was shared with the HSE Public Health Lead for Social Inclusion/ Vulnerable Groups and cascaded to the NPHE Vulnerable People Subgroup and locally to public health offices. This data was instrumental in informing the responses by CHOs to Traveller cases in the local area. It also supported the HSE and Traveller organisations to:

- establish a baseline of COVID-19 as related to Travellers and Roma nationally;
- identify clusters/outbreaks;
- identify close contacts; and
- monitor the outcomes of cases

Nationally, between March and the end of August 2020, there were over 175 Travellers reported testing positive for COVID-19 and tragically three deaths were reported during this period. These are the only reported deaths among Travellers due to COVID-19 in the country. This figure reflects only those cases voluntarily reported to Pavee Point and may not be complete. The actual figure could be higher. In the Eastern Region, there were 490 tests reported (331 individual tests were enhanced tests in the community as a bid to detect the suspected community transmission). Of these, 58 Travellers were confirmed with COVID-19. Based on the available information above, the reported positivity of COVID-19

among Travellers tested in the Eastern Region is 11.84% which is three times the national rate of 3.6% reported in the general population.²³

Although we collated and monitored these figures nationally through our networks, we also continued to seek the implementation of the ethnic equality monitoring across all health administrative systems and especially those related to COVID-19. In May 2020, we were informed that the Department of Health instructed the Health Protection Surveillance Centre (HPSC) to include an ethnic identifier in their Computerised Infectious Disease Reporting System (CIDR) and the contact tracing system (CRM) for COVID-19. The CIDR²⁴ is a national information system pooling data from a range of partners - CHOs, the Health Protection Surveillance Centre, the Food Safety Authority of Ireland, the Food Safety Promotion Board and the Department of Health to manage the surveillance and control of infectious diseases in Ireland. Data from the CIDR is used to inform the national statistics in relation to COVID-19. While Pavee Point welcomed the inclusion of ethnicity on the CIDR, we note its limitations as ethnicity is not collected by GPs at the point of referral for COVID testing, nor is it collected by the National Ambulance Service or testing centres at the time of testing. Therefore it remains unclear how ethnic data was being collected.

This has resulted in the drastic under-reporting of Traveller and Roma data as reflected in news reports²⁵ and, in particular, inaccurate numbers being provided to the Chief Medical Officer and reported at Department of Health press briefings. The figures were an undercount. We were also concerned that deaths were not being reported accurately, with no Traveller deaths reported and Roma deaths underreported in the data provided. This was due to the lack of ethnic identifier in the death register by the GRO and as result, Travellers and Roma are completely absent from mortality data.

We were equally concerned at the potential for a backlash against Travellers and Roma where media reports overstated the reality. A report in the Irish Times²⁶ on COVID-19 testing stated that "Some 58 per cent of Roma who have undergone testing, and 43 per cent of Travellers, have had a positive result, according to official figures. The overall positivity rate for all people tested has fallen to under 4 per cent." This inaccurate report was subsequently widely quoted in broadcast media. We were concerned at the potential for such misleading data to further marginalise Travellers and

20 The importance of collecting ethnic data was noted in the minutes of the National Public Health Emergency Team – COVID-19 (24/4/2020) <https://www.gov.ie/en/collection/691330-national-public-health-emergency-team-covid-19-coronavirus/#minutes-from-meetings-in-march>

21 COVID-19 Monitoring Template

22 The NTHN is a national network of all PHCPs around the country, approximately 27 in total.

23 Correct as of September 10, 2020: <https://covid19ireland-geohive.hub.arcgis.com/pages/hospitals-icu--testing>

24 The CIDR (1) provides timely and comprehensive information to facilitate public health action in individual cases of infectious disease; (2) provides standard reports on the incidence and burden of infectious diseases nationally, regionally, and locally; (3) allows users to build reports defined by their needs; and (4) facilitates the collection of data to evaluate the effectiveness of prevention and control programmes nationally, regionally and locally

25 See here: <https://www.irishtimes.com/news/health/coronavirus-number-of-female-deaths-outnumbers-males-deaths-for-first-time-1.4258535>; <https://www.rte.ie/news/coronavirus/2020/0603/1145247-coronavirus-ireland-figures/>; <https://www.rte.ie/news/coronavirus/2020/0512/1137858-covid19-coronavirus-ireland/>

26 <https://www.irishtimes.com/news/health/coronavirus-marginalised-groups-to-become-new-frontline-in-battle-against-disease-1.4247933>

Roma and stigmatise them as carriers of the virus which would further alienate them in society and that Travellers and Roma would effectively be blamed for the health inequalities they experience. Such reports also had the potential to undermine the work of Traveller organisations and add further stress and anxiety to the Traveller and Roma communities whose mental health is already poor.

Communications & Resources

TARGETED PUBLIC HEALTH CAMPAIGNS

During the pandemic, it was imperative that public health information was clear, accessible and culturally appropriate for Travellers and Roma. In responding to this, we developed a dedicated COVID-19 information hub on our website where we hosted all of our Traveller and Roma specific COVID-19 resources, including leaflets, videos and podcasts. All resources were disseminated through our website and on social media pages. Podcasts and videos were recorded by Travellers on sites using mobile phone technology to record footage to complement and illustrate video content. This was innovative work undertaken by Travellers who had not done podcasts before and they were very positively received by Travellers and Traveller organisations as well as health service providers as information was accessible, culturally appropriate and not contingent on being literate.

We also worked collectively with the national Traveller health network to ensure national reach of key health messaging and dissemination of COVID-19 resources. Broader dissemination was also supported by the HSE National Social Inclusion Office through the dedicated resources pages for Travellers and Roma.²⁷ Additionally, in recognition of the social determinants of health and emerging issues identified by Travellers and Traveller organisations during teleconferences and regional/national meetings, we ensured a 'whole of organisation' approach to addressing COVID-19 in Pavee Point and developed and disseminated targeted resources on mental health, substance misuse and domestic violence.

The collaboration and support of HSE, in particular public health, in approving all resources and videos was extremely beneficial given the fluidity of public health advice and guidance. It also ensured that all content was up to date and aligned with mainstream public health information.

"The support and resources provided by Pavee Point to the Midlands Traveller Health Unit, throughout the period of COVID 19 was invaluable. Complementing the continuous information and guidance provided by the HSE National Social Inclusion Office, the culturally appropriate, up to date and effective messaging materials provided by Pavee Point, enabled us to minimise the prevalence and impact of the virus on the Traveller community, throughout the four Midlands counties."

The direct linkages with and representations made by Pavee Point to the various Government Departments and decision makers, on behalf of Travellers throughout the country, also played a significant role in allaying the fears of Travellers. In this role, Pavee Point was able to ensure that the specific needs of Travellers were recognised, which in many cases led to them being addressed during this period. The benefits of the immediate access to the wealth of knowledge and wide ranging expertise available through the staff at Pavee Point, seven days a week when necessary, were immeasurable, in assisting our efforts to prevent infection and spread of COVID 19 in the Midlands.

The constant supply of updated posters, videos, social media messaging and other user friendly documents, enabled us to keep the community informed, updated and reminded of the risks associated with the virus, for them and others in the community. Statistical data, research reports and guidance on evidence based approaches were also crucial in assisting us to minimise the impact of COVID 19 on the Traveller community in our area."

JIMMY TODD, COORDINATOR, HSE MIDLANDS TRAVELLER HEALTH UNIT

Health information was supported by strong messaging on social and physical distancing and other restrictions during lockdown and after lockdown, including travel restrictions. We worked collaboratively with An Garda Síochána and widely shared videos produced by Garda Community Relations. Pavee Point responded to any non-compliance issues unequivocally, swiftly and sending out a strong messages of compliance which were widely shared by Travellers.

Whole Organisation Approach

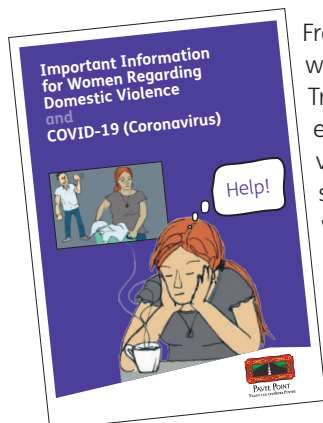
Throughout the pandemic our focus has been primarily on health and public health, but we quickly realised that a range of other existing problems and inequalities among Travellers would be exacerbated during COVID-19 e.g. violence against women; drug and alcohol use; educational disadvantage etc. To this end we undertook a whole of organisation approach to the pandemic, with everyone prioritising COVID-19 work to try and mitigate the worst of the impact of the virus among Travellers.



²⁷See HSE National Social Inclusion Office Traveller Covid-19 Resources: <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/travellers-and-roma/irish-travellers/traveller-covid-19-resources.html> and Roma Covid-19 Sharing Resources here: <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/travellers-and-roma/roma/roma-covid-19-sharing-resources.html>

This work included:

TRAVELLER WOMEN AND VIOLENCE AGAINST WOMEN DURING COVID-19



From the start of the pandemic, there was a significant concern for those Traveller women and children who experience domestic or sexual violence. The barriers to information, safety and protection among Traveller women that existed already before the pandemic became further exacerbated as Ireland entered lockdown and victims of domestic violence became confined to their own homes with their abusers.

A sharp rise in domestic violence was reported across Irish society as well as a rise in sexual violence perpetrated through the means of technology²⁸. As the weeks progressed it became very clear that Traveller women and girls were also impacted by such violence. Simultaneously reports started to come in regarding the significant difficulties for Traveller women to access domestic violence accommodation; indications of number of admissions from Traveller women in refuges reducing; instances of Gardaí failing to enforce barring and safety orders obtained by Traveller women; images of Traveller girls and women being stolen, violated and abused on social media; and significant barriers for Traveller women to leave abusive partners/households or find up to date information about services and supports.

Yet, it has been difficult to capture the full extent of the impact the pandemic has had on Traveller women and girls due to lack of data available by ethnicity. This lack of data has also made it next to impossible to assess the impact of measures introduced by the government, statutory agencies and NGOs on Traveller women.

SUPPORTING TRAVELLER ORGANISATIONS:

Pavee Point engaged with Traveller groups across the country to capture a picture of the situation for Traveller women and provide information and support for groups across the country. We worked closely with Traveller

Women's Awareness Workers in our four pilot sites²⁹ (Cork, Dublin, Wicklow and Carlow) holding weekly meetings and providing one-to-one support for the workers throughout the pandemic.

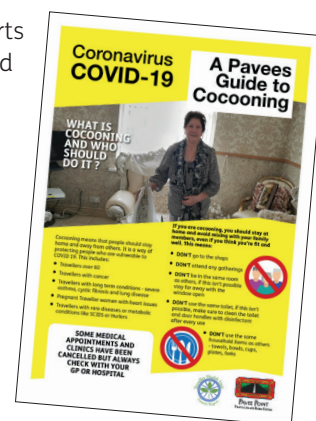


DEVELOPING ACCESSIBLE INFORMATION MATERIALS FOR TRAVELLER WOMEN:

Changes to how services were operating as the pandemic evolved meant that Traveller women had less information about these changes. We maintained ongoing communication with services to receive up to date information about available services and supports and developed a number of targeted materials to raise awareness about these with Traveller women and organisations. This included posters, a COVID-19 booklet with audio feature, digital messages from national Domestic and Sexual Violence (DSV) service providers to Traveller women and short videos about new measures. These materials were disseminated via Pavee Point's social media platforms, website, email contacts with Traveller groups and Primary Health Care WhatsApp groups.

ENGAGING IN PREVENTATIVE WORK:

As a response to the worrying reports of increase in domestic violence and difficulties among Traveller women to access services, Pavee Point engaged in cross-programme collaboration to develop a social media campaign aimed at addressing abusive behaviour. The 'It's Never OK' – campaign saw a number of Traveller men speaking out against domestic violence as part of the campaign.



For one week from 8th of June videos and photographs featuring Traveller men speaking out against domestic violence were posted on Facebook. One such video had a reach of 5,200 and the campaign featured in an article in the Irish Examiner newspaper entitled 'Traveller men speak out against domestic abuse during lockdown'.

INFLUENCING POLICY AND PRACTICE AT NATIONAL AND INTERNATIONAL LEVELS:

Pavee Point worked jointly with the Irish Observatory on Violence against Women to identify issues and solutions during the pandemic, including lobbying for a coordinated national response to domestic violence accommodation provision and departmental lead on violence against women issues. We used our membership on the monitoring committees of the National Strategy for Women and Girls and National Strategy on Domestic and Sexual Gender Based Violence to highlight issues arising for Traveller women and seeking responses to emerging gaps, and produced our own gender impact assessment for the Department of Justice and Equality. We also held regular meetings with Tusla and Traveller groups; engaged directly with the Garda National Protective Services Bureau and

²⁸ <https://www.euro.who.int/en/health-topics/disease-prevention/violence-and-injuries/news/news/2020/6/the-rise-and-rise-of-interpersonal-violence-an-unintended-impact-of-the-covid-19-response-on-families>

²⁹ <https://www.paveepoint.ie/wp-content/uploads/2015/04/COVID-19-Copy-of-Pamphlet-TDSGBV-Pilot-Project-05112019-3.pdf>

Policing Authority to highlight shortcomings in policing of domestic violence; and engaged with national and local domestic and sexual violence services. We also highlighted the emerging issues for Traveller women at international level by participating in surveys regarding COVID-19 and violence against women.

Drugs & Alcohol Work during COVID-19



Our Drug and Alcohol programme has focused on the promotion of Traveller inclusion in national, regional and local responses to address substance misuse and to support Traveller organisations in tackling this issue within the community. The strict national lockdown measures introduced in March aimed at curbing the spread of the virus brought its own set of challenges as related to drug and alcohol misuse nationally³⁰.

For Travellers struggling with substance misuse, isolation and the loss of traditional familial support due to social/physical distancing, the loss of employment due to the closure of trades, particularly for Traveller men (i.e.) construction, security, etc. and the general availability of drugs and alcohol on sites created the conditions for risky behaviour, with new and emerging trends and changes in overall drug and alcohol use and behaviours identified amongst Travellers nationally.

EMERGING ISSUES:

Concerns were raised by Travellers and Traveller organisations relating to the onset of addiction during COVID-19 and the longer term impact of substance use and its ramifications on the overall health and wellbeing of individuals experiencing substance misuse. Financial difficulties; family or relationship difficulties; and homelessness were all exacerbated during COVID-19.

Again, an overall lack of available nationally disaggregated data has further highlighted the need for ethnic equality monitoring to be strengthened across all health administrative systems. In the interim, Travellers and Traveller organisations reported a major increase in Travellers' frequency and volume of alcohol use at home during COVID-19 nationally, with this trend continuing despite easing of restrictions, including the opening of pubs. This was further exacerbated by changes in Department of Social Protection practice whereby social welfare payments changed from a weekly to a fortnightly basis. The impact of this was raised consistently at national HSE telecons and in other NGO/community spaces. The consequence of this

measure meant family income was spent during the first week of payment with attendant consequences in the following week when money was short.

Increases in online and private (in home) gambling and associated 'betting' games were also identified which increased financial pressures for some families, especially where fortnightly payments were being received. These pressures also coincided with an increase in reported cases of domestic violence, including child to parent violence. While health services and addiction supports continued (i.e. aftercare groups, 1-1 supports, NA/AA/CA meetings) to operate during the pandemic, their shift to online and telehealth further marginalised some Travellers given overcrowding and lack of privacy on sites, poor digital literacy and the lack of WIFI connectivity on Traveller sites.

Further, the closure of residential detox and treatment facilities and reduced capacity of community projects and aftercare services nationally has led to reported increases in incidences of relapse and overdoses. Prior to the pandemic, equality of access to residential detox and treatment for Travellers and other marginalised groups has been consistency highlighted by Pavée Point and other organisations. Many services, including addiction and mental health services, were and continue to work at reduced capacity and it is feared that this will widen the gap in access to these essential services and supports due to a backlog of cases once 'normal' service provision resumes.

Drug and alcohol related information and support was provided to regional and national networks – including the National Traveller Drug Network, Eastern Region Traveller Health Network and the National Traveller Health Network and will be used to inform the National Drug Strategy rapid review. Support was provided to local Traveller organisations to address emerging issues and they were linked with relevant specialist organisations. COVID-19 substance misuse information and resources (including feedback surveys) was compiled and disseminated.

A range of Traveller specific COVID-19 substance misuse resources were developed based on emerging issues/trends. A substance misuse podcast (with stay safe tips for drug and alcohol use) was produced³¹. A 'Wellbeing during COVID-19' video (addressing substance use issues in addition to overall health, mental health and well-being) was produced. An Alcohol and COVID-19 resource – stay safe measures when drinking at home. These videos highlighted the link between substance use, gambling and domestic violence.

³⁰ <https://www.cso.ie/en/releasesandpublications/er/sic19wm/socialimpactofcovid-19onwomenandmenapril2020/>

³¹ <https://www.paveepoint.ie/covid-19-and-substance-use-misuse/>

Mental Health Work during COVID-19



As noted by HSE Strategy and Planning and National Office of Suicide Prevention (NOSP), significant long-term implications for mental health and wellbeing of the national population is expected³³ and Pavee Point believes that this will also be the case for Travellers.

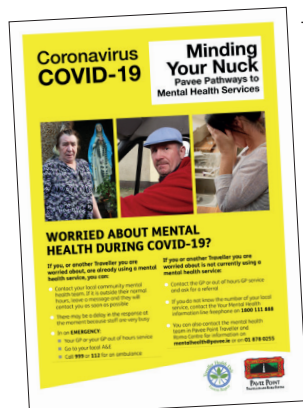
In order to respond to these issues, our Mental Health Initiative worked in partnership with other THUs and Traveller Primary Health Care Projects through our networks to develop a number of national resources to signpost Travellers to mental health services during the pandemic. This work also included supporting positive mental health and well-being as well as challenging the stigma relating to mental health.³⁵ We had a significant impact on social media with our resources having a sizeable reach.



We also contributed to a number of media outlets, including an interview with Involve Youth Workers on how young Travellers can protect their mental health during the pandemic and presentations at the Policy Forum Ireland conference, Addressing Traveller Mental Health Inequalities During and Post COVID-19 and the Our Brave Space Together webinar.

35 <https://www.pavepoint.ie/minding-your-mental-health-during-coronavirus-crisis-advice-and-tips/>

Men's Health Work during COVID-19



Through our networks and the National Traveller COVID-19 Response teleconferences, a number of emerging issues in relation to Traveller men were identified nationally including non-compliance to public health measures, isolation, loss of income, relationship breakdown, bereavement, job loss, debt problems, breakdown of daily routine and suspension of social networks. While some of these issues were also reflected in the general

population,³⁶ we knew that targeted actions and innovative ways to engage with Traveller men would be required during this time as established ways of working (i.e.) face to face men's groups were unable to continue due to national restrictions.

DIRECT ENGAGEMENT OF TRAVELLER MEN:

Through the Eastern Region THU, our Men's Health Team facilitated WhatsApp 'check in' groups with Traveller men during the lockdown which promoted the sharing of struggles as well as the actions Traveller men took to support themselves and others. This was done through audio messages in a group chat format and served as a mechanism to support each other. This enabled us to engage with a diverse number of Traveller men as well as allowing them to unpack the impacts of COVID-19, support each other, promote solidarity and share messages developed by Pavee Point in line with the HSE. This simple and effective platform was shared with Men's Health Workers in the Eastern Region which ensured engagement of Traveller men.



DEVELOPMENT OF TARGETED RESOURCES:

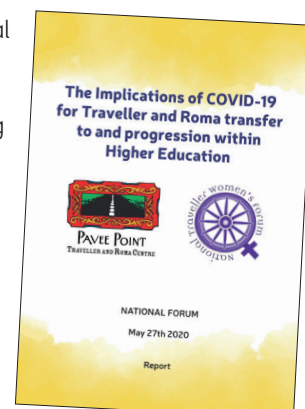
In light of the extremely fast nature of the lockdown being initiated, social media was identified as main source of communication with Traveller men. This led to the development of a number of short videos and campaigns, including our health and well-being campaign and the national Pavee Gloke Challenge which sought to address non-compliance with public measures, with a number of high profile Travellers speaking about the importance of the measures and encouraging and challenging other Traveller men to protect the health of their families and community by adhering to public health advice.

NATIONAL ENGAGEMENT WITH MEN'S HEALTH PARTNERS AND POLICY MAKERS:

We also contributed to a number of forums on men's health by the HSE and Men's Development Network related to COVID-19 to ensure the experience of Traveller men was represented and issues highlighted nationally.

Education Disadvantage

Well documented intergenerational Traveller education disadvantage and discrimination has been exacerbated by COVID-19, creating the immediate possibility of extinguishing the education ambition now evident in the community and creating a lost education generation. The very modest progress to reverse the consequences of the post 2008 recession cuts now also stands in danger of being obliterated.



Pavee Point, founded originally as Dublin Travellers Education and Development Group, has maintained from the outset a strong focus on education as a means to secure full Traveller economic, social and cultural recognition, participation in and contribution to society. Despite the ending of the philanthropic funding which supported our successful Education Programme in 2016 we have continued with education actions including NTRIS and National Access Plan Steering Group engagement, successful campaign for inclusion of commitment to a National Education Strategy in the Programme for Government and most recently an innovative honours degree level professional education and employment initiative in partnership with the THU, HSE and Maynooth University beginning this autumn.

While virtually all Traveller children are enrolled in primary school, about 60% of junior cycle and 30% senior cycle age enrolled in post-primary schools in 2018-19 with the 2016 Census registering about 20% as having completed senior cycle (90% + of the general

³⁶ <https://www.cso.ie/en/releasesandpublications/er/sic19wm/socialimpactofcovid-19onwomenandmenapril2020/>

population) Travellers are a target group for the National Access Plan, but numbers while increasing remain low with 65 Travellers in higher education in 2018/19.

Pavee Point, responding to issues being raised by health network participants and by Traveller groups around the country regarding education impacts at all levels has with pro bono support worked on COVID-19 related education issues. Stressing the importance of naming, targeting and mitigating associated education disadvantage we engaged directly with Department Education and Skills on matters of guidance and concern including the need to counter possibilities of bias - including unconscious bias - in the new measures to assess Leaving Certificate students³⁷.

The report of the very successful National Forum organised in association with the National Traveller Womens Forum³⁸ provides a roadmap of the key issues. Although its starting point was third level, participants stressed the intersectionality between all education levels including early years and the particular need to include women and adult learners. The Forum and subsequent events reinforced the need to address the additional COVID-19 prompted alienation and racism, confidence loss and fears (now again evident) about returning, commencing or transferring to or within school or college as well as the overarching need for Traveller visibility throughout the system, anti-racism education and an overarching National Traveller Education Strategy.

National Networking

COORDINATING WITH NATIONAL TRAVELLER ORGANISATIONS & SERVICES:

All Traveller organisations-at local and national levels-were concerned about the potential negative impact of COVID-19 on the Traveller community. In order to coordinate our efforts, reinforce key public health messages and undertake a joint/value added approach to COVID-19 weekly, and subsequently monthly, meetings were organised at national level during March-July. Through this mechanism we jointly issued public statements in relation to Traveller attendances at funerals during COVID-19 as well as reinforcing key public health messages nationally, and sharing up to date information so it could be disseminated through the various networks to have as broad a reach to the Traveller community as possible.

COVID-19 NGO COALITION:

In recognising the need for community work responses to the crisis and in working in solidarity with other NGOs, we participated in a national NGO COVID coalition, convened by Community Work Ireland, to address COVID-19 related issues in the community sector.

This coalition was particularly concerned to ensure that the most marginalised groups and socially excluded communities were not further disadvantaged during the pandemic and that their human rights were protected.

Weekly calls were held during the early months of COVID-19. Information was shared about work being undertaken by the various NGOs to mitigate the impact of COVID-19 on the communities /sectors we were working with. HSE updates and developments or insights from different sectoral perspectives were shared. Among the work undertaken was a publication *Marginalised Groups- Promoting Equality, Inclusion and Human Rights in the COVID-19 Crisis*³⁹ which set out some positive developments that Coalition members had achieved during COVID; highlighted challenges in efforts to flatten the curve of the virus within vulnerable communities; and made recommendations for measures to ensure that we avoid the accumulation of social and economic problems for the future, particularly amongst communities experiencing poverty, inequality, discrimination and social exclusion. Pavee Point contributed the section addressing Traveller and Roma. The publication was shared widely and disseminated to all Local Community Development Committees (LCDCs) in local authorities.

"In April 2020 a group of 21 NGOs working with the most marginalised communities in the country began meeting weekly as the COVID NGO Group to share information, exchange updates and discuss difficulties, issues, challenges and strategies to address the needs of the communities they are working with in the context of the COVID Crisis. These organisations include those working with asylum seekers, people experiencing homelessness, disabled people, women from disadvantaged communities, young people, LGBTI people, people who use drugs, migrants, Travellers, Roma and others.

The COVID NGO Group produced a report containing a broad range of recommendations for Government and agencies to mitigate the worst effects of the crisis on these communities. The presence and active participation and contribution of Pavee Point to this process was critical as they played a key leadership role, participating in meetings, providing advice to organisations particularly those working with people in congregated settings, sharing information and inputting analysis on the situation from their own wide ranging experience.

Their level of expertise, in depth knowledge of systems including health and education, and of community development approaches needed to tackle the huge challenges which COVID brings, has been invaluable to civil society broadly and their continued contribution will be required as we face current and emerging challenges in very uncertain times."

RACHEL DOYLE, COMMUNITY WORK IRELAND

³⁷<https://www.education.ie/en/Learners/Information/State-Examinations/supplementary-guide-for-schools-on-providing-estimated-percentage-marksand-class-rank-orderings.pdf>

³⁸Pavee Point and the National Traveller Women's Forum, *The Implications of COVID-19 for Traveller and Roma transfer to and progression within Higher Education*

³⁹ <https://www.communityworkireland.ie/covid-19-ngo-group-marginalised-groups-and-promoting-equality-inclusion-and-human-rights-in-the-covid-crisis-a-joint-submission/>

Policy Inputs

Throughout COVID-19 Pavee Point provided regular briefings to local and national Traveller organisations and services; to HSE Chief Officers, social inclusion managers and heads of services; to the HSE National Social Inclusion Office; the HSE National Office for Suicide Prevention and the Departments of Health; Justice & Equality; Education and Skills; Employment, Activation and Social Protection; Community & Rural Development; Housing, Planning and Local Government.

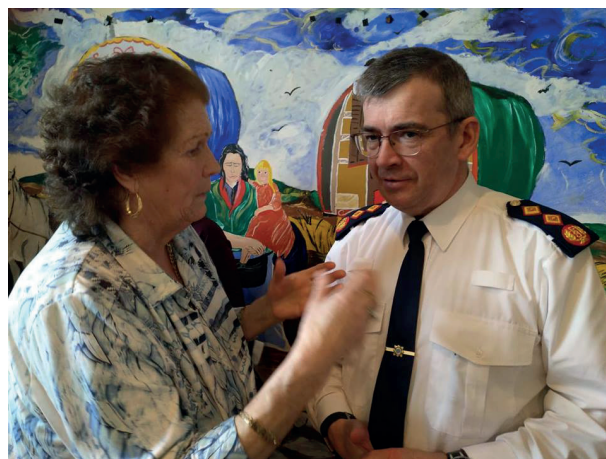
We were also called upon to provide up to date information on our work to mitigate COVID-19 among Travellers to a range of NGOs in Ireland as well as to European Roma networks and bodies. This also required us to input into a range of surveys on-line and provide resource materials.

- Fundamental Rights Agency
- Irish Council for Civil Liberties, Human Rights Impact Assessment to inform state review of COVID-19 response
- European GrassRoots Organisations Network (ERGO) submission to EU Commission
- Council of Europe
- Submission to the Oireachtas Special Committee on COVID-19 Response July 2020
- National Traveller and Roma Inclusion Strategy Steering Group

Policy Work

As previously noted, while Pavee Point was conscious that the pandemic would contribute to the rise of racism⁴⁰, we were equally conscious of the increase in over policing and reported incidents of racial profiling of Travellers and Roma in Europe⁴¹ and sought to mitigate this by engaging proactively with An Garda Síochána and the Policing Authority from the outset, particularly given the introduction of Emergency Legislation⁴² enhancing police powers.

Our work included supporting and liaising with An Garda Síochána during Traveller funerals and using our social media to reinforce key public health in the context of national restrictions to Travellers on the ground. In most cases this engagement was respectful, reflecting a shift in policing in relation to Travellers which was welcomed by Pavee Point and other Traveller organisations. This style of policing should continue post-COVID in order to build trust and relationships between Travellers and An



Garda Síochána. However, we also raised emerging issues in relation to policing identified through our networks and during at the National Traveller COVID-19 Response teleconferences, including increased presence and police checks at the entrance of Traveller sites and reports off a hands-off approach by some members of An Garda Síochána in responding to domestic violence, including failing to enforce barring and safety orders⁴³. We encouraged the Policing Authority⁴⁴ to ensure the implementation of an ethnic identifier in policing datasets in line with Section 42 of the IHREC 2014 Act ('positive duty'). These issues were also raised with Police Commissioner Drew Harris during a visit to Pavee Point.

Identified Challenges

DIRECT ENGAGEMENT AND HIGH LEVEL LEADERSHIP FROM THE DEPARTMENT OF HEALTH

While we acknowledge the whole-of-government approach to the pandemic, the absence of a Traveller Health Advisory Committee⁴⁵ within the Department of Health was evident. Traveller health is compartmentalised within Social Inclusion in the Department. The pandemic highlighted the need for Traveller health inequalities to be mainstreamed within the work of all sections within the Department and the need for them to be much more proactive in addressing these inequalities.

Many other Government Departments and statutory agencies were proactive and liaised directly, respectfully and positively with Traveller organisations from the beginning of the pandemic. This included the Departments of Justice and Equality; Housing, Planning and Local Government; Employment and Social Protection; Community and Rural Development; and Education and Skills. As we've noted throughout this

⁴⁰ <https://www.hhrjournal.org/2020/04/anti-roma-racism-is-spiraling-during-covid-19-pandemic/>

⁴¹ http://www.errc.org/uploads/upload_en/file/5265_file1_roma-rights-in-the-time-of-covid..pdf?utm_medium=email&utm_campaign=ERRC+Releases+Report+on+Roma+Rights+...&utm_source=YMLP&utm_term=

⁴² Health Act 1947 (Section 31a – Temporary Restrictions) (Covid-19) (Amendment) Regulations 2020 on 8 June.

⁴³ https://www.policingauthority.ie/assets/uploads/documents/Policing_Performance_by_the_Garda_S%C3%ADoch%C3%A1na_in_relation_to_Covid-19_Regulations_20200604.pdf

⁴⁴ https://www.policingauthority.ie/assets/uploads/documents/Report_on_Policing_Performance_by_the_Garda_S%C3%ADoch%C3%A1na_in_Relation_to_COVID-19_Regulations_6_May_2020_final_for_publication.pdf

⁴⁵ The Traveller Health Advisory Committee has not been convened since 2012 despite Ministerial Commitment to do so. See [HERE](#) and [HERE](#)



report, the engagement by HSE colleagues from national to regional and local levels has to be commended. However, given the potential for a second wave/on-going spikes of COVID-19 it is imperative that the Department of Health take seriously Traveller health inequalities and address the deficit in their prioritisation of these inequalities to date. It is also important that the newly appointed Minister for Health prioritise Traveller health within the Department and ensure that it becomes a concern of all sections within the Department and that accountability mechanisms and structures are put in place to ensure this happens.

Need for a nationally consistent approach

Unfortunately, COVID-19 also exposed the fragmented approach between some Community Healthcare Organisations (CHOs-health boards). This was particularly evident in the application of COVID-19 testing criteria. For example, in some CHO areas where an outbreak of COVID-19 occurred among Travellers public health decided that everyone on the site should be offered a test. In other areas they only tested the immediate family of the person who had tested positive. This led to confusion among Travellers, increased anxiety and fears, and created tensions among families on some sites. Pavee Point lobbied for a consistent national approach and a standardised operating procedure to be applied in all Traveller cases throughout the country where possible in order to avoid misunderstandings and bring greater clarity to the approach of testing for COVID-19. We also provided feedback to HPSC national guidance on COVID and Travellers.⁴⁶

There were also differences in the trust, relationships and understandings of the roles of Traveller organisations and PHCPs by public health doctors in different regions. Some worked in real partnership and parity of esteem for our respective roles. However in some areas the role of

Traveller organisations was wholly misunderstood, and feedback is that some doctors were patronising and furthermore potentially undermining local relationships between Travellers and the local Traveller organisation/PHCP. For example, Traveller organisations/PHCPs often alerted public health about a potential COVID outbreak; facilitated access to Travellers on sites and mass testing; and then in some cases public health would not indicate the outcomes (not the individual Travellers identities) to the Traveller organisations/PHCP co-ordinators. This posed challenges in undertaking the work to mitigate further spread of the disease if Traveller organisations were not aware of a confirmed outbreak.

Gaps in data

International data has indicated the disproportionate impact of COVID-19 on minority ethnic groups. For example, the UK has acknowledged the disproportionate impact of the virus on minority ethnic groups in its recent report published by Public Health.⁴⁷ Similarly, in the U.S., ethnicity data reported to the CDC⁴⁸ reflects a similar picture, with States such as Louisiana reporting that 7 out of 10 COVID-19 (70%) related are African Americans. Pavee Point has consistently raised the issue of the lack of ethnically disaggregated data during the pandemic, which has resulted in the underreporting of positive cases and deaths amongst Travellers, Roma and other minority ethnic groups. In the absence of this crucial data we are unable to measure the true extent of the pandemic on the communities and inform strategic policy and service provision going forward.

Telehealth Challenges

This crisis has marked major shifts in our health services particularly as it relates tele/online health (as per Sláintecare) which we believe has the potential to further exacerbate existing health inequalities and limit access to health services for Travellers. Many older Travellers in

⁴⁶<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/vulnerablegroupguidance/COVID-19-Guidance-for-%20Travellers.pdf>

⁴⁷https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf

⁴⁸ https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/

particular often cannot use mobile phones, do not have mobile phones, do not have access to computers or internet connection, and have either no or low levels of literacy. Further, many Traveller sites/group housing schemes do not have broadband and given overcrowded living conditions there is also limited space for many Travellers to have a private conversation with GPs and/or other allied health professionals.

It is imperative that telehealth cannot be seen as a panacea in addressing existing gaps in health services and that it is subject to an equality impact assessment to ensure that its use is inclusive and accessible for Travellers, Roma and other marginalised groups.

Returning to Work Safely

Throughout the pandemic Pavee Point, Traveller organisations, Traveller Health Units and Traveller PHCPS continued to essential work was undertaken while at the same time ensuring staff were protected. As noted, we were successful in securing PPE for all Traveller Primary Health Care Workers, but were equally conscious that as national lockdown measures were eased and we moved into ‘the new normal’ and recovery phase, additional resources and investment on a national level would be required to ensure that projects could return to work safely. This includes additional resources for equipment/technology, digital training, safety costs, building adaptations, etc. We have consistently raised these issues with the HSE during the National Traveller COVID-19 Response teleconferences and through the national Traveller Health Advisory Forum (THAF).



The Traveller health infrastructure has clearly demonstrated its value to the HSE, the State, government departments and to the Traveller Community during this crisis. We have mobilised throughout the country, working collectively to ensure that Travellers, especially those who are most vulnerable, are protected. It is critical that further investment and resources are made available to ensure that viability and sustainability of this work going forward.

Section 2:

Key Principles & Policy Recommendations

Key Underpinning Principles

The following recommendations are made and must be informed by these key underpinning principles:

INTERCULTURAL & ANTI-RACISM APPROACH

The State needs to recognise that the discrimination Travellers experience is racism. Travellers need to be specifically included in any anti-racism or intercultural initiatives, policies or strategies.

Given the widespread recognition, research evidence and European Parliament validation of the specificities of Anti-Traveller racism and Anti-Gypsyism the upcoming National Anti-Racism Strategy needs to specifically name and address Anti-Traveller racism and include Traveller organisations in its development and monitoring.

Anti-racism education in recognising and addressing Anti-Traveller racism must be a key part of all professional formation programmes as well as ongoing professional development.

WHOLE OF GOVERNMENT APPROACH REQUIRED

Ireland can be very good at responding to crises. Throughout the COVID-19 pandemic a whole-of-government approach was evident as was the pooling of resources across departments. It is important that this becomes a legacy of COVID-19 and the approach and inter-agency working continues to be used proactively at both national and local levels in addressing Traveller and Roma marginalisation and protecting their human rights into the future.

PARTNERSHIP APPROACH

The state worked in a collaborative manner with the community sector throughout the first six months of the COVID-19 pandemic. The experience and expertise of community organisations was respected and harnessed. The diversity of organisations and their respective roles were recognised and informed the state responses to COVID-19. Resources were provided where required and the community sector mobilised to protect vulnerable individuals, families and communities.

A JUST RECOVERY

Inequality, marginalisation and disadvantage were the source of Traveller vulnerability to the crisis of the pandemic and the impact of COVID-19 on their community. Their vulnerabilities were recognised and named by a range of UN and European human rights institutions⁴⁹. A just recovery is imperative if this vulnerability is to be removed for the future. A just recovery would be built on achieving equality and fulfilling human rights, it would promote an intercultural and anti-racist society.

Travellers suffered disproportionately during Austerity⁴⁹ and cannot bear further cuts. It is imperative that in any plans for Recovery post-COVID that Travellers, Traveller organisations and Traveller Primary Health Care Projects and services are protected.

Recommendations:

OVERARCHING RECOMMENDATIONS

IMPLEMENTATION OF THE NATIONAL TRAVELLER & ROMA INCLUSION STRATEGY

The implementation of the National Traveller & Roma Inclusion Strategy (NTRIS) needs to be strengthened and monitored robustly. Clear targets, indicators, outcomes, timeframes and budget lines are required for the Strategy. A whole-of-Government approach to NTRIS is required and NTRIS actions need to be adequately resourced by all Government Departments involved, including but not only by the Department of Justice and Equality, with the actions taken in full consultation with Traveller and Roma organisations.

ETHNIC DATA ESSENTIAL

The European Commission, the European Union (EU) Agency for Fundamental Rights, the Organization for Security and Co-operation in Europe Office for Democratic Institutions and Human Rights, and the Council of Europe issued statements⁵⁰ have highlighted the disproportionate impact of COVID-19 on Travellers and Roma and the lack of real-time ethnic data to properly monitor the crisis.

⁴⁹ <https://www.osce.org/odihr/449668>; <https://fra.europa.eu/en/news/2020/persistent-roma-inequality-increases-covid-19-risk-human-rights-heads-say>; <https://www.coe.int/en/web/commissioner/-/governments-must-ensure-equal-protection-and-care-for-roma-and-travellers-during-the-covid-19-crisis>
⁵⁰ <https://www.osce.org/odihr/449668>; <https://fra.europa.eu/en/news/2020/persistent-roma-inequality-increases-covid-19-risk-human-rights-heads-say>; <https://www.coe.int/en/web/commissioner/-/governments-must-ensure-equal-protection-and-care-for-roma-and-travellers-during-the-covid-19-crisis>

The collection and use of ethnic data (ethnic equality monitoring) within a human rights framework is necessary to combat racism, eliminate discrimination, promote equality of opportunity and protect human rights. Ethnic equality monitoring is government policy and a number of public bodies routinely collect and use ethnic data to inform policy and practice.

Failure to collect such data in the current crisis potentially puts more lives at risk for Travellers, Roma and other minority ethnic groups which already have higher mortality and morbidity rates. The European Fundamental Rights Agency (FRA) is publishing regular reports about the fundamental rights impact of COVID-19 and the need for disaggregated data to monitor the crisis. Ireland needs to have this data for reporting under the National Traveller and Roma Inclusion Strategy and potentially other UN bodies. Therefore, it cannot be emphasised enough that the ethnic equality monitoring must be introduced into all health administrative systems and especially those related to COVID-19 going forward. The introduction of a standardised ethnic identifier (consistent with national census and inclusive of Roma) is required across all routine data administrative systems, including all health and domestic and sexual violence services, to monitor equality of access, participation and outcomes for Travellers, Roma and other minority ethnic groups. It is essential that the application of an ethnic identifier take place within a human rights framework. This data can be used to put in place necessary measures and resources for Travellers.

COMMUNITY DEVELOPMENT INFRASTRUCTURE

The existence of a robust Traveller infrastructure at national and local levels was evident throughout the COVID-19 pandemic. Traveller organisations have a long track record of working together collaboratively and this was evident during the first six months of the pandemic. Information was fed up and down from national to local organisations and vice versa. The intelligence gathered locally was used to inform policy decisions being made at the national level. Equally, national developments and guidance were shared with local Traveller organisations who then disseminated this information to Travellers in their areas/remit in a timely manner. Traveller organisations have the trust of the community and were well placed to share information and explain regulations when necessary.

This infrastructure was harnessed positively by the State and through working in partnership with Traveller organisations the worst of the impact of COVID-19 on the Traveller community was mitigated.

The National Traveller Partnership needs to be expanded to include new Traveller organisations/ community development programmes in regions of the country where none exist and there is a sizeable Traveller population.

ADDRESS TRAVELLER EDUCATION INEQUALITIES

Department of Education and Skills to support and resource targeted measures to lessen the impact of COVID-19 on Travellers existing educational inequalities at all levels.

The National Education Strategy committed to in the Programme for Government needs to be prioritised, developed and monitored with essential Traveller organisation participation and given sufficient ongoing resources to address both the long term deep-seated education marginalisation of Travellers and the exacerbation of these by COVID-19.

Traveller learners at all levels need specific and targeted supports to mitigate the effects of COVID-19 school and college closures. These include IT supports and access, direct, supportive and ongoing relations with Traveller parents (not only through email).

Traveller organisations need to be included as full partners in COVID-19 education initiatives, given resources to seek to counteract COVID-19 consequences, and directly receive all guidance communications. All COVID-19 guidance to education institutions at all levels needs to explicitly include and name Travellers.

Traveller higher education students further alienation and difficulties caused by remote teaching processes require direct individual support interventions by staff at these in addition to special measures to support retention and progression.

The NCCA work to include Traveller history and culture in the curriculum needs to be urgently progressed.

All education initiatives must include and target Traveller women and adult learners.

Health Recommendations:

PUBLICATION & IMPLEMENTATION OF A NATIONAL TRAVELLER HEALTH ACTION PLAN

The National Traveller Health Action Plan urgently needs to be published and implemented (NTRIS Action 73). A specific Traveller Health Action Plan is required to address Traveller health inequalities and improve the appalling health status that Travellers continue to experience. The action plan must have a specific budget for its implementation and the Department of Health should establish a consultation structure to drive its implementation and monitoring, and ensure all actions in the Plan have clear targets, indicators, outcomes, timeframes and budget lines.

Of equal concern will be the prioritisation afforded to its implementation, including buy-in from the Department of Health and the mechanisms identified within HSE.

STRONGER LEADERSHIP AND ENGAGEMENT REQUIRED BY THE DEPARTMENT OF HEALTH

Ensure that Traveller health is prioritised within the Department of Health and a whole of department approach to addressing Traveller health inequalities. It requires that a Traveller advisory committee is (re-) established in the Department and Traveller health is no longer 'siloed' within social inclusion. The direct targeting of Travellers in key mainstream policy initiatives related to health, including Sláintecare and Healthy Ireland is also required.

INVESTING AND SUSTAINABLE TRAVELLER HEALTH INFRASTRUCTURE

The existence of a well-established Traveller Health Infrastructure was notable throughout the pandemic. The seven regional Traveller Health Units (THUs) and 27 local Traveller Primary Health Care Projects (TPHCPs) played key roles in mitigating the worst of COVID-19 among the community. Given Travellers' underlying health inequalities and chronic health conditions, as well as poor living conditions, it is testimony to the work of Traveller organisations/TPHCPs that the potential impact of COVID-19 was mitigated to the extent it was among Travellers.

The pre-existing trust and good relationships between HSE Chief Officers, THUs, Traveller PHCPs and HSE personnel was crucial in ensuring that the concerns raised by Pavee Point and Traveller organisations were taken seriously and acted upon. The capacity and expertise of Traveller PHCPs was recognised. Moving into the recovery phase, it is crucial that investment and resources are made available to protect projects in returning to work safely and ensure viability and sustainability of this work going forward.

FAIR TERMS AND CONDITIONS FOR TRAVELLER WORKERS

The value of our strong Traveller Health Infrastructure and in particular, in responding to the pandemic and ensuring Travellers were protected during the crisis cannot be understated. In the absence of such an infrastructure, we believe COVID-19 would have had a much worse impact on the community. This work should be recognised through the provision of medical cards to all Travellers given their underlying health conditions and inequalities and the imperative to retain experienced Travellers in undertaking this important health work which is part-time and employs people on the minimum wage. The HSE national Traveller Health Advisory Forum (THAF) has provided the following recommendations to address the current terms and conditions of Traveller Primary Health Care Workers:⁵¹

- the minimum wage and linked to a relevant HSE pay scale;
- potential employment progression routes;
- pension and retirement benefits;

- a derogation from engagement in activation programmes (as they are already activated); and
- Sláintecare recommends access to universal GP care within 5 years. We recommend that Travellers be prioritised and fast-tracked in this process. Given their health inequalities, and the important work undertaken by Primary Health Care Workers on behalf of a range of state services.

While we recommend that all Travellers are prioritised and fast-tracked for medical cards given the level of health inequalities, we recommend that with immediate effect all Travellers employed in Primary Health Care Projects, similar to those with disabilities, are facilitated to retain their medical card. This is circa 300 Traveller Health Workers who are working part-time and are on the minimum wage. The positive implications from such an initiative cannot be overstated. It would be a huge confidence building measure, particularly given their work during the pandemic. It would also ensure that the resources that Traveller organisations and the State have invested in Traveller health workers over many years would not be lost and they could continue to undertake the essential public health initiatives that are so well regarded within the community and by a range of public service providers. The importance of the identification and resourcing of new progression routes, and a broadening of the career paths available, for Travellers within the health services also needs to be addressed.

PUBLIC HEALTH ENGAGEMENT

It is imperative that public health continue their positive engagement and ongoing involvement with Traveller Health Units and Traveller organisations in addressing Traveller health inequalities given the disproportionate distribution of chronic health conditions and communicable diseases as evidenced in the All Ireland Traveller Health Study (AITHS). The engagement of HSE local public health doctors with local authorities has contributed to positive outcomes for many Travellers.

An on-going mechanism whereby regional Traveller Health Unit coordinators can continue to relate to the Directors of Housing beyond COVID-19 to address the social determinants of health needs to be identified. The fact that Traveller accommodation was being addressed by Directors of Housing and beyond the 'Traveller accommodation sections' in many local authorities was recognised by many Traveller organisations as a progressive development.

⁵¹Fay, R., Fogarty, J. and Todd, J. (2017) *Primary Health Care Projects: Recommendations for improved terms and conditions*. Dublin: Traveller Health Advisory Forum National Working Group.

TRAVELLER PROOFING

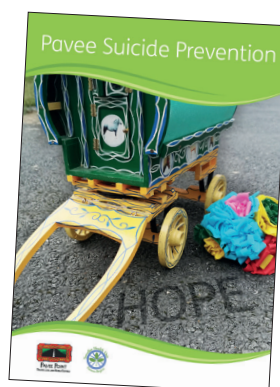
Any new health developments need to be Traveller proofed to ensure that they do not further widen Traveller health inequalities. While telehealth may offer opportunities, it also has the potential to further exacerbate these inequalities if the specific needs and capacities of Travellers are not taken into account. Investment is required in developing the digital skills of Travellers and in providing access to computers and other technologies, including access to broadband in Traveller specific accommodation.

ENSURING THAT TRAVELLER HEALTH INEQUALITIES ARE NOT FURTHER EXACERBATED POST-COVID-19

There is a concern that during the pandemic many Travellers did not have access to vital primary care services, including screening and referral pathways for secondary diagnostics and treatment. This has further marginalised Travellers from the health system and exacerbated health inequalities. It is imperative that positive action measures are undertaken to mitigate this and to prevent further widening of the gap. Equally, it is important to ensure proactive participation of Traveller Health Units, Traveller organisations and PHCPs in the design and structuring of Community Health Networks to ensure the health needs of Travellers are prioritised in line with Sláintecare.

MENTAL HEALTH

Traveller organisation representation on the Sharing the Vision National Implementation and Monitoring Committee must be ensured. Ring-fenced and sustainable funding should be made available as a matter of priority for Traveller organisations to provide community development and peer-led approaches to address Traveller mental health inequalities.



NATIONAL DRUGS STRATEGY

An interagency and partnership approach has underpinned the successful ways of responding to the COVID-19 crisis. Therefore, it is important this approach continues in relation to the implementation of the National Drug Strategy and its actions. This approach should also form the basis of the rapid assessment of the Strategy being carried out by the Department of Health.

Funding for the implementation of the National Drugs Strategy should be maintained at pre COVID-19 budget levels. There is an on-going need for mainstream and targeted interventions for Travellers.

VIOLENCE AGAINST WOMEN

The Traveller Domestic Sexual and Gender Based Violence pilot project should be sustained by continuing funding throughout and beyond the pilot stage 2019-2022, and extending the pilot beyond the current pilot areas in order to train and employ Traveller Women's Awareness Workers across the country. A standard procedure should be adopted across all local authorities to fast track women and children fleeing domestic violence in social housing allocations, and considering the high levels of homelessness within the Traveller community, to specifically fast track Traveller women fleeing domestic violence in allocations of Traveller-specific accommodation and other types of social housing.



APPENDICES

Appendix 1: Overview

Traveller Health Inequalities

Appendix 2: Pavee Point Role

Appendix 1



Overview

The ongoing global pandemic has highlighted a number of significant challenges for Traveller organisations, and groups working with the Roma community, to ensure that those who are most vulnerable within these communities are protected. Travellers and Roma are at increased risk for COVID-19 (Coronavirus) given health inequalities and disproportionate levels of long-term chronic health conditions such as cancer, respiratory conditions, asthma, diabetes, cardio-vascular disease and rare diseases more common in the Traveller population⁵². They are also more vulnerable because of living conditions, given the numbers that are homeless, and with many living in severely overcrowded conditions with little access to running water, sanitation, electricity, and physical space to self-isolate. This places them at even higher risk for contracting and spreading the virus and becoming seriously ill.

At the onset of COVID we had concerns about the disproportionate impact of COVID-19 on Travellers⁵³ and, in particular, the potential that the crisis would further exacerbate existing Traveller health inequalities and

contribute to the rise of racism⁵⁴, with Travellers and Roma effectively being blamed for health inequalities they experience. The European Commission, the European Union (EU) Agency for Fundamental Rights, the Organization for Security and Co-operation in Europe Office for Democratic Institutions and Human Rights, and the Council of Europe⁵⁵ issued statements drawing attention to the disproportionate impact of COVID-19 on Travellers and Roma and have raised concerns that the crisis will have long-term impacts in relation to their status in society and the protection of their human rights and specifically their Right to Health⁵⁶.

While these concerns are legitimate, the existence of a strong Traveller community development and health infrastructure helped to mitigate the worst of the impact of COVID-19 on the Traveller community in Ireland. The existence of dedicated community workers and Traveller Primary Health Care Workers, who had the trust of the community, capacity to communicate with Travellers, established relationships with a range of state agencies and public services, and the skills and competencies to address the issues that emerged during COVID-19 cannot be over stated.

52 All Ireland Traveller Health Study (AITHS) Team (2010) *Our Geels All Ireland Traveller Health Study*. Dublin: University College Dublin and Department of Health and Children; Pavee Point Traveller and Roma Centre (Pavee Point) and Department of Justice (DJE) (2018) *Roma in Ireland – A National Needs Assessment*. Dublin: Department of Justice and Equality.

53 <https://www.osce.org/odihr/449668>; <https://fra.europa.eu/en/news/2020/persistent-roma-inequality-increases-covid-19-risk-human-rights-heads-say>

54 <https://www.hhrjournal.org/2020/04/anti-roma-racism-is-spiraling-during-covid-19-pandemic/>

55 <https://www.coe.int/en/web/commissioner/-/governments-must-ensure-equal-protection-and-care-for-roma-and-travellers-during-the-covid-19-crisis>

56 <https://www.coe.int/en/web/commissioner/-/learning-from-the-pandemic-to-better-fulfil-the-right-to-health>

Although there are many commonalities between the experiences of Traveller and Roma communities in Ireland, significant differences were evident throughout COVID-19. These primarily related to the legal status of some Roma in Ireland; their continued inward migration to Ireland throughout the pandemic; the lack of a Roma health infrastructure; and the lack of dedicated staff and competence to address Roma issues within many public services and NGOs. The issues were also compounded by significant barriers in accessing basic health services due to lack of sufficient income, lack of access to GP and medical cards and lack of interpretation and translation services.⁵⁷ These barriers were also evident in the provision of isolation facilities when needed. The Roma community fell between two stools - being actually homeless while not officially being recognised as homeless due to the application of the Circular 41/2012 and the Habitual Residency Condition. This left many Roma particularly vulnerable during COVID-19. This, alongside the loss of what were always precarious jobs, the inability to beg during the lockdown and the lack of PPSNs which facilitate access to state services⁵⁸, literally meant many vulnerable Roma required emergency and humanitarian supports. Sometimes these were forthcoming but there was no consistent national approach to these problems. Too often responses were contingent solely on the goodwill and discretion of individuals; the capacity of people advocating on their behalf; and the follow up potential of some medical personnel who were already overworked.

Traveller Health Inequalities

There are approximately 35,000 Travellers living in Ireland.⁵⁹ Research unveils stark health inequalities for Travellers due to structural inequalities and failure to address the social determinants of health, including poor accommodation, poverty, discrimination and racism. Travellers experience disproportionate long-term chronic health conditions such as cancer, respiratory conditions, asthma, diabetes, cardio-vascular disease and rare diseases which placed them at a higher risk of contracting the disease and becoming seriously ill. This is further exacerbated by precarious living conditions, higher rates of homelessness and living in severely overcrowded living conditions with little access to running water, sanitation, electricity and physical space to self-isolate.

Travellers – Health Inequalities⁶⁰

- 134 Excess Traveller deaths per year
- Infant mortality rate is 3.6 times higher
- Mortality is 3.5 times higher
- Suicide rate among Travellers is 6.6 times higher than the general population, accounting for a staggering 11% of all Traveller deaths
- Life expectancy at birth for male Travellers is 61.7, 15.1 years less than men in the general population; for female Travellers it is 70.1, 11.5 years less than women in the general population
- 7 out of 10 (67%) of health service providers agree that discrimination against Travellers occurs in their services

Given this context, it was clear that urgent and targeted measures would be required to ensure those who were most vulnerable were protected and to mitigate (where possible) the impact of COVID-19 on Travellers.

⁵⁷ Pavee Point Traveller and Roma Centre & Department of Justice and Equality (2018) *Roma in Ireland – A National Needs Assessment According to the RNA*, the vast majority (61%) of Roma in Ireland speak Romani, followed by Romanian at 14.3%, Czech at 10.4%, English at 9.7% and Slovakian at 4.5%.

⁵⁸ According to the Roma Needs Assessment, 1 in 5 of Roma do not have PPSNs (20%); and half (50%) do not have medical cards

⁵⁹ Census 2016 enumerated 30,987 Travellers living in Ireland. This remains lower than the figure of 36,244 from the All Ireland Health Study; see All Ireland Traveller Health Study (AITHS) Team (2010) *Our Geels All Ireland Traveller Health Study*. Dublin: University College Dublin and Department of Health and Children.

⁶⁰ All Ireland Traveller Health Study (AITHS) Team (2010) *Our Geels All Ireland Traveller Health Study*. Dublin: University College Dublin and Department of Health and Children.

Appendix 2

Pavee Point Role:

Pavee Point has a long track record and competence in highlighting and addressing Traveller health inequalities. At the local level we established the first Primary Health Care for Travellers Project (PHCP) in 1994 with such PHCPs being later replicated throughout the country. There are currently 27 in operation. At the regional level, Pavee Point coordinates the Traveller Health Unit (THU) in the Eastern Region (covering Community Healthcare Organisations 6, 7 & 9) with a population of approximately 8,000 Travellers. Associated with this is the Eastern Region Traveller Health Network (ERTHN) where the nine PHCPs in the THU region meet every six weeks to share information; undertake collective training; collect and monitor health data from our hand-held records; and provide policy updates. At the national level, we convene the National Traveller Health Network where health and social policy information is shaped and shared with Traveller organisations and PHCPs. We also represent Travellers on the HSE National Traveller Health Advisory Forum. We represented Travellers on the Department of Health National Traveller Health Advisory Committee from 1997 until 2012, when it ceased to be convened by DoH. We also played a key role in shaping the first National Traveller Health Strategy and are represented on the HSE National Steering Group currently finalising the National Traveller Health Action Plan. Pavee Point has also piloted work at the national level in addressing ethnic equality monitoring and the roll out of ethnic identifiers; Traveller men's health; mental health; perinatal health; domestic sexual and gender-based violence and drug and alcohol use among Travellers.

We also played a key role in the design and implementation of the Our Geels-All Ireland Traveller Health Study (AITHS) which had an 80% participation rate among Travellers. This work involved undertaking awareness raising activities with Travellers and Traveller organisations; the production of resource materials explaining the AITHS; undertaking a national mapping exercise of Travellers; Traveller-proofing study materials; providing training and technical support to the HSE and UCD study team; training Traveller peer researchers; and representing the Traveller sector on the National Study Reference Group established by the Department of Health to oversee the implementation of the study.

Our competence in addressing Traveller health inequalities; having the trust and confidence of Travellers and Traveller organisations; an understanding of the Irish health infrastructure and good working relationships with HSE personnel meant we were well placed to undertake the work in attempting to mitigate the worst of the impact of COVID-19 among Travellers in Ireland.

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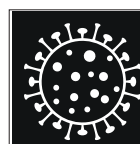
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