



CORK/KERRY
TRAVELLER
HEALTH UNIT

Cork Kerry Traveller Health Implementation Plan

Missling on the Tobar

2023 – 2028

HSE South West
FSS An Iardheiscirt

Cork Kerry Traveller Health Unit

Contents

1. Introduction	5
1.1 HSE South West/FSS An Iardheiscirt Traveller Health Unit	6
1.2 Implementation Plan	8
1.3 Consultation	9
1.4 Secondary Research	10
2. Strategic Context	13
2.1 Social Exclusion & Irish Travellers	13
2.2 National Traveller Health Action Plan 2022-27	17
2.3 A Framework for Health Equity	19
2.3.1 Travellers Access to Healthcare	21
2.4 Sláintecare	23
3. Traveller Organisations in HSE South West/FSS An Iardheiscirt	25
3.1 Traveller Visibility Group Cork (TVG)	27
3.2 Kerry Traveller Health CDP	27
3.3 West Cork Traveller Centre	28
3.4 Travellers of North Cork	29
3.5 Cork Traveller Women's Network	30
3.6 East Cork Traveller Project	31
3.7 Summary	32
3.7.1 Regional Resource Traveller Health Unit	32
3.7.2 Traveller Community Health Workers	33
3.7.3 Community Development, Education, and Development Workers	33
3.7.4 Family Support Staff	33
3.7.5 Traveller Workers	33
3.8 Health Service Executive Community Work Departments	33
3.9 Health Service Executive HSE South West/FSS AA Iardheiscirt Mental Health Services	34
4. Traveller Population Data HSE South West/FSS An Iardheiscirt	37
4.1 Population Growth and Longer Life in the Traveller Population in HSE South West/FSS An Iardheiscirt	38
4.2 Population Growth and Longer Life	39
4.3 Disability	40
4.3.1 Census 2022	43
4.4 Sláintecare	44

5. Aims and Objectives	49
5.1 Health	50
5.1.1 Targeted Community Health promotion: Education, Screening and Preventative Interventions	50
5.1.2 Accessible Healthcare	52
5.1.3 Mental Health	53
5.2 Drug and Alcohol Services	57
5.3 Education	58
5.3.1 Further and Higher Education	58
5.3.2 Address barriers to School completion & retention	58
5.4 Employment	59
5.4.1 Traveller Employment in the HSE South West	60
5.5 Anti-Discrimination and Cultural Awareness	60
5.6 Accommodation and Homelessness	62
5.7 Strengthen Traveller health infrastructure in HSE South West/FSS An Iardheiscirt	64
5.7.1 HSE South West Traveller Health Unit	64
5.7.2 Engagement in the National Traveller Health Advisory Forum (NTHAF)	65
5.7.3 Traveller Community Development Organisations / Traveller Primary Health Care Projects	65
5.8 Implementation & Oversight	67
Appendix 1: National Traveller health Key Performance Indicators	69
Appendix 2: HSE South West/FSS AA Iardheiscirt THU. GENIO Traveller Health Funding Application	70
Appendix 3: Coolmine Addiction Support Services in Cork & Kerry	74
Appendix 4: Summary of HSE South West THU Plan Strategic Objectives & Template Reference	75
Appendix 5: Costing Estimates to Strengthen the Traveller health Infrastructure	80

Acknowledgements

The HSE South West/FSS An Iardheiscirt THU would to acknowledge the support and assistance of all the contributors who gave their time in making an input into the preparation of this Plan, particularly the Co-ordinator of HSE South West/FSS AA Iardheiscirt THU, Kerry Travellers Health CDP, Cork Traveller Visibility Group, Cork Travellers Women's Network, West Cork Traveller Centre, Travellers of North Cork, East Cork Traveller Project, Southern Traveller Health Network, HSE South West/FSS AA Iardheiscirt Public Health Area D (Cork Kerry) Department Informatics, HSE South West/FSS AA Iardheiscirt Community Work Depts, HSE South West/FSS AA Iardheiscirt Public Nursing and HSE South West/FSS AA Iardheiscirt Social Inclusion Team.

Missing on the Tobar is Traveller Cant for "On the Road"

Front cover image: Traditional Irish Traveller nomadic camps in Cork and Kerry with Traveller Ethnicity Pin

Back cover image: Traveller Ethnicity Pin Photo by Derek Speirs, courtesy of Pavee Point

Acronyms Used

Acronym	Definition
ACRA	Accounting and Corporate Regulatory Authority
ADHD	Attention Deficit Hyperactivity Disorder
ADON	Assistant Director of Nursing
AITHS	All Ireland Traveller Health study
CAMHS	Child and Adolescent Mental Health Services
CD	Community Development
CDP	Community Development Programme
CEO	Chief Executive Officer
CESCA	Cork Equal and Sustainable Communities Alliance
CHN	Community Health Network
CHO	Community Healthcare Organisation
CKTHU	Cork/Kerry Traveller Health Unit
CLG	Company Limited by Guarantee
COPD	Chronic Obstructive Pulmonary Disease
CSO	Central Statistics Office
CTWN	Cork Traveller Women's Network
CYPSC	Children and Young People's Services Committee
DATF	Drug and Alcohol Taskforce
DHLGH	Department of Housing, Local Government and Heritage
DOJ	Department of Justice
DPHN	Director of Public Health Nursing
ECC	Enhanced Community Care
ECTP	East Cork Traveller Project
ESRI	The Economic and Social Research Institute
ETB	Education Training Board
FRA	European Agency of Fundamental Rights
FSS	Feidhmeannacht Seirbhíse Sláinte
GENIO	GENIO Trust
GP	General Practitioner
HR	Human Resources
HRB	Health Research Board
HSE	Health Service Executive
ICPOP	Integrated Care for Older people
IHI	Individual Health Identifier

Acronym	Definition
INAR	Irish Network Against Racism
IT	Information Technology
KPI	Key Performance Indicator
KTHCDP	Kerry Traveller Health and Community Development Project
LA	Local Authority
LCDC	Local Community Development Committees
LGBTI+	Lesbian, Gay, Bisexual, Transgender, Intersex plus
MH	Mental Health
MTU	Munster Technological University
NASC	The Migrant and Refugee Rights Centre Cork
NGO	Non Governmental Organisation
NSIO	National Social Inclusion Office
NTHAF	National Traveller Health Advisory Forum
NTHAP	National Traveller Health Action Plan
NTRIS	National Traveller and Roma Inclusion Strategy
PCT	Primary Care Team
PH	Public Health
PHC	Primary Health Care
PHCP	Primary Healthcare for Traveller Projects
PHCTP	Primary Healthcare for Traveller projects
SHEP	Social and Health Education Project
SNA	Special Needs Assistant
STHN	Southern Traveller Health Network
SVP	Saint Vincent de Paul
TCAT	Traveller Cultural Awareness Training
TCHW	Traveller Community Health Worker
TNC	Travellers of North Cork
TVG	Traveller Visibility Group
UCC	University College Cork
UN	United Nations
WCTC	West Cork Traveller Centre
WHO	World Health Organisation
WTE	Whole Time Equivalent

1. Introduction

Irish Travellers are an indigenous ethnic group, whose ethnicity was only formally acknowledged by the Irish State in 2017. Travellers have a long shared history, cultural values, language, customs and traditions.

This document presents a five-year HSE South West/ FSS AA Iardheiscirt (referred to as HSE South West in this document) THU Regional Implementation Plan for the National Traveller Health Action Plan (NTHAP). The NTHAP¹ is referenced throughout this document. Further detail on Strategic Priority Actions is described in the accompanying template.

The Implementation Plan responds to both strategic actions and goals laid out in the NTHAP as well as local priorities identified through consultations with Traveller organisations in the south west and HSE South West regions.

The plan has developed within the context of an established Traveller Health response across the HSE South West THU region – with some of the innovative Traveller health work in the region (the Social determinants of Traveller women's health research by the Southern Traveller Health Network / UCC and Traveller Cultural Awareness Training Initiative) highlighted in the NTHAP as good practice (NTHAP 2022, p 19 & 56).

The actions outlined in this plan and accompanying template will be delivered by a range of HSE South West disciplines in HSE South West THU, a network

of six Traveller-led community development organisations in the Region and the HSE South West Traveller Health Unit (THU) over a five year period from 2023-2028. This plan is part of national priorities identified for Traveller health and will be implemented alongside similar plans in other CHOs and national actions.

The Vision for Traveller Health is for “a health service in which Travellers can achieve their full potential in respect of their physical, mental and social wellbeing and where the wellbeing of all Travellers is valued and supported at every level. The vision is underpinned by one in which Traveller families have equitable outcomes in health resulting in a healthy and resilient Traveller community” (NTHAP, 2022).

HSE South West THU has co-ordinated Traveller work in the Region since 2001 (22 years) and is co-ordinated by the HSE South West THU Co-ordinator, Deirdre O'Reilly.

Traveller Health unit work is guided strategically by the HSE South West THU. The chair (since February 2023) is David Lane, General Manager

Social Inclusion & Primary Care and it is co-chaired by Breda O Donoghue, Director of Advocacy Cork Traveller Visibility Group. David Lane represents the HSE South West and Breda O Donoghue represents the independent Traveller community development organisations in the region.

HSE South West Community Work Departments also play an important support role in conjunction with the full range of Health Service Executive Primary Care services. The Community Work Departments (Cork North, Cork South and Kerry) promote the Health and Social Gain of people by improving the quality of life in various communities through developing health and social services in line with Sláintecare². HSE South West Community Work Department administers funding to Section 39 groups and has a formalised statutory relationship with over 400 Community and Voluntary groups across Cork and Kerry. The Community Work Department is the key link between the Community and Voluntary sector and the wider HSE South West THU including Community Healthcare Networks. The strength of the relationship between the Community Work Department and the Community and voluntary sector is a key resource for both Enhanced Community Care (ECC) and Community Healthcare Network (CHN) roll out and can support engagement, access to services, referrals, collaborations, service user involvement, events and projects.

1.1 HSE South West/FSS An Iardheiscirt Traveller Health Unit

Traveller Health Units work to prioritise Traveller health and address Traveller health inequalities on behalf of the Health Service Executive. They are an essential cornerstone where health services are delivered effectively to Travellers and Traveller health issues are mainstreamed into general health policy and service provision. Operating at CHO level, and working in partnership with local Traveller organisations/Primary Healthcare Projects, the THU is mandated to²³:

- ▶ Monitor the delivery of health services to Travellers and setting of regional targets against which performance can be measured;
- ▶ Ensure that Traveller health is given prominence on the agenda of the HSE South West;
- ▶ Ensure coordination and liaison within the HSE South West, and between the HSE South West and other statutory and voluntary bodies, in relation to the health situation of Travellers;
- ▶ Collect data on Travellers' health and their utilisation of health services;
- ▶ Ensure appropriate training of health service providers in terms of their understanding of, and relationship with, Travellers;
- ▶ Support the development of Traveller-specific services, either directly by the HSE South West or indirectly through appropriate voluntary organisations.

The Cork/Kerry Traveller Health Unit (membership 2023 below in Table 1) is designed as a partnership of Traveller organisations and HSE South West representatives. The Community Work Departments of the HSE South West in Cork and Kerry were active in the establishment of the THU.

Name	Organisation	Post
David Lane (Chair)	Chair THU-General Manager, Social Inclusion & Primary Care	HSE South West/FSS An Iardheiscirt General Manager Primary Care & Social Inclusion
Deirdre O'Reilly	Coordinator of Traveller Health Unit	HSE South West/FSS An Iardheiscirt Traveller Health Unit
Breda O'Donoghue	Co- Chair THU. Director of Advocacy TVG	Traveller Visibility Group, Cork
Tehmina Kazi	Traveller Health Co-Ordinator	Traveller Visibility Group, Cork
Brigid Carmody	Co-ordinator	Cork Traveller Women's Network
Louise Harrington	Community Development Worker	Cork Traveller Women's Network
Toddy Hogan	CEO	West Cork Traveller Centre
Niamh Murphy	Primary Health Care Coordinator	West Cork Traveller Centre
Brigid Quilligan	Manager	Kerry Travellers Health and Community Development Project
Andy Walker	Health Team Co-ordinator	Kerry Travellers Health and Community Development Project
Jane O' Brien	Volunteer	Kerry Travellers Health and Community Development Project
Anne Burke	Co-ordinator	Southern Traveller Health Network (STHN)
Bec Fahy	Manager	Travellers of North Cork
Ann Jones	Chairperson	Travellers of North Cork
Jason Sheehan	Co-ordinator	East Cork Traveller Project
Julianne Prendiville	Senior Health Promotion Officer	HSE South West/FSS An Iardheiscirt Health Promotion
Judy Cronin	Health Informatics Manager	Department of Public Health – HSE South West /FSS AA Iardheiscirt
Dr Nicola Murphy	Specialist Registrar in Public Health Medicine	Department of Public Health- HSE South West/FSS AA Iardheiscirt
Caroline Doyle	Interim Community Work Manager	HSE South West/FSS An Iardheiscirt Community Work Dept
Marie Therese Buckley	Assistant Director	HSE South West/FSS AA Iardheiscirt Public Health Nursing

Table 1 HSE South West/FSS An Iardheiscirt Traveller Health Unit Members 2023

² <https://www.gov.ie/en/publication/0d2d60-slaointecare-publications>

³ Page 56, Section 4, National Traveller Health Action Plan 2022-2027

From the beginning, two principles were built into the design of the HSE South West THU; community development and Traveller participation. Community development is an underpinning principle of the THU which has always been co-ordinated by someone with community development skills.

The HSE South West THU promotes a community development approach as a mechanism to address the health inequalities experienced by the Traveller Community. The THU is committed to achieving better health outcomes for Travellers through an approach that values the community identifying, analysing and addressing the root causes of Traveller health inequality. Community development work has a shared value base of Social Justice, Equality and Human rights.

Traveller participation is a key strength of the THU.

The Traveller Health Unit is chaired by the HSE South West with a co-chair from a Traveller organisation, currently the Traveller Visibility Group (TVG) and includes representation from each Traveller organisation funded by the THU and health professionals and administrators from a range of services as noted above in Table 1.

The partnership approach that includes Travellers, Traveller organisations and key HSE South West personnel with parity of esteem amongst members is a key strength of the THU.

The THU also recognises and respects the Traveller Community as an Irish ethnic minority that has historically experienced discrimination and racism. An understanding and commitment to Traveller culture and identity are central to the development of strategies to overcome inequality and discrimination.

Traveller inclusion and community development are named as guiding principles for the NTHAP (p17-18)

The THU impacts change through the following mechanisms:

- ▶ The THU as a partnership – developing Traveller health initiatives in the SW
- ▶ Funding for Independent Traveller Community Health Initiatives
- ▶ Influencing more culturally competent and inclusive service provision within HSE South West THU.

1.2 Implementation Plan

This plan is a regional response to the National Traveller Health Action Plan 2022-27 (NTHAP) launched in Q4 2022 by the Health Service Executive National Social Inclusion Office (in response to Recommendation 73 of the National Traveller and Roma Inclusion Strategy, 2017-2021). Consultation for the NTHAP 2022-27 was carried out in June 2018 in four centres across Ireland including Cork, Limerick, Sligo and Dublin.

The HSE South West THU Regional Traveller Health Implementation Plan sets out an implementation and monitoring framework articulated in the national plan (NTHAP) into prioritised regional aims, objectives and activity throughout Cork and Kerry.

Preparation of this plan involved consultation with all stake holders (described below) to identify local Traveller health priorities.

Independent research was commissioned by Murtagh & Partners (M&P Solutions) to inform the report and this is referenced where appropriate.

1.3 Consultation

The consultation process for the development of this plan had 2 phases: initial consultation to inform the research report of independent consultant M&P Solutions; further consultations through a HSE South West THU Plan development working group.

Consultation Phase 1:

As part of the research commissioned by the THU to inform this plan, M&P Solutions engaged in a consultation of current stakeholders in Traveller Health Unit in HSE South West THU (Table 1). This included independent Traveller organisations, the Southern Traveller Health Network, Health Service Executive health disciplines, other healthcare providers, and support service providers.

Four consultation sessions were held with plenary meetings of the THU in March and April 2023 followed up with consultation meetings with the individual organisations and members of the THU. A series of consultation meetings were with the Traveller organisations (management and staff).

Consultation Phase 2:

Following receipt of the M&P Solutions research report, consultation was continued by a THU working group made up of representatives of the six Traveller community development organisations in the region, a HSE South West Principal Community Worker and the HSE South West THU Coordinator.

This group met for 3 days to ensure that priorities and actions were reflective of local Traveller health priorities & considerable extra time was dedicated by all parties in the working group to input information in the interim.

The working group also received written input from HSE South West disciplines for the plan.

The working group oversaw the development of this plan which has been circulated to all THU partners for comment.

The full THU and working group met to review and input into the accompanying template in draft format. Special thanks is acknowledged to Louise Harrington for her work on the final draft of the Plan and Template.

Groups and Services consulted with as part of the development of this plan.

- > Traveller Visibility Group, Cork
- > Cork Traveller Women's Network
- > West Cork Traveller Centre
- > Travellers of North Cork
- > East Cork Traveller Project
- > Kerry Travellers Health and Community Development Project
- > Cork County Traveller Cultural Awareness Training (TCAT)
- > Southern Traveller Health Network (STHN) Anne Burke
- > HSE South West Health Promotion Julianne Prendiville
- > Department of Public Health HSE South West Judy Cronin
- > HSE South West Community Work Departments Eleanor Moore, Sorcha Ni Chruaiaich, Caroline Doyle and John Walsh
- > HSE South West Mental Health Services; Dr Ciaran Concannon Consultant Psychiatrist (Social Inclusion); Ned Kelly, Area Director of Nursing; Eilish Neally ADON
- > HSE South West Public Health Nursing Nicola Brett DPHN
- > HSE South West Social Inclusion ; Kate Gibney

Co-Ordinator Southern Regional Drug & Alcohol Task Force; Joe Kirby and Julieann Lane Homeless Services

- > HSE South West Head of Primary Care Priscilla Lynch
- > HSE South West Traveller Health Unit Co-Ordinator Deirdre O Reilly
- > HSE South West (Enhanced Community Care) Network Manager Colette McSweeney, Pricia Nolan, Martina Corkery, Elmar Cronin
- > HSE South West Professor Michelle Murphy, Consultant Dermatologist & Senior Lecturer in Medical Education
- > HSE South West John Moynihan, Principal Environmental Health Kerry

The SW Traveller groups named above are well established Traveller led community development organisations that been working with the Traveller community for decades. These organisations contributed experience, and knowledge from decades of Travelled led grass-roots work, local research and needs assessments with Travellers in the HSE South West. The following regional Traveller health priorities were clearly identified by these organisations during the consultation.

- ▶ Mental health and suicide,
- ▶ The impact of trauma on Traveller community health
- ▶ Addiction and access to culturally appropriate services across the region
- ▶ The impact of lifelong discrimination and racism experienced by Travellers
- ▶ The impact of poor accommodation and barriers to education as key social determinants of Traveller
- ▶ Chronic ill health

- ▶ The need for culturally appropriate health promotion for Traveller men and cultural supports such as horse projects
- ▶ The need for culturally appropriate health promotion LGBTI+, older Travellers and disabled Travellers
- ▶ Access to services for Travellers in rural areas

During the consultations for this plan, Traveller organisations expressed strong concerns about the need for increased funding for the sector.

These issues are reflected in the strategic priorities of this plan.

1.4 Secondary Research

M&P Solutions undertook a broad literature review which is reflected in this plan. Traveller population data was researched by M&P Solutions utilising information provided by Department of Public Health HSE South West, Community Work Department and Health Promotion. Department of Public Health HSE South West provided further analysis.

It is important to note that there is variance in official CSO data and the statistics from Traveller organisations based on local research, knowledge and engagement with the community. It is generally accepted that CSO data represents an undercount of Travellers in the region. This gap in information is likely to continue with emerging data from CSO 2022 in relation to the demographic profile of Travellers and mapping is recommended to augment CSO data with the knowledge base of Traveller organisations.

This report includes the most recent national and international research material up to 2022/23. Information from the AITHS 2010 report is also referred to.

Demographic data on the Traveller population locally and nationally has relied on the CSO Census data of 2016 although this can be updated once the Census 2022 data is made available in 2024. The estimation tools, one for gender and age group and another

for disability by gender and age group can provide working estimates of any Traveller population based on the CSO 2016 Total Traveller population profiles.



Photo by Cork Traveller Visibility group

2. Strategic Context

“Racism is a poison in all societies, and we see it in so many aspects of daily life. It has so many different manifestations and clearly one of the outcomes of systematic racism is unfair access to healthcare, marginalisation, othering of people to the point where they don’t get access to healthcare. Ultimately there is a health consequence to racism, a direct psychological consequence, a denial of services consequence, a marginalisation consequence, a poverty consequence, and education consequences, all of these lead to ill health, so racism is a health issue”

(Michael Ryan, World Health Organisation quoted in NTHAP, 2022).

2.1 Social Exclusion & Irish Travellers

Sláintecare (2018) acknowledges social exclusion and states “inequality of access is embedded in our current system and creates barriers and perverse incentives that stand in the way of doing the right things for patients that need care. Moreover, wider health inequalities persist among some groups of the population”.

Irish Travellers are documented in multiple studies to be one of the most socially excluded groups in Ireland. Travellers experience lifelong persistent racism and discrimination resulting in poorer outcomes in terms of health, education, employment and accommodation, as observed by a number of UN treaty-monitoring bodies, European institutions, and equality and human rights bodies (NTHAP, 2022).



Photo by Cork Traveller Women's Network

Successive studies including the All Ireland Traveller Health Study 2010 (AITHS)⁴, and the Economic and Social Research Institute research paper⁵ (number 56) entitled 'A Social Portrait of Travellers in Ireland' of January 2017 outline the poor health outcomes linked to high levels of discrimination, poor physical and social living conditions, homelessness, poorer educational outcomes and lower levels of employment. According to 'Discrimination and Inequality in Housing in Ireland'⁶ Travellers make up 9% of the homeless population although constituting just 1% of the overall population. Multiple research reports including the ESRI flags that Travellers experience the highest levels of discrimination in Irish Society.

Living in concentrated areas of disadvantage, living in a lower income household, having low or no earnings and insecure work, or living in poor-quality housing leads to worse health outcomes. Experiencing two or more of these factors creates an even greater risk to people's health. For instance, having low income may lead to living in poor-quality housing and both have negative effects on health, compounding disadvantage. These alone indicate the likelihood of poor population health outcomes while multiple disadvantage provides predictable poor outcomes across the multiple determinants.

In 2006 the WHO declared that mental ill-health is the new global epidemic and Travellers, on the evidence of this study, are inordinately burdened by this issue. "Causation factors notwithstanding organic determinants, overlap with other ethnic and minority communities who experience disadvantage,

exclusion and racism. Many of those factors are determined by structural disadvantage for example in education, employment and accommodation"⁷. The ESRI states that these factors can result in generalised poor self-esteem and self-efficacy which is associated with depression and other mental health problems; these conditions are, in turn, related to significantly higher incidences of suicide.

The suicide rate is almost seven times higher among Traveller males than in the general population. The suicide rate for Traveller Women is six times higher than the general population.

Allowing for differences in age between adult Travellers and the general adult population, Traveller mortality is 3.5 times higher than the non-Travellers overall while infant mortality is 3.6 times higher among Travellers than among the general population.

The average expected age of a Traveller man is 61.7 years compared to the national average of 76.8 (81 years in 2022)⁸; Traveller women have a life expectancy of 70.1 compared to the national average of 81.6 (84 years in 2022);

Travellers have a 14.1% infant mortality rate (number of children under one year of age that die per 1000 live births), compared to the settled population at 3.9%;

Travellers experience a higher burden of chronic diseases and higher measures of risk factors such as smoking (50% of Travellers: 29% general population); high blood pressure, cholesterol and dietary consumption of fried foods (29%:9%). (AITHS, 2010)

Travellers are nearly three times as likely as the general population in the 35-54 age group to

experience any difficulty or disability. Nine percent of Travellers in this age group have a psychological or emotional disability, compared to 3% of the general population.

Travellers are also three times more likely to experience mobility limitations and in children, asthma was the most common ailment reported. The child asthma rate was estimated at 70% in children reporting a current health problem.

Discrimination, poverty and social exclusion have been linked to chronic stress for Traveller women impacting on food choices and participation in physical exercise. 31% of Travellers reported cost as a factor in eating healthily⁹.

50% of Travellers expressed difficulty reading medication instructions.

66.7% of service providers believe that Travellers experience discrimination in their use of health services and over 40% of Travellers stated that they were not always treated with dignity and respect.

Travellers are more likely to live in substandard accommodation and experience homelessness. The ESRI note that most Travellers live in substandard accommodation (88 per cent) while just 12% of Travellers live in a caravan or mobile home. Traveller specific accommodation is likely to be overcrowded (84%) and is more likely than a house or apartment to lack central heating (13%), piped water (18%) and sewerage facilities (29%). It is also likely to lack internet access (91%). Travellers make up 9% of the homeless population although Travellers make up just 1% of the overall population¹⁰.

The lower employment rate of Travellers aged 25-64

compared to non-Travellers (11% versus 66%) is mainly driven by their higher rate of unemployment (82% vs. 17%) rather than by a lower rate of labour market participation

Differences in education are linked to the employment gap between Travellers and non-Travellers. The employment rate of non-Travellers is about six times higher than that of Travellers. Where the two groups had similar levels of education and other characteristics, the gap remains but is very much reduced (from 6 times to 1.9 times higher).

The chance of being in a job improves markedly as the level of education increases for Travellers. Comparing Travellers who are similar to non-Travellers in other respects (such as gender, age group and region), the Traveller employment rate is just 9% among those with primary level education only, 15% for those with lower second level education (Junior Certificate) only, 27% for those with Leaving Certificate and 57% for the very small number with further or higher education.

Discrimination by employers also has a major impact on exclusion of Travellers to the Irish labour market. 2017 research on national attitudes to Travellers outlines that that only 17% of the general public surveyed would consider employing a Traveller (with Travellers and Roma scoring the lowest for any ethnic group). In 2017, the ESRI found that Travellers were almost 10 times more likely than non-Travellers to experience discrimination in seeking work.

In 2021, the EU Fundamental Rights Agency (FRA) found that 65% of Travellers reported experiencing discrimination, one of the highest reported rates within the six European countries it surveyed. This is

4 The All Ireland Traveller Health Study (AITHS) March 2010 <https://www.gov.ie/en/publication/b9c48a-all-ireland-traveller-health-study/>

5 A Social Portrait of Traveller in Ireland (2017) ESRI and Dept. of Justice and Law Reform <https://www.esri.ie/publications/a-social-portrait-of-travellers-in-ireland>

6 Discrimination & Inequality in Housing In Ireland. (2018) ESRI <https://www.esri.ie/publications/discrimination-and-inequality-in-housing-in-ireland>

7 <https://itmtrav.ie/wp-content/uploads/2020/02/Final-ITM-Submission-Joint-Oireachtas-Committee-Mental-Health-last.pdf>

8 Health in Ireland: Key Trends (2022) Department of Health <https://www.gov.ie/en/publication/fdc2a-health-in-ireland-key-trends-2022/>

9 Report on the Traveller Women's Food, Physical Activity and Health Study (2018) Compiled by Mary Cronin, Aideen O'Leary & Jennifer Russell of the Department of Epidemiology & Public Health, University College Cork in conjunction with the Southern Traveller Health Network <https://corkhealthycities.com/wp-content/uploads/2018/10/Cronin-et-al-Report-on-the-Traveller-Womens-Food-Physical-Activity-and-Health-Study-2016-1.pdf>

10 Discrimination & Inequality in Housing In Ireland. (2018) ESRI <https://www.esri.ie/publications/discrimination-and-inequality-in-housing-in-ireland>

also reflected in the general respondents surveyed with 46% stating they would feel “uncomfortable with Travellers as neighbours”

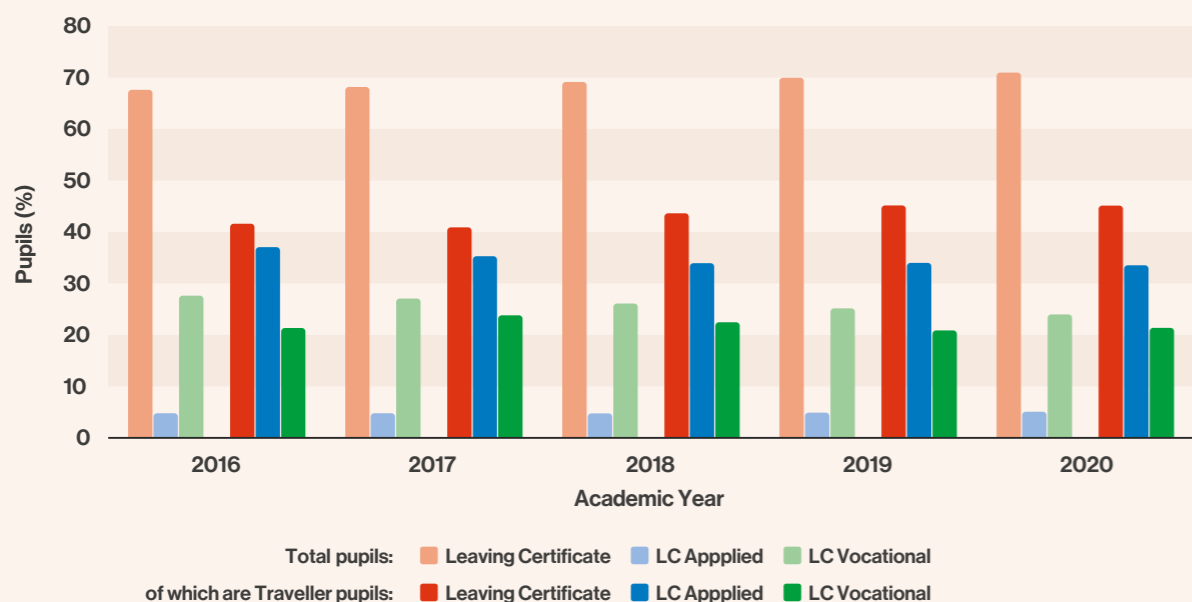
Travellers are more likely to have left school early and are much less likely to have reached Leaving Certificate level.

Levels of education have been increasing over time for both Travellers and non-Travellers. However, the improvement over time was not as great for Travellers. While the majority of non-Travellers aged 25-34 have completed second level education (86 per cent), fewer than one in ten Travellers in this age group have done so (9 per cent)¹¹. In 2021, 1.5% of pupils identified as being from the Traveller community.

Data from Primary & Post Primary Traveller Statistics 2016-2020, Department of Education Report¹²

Focusing on the senior cycle, Traveller pupils have increasingly enrolled in the Leaving Certificate Programme since the 2016-17 academic year (Figure 1, red). Enrolment in Leaving Certificate Applied (blue) has remained disproportionately higher for Traveller pupils, with 33.5 per cent compared to 5.0 per cent for all pupils in 2020-21.

Figure 1 Traveller pupils in post-primary schools, by programme, 2016-20



¹¹ <https://www.gov.ie/en/publication/91561-primary-and-post-primary-traveller-statistics-2016-20/>
¹² <https://www.gov.ie/en/publication/91561-primary-and-post-primary-traveller-statistics-2016-20/>

The research data above shows a consistent trend over time; that it mirrors the experience of the Traveller community development in the *HSE South West area*, confirming the severe social exclusion, poor health outcomes and poor outcomes across all the social determinants of health for Irish Travellers.

Although there is a considerable body of research into the issues affecting Irish Travellers, contemporary health data is limited. This is due to the fact that Travellers are not separately identified in health data collection.

Strategic Objective 11 named in the NTHAP prioritises “the [national] implementation of a standardised ethnic identifier across all health administrative systems to monitor access, participation and outcomes of all groups, including Travellers, and to inform the development of evidence-based policies and services”.

This recommendation is in line with health reforms under Sláintecare and it is hoped that the introduction of an ethnic identifier in routine administrative health data sets will be implemented nationally during the life time of this plan.

There are some data collection sources that identify Travellers appropriately in their statistical analyses including the CSO Census and HRB National Drugs Treatment Reporting System.

M&P Solutions carried out an analysis of available data to provide some projected population planning data and impact outcomes. In addition, department of Public Health HSE South West has generated several reports including datasets based on the CSO Census 2016 for the purposes of the identifying the Traveller population in each of the fourteen Community Health Networks (CHNs) in HSE South West which will form the basis for the delivery of primary healthcare aligned to the Sláintecare strategy.

It is hoped that the results of the CSO Census 2022 will be available by 2024 in the level of detail required to inform the current targeted healthcare interventions and to measure the impact of any changes between 2016 and 2022 for Travellers. The CHN data will be updated by HSE South West based on relevant updated data on the Traveller community.

2.2 National Traveller Health Action Plan 2022-27

The NTHAP 2022-27 was launched in November 2022. It provides a clear framework for the implementation and monitoring of the actions, including the need for targeting mainstream measures as well as evidence based policy.

It advocates a whole-of-Government approach to delivering outcomes with every relevant Government Department being tasked with proofing their policies, procedures and protocols with constructive and evidenced Traveller understanding and awareness at minimum. The collective strategy to address Traveller health inequalities by focusing on the social determinants is enshrined in the current work of the Traveller Health Unit and the Traveller Organisations in HSE South West.

The Health Service Executive National Social Inclusion Office will monitor the implementation of the national plan regionally once plans have been drawn up by each of the nine community health organisations (CHOs).

The plan for 2022-2027 has set four national goals to be achieved through the implementation of nine strategic objectives. These are:

GOAL 1 – Strengthen the governance, monitoring and structures to support the implementation of the Action Plan.

- > Develop and strengthen processes and mechanisms to ensure implementation of the NTHAP at a national level in partnership with Travellers and Traveller organisations.
- > Develop standardised funding structures and processes to allow for adequate funding for the Traveller health sector and ensure accountability.
- > Development of clear accountability mechanisms to monitor and evaluate implementation progress of NTHAP.

GOAL 2 – Improve Travellers equality of access, participation and outcomes in mainstream health services through a human-rights based approach.

- > Mainstreaming and responding to Traveller health needs and addressing Traveller health inequalities in existing and forthcoming health policy and services.
- > Explicit inclusion of Traveller health needs in all population health approaches for service planning and funding, aligning with new and existing HSE South West structures, including Sláintecare

NATIONAL GOAL 3 – Address the Social Determinants of Traveller Health through targeted and mainstream measures.

- > Development of specific policy priorities, strategies and actions which address Traveller health inequalities using an intersectional analysis and facilitating targeted measures.
- > Ensure a whole-of government and social determinants approach to addressing Traveller health inequalities in line with the NTRIS, Healthy Ireland and Sláintecare

GOAL 4 – Enhancing Travellers’ access to culturally appropriate primary health care through investment in Traveller Health units and Primary Health Care for Traveller Projects.

- > Strengthening the structures that work in partnership with Travellers via NTHAF at national level, the Traveller Health units at regional level and the Primary Health Care for Traveller Projects at local level.
- > Develop and strengthen mechanisms to ensure meaningful consultation, inclusion and participation of Travellers in local, regional and national health related structures underpinned by community development principles and values.

Within the nine strategic objectives, there are forty-five strategic actions and twenty-eight outcomes across the four goals summarised in Table 2.

Goal	1	2	3	4	Total
Strategic Objectives	3	2	2	2	9
Strategic Action	12	9	17	7	45
Outcomes	8	6	7	7	28

Table 2 Goals, Strategic Objectives, Strategic Actions and Outcomes NTHAP 2022-27

This document represents the HSE South West THU's detailed implementation plan for the NTHAP.

This plan will be delivered by named HSE South West services outlined in the accompanying template, the Traveller Health Unit and Traveller organisations. The commitment of external agencies in a range of areas – including education, training, accommodation, heritage and culture will also play a role in delivery through partnership delivering outcomes around the social determinants of health. While there has been some collaboration on strategic issues, considerable further work is required to develop meaningful outcomes and successes. The HSE South West also holds a wider influence than delivering health services – in terms of building partnerships.

Budget allocation is critical – as delivery of the plan is linked to existing and new health budgets. Delivery for some elements of this plan is dependent on securing additional funds for the region

Measuring progress:

A key dimension of this Plan is the measurement of outcomes. The HSE South West and the NTHAP Implementation Group will work with the Department of Health to identify and develop high-level indicators to measure Traveller health and the impact of the NTHAP. The NTHAP plan prioritises working “with relevant services to develop a set of Traveller health indicators to support national and CHO NTHAP implementation plans” (NTHAP, strategic objective 9). The NTHAP states that new health indicators will include quantitative and qualitative measures.

Currently quantitative and qualitative regional information on targeted Traveller health work is gathered by the Traveller organisations and reported to the THU and HSE South West Community Work Departments. Data is not collated regionally from Health services.

Information on the current KPI data collected is included in Appendix 1.

Suggested KPIs have been included in the implementation template to accompany this document. HSE South West THU will engage around the development of new Traveller Health indicators which will be developed nationally during the life time of this plan.

2.3 A Framework for Health Equity

Health inequalities are largely a consequence of differences in people's living conditions and experiences through life. Inequalities in power, institutional racism, financial and resource poverty at a local and national level can make people's daily lives

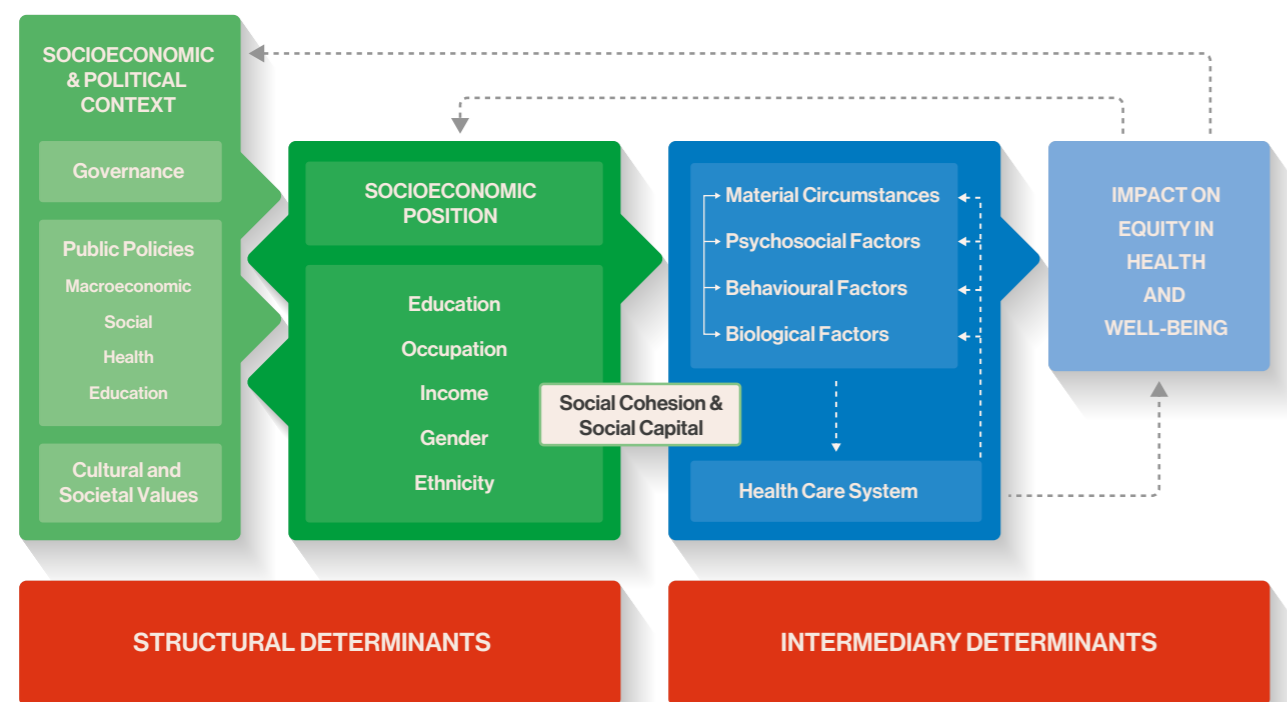
more challenging and in turn, this can make people more vulnerable to poor health.

“Health outcomes are not shaped or solely determined by genetic or biological processes, but are influenced by the social, political and economic conditions in which we are born, grow, live, work and age. These influences are known as the social determinants of health. These social determinants recognise that inequalities in social, political and economic conditions give rise to unequal and unjust health outcomes for different groups, including Travellers.”(NTHAP 2022-27).

Health equity is the state in which everyone has the opportunity to attain full health potential, and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance. Health equity and opportunity are inextricably linked, and currently the burdens of disease and poor health and the benefits of well-being and good health are inequitably distributed as evidenced significantly in the Traveller community in Ireland. This inequitable distribution is caused by social, environmental, economic, and structural factors that ultimately shape health, and are themselves distributed unequally, with pronounced differences in opportunities for health.

This plan draws on the WHO social determinants of health model referenced in the NTHAP 2022-27. This model is further explained through an excellent two-part video¹³ produced in 2018 by the Southern Traveller Health Network which demonstrates the links between the social determinants of health and population health outcomes for Travellers.

13 The Social Determinants of Health for Women 2018 https://www.youtube.com/watch?v=CaMMh8N_Jww&ab_channel=MariaYoung



WHO Framework of Social Determinants of Health¹⁴

The underlying reasons for the inequalities experienced in Irish Traveller health are multiple, complex and co-related. Travellers are more likely to develop certain conditions in the first place and experience barriers accessing appropriate health services. Social, environmental and economic factors mean Irish Travellers are more likely to develop ill-health conditions. They also have many risk factors for developing chronic conditions. For example, unemployment rates amongst Travellers are extremely high and are quoted as high as 80% (vs 4.3% in the general population, March 2023).

Discrimination itself has been linked with poor health. In a 2013 study¹⁵ where frequent mental distress (FMD) was defined as 14 or more days of poor mental health in the preceding 1 month, FMD was present in 11.9% of Traveller respondents, and prevalence

increased with age. After age and sex adjustment, FMD was more prevalent in those whose quality of life was impaired by physical health, by those who were recently bereaved of a friend or family member, and by those who had greater experiences of discrimination. The study showed that Travellers experience discrimination and bereavement, which have tangible adverse impacts on their mental health.

In another study in the United Kingdom¹⁶, a longitudinal study reported 20% (998 persons) of the sample had experienced racial discrimination and had a greater likelihood on average of limiting longstanding illness and fair/poor self-rated health than those who did not report racial discrimination. Factors included greater psychological distress, poorer mental functioning, poorer physical functioning and lower life satisfaction. Those who

reported racial discrimination had a greater likelihood on average of limiting longstanding illness and fair/poor self-rated health than those who did not report racial discrimination. Racial discrimination was associated with increased psychological distress and poorer mental functioning over a two-year follow-up, adjusting for baseline scores.

Sláintecare (2018) acknowledges social exclusion and states “inequality of access is embedded in our current system and creates barriers and perverse incentives that stand in the way of doing the right things for patients that need care. Moreover, wider health inequalities persist among some groups of the population”.

There is a growing body of research on suicide in the Traveller population given the very high levels experienced which are said to be approximately eight to nine times greater than in the general population. Almost all families in the Traveller community have experienced the suicide of at least one close family member according to a recent study¹⁷ undertaken by University College Cork into the Grief, Tragic Death, and Multiple Loss in the Lives of Irish Traveller Community Health Workers.

The paper explored the concept of ‘suicide bereavement’ within the close-knit Traveller community where a suicide is followed by the suicide of another close relative where the suffering of the first bereavement is compounded by subsequent ones, and where each loss cannot be fully mourned. The types of deaths and the multiple losses within such a close community necessarily lead to complicated grief reactions, the authors argue, and they highlighted the need for culturally appropriate bereavement support services. There is also a distressing video interview

featuring a Traveller woman, who reported in 2022 that she lost twenty-seven close family members within ten years to suicide.

Mental health can be impacted by the same factors as physical health. On top of this, reasons for poor mental health include poor physical health, bereavement and discrimination. This is impacted further by the stigma attached to mental illness within the Traveller community that can stop those who need help from seeking it.

Traveller Community Health Workers are members of the Traveller community who are trained to work as primary care health workers within their own communities. Traveller Community Health Workers provide targeted community health programmes as well as building links between health and their community in order to increase awareness and uptake of services. An excellent video¹⁸ was produced in 2020 by the Traveller Healthy Minds project and the Cork Traveller Visibility Group (TVG) to build awareness of mental health services.

2.3.1 Travellers Access to Healthcare

Travellers experience additional barriers accessing health care services. This is linked to a perception that many services are “culturally inappropriate and unsatisfactory, resulting in Travellers’ low engagement and poor health outcomes” (NTHAP, 2022). The AITHS highlighted low levels of trust for many Travellers in healthcare services as being a significant factor limiting access (only 41% of Travellers “completely trusted the health care professional treating [them]” vs 82% in general population).

¹⁴ https://www.researchgate.net/figure/WHO-framework-of-social-determinants-of-health-World-Health-Organization-WHO-2010_fig1_233539684
¹⁵ Frequent mental distress (FMD) in Irish Travellers: Discrimination and bereavement negatively influence mental health in the All Ireland Traveller Health Study McGorrian et al 2013
¹⁶ Racial discrimination and health: a prospective study of ethnic minorities in the United Kingdom Hackett et al BMC Public Health volume 20, (2020)

¹⁷ Grief, Tragic Death, and Multiple Loss in the Lives of Irish Traveller Community Health Workers Tobin, Lambert and McCarthy (School of Applied Psychology, University College Cork, Cork, Ireland) 2018
¹⁸ Traveller Healthy Minds video <https://www.youtube.com/watch?v=A9ghb16TWK8>

Because of this the NTHAP has identified “Ensure Traveller-proofing of existing and new strategies, policies and services to support Traveller inclusion and provision of culturally appropriate services” as a strategic action (NTHAP, Strategic action 14).

Other barriers to accessing healthcare reported by Traveller organisations during the consultation for this report are linked to low education levels (literacy difficulties), poorer IT access and literacy.

Homelessness rates are also high within the Traveller community which can displace people from their support community. Hidden homelessness can impact on access to register for services. Regularly displacement due to insecure accommodation can make it hard to engage with mainstream health care. There is an increasing difficulty to access GPs and most GP practices are full. Renewal of medical cards for families and older Travellers with literacy and digital literacy needs requires support. For nomadic families and families with insecure accommodation, access to bespoke clinics, screening and digital health records is a priority to order to ensure continuity of care.

Traveller families on sites with unreliable postal services and vulnerable Traveller families in insecure accommodation may miss postal health appointments and need additional supports.

Accessible health information is also an important factor and good practice work has developed in the South West in creating accessible Traveller health resources.

The AITHS reported that 83% of Travellers received culturally appropriate health information from PHCTPs and Traveller organisations. This is supported by findings from the NSIO 2021 COVID-19 Traveller Service User National Experience Survey, which reported that 86% of Travellers accessed COVID-19 health information from Traveller organisations and Traveller health structures. (NTHAP, 2022)

Travellers are an indigenous ethnic group with a unique culture, history and identity. Like other ethnicities, Travellers are not one homogenous group, but include people with different health needs and intersectional identities linked to age, dis/ability, gender, sexuality, health, economic status etc.

Engaging with Enhanced Community Care (ECC) Managers and the Community Healthcare Networks (CHNs) is essential to prioritising services to the Traveller community in HSE South West; specifically for Travellers who are older, have a disability, chronic disease and identify as members of the LGBTI+ community.

Initial work across the Region by the HSE South West and the Traveller organisations through the delivery of Traveller cultural awareness training for health services (AITHS) has enhanced understandings of Traveller identity and culture for service providers and must be expanded. The purpose is to improve the experience of Travellers accessing primary healthcare services and to ensure sustained engagement.

2.4 Sláintecare

Sláintecare (2018) acknowledges social exclusion and states “inequality of access is embedded in our current system and creates barriers and perverse incentives that stand in the way of doing the right things for patients that need care. Moreover, wider health inequalities persist among some groups of the population”.

Sláintecare forms a major component of the strategic context which includes appropriate service delivery at point of need and as close to people’s homes as possible.

The Sláintecare Initiative structures Ireland’s population into Community Healthcare Area Networks (~96), each comprising a population of approximately 50k people. Depending on the neighbourhood profile and the adjoining current spread of Health Service Executive service locations, the Community Healthcare Area Networks are further apportioned into Primary Care Teams (PCT) targeted at smaller populations between 7k and 10k. The PCT is a multidisciplinary group of health and social care professionals comprising GPs, Nurses, Home Helps, Health and Social Care Professionals and Health Care Assistants who work together to deliver local, accessible health and social services to a defined population of between 7,000-10,000 people at ‘primary’ or first point of contact with the health service. In HSE South West there are 14 Networks (1-3 Kerry and 4-14 Cork).

One of the opportunities of the Sláintecare healthcare reform initiative is its ability to usher in new models of care based on population need. From a Traveller health point of view, models of care will build on existing work on clinical and integrated care programmes that meet their holistic needs and those of different groups of the population (for example, older people, mostly healthy adults, children, people

with disabilities and people with mental health needs). These models of care will ensure that integrated and evidence-based approaches are taken to meeting needs, across all healthcare settings and providers, generating positive population health outcomes and a certain consistency of approach.

The NTHAP cites the Sláintecare Implementation Strategy 2018 as an aligned strategy with a focus on population health needs assessment: “The first step in understanding the needs of the population is to assess health need and the distribution of that need in a population, followed by population risk stratification with identification of particularly vulnerable population groups. This must include an understanding of the wider determinants of health” and the Enhanced Community Care model outlined in the Sláintecare Implementation Strategy and Action Plan (2021-2023 p.16) bringing care directly to vulnerable groups.

Department of Public Health HSE South West has provided an analysis of the fourteen CHNs and their respective Traveller populations based on the CSO Census 2016. It is important to note that these figures need to be amended based on the underrepresentation of the Traveller community in Census 2016.

The next section provides a summary profile of the Traveller organisations which lead the frontline work throughout the Traveller population in HSE South West.

3. Traveller Organisations in HSE South West/FSS An Iardheiscirt

There are six Traveller organisations in HSE South West.

Traveller organisations receive funding through the THU for community health work and also are members of THU partnership to set regional priorities for Traveller health.

Six are listed below and the seventh is Southern Traveller Health Network which is a Regional network organisation, funded through the CKTHU, which links representatives of the 6 Traveller organisations and develops and supports many initiatives on key health and equality issues across the Region.



Photo by Cork Traveller Women's Network

Organisation	Reach	Incorporation Status	Established	Total Staff (WTE)	Traveller Employees (WTE)	Traveller Employees	Total Staff Members
Traveller Visibility Group	Cork City	CLG + Charities Registered	1993	15.6	8.2	19.0	26.0
Kerry Travellers Health CDP	Kerry	CLG + Charities Registered	1997	10.2	7.3	19.0	22.0
West Cork Traveller Centre	West Cork	CLG + Charities Registered	2005	7.4	4.6	5.0	9.0
Travellers of North Cork	North Cork	CLG	2006	4.4	4.4	7.0	8.0
Cork Traveller Women's Network	Cork	Charities Registered Unincorporated	1998	2.6	1.4	3.0	5.0
East Cork Traveller Project	East Cork	Part of Cumann na Daoine	2017	2.0	1.2	1.0	3.0
Total				42.2	27.0	54.0	73.0

Table 3 Traveller Organisations HSE South West/FSS An Iardheiscirt THU.

Table 3 summarises the six Traveller led community development organisations in the HSE South West. They work on an inclusive basis from community development and human rights perspectives with equality, cultural diversity and anti-discrimination and anti-racism values at their core.

Approximately 77 persons (which equates to 42.3 Whole Time Equivalents/ WTE) are directly employed by the 6 independent Traveller organisations and one network (STHN) which receive funding through the HSE South West although some organisations also receive recurring funding support from other sources including Pobal, Department of Justice and Law Reform, Tusla, Environmental Kerry and other sources of funding available to the community and voluntary sector.

Of the 77 total employees, 54 are Travellers who occupy positions throughout the organisations including Directors, Managers, Co-ordinators, Health, Education and Community Workers.

The percentage and profile of Traveller employment across the organisations provides powerful evidence of the success of the organisations and the HSE South West THU in implementing the inclusive employment and participation strategy commenced many years ago. Many Travellers choose to work on a part-time basis while others work on a full-time whole-time equivalent (WTE) basis, this accounts to an 81% employment rate in the South West region.

Total funding through the HSE South West THU for 6 voluntary service providers totalled €1.63m in 2023 as outlined in Table 3(a) below.

Organisation	Reach	Incorporation Status	Established	Funding CK Community Healthcare SLA 2023
Traveller Visibility Group	Cork City	CLG + Charities Registered	1993	€489,118
Kerry Travellers Health CDP	Kerry	CLG + Charities Registered	1997	€366,731
West Cork Traveller Centre	Macroom, Bandon, Clonakilty, Skibbereen, and Bantry	CLG + Charities Registered	2015	€300,255
Travellers of North Cork	North Cork	CLG	2006	€248,970
Cork Traveller Women's Network	Cork	Unincorporated	2000	€165,000
East Cork Traveller Project	East Cork	Part of Cumann na Daoine	1997	€57,000
Total 2023				€1,627,074

Table 3(a) Traveller Organisations HSE South West/FSS An Iardheiscirt

The following subheadings provides a summary profile of each of the 6 organisations in the THU. It is accepted that the summary profiles do not do justice to the work that the organisations do, nor the complexity of the interventions that they necessarily make in supporting their Traveller communities.

3.1 Traveller Visibility Group Cork (TVG)

TVG was established thirty years ago in 1993, and has provided strong leadership in the sector by working to bring about change for the Traveller community in Cork within the context of the local population.

TVG is incorporated as a Company Limited by Guarantee and is registered with the Charities Regulator.

TVG provides its services throughout Cork City, North and South side. TVG's main programmes of work are:

- ▶ Primary Health Care
- ▶ Women's Health
- ▶ Men's Health
- ▶ TVG Goras Community Childcare – 6 months to 5 years
- ▶ Ten-place Community Employment Scheme with supported training
- ▶ Drugs and Alcohol Programme
- ▶ NTRIS Education Pilot funded by DoJ and Tusla
- ▶ Traveller Cultural Awareness Training for Trainers Initiative and inhouse facilities for other agencies
- ▶ All Ireland Traveller Health Study contributions.

Approximately four hundred Travellers access the services while the Crèche caters for forty children with additional outreach to one hundred and ten families.

TVG has a core staff level of twenty-six persons and twenty are Travellers. Nine persons work under the health discipline. This equates to 5.2 whole-time equivalents.

Traveller Visibility Group	Persons	Whole Time Equivalents
Director of Operations/ Manager	1	1
Director of Advocacy	1	0.4
Traveller Health Co-ordinator	1	1
Traveller Community Health Workers	5	2.1
Traveller Health Development Worker	2	1
Traveller Men's Health Development Worker	1	1
Education Co-ordinator	1	0.43
Traveller Education Worker	1	1
Education Worker (Roma)	1	1
Crèche		
Administration	2	1.29
CE	10	5.4
Totals	26	15.62

Table 4 TVG Management and Staff 2023

3.2 Kerry Traveller Health CDP

Kerry Traveller CDP was established in 1997 (26 years ago) and its services extend throughout County Kerry. KTHCDP is incorporated as a Company Limited by Guarantee and is registered with the Charities Regulator.

KTHCDP's agenda is extensive and summarises its work over 6 programmes.

- ▶ Peer Health Programme
- ▶ Community Development Programme
- ▶ Family Support Programme
- ▶ Peer Education Programme
- ▶ Women's Health Development Programme
- ▶ Men's Development Programme

KTHCDP places a strong emphasis on community capacity-building across all areas of support by building up competencies and establishing good working relationships with agencies.

KTHCDP provided services or engaged with 1,716 Travellers in 2022 and its population is estimated at between 1,500 and 2,500.

KTHCDP employs twenty-two persons, nineteen of whom are Travellers. Six persons work under the health discipline equates to 2.64 Whole-time equivalents.

Kerry Travellers Health CDP	Persons	Whole Time Equivalents
Project Manager	1	1
Health Team Co-ordinator	1	0.5
Traveller Community Health Workers	5	2.14
Community Development Workers	2	2
Family Support Co-ordinator	1	1
Family Link Worker	1	0.5
Peer Education Workers	8	1.4
Administrator	1	0.6
CE Scheme Workers	2	1.1
Total KTHCDP	22	10.24

Table 5 Kerry Travellers Health CDP Management and Staff 2023

3.3 West Cork Traveller Centre

West Cork Traveller Centre (WCTC) was established in 2015 and is based in Clonakilty, County Cork about 50km from Cork City. WCTC is incorporated as a Company Limited by Guarantee and is registered with the Charities Regulator.

WCTC covers quite a large geographical area incorporating Clonakilty, Skibbereen, Bantry, Macroom and Bandon – a round trip of 164km.

WCTC implements a range of Traveller support services and list them as:

- ▶ Primary Health Care Programme
- ▶ Community Development Initiatives
- ▶ Access for Travellers to mental health services in West Cork
- ▶ Access to Traveller specific counselling service
- ▶ Address inequalities in relation to Traveller access to accommodation, education, employment, enterprise, equality and injustice
- ▶ Specific targeted social and community services in order to address inequalities faced by the Traveller community
- ▶ Targeted Traveller Cultural Awareness training programmes delivered to health and social care professionals across the catchment area
- ▶ Support, training, advocacy, educational opportunities and meeting facilities at various centres across the catchments area
- ▶ Weekly resource for referral/advice to appropriate statutory/other services
- ▶ Five women's support groups are facilitated across the catchment area
- ▶ WCTC provided services and support to 300 Traveller adults and children in 2022.

WCTC employs core staff of nine persons in addition to three Community Employment posts. Five are

Travellers although there are two vacant posts and a Development Worker on long-term sick leave (April 2023). Five persons work under the health discipline equates to 2.2 Whole-time equivalents.

West Cork Traveller Centre	Persons	Whole Time Equivalents
CEO	1	1
Primary Healthcare Manager	1	1
Development Worker	2	1.2
Traveller Community Health Workers	4	2
Administration	1	0.6
CE	3	1.6
Totals WCTC	12	7.4

Table 6 West Cork Traveller Centre Management and Staff 2023

3.4 Travellers of North Cork

Traveller of North Cork (TNC) was established in 2006 and is incorporated as a Company Limited by Guarantee.

TNC is based in Doneraile, County Cork, about 50km from Cork City, and has additional service delivery points in Charleville, Mitchelstown, Fermoy and Mallow – a round trip of 114km.

TNC's Board of Management comprises nominees from each of the Traveller Groups in the main Traveller population centres, Doneraile, Charleville, Mitchelstown, Fermoy and Mallow, providing strong connections to the needs and service delivery to all areas in its catchment.

TNC focuses on four main programmes to address:

- ▶ Accommodation and Living Conditions
- ▶ Physical and Mental Health
- ▶ Culture and Identity
- ▶ Education Training and Progression

Each is interlinked in TNC's strategic Plan 2023-26 and has a delivery structure characterised by four complementary Action Groups which feed into a Central Co-ordination Team. Each has a programme of activity including the completion of a planned, detailed, home-by-home assessment of accommodation needs for all Travellers in North Cork and examining the extent and causes of mental health challenges including suicide and suicidal ideation.

The key outcomes for the Culture and Identity Programme are to increase capacity of Travellers to challenge discrimination in all its forms and to strengthen pride in Traveller identity and culture (especially amongst young Travellers).

The Education Training and Progression Programme seeks to implement measures to:

- ▶ Increase the numbers of young Travellers staying in school;
- ▶ Improved educational achievements for both Traveller children and young Travellers;
- ▶ More meaningful involvement of Traveller parents in the education of their children; and
- ▶ An improvement in progression opportunities for Travellers in North Cork.

TNC has indicated that it wishes to build on its success in all areas but particularly in applying its expertise to providing access by more Travellers to further and higher education, and supporting this as a strategic pathway to address downstream health inequalities in the future. It has demonstrated success in working with University College Cork and has supported a number of Travellers through third level education including six persons through the Level 5 SNA and nine through the Leadership Course recently.

TNC employs nine staff members, six of whom are Travellers, one post is a PT education support worker funded externally until Dec 2020. There is currently one vacant TCHW post (13 hours)

TNC runs a Primary health care programme and has five Traveller community Health work posts (equivalent to two full time posts) but at this time does not have funding for a Primary Health Care Coordinator.

Travellers of North Cork	Persons	Whole Time Equivalents
Project Co-ordinator	1	1
Development Workers	2	1
Traveller Community Health Workers	5	2
Administrator	1	0.5
Total TNC	9	4.5

Table 7 Travellers of North Cork Management and Staff 2023

3.5 Cork Traveller Women's Network

Cork Traveller Women's Network was established in 1998 as a community development project working for Traveller rights, leadership and culture and is based at the Triskel Arts Centre in Cork City Centre. CTWN connects a network of Traveller women's groups in Cork North and South and is fully led by Traveller women.

CTWN's work focuses on Traveller women and the issues affecting their lives and their families' lives and community, including health (including mental health), education, accommodation, discrimination and promotion of Traveller culture. It has close links throughout Cork City and has co-ordinated healthcare work with identified Traveller women in the areas of the menopause, diabetes and mental health.

CTWN's key areas of work are:

- ▶ Supporting Traveller women as leaders
- ▶ Promoting Traveller women's health and well being
- ▶ Supporting a network of Traveller women's groups in Cork city
- ▶ Advocating for Traveller accommodation rights
- ▶ Promoting awareness of Traveller culture and ethnicity

CTWN runs a Traveller led community centre on Meelagh Traveller group housing scheme in Cork City – which delivers a range of culturally appropriate family supports. CTWN has a strong focus on Traveller culture and heritage work and curates Ireland's only permanent Traveller led museum exhibit at Cork Public Museum.

CTWN employs core staff of four persons (all part time) in addition a (part time) contracted community development worker for the Meelagh Centre. The organisation also relies on Traveller women who volunteer their time to the project.

Cork Traveller Women's Network	Persons	Whole Time Equivalents
Project Co-ordinator	1	0.37
Community Development Worker	1	0.75
Outreach Development Worker	1	0.34
Meelagh Community Development Worker	1	0.71
Administrator	1	0.4
Total CTWN	5	2.57

Table 8 Cork Travellers Women's Network Staff 2023

3.6 East Cork Traveller Project

East Cork Traveller Project (ECTP) has only been in existence as a standalone project for the past few years and is the youngest Traveller project in the HSE South West THU area. It is a project within the work of the larger Cumann na Daoine Community Development Project (CDP) which was established in 1997 and is located in its own Community Resource Centre at Catherine Street, Youghal, Co. Cork.

The area covered by ECTP includes the urban and rural areas between Glanmire, Little Island, Carrigtwohill, Dungourney, Middleton, Youghal, Ballycotton and Cobh – a 158km round trip. The rationale for the establishment of ECTP was the increase in the Traveller population within this area – estimated at over one hundred families – and the increasing needs that they were presenting with to Cumann na Daoine Community Development Project (CDP) and other local support agencies.

ECTP has commenced the implementation of its inaugural strategic plan for the 2021-25 period. It provides as comprehensive a support service as possible with its very small staff complement, and it concentrates on accommodation issues and development work. ECTP is Traveller-led by Jason Sheehan, a graduate, who has a rich background of involvement in Traveller and social inclusion projects in Cork and is an active Board member of Traveller organisations. He is assisted by two qualified Community Health Workers who each work three days per week.

East Cork Traveller Project	Persons	Whole Time Equivalents
Project Manager	1	0.8
Community Health & Community Workers	2	1.2
Total ECTP	3	2

Table 9 East Cork Travellers Management and Staff 2023

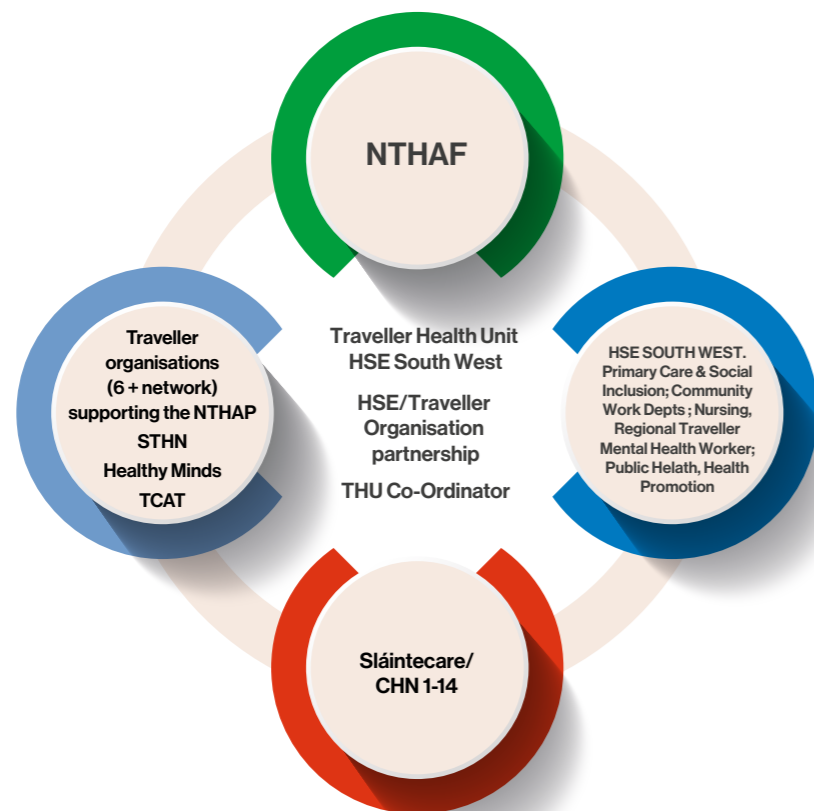


Photo by Dathai MacAnBhiochair

3.7 Summary

3.7.1 Regional Resource Traveller Health Unit

The structure of Traveller Health Unit HSE South West THU as partnership is reflected in the diagram below.



The HSE South West Traveller Health Unit has responsibility for Traveller Health funding and policy in HSE South West THU.

The THU works to prioritise Traveller Health concerns and address Traveller Health inequalities through a partnership between HSE South West and Traveller organisations.

THUs operate in each CHO, and work in partnership with local Traveller organisations.

HSE South West THU is chaired by a senior HSE South West member (David Lane General Manager Primary Care & Social Inclusion and co-chaired by a Traveller organisation rep (Breda O Donoghue TVG Director of Advocacy).

The HSE South West THU has a number of subgroups and working group to facilitate the development of the work. These are

- ▶ Regional Traveller Accommodation Working Group
- ▶ THU Funding subgroup
- ▶ Regional Traveller Mental Health subgroup
- ▶ All Ireland Traveller Health Study subgroup

The THU funding subgroup prioritises allocation of new funding through the THU. Funding group membership consists of two HSE South West representatives and two Traveller organisation representatives drawn from the THU membership. Funding applications to the THU are first submitted to the Community Work Department for endorsement

and then are reviewed by the THU funding subgroup for decision.

THU funds and support the following: Traveller Community Development organisations and projects: Traveller Visibility Group,(TVG) Cork City, Travellers of North Cork (TNC), West Cork Traveller Centre (WCTC) Kerry Traveller Health and Community Development Project (KTHCDP), Cork Traveller Womens' Network (CTWN) Southern Traveller Health Network (STHN), Traveller Healthy Minds Mental Health project, East Cork Traveller Initiative and Traveller Cultural Awareness Training Initiative (TCAT).

This includes Traveller Primary Health Care (PHC) programmes with Traveller community health workers who are based in TVG, WCTC, KTHCDP and TNC. PHC workers are employed across the region in a peer to peer programme supporting access to health services and identifying and addressing barriers and gaps in service provision for the Traveller community. They are embedded in the Traveller organisations and this enables them to work more effectively.

The HSE South West THU is a member of the National Traveller Health Advisory Forum (NTHAF) which is a representative forum for HSE South West staff, regional Traveller Health Units and Traveller representatives. The NTHAF provides national coordination and support for Traveller Health Planning delivery and monitoring. It supports the HSE South West in prioritising Traveller health nationally and ensuring that Travellers are included in all existing and upcoming health policy developments and service provision.

3.7.2 Traveller Community Health Workers

In the six organisations above, there are 77 front line, management and support staff employed equating to 42.33 whole- time equivalents.

Of the 77 total, 25 are designated health workers equating to 13 whole- time equivalents. The 13 WTE number is important since it reflects the capacity in terms of workload for the Health Workers ultimately, and confirms the need to prioritise and closely target the work throughout the Region.

3.7.3 Community Development, Education, and Development Workers

In addition to designated health workers, each project also employs front line staff providing a range of community supports. These work under the titles, Development Worker, Education Worker, or Community Development worker. These staff focus on the broader determinants of health, such as accommodation, equality, employment, income and education. There is a total of 10 Staff members employed in this category, or 7.86WTE.

3.7.4 Family Support Staff

In addition to the designated health and development posts detailed above, Kerry Travellers Health and CDP employ two staff in the area of Family support, or 1.5 WTE.

3.7.5 Traveller Workers

Of the 77 total, 54 are Travellers equating to approximately 27 whole- time equivalents. This is a measurement of the effectiveness of the strategy in building capacity within the Traveller community.

3.8 Health Service Executive Community Work Departments

Most of the Traveller Organisations are funded through the Section 39 funding stream of the HSE South West THU by way of the service level agreements which are agreed annually on foot of a detailed submission. The HSE South West Community Work Departments with the General Manager, assesses each submission and supports

Section 39 organisations in their implementation throughout the year.

Over four hundred community and voluntary groups are supported by the HSE South West Community Work Departments across the Region by three teams in Kerry, North Cork and Cork South. The three teams comprise Principal Community Workers, Community Leads, Community Workers, Community Health Workers, Community Support Workers and administration personnel.

The HSE South West Community Work Department is also the key connector between the Community and Voluntary sector in HSE South West and the new Sláintecare Community Health Network Primary Healthcare delivery structure. The HSE South West Enhanced Community Care Programme (Sláintecare) is building health and social care services at community level to enhance and increase community health services and relieve pressure on acute hospital services.

The aim of the HSE South West Community Work Departments is to empower local communities by supporting community and voluntary groups who take the lead on their own needs. It uses a community development approach and supports services to respond to the wider social determinants of health that affect people in high risk groups in the community. The work is undertaken from principles of equality and community development which means equitable partnerships, needs-led projects and services with local communities and effective support for service user engagement work.

The HSE South West Community Work Department is a unique structure to the Region and is responsible for a number of health programmes for groups including Older people, Travellers, LGBTI+, Migrants, Refugees, International protection applicants and socially and

economically disadvantaged communities. The Community Work Department is an important link between the Traveller organisations and HSE South West.

3.9 Health Service Executive HSE South West Mental Health Services

In 2017, ringfenced funding was allocated by the HSE South West for a Regional Traveller Mental Health Co-ordinator to support access to, and delivery of, mental health services for Travellers, in each Community Health area. This post has remained vacant for some time in HSE South West and there is a need to replace this strategic post – which has a key role in the delivery of mental health actions named in this plan. The THU will also explore if savings from delays in recruitment of the Traveller MH coordinator post can be used for targeted mental health programmes costs.

A Consultant Psychiatrist for Social Inclusion in HSE South West was employed at the end of 2022 in HSE South West to support Homeless Services, People seeking International Protection and Travellers. The Consultant is supported by a number of disciplines and works across Cork and Kerry. Pathways to support Travellers access teams will be explored over the life of the Traveller Health Plan for Cork and Kerry.

Cork North Community Work Dept hosts the Traveller Healthy Minds Initiative (funded through the THU) providing a gateway to health services across the Traveller community. The Traveller Healthy Minds Project has two employees, a Traveller Community Health Worker and a Project Worker.

During the consultation for this plan the Traveller Healthy Minds Project noted additional mental health support needs for Travellers after release from prison. A recent University of Limerick study "Irish Travellers

Access to Justice¹⁹ report found that Travellers were vastly overrepresented in prisons in 2021, making up of 7.3 per cent of the prison population (despite being less than 1% of the population). The Healthy Minds project reported that Travellers leaving prison face stigma, and that many have mental health and addiction issues (dual diagnoses) which have also

resulted in homelessness. Multi agency supports are recommended including links between mental health, addiction services and agencies such as Cork Alliance who provide supports for people after release from prison.

19 <https://www.ul.ie/artsoc/news/irish-travellers-access-to-justice-launch-landmark-report>



Photo by Dragan Thomas

4. Traveller Population Data HSE South West/ FSS An Iardheiscirt

The data presented in this section was prepared by M&P Solutions.

As mentioned above, targeting and prioritising services and strategies requires as much knowledge as possible of the population being addressed. In HSE South West, the available data suggests that the Traveller population lies between 3,089 and 7,245 depending on whether the CSO Census 2016 data is used or the DHLGH Annual Traveller Family Count 2016²⁰. The latter used a factor of 5.3 members per family to gross up from the individual family count measure. Based on conversations with the Traveller organisations for this plan, it is more likely that an estimate of 4,500 for Cork and Kerry would be closer to actuality. KTHCDP has estimated the Kerry Traveller population at 1,700 and it is undertaking a survey in the coming months to obtain a more accurate number.

A number of Traveller organisations are engaged in local mapping exercises in 2023/2024 and this with the examination of Census 2022 should provide more accurate figures during the lifetime of the Strategy.

TNC is also carrying out a Needs Survey in the coming months; both surveys will only give a partial picture from a Regional perspective.

M&P Solutions has utilised the profile offered in the CSO Census 2016 data which provides a range of in depth analysis over many critical areas such as age groups, disability and gender mix. By calculating the number of people in each age group by gender for the total State Traveller population in the Census 2016 data, for example, and applying that to the HSE South West population, a profile estimation tool has been developed here.

Department of Public Health HSE South West has also inputted information for this chapter based on initial 2022 Census figures.

As flagged earlier in this plan, Census data must be viewed as limited – Travellers are underrepresented in Census counts. There is a need for strong collaboration between CSO and Traveller organisations to support more effective data for Travellers.

Local mapping of the Traveller populations in HSE South West is essential during the lifetime of this plan.



4.1 Population Growth and Longer Life in the Traveller Population in HSE South West/ FSS An Iardheiscirt

	Men & Women	Men	Women
0 – 4 years	627	324	302
5 – 14 years	1,161	599	563
15 – 24 years	828	413	415
25 – 34 years	683	322	361
35 – 44 years	497	240	257
45 – 54 years	364	170	194
55 – 64 years	204	100	105
65 years and over	135	65	70
All Ages	4,500	2,233	2,267

Table 10 Traveller Population Cork and Kerry 2023 (est. M&P)

The relevant table for the lower number quoted in the CSO Census 2016 would provide very different absolute numbers in each age group as can be seen in Table 11 below.

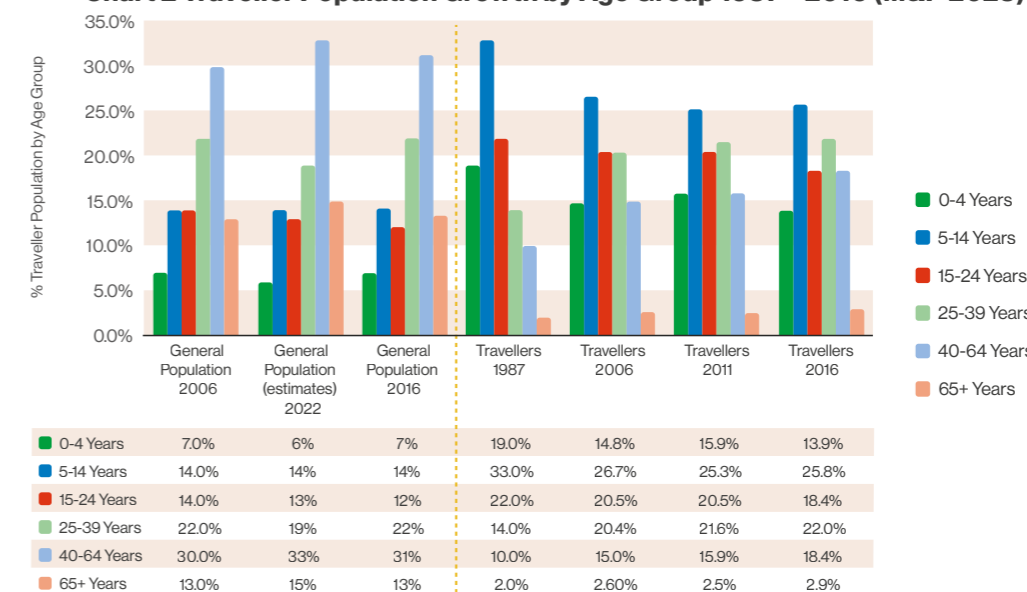
	Men & Women	Men	Women
0 – 4 years	433	224	209
5 – 14 years	801	413	388
15 – 24 years	572	285	286
25 – 34 years	471	222	249
35 – 44 years	343	166	177
45 – 54 years	251	117	134
55 – 64 years	141	69	72
65 years and over	93	45	48
All Ages	3,105	1,541	1,564

Table 11 Traveller Population Cork and Kerry 2023 (CSO Census 2016)

4.2 Population Growth and Longer Life

It has been possible to compute relevant data for HSE South West by age group for the years 1987, 2006, 2011 and 2016. Chart 2 below shows remarkable growth in the older age groups where the 25-39 years grew from 14% of the total Traveller population in 1987 to 22% in 2016. The 40-64 years age group has also grown from 10% in 1987 to 18.4% in 2016. The all-important age group in terms of life expectancy outcomes (65+ Years) has grown from 2% to 2.9%

Chart 2 Traveller Population Growth by Age Group 1987 – 2016 (M&P 2023)



All ages	% Change 65 years and over	% Change 50-65+ Years	65 years and over 2011	65 years and over 2016	50+ years and over 2011	50+ years and over 2016	
All	14%	20%	36%	81	97	295	401
Women	16%	2%	28%	40	41	148	190
Men	13%	37%	44%	41	56	147	211

Table 12 Traveller Population Growth Cork and Kerry 50-65 Yrs and 65+ Years 2011 – 2016 (M&P 2023)

In another exercise, the Traveller population in Ireland increased by 5.01% between 2011 and 2016 which is lower than the growth in the older age groups thus suggesting an improvement in life expectancy.

Even between 2011 and 2016, the data in Table 12 provides evidence that health interventions and improved uptake of critical services have kept more people alive. Growth in the 65+ age group was more

evident in men than women 37% and 2% respectively. In the 50+ age group though, the population growth was 44% for men and 28% for women, a combined total of 36% against the population growth of 5.01%.

It is expected that the CSO Census 2022 will also evidence even greater advances in the population health outcomes for Travellers demonstrating that the work of all involved including the Traveller organisations, THU, and HSE South West is generating results. While this is the case, the data also provides some baseline data for setting objectives below.

The data can also be used to identify the number of households with one, two, three persons per household up to 12 or more, which may also be useful in terms of different predictable levels of support that they require. The prevalence of one-person households also identifies targets for proactive support and interventions, for example.

4.3 Disability

Another use of data has been developed in the course of this work around disability and prevalence. Using the CSO 2016 data, it has been possible to develop a Disability Prevalence Tool which can be applied to any population size to provide estimates of various disabilities as defined in the Census data.

Men and Women (2016)	All ages	0 – 14 years	15 – 24 years	25 – 44 years	45 – 64 years	65 years and over	
Total persons	30,987	12,313	5,705	8,125	3,912	932	
Total persons with a disability	19.2%	5,963	1,132	870	1,750	1,629	582
Other disability, including chronic illness	45%	2,658	387	240	681	981	369
A condition that substantially limits one or more basic physical activities	40%	2,363	230	206	607	899	421
Difficulty in learning, remembering or concentrating	39%	2,311	529	397	643	538	204
Difficulty in participating in other activities	34%	2,007	338	254	547	603	265
Difficulty in working or attending school/college	32%	1,906	241	311	601	557	196
Difficulty in going outside home alone	31%	1,871	307	234	499	536	295
Psychological or emotional condition	29%	1,723	180	310	662	476	95
Difficulty in dressing, bathing or getting around inside the home	25%	1,466	310	132	335	434	255
An intellectual disability	21%	1,228	304	242	346	249	87
Deafness or a serious hearing impairment	11%	656	138	76	145	180	117
Blindness or a serious vision impairment	9%	528	123	75	115	136	79
Total disabilities	18,717	3,087	2,477	5,181	5,589	2,383	
Disabilities per person by age group	3.14	2.73	2.85	2.96	3.43	4.09	

Table 13 Traveller Disability State CSO Census 2016

Table 13 notes that 19% of Travellers in Ireland were identified with a disability in the 2016 Census. This compares with 14% in the general population for the same period. Also, the average number of disabilities for Travellers has been calculated as 3.14 per person with a disability, compared with 2.85 for the general population.

Disability definitions analysed on the CSO Census are the same throughout but the prevalence of some differ for the Traveller population. By applying the Disability Prevalence Tool²¹ to the Cork and Kerry Traveller population, and by using the 4,500 population size quantum, it is possible to identify the level of disability need by age group. This is expressed in Table 14 below.

	All ages	0 – 14 years	15 – 24 years	25 – 44 years	45 – 64 years	65 years +
% Persons with a Disability						
2016 All	19.24%	18.98%	14.59%	29.35%	27.32%	9.76%
2016 Men	21.04%	22.08%	15.55%	29.54%	24.38%	8.44%
2016 Women	18.10%	15.54%	13.52%	29.13%	30.58%	11.22%
Persons with a Disability (Traveller Population HSE South West THU)						
2016 All	866	164	126	254	237	85
2016 Men	456	101	71	135	111	38
2016 Women	410	64	55	120	125	46

Table 14 Traveller Disability Cork & Kerry by Gender and Age Group Using Disability Prevalence Tool (M&P 2023)

Table 13 tells us that 19% of Travellers will have at least one disability and that, on average will have 3.14 disabilities as defined in the Table and differing between age groups, ranging from 'Other disability, including chronic illness', for 45%, 'A condition that substantially limits one or more basic physical activities' for 40% and so on.

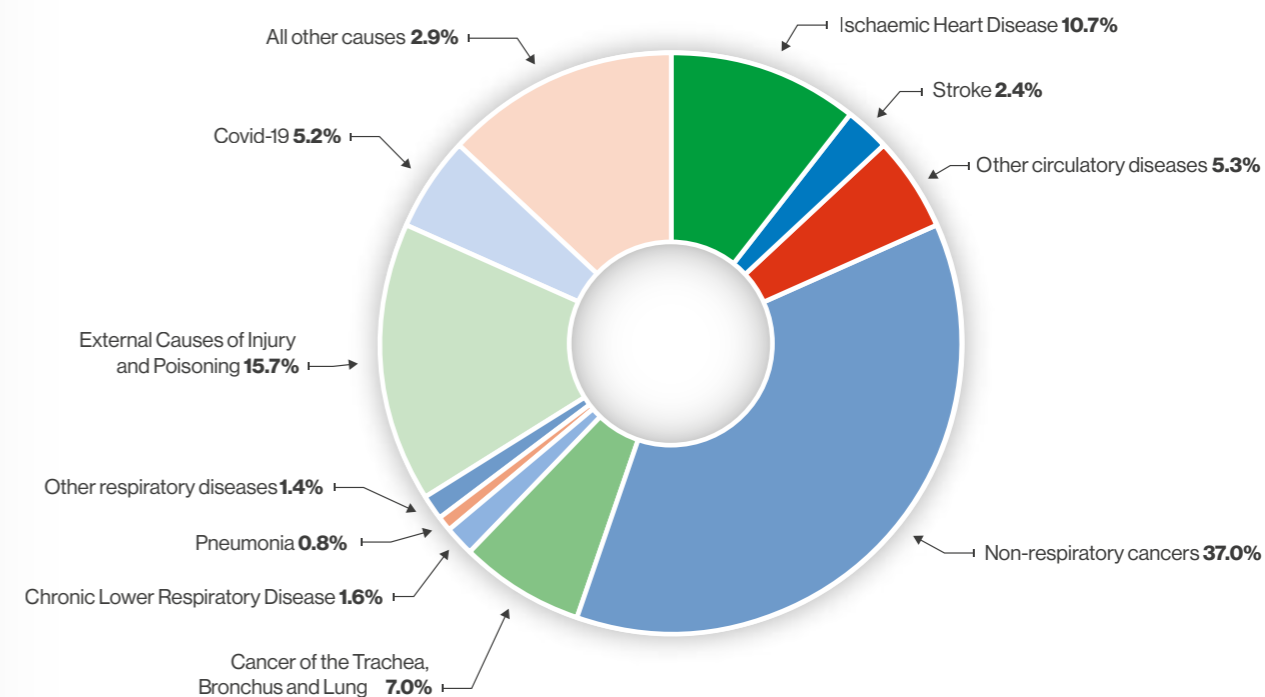


Chart 3 Ireland Deaths by Principal Causes, Percentage Distribution, 2021, Ages 0-64

Further reference to the principal causes of death in the general population in the State in 2021 between the ages

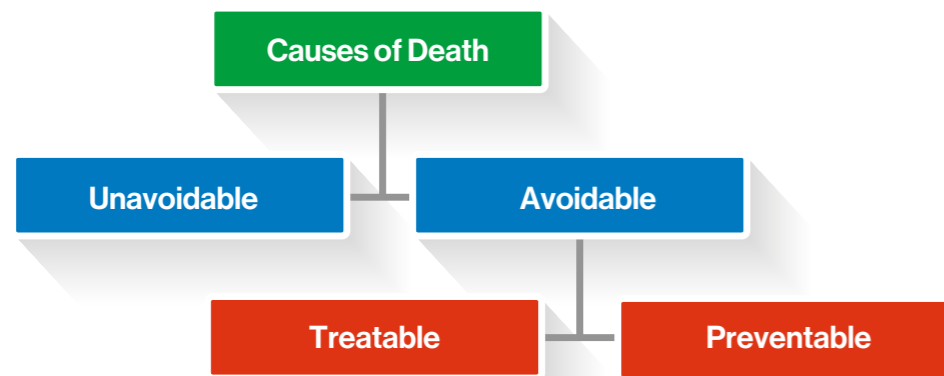
of 0 – 64 years identifies specific causes many of which are defined as being avoidable or preventable. Mortality rates (the number of people who die each year per 100,000 population) give a general measure of the health of a population. They are affected by the quality of health care, but also by the range of wider social, economic and environmental factors – the social determinants of health.

While mortality rates from all causes of death have been falling for populations in most European countries since the late nineties²², it has not been possible to source the rates for Travellers. However, the population data chart 2, section 4.2 suggests that the mortality rates have fallen also although not by the same proportion.

Avoidable deaths are categorised as those that are either preventable or treatable. A death is considered preventable if it can be avoided through effective public health and primary prevention interventions.

Alternatively, a treatable death is a premature death which could be avoided through timely and effective health care interventions, including secondary prevention. While preventable deaths indicate the state of public health, treatable deaths reflect on the availability, accessibility, or quality of health care interventions and can identify a starting point to assess the quality and effectiveness of health care systems and to set priorities for future delivery. Clearly the Implementation Plan can take these matters into consideration in ensuring that Travellers in HSE South West have optimal access to all healthcare services. It is hoped also that this type of information will assist Health Co-ordinators and Traveller Health Workers in the community in prioritising interventions and what strategies are required for early identification of health outcome predictors.

22 Mortality rates Nuffield Trust UK March 2023



4.3.1 CENSUS 2022

The following data has been prepared by Department of Public Health HSE South West from preliminary 2022 data:

Irish Travellers Usually Resident and Present in the State (2022)

Age Group	Both sexes	Male	Female
0 – 4 years	3718	1897	1821
5 – 14 years	8262	4228	4034
15 – 24 years	5991	3000	2991
25 – 34 years	4689	2236	2453
35 – 44 years	3976	1845	2131
45 – 54 years	2875	1334	1541
55 – 64 years	1952	912	1040
65 years and over	1486	720	766



Members of the Cork/Kerry THU 2022

Travellers Usually Resident and Present in Cork/Kerry (2022)

Age Group	Proportion total	Both sexes TOTAL	Male (estimate)	Female (estimate)
0 – 4 years	11.3% (M) 10.85% (F)	392	197	195
5 – 14 years	26% (M) 24% (F)	870	438	432
15 – 24 years	18.6% (M) 17.8% (F)	633	313	320
25 – 34 years	13.8% (M) 14.6% (F)	495	232	263
35 – 44 years	11.4% (M) 12.7% (F)	420	192	228
45 – 54 years	8.2% (M) 9.2% (F)	304	138	166
55 – 64 years	5.6% (M) 6.2% (F)	206	94	112
65 years and over	4.45% (M) 4.6% (F)	158	75	83

4.4 Sláintecare

Implementation of the Sláintecare primary healthcare delivery structure is well underway in HSE South West and its impact will be pivotal for all sectors of the community including Travellers.

In May 2022, Department of Public Health HSE South West has issued a Population Health Analysis for each CHN in HSE South West²³ including the population structure, health indicators of the population, an overview of the health services and reference to available performance indicators for these services.

The reports include a profile of the Traveller population of each CHN based on CSO Census 2016 data and a range of other available data.

M&P has provided the population data below expressed with the Traveller population as defined by the CSO Census 2016, as well as populations in each CHN. As discussed previously in the report these figures need to be amended based on census 2022 and local mapping exercises. There is a tool available to alter the population in each CHN when the Census 2022 results are published or when a Regional Traveller population is established through surveys etc.

²³ Available at Lenus the Irish Health Repository

CHN Network	Community Health Network (CHN)	Catchment Area	Traveller Population of CHN (CSO 2016)	% Traveller Population per CHN	Traveller Population with Uplifted Factor Change
1	North Kerry	North Kerry (North Kerry)	213	6.85%	308
2	West Kerry	West Kerry (Tralee)	429	13.79%	621
3	South Kerry	South Kerry Iveragh, Kenmare, Sneem, Killorglin, Killarney	318	10.23%	460
4	NW Cork	Charleville, Buttevant, Kanturk, Mallow, Millstreet, Newmarket	394	12.67%	570
5	NE Cork	Castlelyons, Fermoy, Mitchelstown	156	5.02%	226
6	East Central Cork	Midleton, Youghal	71	2.28%	103
7	East Cork City	Cobh Carrigtwohill Glanmire/ Riverstown	102	3.28%	148
8	Central Cork	Mayfield, Montenotte, Tivoli, St Patricks, Blackpool, The Glen, Carrignavar	317	10.19%	459
9	Blarney and North Cork City	Blarney, Sunday's Well, City Centre, Fairhill Farranree, Gurrabraher, Knocknaheeny	457	14.69%	661
10	West Cork	Beara, Bantry, Mizen, Drimoleague, Dunmanway, Ballineen, Rosscarbery, Skibbereen , Clonakilty	132	4.24%	191
11	SE Cork City	Douglas, Blackrock, Mahon	180	5.79%	261
12	West Central Cork	Ballincollig, Bishopstown, Macroom	187	6.01%	270
13	Bandon, Carrigaline, Kinsale, Passage West	Bandon , Carrigaline, Kinsale & Passage West	51	1.64%	74
14	South Cork City	Turners Cross, Grange, Frankfield, Togher Ballyphehane, Greenmount, The Lough	103	3.31%	149
Total			3,110	100%	4,500

Table 15 Sláintecare Community Health Network Structure and Traveller Population

The data will also contribute to the implementation plan by providing the statistical baseline for service referral and uptake.

The next section sets out key objectives for the implementation of the plan.

Missling on the Tobar / On the Road

This project (which lends it's Traveller Cant title to this strategy) promotes Traveller culture, heritage and identity. This community led work draws on the social determinants of health to promote Traveller pride, challenge negative stereotyping of the community and promote positive mental health for Travellers.

Cork Traveller Women's Network's Missling on the Tobar project celebrates Travellers nomadism. Through oral history work with older Travellers, 24 traditional camp sites from nomadic times were mapped in and around Cork city.

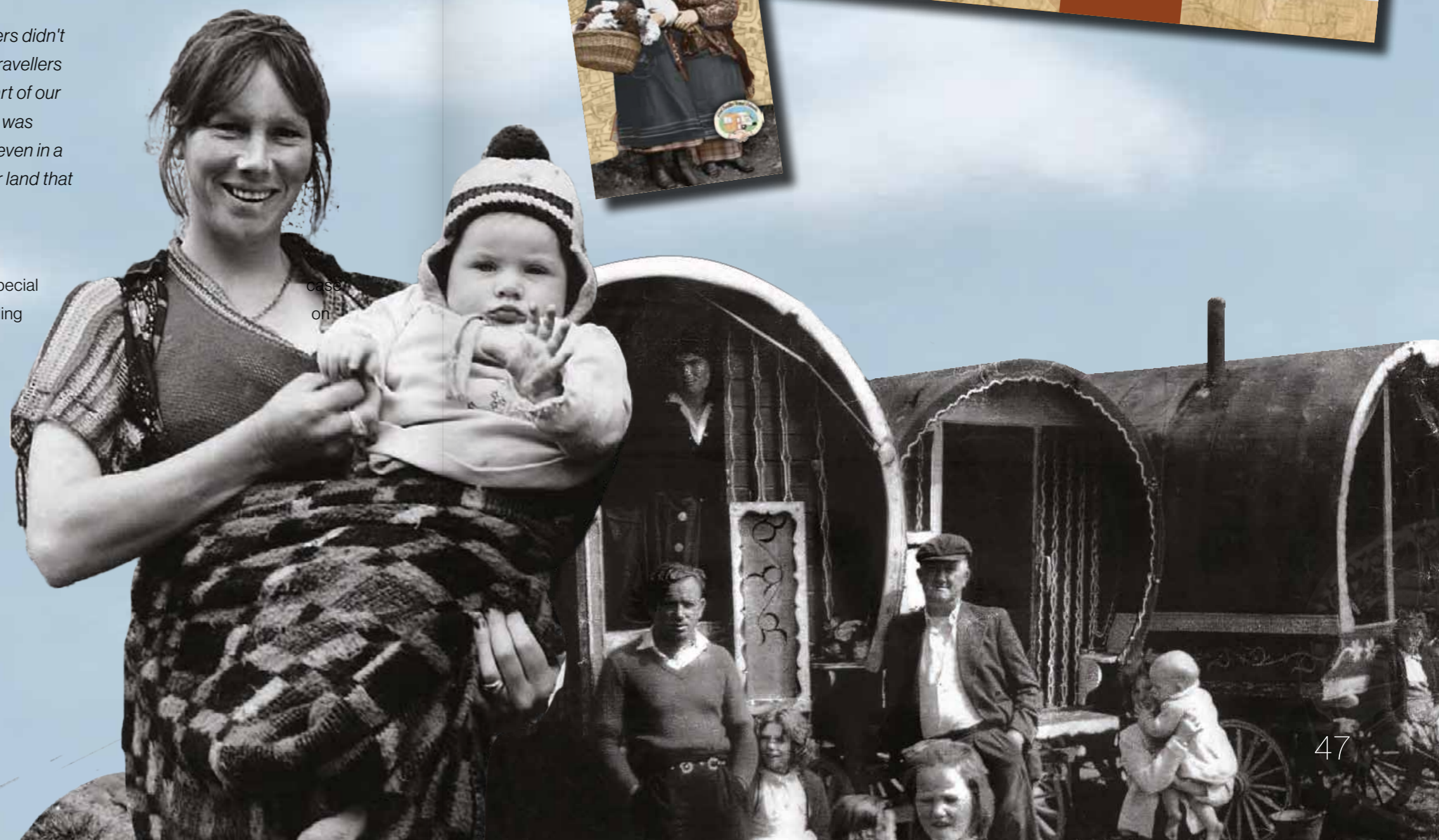
A camp was a safe place that nomadic families could return to every year to park the wagon, rest the animals and to meet with other Travellers. Due to successive government policies preventing nomadism, these traditional camps are no longer available to Travellers.

Out of the 24 campsites highlighted, today, only 5 overcrowded council run halting sites are available as Traveller specific accommodation in Cork city.

"The traditional camp sites are gone, but not because Travellers didn't want this life or no longer used them. State policies to settle Travellers forced families into halting sites and off the road and this is part of our community's history. Gathering soil from our camping places was about reclaiming some of that land back for our community - even in a symbolic way. It is about being able to hold onto a piece of our land that was part of our way of life for so long."

– Brigid Carmody, Cork Traveller Women's Network

Soil from each of the traditional stopping places is displayed in a special case created by a traditional Traveller wagon builder as part of the Missling on the Tobar art project.



5 Aims and Objectives

This section sets out a number of aims and objectives for the 2023-27 plan which can be aligned with the details in the NTHAP 2022-27.

In terms of the HSE South West Traveller Health Unit, the vision for this plan can be stated as:

'To work in partnership with Travellers and Traveller organisations to reduce Traveller health inequities and provide lifestyle environments for Travellers that are healthy, safe, sustainable and culturally appropriate.'

The strategic priorities are stated under the headings of:

- > Health
- > Education
- > Employment
- > Anti-Discrimination & Cultural Awareness
- > Accommodation & Homelessness
- > Strengthening the Traveller Health Infrastructure
- > Implementation & Oversight

Strategic objectives for each priority are outlined below, alongside aligned NTHAP Goals and Actions listed.

The overarching approach incorporates a commitment building to culturally safe services for Travellers, recognition of Traveller identity and ethnicity, anti-racism and anti-oppressive practice, and parity of equity and esteem.

5.1 Health

5.1.1 Targeted Community Health promotion: Education, Screening and Preventative Interventions

The Traveller organisations in HSE South West have a well-established targeted community health promotion programme focussing on:

- ▶ Cardiovascular health
- ▶ Diabetes
- ▶ Mental health

These areas of focus have been determined nationally and data is reported through KPIs.

This programme includes health information workshops, information and signposting to services and outreach community screening targeted at Traveller men and women in accessible settings for the community. The community screening is dependent on the availability of outreach health screening services.

Traveller organisations also deliver accessible health information programmes responding to needs identified by the community – for example including work on menopause. Innovative research on Traveller health has been completed in the region through collaborative work between Traveller organisations and academic researchers (REF TVG Gut health research & Dr Fergal Shanahan)

The on-going delivery of this work is based on links between health specialists, Traveller community health workers and the community to create accessible health information and pathways to care.

Cancer Screening

The target here is to maximise the number of people to undertake the screenings when eligible.

Eligibility **for breast screening** is for women between 50 and 69 years of age every two years. There are approximately 275 Traveller women²⁴ in HSE South West in this age group.

Cervical screening is available to all women between 25 and 65 years of age – every three years from 25 to 29 years and every five years between 30 and 65 years. There are approximately 197 Traveller women¹⁹ between 25 and 29 years and 839¹⁹ in the 30 to 65 age group eligible for screening.

Bowel screening is available to all people between 60 and 69 years every two years. The population data¹⁹ suggest that there are 245 Travellers in this age group – 116 women and 129 men.

Screening can lead to early detection of cancer, which in turn can save lives. The National Screening reports²⁵ Service reports that in the age groups eligible for screening:

- > Cancers detected via screening were found at much earlier stages;
- > There were substantial decreases in mortality rates for cancers detected during screening;
- > Survival is now higher and has improved more markedly for all three cancers since the implementation of the screening programmes.

Traveller organisations in HSE South West have in the past developed successful collaborations with Cancer Screening services to raise awareness of and promote screening. It is proposed to continue and develop this over the life time of this plan.

Barriers to accessing screening services and data collection:

The National Cancer Screening services operate a register of eligible persons who are contacted for appointments. For some Travellers particularly those in insecure accommodation or with literacy issues, postal appointments can be missed so community based education about the importance of cancer screening and how to access it is crucial.

At present, HSE South West screening services do not operate an ethnic identifier, so it is proposed to utilise the current KPI data collection model to gather information on numbers accessing health information workshops, information and signposting to services and outreach community screening

Skin cancer risk factor awareness has been identified as an important emerging issue of concern by Professor Murphy HSE South West Consultant Dermatologist noting the following:

- ▶ **1/** There are high levels of sunbed use in the Traveller community compared to the rest of the population. There is low level of awareness of the risks of sunbeds and a reluctance to use suncreams when outdoors. This coupled with the fact that many Travellers have Type 1 skin (which makes them more susceptible to skin cancer) increases the risk of skin cancer in this community.
- ▶ **2/** There is a need for targeted public health messages on the dangers of sunbeds emphasising both skin cancer risk and premature ageing. These campaigns should be accessible for people with low literacy
- ▶ **3/** Secondary prevention with education on the signs of skin cancer to watch out for needs to be readily available.

- ▶ **4/** An easily accessible pathway to care for those with suspected skin cancers should be identified.

Strategic Objective 1

Continue to develop current targeted community health education and signposting programmes focussing on cardiovascular health, diabetes and mental health and other emerging community health needs (e.g. vaccinations, women's health etc).

Strategic Objective 2

Develop cancer awareness targeted community health promotion programmes to raise awareness of risk factors and maximise the screening of all eligible Travellers

NATIONAL GOAL 2 ACTION 17

National Social Inclusion Public Health as well as Regional Departments of Public Health Leads and THUs to work in partnership to support preventive and clinical health programmes e.g. health inequalities cancer, COPD, chronic diseases, mental health and addiction.

Template line 20

NATIONAL GOAL 4 ACTION 45

Continue to support and resource culturally appropriate measures to address Traveller health literacy within Primary Health Care for Traveller Projects.

Template line 48

Strategic Objective 3

Participate in national platforms to engage with the development of relevant Traveller health indicators

²⁴ Based on estimated population of 4,500 Total population

²⁵ National Cancer Registry Ireland (NCRI) report - Breast, cervical and colorectal cancer 1994-2019: National trends for cancers with population-based screening programmes in Ireland & National Screening Service (NSS) update – September 2022

NATIONAL GOAL 1 ACTION 9

Work with relevant services to develop a set of Traveller health indicators to support national and CHO NTHAP implementation plans.

Template line 12

5.1.2 Accessible Healthcare

Paragraph 3.7.2 notes that there are 25 (12.94 WTE) designated Traveller community health workers, based in the six Traveller Organisations in HSE South West. While it is reported that there is good contact with the health and social care services in Health Service Executive, it is proposed that more direct links are established. The designated health workers are an important frontline interface with Travellers and it is important that links between CHN staff, public health nursing and other allied health professionals in the area are strengthened.

This will become even more crucial as the Sláintecare CHNs, Specialist Hubs, Integrated Care Programmes for Older People (ICPOP) and Chronic Disease Management (CDM), Community Intervention Teams (CIT), Ambulance See & Treat, Virtual Wards and Primary Care Teams are rolled out.

Formal linkages with key people across the new structure would be designed to make best use of resources, offer support for all health matters, provide training for current and emerging interventions and create a powerful information sharing process for both new and existing workers.

Typical health needs addressed within the current health structure in Traveller organisations include those associated with Asthma, Diabetes, Cardio-Vascular Disease, Breast and prostate screening, Mental Health and Suicide Prevention, Drugs and Alcohol and Preventative Children's Health while

responsibility is also taken for blood pressure clinics, cervical screening, breast and prostate checks, body mass index checks, dietetic and smoking cessation advice.

This plan has mapped Traveller health data from available sources & highlights the need for more detailed mapping utilising the expertise of Traveller organisations to support a population health planning approach to meet Traveller health needs within Sláintecare.

Strategic Objective 4

HSE South West Community Work Depts to facilitate formal links between Traveller organisations and Community Healthcare Networks. Community Healthcare Networks to prioritise targeted pilots (to include Re-ablement, Integrated Care Programme for Older People (ICPOP), Chronic Disease Management) over a 5 year period. Clarify access routes and develop pathways for Travellers into ECC programme

NATIONAL GOAL 2 ACTION 20

Prioritise Traveller Health needs in the Enhanced Community Care (ECC) Programme (Including Community Healthcare Networks) in line with Sláintecare.

Template line 23

Strategic objective 5

Undertake mapping, in partnership with Traveller organisations, of the Traveller population in Community Health Networks (CHNs). Work with PH and HPE ensure the health needs of Travellers are prioritised and explicitly included in all population health-based planning approaches and associated population-based resource allocation.

NATIONAL GOAL 2 ACTION 19

Undertake mapping, in partnership with Traveller organisations, of the Traveller population in Community Health Networks (CHNs) to support a population health planning approach for the health and social care needs of the Traveller community.

Template Line 22

5.1.3 Mental Health

Suicide rates in the Traveller community are significantly higher than in the general population. Travellers experience compounding levels of stress at every stage of their lives from school life, social life, employment and across all the other social determinants. Addressing mental ill-health and maintaining good mental health are factors that can be pursued.

A range of HSE South West and NGO mental health services including the Healthy Minds Initiative (Traveller specific and funded by THU) are currently operational in the Region at different levels of intensity and engagement depending on the specific geographical area. In line with the NTHAP 2022-27 and with the implementation of the Sláintecare CHN structure, it is recommended that services consult to ensure equitable Traveller engagement throughout. There are three Network Managers reporting to the THU Chair (General Manager Primary Care & Social Inclusion) HSE South West and it may be possible to establish a joint initiative including Mental Health and working with HSE South West Suicide Resource Officers in relation to Traveller Mental Health work and other mainstream services.

It is important to connect with initiatives such as CYSPEC, Jigsaw, CAMHs and other support groups/projects that address the needs of young Travellers particularly adolescents with commonly assessed mental illnesses including anxiety, mood, attention, and behaviour disorders (ADHD, Autism Spectrum disorders).

The Healthy Minds Programme was evaluated in 2016 and should be evaluated and reviewed during the lifetime of the Strategy.

It has been noted above that the Regional Traveller Mental Health Co-ordinator post has remained vacant for some time and that the replacement should be expedited. The post is aligned to the THU Strategy and membership.

Young Travellers people have specific mental health needs and it is important for youth people, their families and HSE South West and relevant support services to link and co-ordinate resources.

A new HSE South West programme to address Youth Mental Health is the Young Travellers Health and Wellbeing programme- a shared initiative between CYSPEC, Good Shepherds, Springboard, TVG and CTWN and the THU.

It was a two year programme of creative, cultural and educational events and activities working with Traveller young people in Cork City. The programme was evaluated and it has been agreed to continue the shared approach and further develop supports and activities in collaboration with young Travellers across the city

Stage 2 2024 2026 activities to be agreed amongst stakeholders

Traveller Health Workers and Traveller organisations are encouraged to undertake the SafeTALK and ASIST (Applied Suicide Intervention Skills Training)

Courses and other mental health trainings including Wellness Recovery Action Plan (WRAP), Mental health First Aid, STORM (Self Harm Risk Management Skills Training), and programmes addressing the impact of trauma²⁶.

As referenced above, Traveller organisations deliver targeted mental health awareness and wellbeing programmes – this includes resilience building and signposting to services. Traveller organisations in the region also link to the National Traveller Mental Health Network – which is a forum to highlight, discuss and explore culturally appropriate solutions to the Traveller mental health.

Research and consultation carried out as part of the development of this strategy identified research carried out by Villani and Barry²⁷ as providing a useful evidence base linking initiatives that reinforce positive Traveller cultural identity as being beneficial to mental health. This framework maps a continuum of mental wellness services for Travellers including crisis response teams, mental health promotion, trauma informed care and community development. In discussion with HSE South West it is believed that elements of this framework are available, but it is being proposed here that it is set inside a formal Regional framework. This proposed framework would put Traveller culture centre stage and would help design sustainable, culturally specific holistic interventions delivered by both Travellers and professionals in the community and the healthcare settings. It argues for actions that promote Traveller culture and positive self-identity and create awareness of Traveller culture among the Irish

population such as the development of Traveller cultural heritage centres and strengthening of Traveller Pride Week.

Strategic Objective 6

Build and Co-Ordinate equitable Mental Health Services for Travellers throughout the Region linking to Sláintecare CHNs and frontline services including pilot joint initiatives with identified CHNs and HSE South West funded mental health services.

NATIONAL GOAL 2 ACTION 16

Prioritise the inclusion of Travellers across all HSE South West Integrated Care Programmes and Clinical Programmes, with an initial focus on Mental Health and Chronic Disease.

Template line 19

Strategic Objective 7

Promote uptake of TCAT throughout mental health services. Develop and deliver training in for HSE South West services on culturally safe service delivery

NATIONAL GOAL 3 ACTION 27

Support and further develop culturally safe services to respond to the mental health needs of Travellers in consultation with Travellers and organisations

Template line 30

NATIONAL GOAL 3 ACTION 29

Ensure implementation of the outstanding mental health actions in NTRIS to maximise the delivery of diverse culturally competent mental health supports throughout the services.

Template line 33

Strategic Objective 8

Engage with HSE South West Mental Health and Suicide Resource Officers to work with the THU and Traveller organisations in delivering Connecting for Life to prioritise deliverable Traveller related actions.

NATIONAL GOAL 3 ACTION 25

Ensure the local Connecting for Life Implementation Plans include Traveller-specific actions as relevant to the local area and promote Traveller representation on groups as appropriate.

NATIONAL GOAL 3 ACTION 30

Prioritise the implementation of actions relating to Travellers in Sharing the Vision and Connecting for Life.

Template lines 28 & 33

Strategic Objective 9

Evaluate the Traveller Healthy Minds programme in the lifetime of the Strategy and action recommendations

NATIONAL GOAL 3 ACTION 27

Support and further develop culturally safe services to respond to the mental health needs of Travellers in consultation with Travellers and organisations

Template line 30

Strategic Objective 10

Reinstate the HSE South West Regional Traveller Mental Health Coordinator post

NATIONAL GOAL 3 ACTION 29

Ensure implementation of the outstanding mental health actions in NTRIS to maximise the delivery of diverse culturally competent mental health supports throughout the services. (ref NTRIS Action 96: "The Health Service Executive will recruit nine Mental Health Service Co-ordinator posts to support access to, and delivery of mental health services for Travellers, in each Community Health area, as outlined in the Mental Health Division's strategic priorities in its Operational Plan for 2017.

Template line 32

NATIONAL GOAL 3 ACTION 27

Support and further develop culturally safe services to respond to the mental health needs of Travellers in consultation with Travellers and organisations

Template line 30

²⁶ <https://www.dppireland.ie/app/uploads/2023/01/Understanding-Trauma-and-Trauma-Informed-Practice-Dr-Sharon-Lambert.pdf>

²⁷ A Qualitative Study of the Perceptions of Mental Health Among the Traveller community in Ireland, Jacopo Villani (Mental Health Service Coordinator for Travellers at Health Service Executive, Galway) and Margaret M. Barry (Chair Health Promotion and Public Health and is Head of the World Health Organization Collaborating Centre for Health Promotion Research at the University of Galway) February 2021

Strategic Objective 11

Recruit a THU Support & Development worker to develop supports and best practice around Traveller health (including mental health) linked to gender, age, LGBTI+, disability and chronic illness.

NATIONAL GOAL 3 ACTION 26

Support and resource peer-led initiatives focused on Traveller men's health to improve mental health and wellbeing.

NATIONAL GOAL 3 ACTION 31

Older Persons services to develop culturally safe responses for older Travellers (age 49+ given premature ageing).

Template lines 29 & 34

Strategic Objective 12

Promote uptake of Suicide Prevention Training for Traveller organisations & Traveller community Health Workers/ Build capacity of Traveller organisations around mental health and suicide including accessing training

NATIONAL GOAL 3 ACTION 30

Prioritise the implementation of actions relating to Travellers in Sharing the Vision and Connecting for Life.

Strategic Objective 13

Deliver targeted community based mental health and wellbeing programmes targeting Traveller women and men

NATIONAL GOAL 3 ACTION 26

Support and resource peer-led initiatives focused on Traveller men's health to improve mental health and wellbeing.

NATIONAL GOAL 3 ACTION 27

Support and further develop culturally safe services to respond to the mental health needs of Travellers in consultation with Travellers and organisations.

Template lines 29 & 30

Strategic Objective 14

Support Traveller organisations in the region to build capacity around trauma informed practice and to develop trauma informed environments and programmes

NATIONAL GOAL 3 ACTION 27

Support and further develop culturally safe services to respond to the mental health needs of Travellers in consultation with Travellers and organisations.

Template line 30

Strategic Objective 15

Ensure linkages and co-ordination of mental health service providers with the THU/ HSE South West to address young Travellers needs regarding common assessed mental illnesses including anxiety, mood, attention, and behaviour disorders (ADHD, Autism Spectrum disorders). Promote TCAT uptake for services addressing Youth Mental Health needs. Develop targeted health education initiatives and resources.

NATIONAL GOAL 3 ACTION 28

Work with the HSE South West to develop programmes to address mental health issues for young Travellers.

Template line 31

Strategic Objective 16

Develop community based initiatives to promote positive mental health for young Travellers

NATIONAL GOAL 3 ACTION 27

Support and further develop culturally safe services to respond to the mental health needs of Travellers in consultation with Travellers and organisations.

Template line 30

Strategic Objective 17

Support community led actions that promote Traveller culture, positive self-identity and create awareness of Traveller culture among the Irish population, for positive mental health.

NATIONAL GOAL 3 ACTION 27

Support and further develop culturally safe services to respond to the mental health needs of Travellers in consultation with Travellers and organisations.

Template line 30

5.2 Drug and Alcohol Services

Drug and Alcohol problematic use and addiction issues were identified as having a significant impact on the Traveller community in the south west during the community consultation in preparing this strategy. Also identified as key was the need for culturally appropriate and accessible drug and alcohol services for Travellers in the region

TVG (Cork City) is the only Traveller organisation in the region with a dedicated Drug and Alcohol Worker.

It is recommended that the population data as dispersed throughout Cork and Kerry is examined to ensure that Travellers affected by problematic drug and alcohol use have access to the Community Reinforcement Approach and case management treatment models as early as possible in problem use.

There is a gap in resourcing for Kerry. It is recommended that at least one dedicated Traveller Drug and Alcohol Worker is put in place in County Kerry – linked to Kerry Traveller Health and Community Development Project and Kerry Drug and Alcohol Services.

The Connect Recovery programme is offered in certain parts of the Region and is Traveller-led through the TVG project. This programme should be made available more widely and more often.

The corresponding model for young people is the Adolescent Community Reinforcement Approach (ACRA) and this should also be implemented alongside the case management treatment model.

Strategic Objective 18

Provide further resources for the implementation of Community Reinforcement Approach (including ACRA for young people) and case management treatment models for availability to all Travellers with problematic drug and alcohol use, and extend the Connect Recovery Programme.

Strategic Objective 19

Provide dedicated Drug and Alcohol Worker(s) for Traveller in Kerry – linked into Kerry Traveller Health and Community Development Project and Kerry Drug and Alcohol Services.

NATIONAL GOAL 3 ACTION 33

The HSE South West as a partner in the Drug and Alcohol Task-forces (DATFs) will engage with HCTPs/Traveller organisations to support Travellers with problem alcohol and / or drug use in accessing culturally appropriate addiction rehabilitation services and to represent Traveller issues on the DATFs.

Template line 36

5.3 Education

The objectives under education will include actions in the region that are led/prioritised by the Traveller organisations in the Region.

5.3.1 Further and Higher Education

Traveller organisations have expressed an interest in developing regional success and expertise in supporting Travellers through further and higher education pathways. The Higher Education Authority has reported²⁸ that 33 new entrants into Higher Education nationally were Travellers in 2020/21 and 119 students enrolled – up from 26 and 78 respectively in 2012/13. Their target for new entrants has been set at 150 per annum and there is a range of support packages to assist Traveller students to access courses.

Programmes can be targeted at Travellers who are employed by or linked to the Traveller organisations and consideration given to enhancing employment skills.

Traveller organisations have strong links with higher education access programmes with MTU and UCC. The STHN is in the process of developing a new proposal to build on its current models. Traveller organisations continue to support Traveller adult learners through signposting, referral and pilot projects.

Strategic Objective 20

Develop targeted community based access routes and supports to increase the number of Travellers in further and higher education (in conjunction with education access programmes)

NATIONAL GOAL 3 ACTION 22

Resource a National Traveller education and employment pilot initiative to promote and support employment of Travellers across the health services. Based on learning from the pilot, the HSE South West will engage with other education partners in line with NTRIS actions.

Template line 25

5.3.2 Address barriers to School completion & retention

It is understood that Traveller students are remaining in school longer since the new structures and supports have been established in the Education sector. However early school leaving and barriers to school completion was raised by Travellers during the consultation for this document – with a particular need for additional supports at post primary level.

Considerable work has been done in the region, led by Traveller organisations with education partners to support Traveller students and families around education, including the STAR Pilot (Cork City), school

mentoring programmes, peer education programmes, and community led research²⁹ into barriers to education for Traveller children in North Cork. Funding for these initiatives has tended to be short term.

Strategic Objective 21

Develop community based responses and supports to address barriers to school retention for Traveller children.

NATIONAL GOAL 3 ACTION 22

Resource a National Traveller education and employment pilot initiative to promote and support employment of Travellers across the health services. Based on learning from the pilot, the HSE South West will engage with other education partners in line with NTRIS actions.

Template Line 25

5.4 Employment

Traveller unemployment is at 80% as outlined in this report.

The Health Service Executive is the largest employer in Ireland with approximately 137,745 Whole Time Equivalent staff (equating to 156,285 personnel) directly employed in the provision of Health and Social Care Services by the HSE South West and Section 38 hospitals and agencies³⁰.

Approximately 60k employees are in the Management and Administrative, General Support and Patient and Client Care categories. Health Service Executive Community Services (incl. non-acute hospitals) employ 56.7k at the end of 2022, and 8.99k of those were in Health Service Executive HSE South West in February 2023.

It is known locally that small numbers of Travellers are currently employed in the Health Service Executive. However, here is no accurate way of recording the number of ethnic groups employed in the HSE South West at the moment.

It is recommended that HSE South West HR consider a similar data collection process as per the recording and engagement of staff with a disability.

29 Exploring Barriers to Education for Traveller Children in the North Cork (2023). Dr Patricia McGrath, 2023 <https://tnc.ie/wp-content/uploads/2023/06/Draft-Research-report-Exploring-Barriers-to-Education-for-Traveller-Children-in-the-North-Cork-Dr-Patricia-McGrath-2023.pdf>

30 <https://www.hse.ie/eng/staff/resources/our-workforce/workforce-reporting/turnover-report-2022.pdf>

5.4.1 Traveller Employment in the HSE South West

Across the statutory agencies and the Health Service Executive, there must be available employment for Travellers.

A pilot education and employment initiative to promote and support Traveller to access employment in the HSE South West could be supported by the involvement of Traveller organisations in HSE South West THU. This would support Traveller organisations who have a track record in promoting access routes into education/ employment, through a number of key pieces of work e.g. STHN/ UCC Leadership Diploma, TNC Education Pilot.

The NTHAP prioritises a National Traveller education and employment pilot initiative to promote and support employment of Travellers across the health services. HSE South West is well positioned to host this pilot.

Strategic Objective 22

Make representations to host the national Traveller education and employment pilot initiative to promote and support employment of Travellers across the health services in HSE South West.

NATIONAL GOAL 3 ACTION 22

Resource a National Traveller education and employment pilot initiative to promote and support employment of Travellers across the health services. Based on learning from the pilot, the HSE South West will engage with other education partners in line with NTRIS actions.

Template Line 25

Strategic Objective 23

Work with HSE South West HR to scope and pilot an analysis of Traveller employment in HSE South West—modelled on current established data collection for staff with disabilities.

NATIONAL GOAL 3 ACTION 23

Undertake a scoping analysis of the level of employment, considering structured education pathways/opportunities for Travellers and identify a baseline national Traveller employment target to increase Traveller participation in the HSE South West.

Template Lines 26& 27

5.5 Anti-Discrimination and Cultural Awareness

Challenging anti Traveller racism and discrimination is central to this plan – recognising societal and structural racism as driving factors for poorer Traveller health and social exclusion.

Promoting equality and challenging racism and discrimination is a core value underpinning the work of the Traveller community development organisations.

This work is approached in a number of ways

- Engagement with external organisations to build strategies to promote equality and challenge racism in society
- Promoting positive understandings of Traveller culture, heritage and identity
- Development of supports for Travellers to challenge racism and discrimination
- Influencing more equitable culturally safe service provision for Travellers.

Cork Traveller Cultural Awareness Training (TCAT) is a unique model developed in Cork which delivers quality Traveller led cultural awareness training to services and agencies. TCAT aims to enhance understanding of Travellers as an ethnic group, challenge racism and discrimination, and contribute towards building culturally competent service provision.

TCAT is a shared initiative by Cork Traveller Women's Network, Cork Traveller Visibility Group, Travellers of North Cork and West Cork Travellers with the support of the THU.

TCAT contracts a part time coordinator (funded through the THU) and engages a small team of experienced Traveller trainers (on a sessional basis) to deliver training to a wide range of agencies

TCAT is an established programme, in operation since 2012 and delivers approximately 40 sessions per year to key service providers – including management and staff in many agencies and organisations including Cork City Council, University of Cork, HSE South West, Tusla, the Probation Service, SVP, Cork ETB and many others. In 2022/23 staff at some thirty-four agencies and organisations have hosted the TCAT training programme while a further twenty-one are in progress. The demand for TCAT training has grown significantly and steadily since its inception.

TCAT sessions are typically three hours long and co facilitated by two experienced Traveller trainers. Sessions are experiential and cover core content on Traveller culture, identity and history as well as bespoke information targeted at the learning needs of key service providers e.g content on Traveller youth needs, Traveller accommodation, Traveller health etc.

TCAT is an important strategic training for HSE South West services in order to comply with National Equality frameworks (NTRIS, Action 143)³¹ and towards building culturally safe and appropriate health services for Travellers.

The HSE South West has an important role in challenging the impact of racism on Travellers through actions to build culturally competent services and ensuring that relevant staff have appropriate training. The strengthening of the THU partnership and development of the new CHNs provide positive opportunities to develop new platforms for TCAT training.

Strategic Objective 24

Consolidate TCAT in the region, develop a strategic plan including a new Training for Trainers.

Strategic Objective 25

Ensure TCAT uptake in Enhanced Community Care (ECC) programme (including Community Healthcare Networks) in line with Sláintecare. Develop indicator and target for training with support from HSE and training.

Strategic Objective 26

Support the development of community based initiatives which promote Traveller equality & challenge racism and discrimination in the region.

NATIONAL GOAL 2 ACTION 14

Ensure Traveller- Proofing of existing and new strategies, policies and services to support Traveller inclusion and provision of culturally appropriate services

NATIONAL GOAL 2 ACTION 18

Develop a Traveller-specific health inclusion toolkit for health service providers to support Traveller cultural safety within the health services.

NATIONAL GOAL 2 ACTION 20

Prioritise Traveller health needs in the Enhanced Community Care (ECC) programme (including Community Healthcare Networks) in line with Sláintecare.

Template lines 17, 21, 23

5.6 Accommodation and Homelessness

Access to secure, safe, culturally appropriate accommodation is a key social determinant of health for Travellers. The impact of very poor living conditions on many Traveller halting sites has been outlined both in the press and through research by the Irish Oireachtas³² & Children's Ombudsman³³.

Compared to the settled population, Travellers experience a significantly higher homelessness rate – this includes “hidden homelessness” including overcrowding, couch surfing, families living in caravans at the back of relatives homes, and precarious tenancies mean the homelessness crisis is worse than recorded in official data³⁴.

The national accommodation crisis has also worsened the on-going Traveller accommodation crisis.

Local authorities have a legal responsibility via the Traveller Accommodation Act to assess the accommodation needs of Travellers and develop appropriate accommodation.

The Traveller organisations in HSE South West provide accommodation advocacy and individual & family support around accommodation issues. All organisations consulted as part of this plan report that this constitutes a significant area of work related to the level of need.

Traveller organisations also seek to influence better Traveller accommodation through the Local Traveller Accommodation Consultative Committees (with the relevant LAs) and other strategic forums.

Cork and Kerry Regional Traveller Accommodation Working Group, is a collaboration between the six Traveller led community development organisations in the HSE South West who work strategically to build new co-ordinated strategic responses to the Traveller accommodation crisis by

- ▶ Giving visibility to Traveller experiences around accommodation
- ▶ Engaging with duty bearers for Traveller accommodation from a human rights perspective
- ▶ Developing new allies and partners around the Traveller accommodation crisis

- ▶ Identifying models of best practice in the delivery of Traveller accommodation and addressing homelessness and proposing solutions to influence policy and practice.

The working group complements and strengthens the accommodation support and advocacy work carried out by the local Traveller led community development projects by allowing information exchange, shared analysis and building shared responses on a range of strategic levels.

This strategy also proposes links be created by a number of accommodation support services to ensure access for Travellers.

HSE South West representatives on Local Authority (LA) structures/Local Community Development Committees (LCDCs) will be supported to advocate for Traveller health priorities. The Local Authorities have recently developed a new initiative the Healthy Age Friendly Homes Programme to enable older people to continue living in their homes or in a home more suited to their needs, to live with a sense of independence and autonomy, to be a part of their community.

Strategic Objective 27

Deliver family based and strategic advocacy and support towards improving Traveller accommodation.

Strategic Objective 28

Increase collaboration between HSE South West homelessness services, THU and Traveller organisations – to build awareness and support for Travellers experiencing homelessness.

NATIONAL GOAL 3 ACTION 34

The HSE South West to develop strategic mainstream and targeted measures to address the impact of homelessness on Traveller health.

Template line 37

Strategic Objective 29

Develop linkages between the THU / Traveller organisations and the Local Authorities Age Friendly Homes Co-Ordinator and HSE South West Homelessness services to identify accommodation supports for Travellers

Strategic Objective 30

Promote Health Impact Assessment as a model for better health outcomes as appropriate for regeneration / new build of Traveller accommodation.

NATIONAL GOAL 3 ACTION 36

Public Health Departments and regional Traveller Health Structures to work in partnership with local authorities and Government Departments, as appropriate to address the social determinants of Traveller Health

Template line 39

Strategic Objective 31

The THU will link with HSE South West reps about LCDC agendas to ensure advocacy for Travellers Health priorities at relevant LA structures

32 https://data.oireachtas.ie/ie/oireachtas/committee/dail/33/joint_committee_on_key_issues_affecting_the_traveller_community/reports/2021/2021-12-01_final-report-of-the-joint-committee-on-key-issues-affecting-the-traveller-community_en.pdf

33 <https://www.oco.ie/app/uploads/2021/05/No-End-in-Site-FINAL-.pdf>

34 <https://ctwn.ie/downloads/accommodation-rights/2022-RTAWG-Traveller-Homelessness-A-Hidden-Crisis.pdf>

NATIONAL GOAL 3 ACTION 37

HSE South West representatives on Local Authority (LA) structures/Local Community Development Committees (LCDCs) will be supported to advocate for Traveller health priorities.

Template line 40

5.7 Strengthen Traveller health infrastructure in HSE South West.

“Strengthening the Traveller health partnership infrastructure via the THU’s at Regional and the PHCTP’s at Local level” is named as a key Strategic Objective under Goal 4 of the NTHAP.

The regional Traveller Health Units (linked to the National Traveller Health Advisory Forum at national level) are named as key structures to support Traveller health in the plan along with Traveller organisations. This section of the plan outlines actions to strengthen the Traveller health infrastructure in HSE South West THU.

5.7.1 HSE South West Traveller Health Unit

HSE South West Traveller Health Unit operates from a partnership model that includes Traveller organisations and key HSE South West disciplines in its structure and operation. The THU meets monthly. In terms of staffing, HSE South West THU has a dedicated co-ordinator and membership is outlined in Table 1 earlier in this report. (Current membership includes the seven key Traveller organisations in HSE South West THU (eleven members), and six members from HSE South West: Community Work Department (1), Health Promotion (1), Public Health Department (1), Public Health Nursing (1), THU Co-ordinator (1).)

Strengthening HSE South West membership to expand HSE South West service representation and

increasing staff resourcing – to include a new HSE South West THU Support and Development worker is key to implementation of this plan. An outline of the role of the proposed THU Support and Development worker is given in Appendix 2

HSE South West THU is also committed to ensuring accountability and transparency in Traveller budget processes regionally as outlined in Goal 1 of the NTHAP.

Strategic Objective 32

The THU will strengthen representation by increasing HSE South West membership relevant to this plan with training and induction for new members.

Strategic Objective 33

Increase THU staffing to engage a THU support and development worker.

NATIONAL GOAL 4: ACTION 42

Review the functioning and capacity of THU’s with a view to strengthening and standardising their approaches in all regions including:

- a. Staffing, resources and capacity building
- b. Representation and membership

Template line 45

Strategic Objective 34

HSE South West THU will continue to prioritise and support Traveller participation in the THU and the STHN through the six local Traveller organisations, to ensure meaningful consultation, inclusion and participation of Travellers in local, regional and national health related structures underpinned by community development principles and values

NATIONAL GOAL 4: ACTION 44

Continue to support Traveller participation in relevant health structures through the resourcing of the National Traveller Health Network and regional Traveller Health Networks in each THU.

Template line 47

Strategic Objective 35

Ensure on-going accountability and transparency around structures and procedures for agreeing for regional Traveller Health budgets through the HSE South West THU funding subcommittee with clear Terms of Reference

NATIONAL GOAL 1: ACTION 4

Accountability and transparency to Traveller budget processes

Template line 7

5.7.2 Engagement in the National Traveller Health Advisory Forum (NTHAF)

As described above the THAF supports national coordination Traveller health planning, delivery and monitoring. The THAF also convenes a number of associated working groups (in areas such as KPIs, ethnic equality monitoring training, mental health, primary care, chronic diseases, etc.). Along with THU’s nationally, HSE South West THU is a member of the NTHAF and this is an important platform to engage in national policy around the NHAP.

HSE South West THU will link nationally to ensure regional representation around key actions in the NTHAP including:

- > Gaining clarity on Traveller health funding nationally and regionally

- > Representation in the annual consultative forum on Traveller health
- > The development of new KPIs
- > Exploring the potential to pilot the IHI ethnic identifier in HSE South West exploring the potential hosting the National Traveller education and employment pilot supporting employment of Travellers across the health services.

Strategic Objective 36

Engage in the NTHAF and other relevant national Traveller Health structures to link with national policy and decision making for Traveller health.

Template lines 10, 12, 13

Strategic Objective 37

HSE South West THU wishes to be part of a pilot for any national role out of an ethnic identifier based on the human rights framework for the collection of ethnic data. Promote training /awareness raising for HSE South West staff on Ethnic equality monitoring (HSEland).

GOAL 4 ACTION 44

Support the approval of the inclusion of ethnicity in the IHI in line with data protection legislation.

Template line 13

5.7.3 Traveller Community Development Organisations / Traveller Primary Health Care Projects

The NTHAP and this plan highlight the six Traveller community development organisations /TPHCPs as a key stone to the delivery of this plan in HSE South West THU.

The THU is committed to ensuring Traveller active participation and representation on national and local health-related structures and identify Traveller health needs and approaches to population health planning and funding as prioritised in the NTHAP.

During the consultations for this plan, strong concerns were raised by Traveller organisation about the impact of lack of increases funding for the sector around the development of new health initiatives. This includes concerns around gaps in staffing resources and also concerns about barriers to the recruitment and retention of staff (including pay parity for Section 39 organisations, terms of employment and lack of staff training budgets). Additional funding to strengthen the organisations is a priority for both PHC programmes and Traveller Organisations.

Strategic Objective 38

HSE South West THU will continue to prioritise and support Traveller participation in the THU and the STHN through the six local Traveller organisations, to ensure meaningful consultation, inclusion and participation of Travellers in local, regional and national health related structures underpinned by community development principles and values.

GOAL 4 ACTION 44

Continue to support Traveller participation in relevant health structures through the resourcing of the National Traveller Health Network and regional Traveller Health Networks in each THU.

Template line 47

Strategic Objective 39

The THU will review staffing and resources for Traveller organisations in HSE South West and seek funding to address resourcing issues.

Strategic Objective 40

THU HSE South West will make national representation on the issue of pay parity for section 39 workers employed in Traveller organisations.

Strategic Objective 41

Secure funding for Traveller organisation staff training budget to build organisational capacity as Traveller health community development organisations.

GOAL 1 ACTION 6

Engage the THU's in the decision making process in relation to prioritisation and spending of Traveller health budgets in their region.

GOAL 4 ACTION 42

Review the functioning and capacity of THU's with a view to strengthening and standardising their approaches in all regions including: a. Staffing, resources and capacity building

GOAL 4 ACTION 43

Continue to resource PHCTP's in line with key responsibilities for marginalised communities; identify resources to reinstate and expand PHCTP's in areas where they do not exist

GOAL 4 ACTION 41

Explore barriers to recruitment and retention of staff in Primary Health Care for Traveller Projects (PHCTP's).

Template line 9, 44, 45 & 46

5.8 implementation & oversight

Nationally a NTHAP implementation group will be established by the National Traveller Health Advisory Forum (NTHAF).

"NTHAP implementation group will be chaired by a Senior Health official and will have representation from across the HSE South West, Public Health, Traveller Health Units and Primary Health Care for Traveller Projects. It will operate in a structured way to ensure that the HSE South West and the THUs are working collectively to address Traveller Health inequalities" NTHAP 2022

This HSE South West NTHAP Implementation Plan will be delivered as outlined in the accompanying template. External agencies in a range of areas – including education, training, accommodation, heritage and culture will also play a role in delivery through partnership delivering outcomes around the social determinants of health.

Budget allocation is critical – as delivery of the plan is linked to existing and new health budgets. Delivery for some elements of this plan is dependent on securing additional funds for the region.

A key dimension of this Plan is the measurement of outcomes. The HSE South West and the NTHAP Implementation Group will work with the Department of Health to identify and develop high-level indicators to measure Traveller health and the impact of the NTHAP. The NTHAP plan prioritises working "with relevant services to develop a set of Traveller health indicators to support national and CHO NTHAP implementation plans" (NTHAP, strategic objective 9). The NTHAP states that new health indicators will include quantitative and qualitative measures.

Suggested KPIs have been included in the implementation template to accompany this document. HSE South West will engage around the development of new Traveller Health indicators which will be developed nationally during the life time of this plan.

The HSE South West THU will form an Implementation group to oversee the development and monitoring of this plan. The group should reflect the commitment to partnership enshrined in the HSE South West THU work and develop clear terms of reference .

Appendix 1: National Traveller Health Key Performance Indicators

The independent Traveller community development organisations, develop strategic plans, map in-service level agreements for HSE South West funding and report to the THU and the Community Work Depts. The projects submit Key Performance Indicators (KPIs) data to the THU based national KPIs set by the National Traveller Health Advisory Forum.

The current KPIs for Traveller Health are:

KPI 1

Number of people who have received information on type 2 diabetes and/or participated in activities/ initiatives.

KPI 2

The number of people who received information on cardiovascular health and/or participated in activities/initiatives.

KPI 3

Number of people who received information on mental health and or participated in mental health activities.

Data for Traveller men and Traveller women is collected separately. In addition, each project involved in the data collection has an annual target based on 20% of Traveller population (census 2016). (No KPI data is included in the NTHAP 2022-27.)

The KPIs above were established nationally in response to the findings of the All Ireland Heath Traveller study and were selected because they reflect key factors in the early mortality across the community.

Data is collected by the Traveller organisations monthly, and submitted quarterly by THU, which are then logged by the NTHAF Business Unit in a national database.

Appendix 2:

HSE South West/FSS AA Iardheiscirt THU. GENIO Traveller Health Funding Application

Funding Application – June 2023

Programme to develop HSE South West THU Local Implementation Plan for the National Traveller Health Action Plan.

Existing Traveller Service Infrastructure in HSE South West THU.

The Traveller Health Unit South West covers Cork City, County and Kerry. It is a partnership structure between Traveller organizations and HSE South West services. It is chaired by David Lane, General Manager Primary Care and Social Inclusion HSE South West and Breda O Donoghue, TVG Advocacy Worker is the vice chair. THU has a number of subgroups and working groups to facilitate the development of the work.

The Funding Proposal Group participants included all members of the THU. It is important to note however that the Mental Health Coordinator post is currently vacant. Deirdre O Reilly is the Traveller Health Co-ordinator.

The THU in HSE South West funds and supports the following Traveller Community Development Organisations and projects: Traveller Visibility Group, (TVG) Cork City, Travellers of North Cork (TNC), West Cork Traveller Centre (WCTC) Kerry Traveller Health and Community Development Project (KTHCDP). Cork Traveller Womens Network (CTWN) Southern Traveller Health Network (STHN) "Healthy Minds"

Traveller Mental Health Project, East Cork Traveller Project, Traveller Cultural Awareness Training Initiative (TCAT).

Our Primary Health Care Programmes are delivered with the support of the Traveller Organisations in the region: TVG, WCTC, KTHCDP and TNC. Traveller Community Health workers are employed across the region in a peer to peer programme supporting access to health services and identifying and addressing barriers and gaps in service provision for the Traveller community. They are embedded in the Traveller organisations and this enables them to work more effectively.

The Priority Areas Identified to be addressed in the first 18months

THU members both HSE South West and Traveller organisation representatives identified the following four priority areas to be addressed in the first two years

Priority One

Strengthen Traveller Health Infrastructure

Local Implementation Objectives addressed by this initiative: 1, 2, 4, 10, 11 and 16

Local action: Employ THU Support and Development Worker post – 18 months

Salary Costs €90,000 (incl Travel, PRSI etc)

Year 1 €60,000 Year 2 €30,000 (6 months)

Programme Budget €10,000

Total Budget €100,000

Description of project: To support each project in identifying/ developing opportunities for marginalised and underrepresented Travellers to take part in health education initiatives– this work may be carried out in both a local area and/or regionally depending on project.

Objective: To strengthen the capacity of the THU to coordinate/develop health initiatives with regional Traveller projects to target Travellers who are currently under represented in participation in health project initiatives i.e LGBTI+, Older Travellers, Travellers with disabilities, Traveller men.

Other partners: local Traveller projects, Healthy Minds, Health promotion, Public Health and link with SHEP/Cork Sports Partnership for additional facilitation supports in personal development/sports programmes

Outcomes: Greater support/training available to 6 regional Traveller projects to develop initiatives for Traveller men, LGBTI+, Older Travellers and Travellers with disabilities or support groups in accessing existing services.

Timeframe: Jan 2024 to July 2025

Key Performance Indicators:

- ▶ Number of training initiatives/workshops in developing work with Travellers who have disabilities/LGBTI+ Travellers/older Travellers and Traveller men.
- ▶ Increase the number of marginalised Travellers engaging in health initiatives/services
- ▶ Increase in number of training initiatives/ workshops in developing work with Travellers who have disabilities/LGBTI+ Travellers/older Travellers and Traveller men.

- ▶ Increase in number of marginalized Travellers engaging in projects/health initiatives/services

Outputs for Older Travellers

- ▶ Pilot initiatives to engage older Travellers to be included in annual plans.
- ▶ Engagement initiatives for older Travellers.
- ▶ Awareness initiatives on the range of health services and supports for Older Travellers.
- ▶ Relationships built with key providers of health services to older Travellers.

Outputs for LGBTI+ Travellers

- ▶ Awareness initiatives for LGBTI+ rights and challenges faced by members of the community, within Traveller community and health service providers – Link to TCAT for service providers.
- ▶ Increased visibility and participation of LGBTI+ members in the health work of the Traveller organisations through various initiatives

Outputs for Travellers with Disabilities

- ▶ Completed mapping of disabilities experienced by Travellers in the region
- ▶ Each Traveller organisation to include work with Travellers with disabilities in their annual plans
- ▶ Relationships built with key providers of health services to Travellers with disabilities.

Outputs for Traveller Men

- ▶ Develop a men's version of SOUTHERN TRAVELLER HEALTH NETWORK – to engage men in personal development/health and education initiatives – possible staged development – year one- 2 x 8 week programmes (delivered in different locations) – working with Traveller men to identify the issues important to them and develop a programme of activities

Priority Two

Traveller Education, Training and Research – two elements in this proposal

Local Implementation Objectives addressed by these initiatives: 6, 7 and 13

Element One – Peer Traveller Health Training

Each of the six Traveller Projects are allocated a training budget to support Peer Traveller Health Training

Outcomes

- ▶ Traveller Health workers across the CHO will have received relevant training and will have improved skills and capacity as peer community health workers
- ▶ Strengthen the capacity of the Primary Health Care projects

Cost €30,000

Element Two – Traveller Health Worker Professional Training Opportunities

Implement a support scheme for Traveller Health Workers to pursue an appropriate health-related third level programme.

Proposed that Traveller health workers are supported to attend or pursue appropriate health-related courses or mental health training/up skilling or community development worker courses.

Outcome

- ▶ Increased opportunities for Traveller workers to progress professionally
- ▶ Up skilling of Traveller workers in the region
- ▶ Relationships built with HSE South West Services

Cost €30,000

Priority Three

Traveller Awareness and Public Information Project

Local Implementation Objectives addressed by these initiatives: all objectives

Aim:

- ▶ To raise the visibility of Travellers in the Region
- ▶ To foster an understanding of Irish Travellers
- ▶ Raise awareness of the issues Travellers face
- ▶ Humanise the struggles of Irish Travellers
- ▶ Highlight and Celebrate Traveller Culture/ Traveller achievements – raising awareness and promoting pride in Traveller identity

Description of proposal

- ▶ Public Education and communication campaign

How:

- ▶ Training
- ▶ Media Campaign
 - ▶ Radio
 - ▶ Billboards
 - ▶ Buses
 - ▶ TV
 - ▶ Social Media
 - ▶ Print Media

Who:

- ▶ Cork and Kerry THU
- ▶ Potential allies to be contacted if proposal is approved.
- ▶ National Traveller Organisations
- ▶ INAR
- ▶ TIRC (Kerry)
- ▶ NASC (Cork)
- ▶ CESCA (Cork)
- ▶ Radio stations

Outcomes:

- ▶ Increased visibility of Travellers and understanding of the issues Travellers face,
- ▶ Increased solidarity amongst marginalised groups
- ▶ Increased pride and hope within Travellers at seeing Travellers issues and achievements acknowledged publicly. Potential for a national campaign.

Cost

- ▶ Media Campaign Training Cost – €6,000
- ▶ Media Campaigns
 - ▶ Radio
 - Radio Advertising – €2,000
 - Free publicity using contacts for radio shows
 - ▶ Billboards – €20,000
 - ▶ Bus Stop Advertisements, Train Stations – €6,000
 - ▶ TV – no costs associated with this initiative
 - ▶ Social Media – promoted content €1,000
 - ▶ Print Media – €3,000
 - ▶ Photography – €2,000

Cost: €40,000

Total Proposal Cost €200,000 over 18 months

Appendix 3:

Coolmine Addiction Support Services in Cork & Kerry



Do You Need Help with an Alcohol or Drug Problem?

Coolmine offers the following services for Adolescents, Adults and Family Members in Cork and Kerry:

- Assessment
- Individual Key Working, Care Planning and Case Management
- Group-based Support Programmes
- Referral to Residential Treatment Services

To Access Local Support Contact:

- East Cork: 086-0130714
- West Cork: 086-0130723
- North Cork: 086-0832348
- City South: 086-1081539
- City North: 021-2021241
- Kerry: 086-1367691



Appendix 4:

Summary of HSE South West THU Plan Strategic Objectives & Template Reference

Strategic Objective 1

Continue to develop current targeted community health education and signposting programmes focussing on cardiovascular health, diabetes and mental health and other emerging community health needs (e.g. vaccinations, women's health etc).
[Template line 20 & 48](#)

Strategic Objective 2

Develop cancer awareness targeted community health promotion programmes to raise awareness of risk factors and maximise the screening of all eligible Travellers. [Template line 20](#)

Strategic Objective 3

Participate in national platforms to engage with the development of relevant Traveller health indicators.
[Template line 12](#)

Strategic Objective 4

HSE South West Community Work Departments to facilitate formal links between Traveller organisations and Community Healthcare Networks. Community Healthcare Networks to prioritise targeted pilots (to include Re-ablement, Integrated Care Programme for Older People (ICPOP), Chronic Disease

Management) over a 5 year period. Clarify access routes and develop pathways for Travellers into ECC programme. [Template line 23](#)

Strategic Objective 5

Undertake mapping, in partnership with Traveller organisations, of the Traveller population in Community Health Networks (CHNs). Work with PH and HPE ensure the health needs of Travellers are prioritised and explicitly included in all population health-based planning approaches and associated population-based resource allocation. [Template Line 22](#)

Strategic Objective 6

Build and Co-Ordinate equitable Mental Health Services for Travellers throughout the Region linking to Sláintecare CHNs and frontline services including pilot joint initiatives with identified CHNs and HSE South West funded mental health services. [Template line 19](#)

Strategic Objective 7

Promote uptake of TCAT throughout mental health services. Develop and deliver training in for HSE South West on culturally safe service delivery.

Template lines 30 & 33

Strategic Objective 8

Engage with HSE South West Mental Health and Suicide Resource Officers to work with the THU and Traveller organisations in delivering Connecting for Life, to prioritise deliverable Traveller related actions.

Template lines 28 & 33

Strategic Objective 9

Evaluate the Traveller Healthy Minds programme in the lifetime of the Strategy and action recommendations.

Strategic Objective 10

Reinstate the HSE South West Regional Traveller Mental Health Coordinator post.

Strategic Objective 11

Recruit a THU Support and Development worker to develop supports and best practice around Traveller health (including mental health) linked to gender, age, LGBTI+, disability and chronic illness.

Strategic Objective 12

Promote uptake of Suicide Prevention Training for Traveller organisations and Traveller community Health Workers/ Build capacity of Traveller organisations around mental health and suicide including accessing training.

Strategic Objective 13

Deliver targeted community based mental health and wellbeing programmes targeting Traveller women and men.

Strategic Objective 14

Support Traveller organisations in the region to build capacity around trauma informed practice and to develop trauma informed environments and

programmes.

Strategic Objective 15

Ensure linkages and co-ordination of mental health service providers with the THU HSE South West to address young Travellers needs regarding common assessed mental illnesses including anxiety, mood, attention, and behaviour disorders (ADHD, Autism Spectrum Disorders). Promote TCAT uptake for services addressing Youth Mental Health needs. Develop targeted health education initiatives and resources.

Strategic Objective 16

Develop community based initiatives to promote positive mental health for young Travellers.

Template line 30

Strategic Objective 17

Support community led actions that promote Traveller culture, positive self-identity and create awareness of Traveller culture among the Irish population, for positive mental health.

Strategic Objective 18

Provide further resources for the implementation of Community Reinforcement Approach (including ACRA for young people) and case management treatment models for availability to all Travellers with problematic drug and alcohol use, and extend the Connect Recovery Programme.

Strategic Objective 19

Provide dedicated Drug and Alcohol Worker(s) for Traveller in Kerry – linked into Kerry Traveller Health and Community Development Project and Kerry Drug and Alcohol Services.

Strategic Objective 20

Develop targeted community based access routes and supports to increase the number of Travellers in further and higher education (in conjunction with

education access programmes)

Strategic Objective 21

Develop community based responses and supports to address barriers to school retention for Traveller children.

Strategic Objective 22

Make representations to host the national Traveller education and employment pilot initiative to promote and support employment of Travellers across the health services in HSE South West.

Strategic Objective 23

Work with HSE South West HR to scope and pilot an analysis of Traveller employment modelled on current established data collection for staff with disabilities.

Strategic Objective 24

Consolidate TCAT in the region, develop a strategic plan including a new Training for Trainers.

Strategic Objective 25

Ensure TCAT uptake in Enhanced Community Care (ECC) programme (including Community Healthcare Networks) in line with Sláintecare. Develop indicator and target for training with support from HSE and training.

Strategic Objective 26

Support the development of community based initiatives which promote Traveller equality and challenge racism and discrimination in the region.

Strategic Objective 27

Deliver family based and strategic advocacy and support towards improving Traveller accommodation.

Strategic Objective 28

Increase collaboration between HSE South West homeless services, THU and Traveller organisations – to build awareness and support for Travellers experiencing homelessness.

Strategic Objective 29

Develop linkages between the THU / Traveller organisations and the Local Authorities Healthy Age Friendly Homes Co-Ordinator and HSE South West Homelessness services to identify accommodation supports for Travellers

Strategic Objective 30

Promote Health Impact Assessment as a model for better health outcomes as appropriate for regeneration / new build of Traveller accommodation.

Strategic Objective 31

The THU to link with HSE South West reps about LCDC agendas to ensure advocacy for Travellers Health priorities at relevant LA structures.

Strategic Objective 32

THU will strengthen representation by increasing HSE South West membership relevant to this plan with training and induction for new members.

Strategic Objective 33

Increase THU staffing to engage a THU support and development worker.

Strategic Objective 34

HSE South West THU will continue to prioritise and support Traveller participation in the THU and the STHN through the six local Traveller organisations, to ensure meaningful consultation, inclusion and participation of Travellers in local, regional and national health related structures underpinned by community development principles and values.

Template line 47

Strategic Objective 35

Ensure on-going accountability and transparency around structures and procedures for agreeing for regional Traveller Health budgets through the HSE South West THU funding subcommittee with clear Terms of Reference. Template line 7

Strategic Objective 36

Engage in the NTHAF and other relevant national Traveller Health structures to link with national policy and decision making for Traveller health. Template lines 10, 12 & 13

Strategic Objective 37

HSE South West THU wishes to be part of a pilot for any national role out of an ethnic identifier based on the human rights framework for the collection of ethnic data Promote training /awareness raising for HSE South West staff on Ethnic equality monitoring HSEland Template line 13

Strategic Objective 38

HSE South West THU will continue to prioritise and support Traveller participation in the THU and the STHN through the six local Traveller organisations, to ensure meaningful consultation, inclusion and participation of Travellers in local, regional and national health related structures underpinned by community development principles and values

Template line 47

Strategic Objective 39

THU will review staffing and resources for Traveller organisations in HSE South West and seek funding to address resourcing issues Template lines 9, 44, 45 & 46

Strategic Objective 40

THU HSE South West will make national representation on the issue of pay parity for Section 39 workers employed in Traveller organisations Template lines 9, 44, 45 & 46

Strategic objective 41

Secure funding for Traveller organisation staff training budget to build organisational capacity as Traveller health community development organisations Template lines 9, 44, 45 & 46



Photo by Clare Keogh

Appendix 5: Costing Estimates to Strengthen the Traveller Health Infrastructure

All costings annual and rollover unless otherwise stated

Travellers of North Cork

Fulltime Primary Health Care worker Post	€53,900
Pilot Education worker post	€20,000

East Cork Travellers

21 hour Community development worker post	€25,500
---	---------

Cork Traveller Women's Network

Increased staff hours for part time co-ordinator, community development worker and outreach development worker	€25,100
Regularise Meelagh CD worker post	€11,200

Kerry Traveller's Health & Community development Project

Increased hours for Traveller health Coordinator	€35,000
Dedicated Drug & Alcohol worker	€60,000
Peer Education Project	€45,000
Shortfall in Community Development funding	€15,000

Increased programme costs of €10K per project for 6 Traveller CD organisations	€60,000
Regional Traveller Mental Health worker Programme costs	€10,000

Traveller Cultural Awareness Training Initiative

Strengthen the co-ordination and administration of TCAT	€25,000
---	---------

Rollover costs in the Genio Application (see Appendix 2)*

THU Support and Development Worker post + programme costs	€70,000
---	---------

*Additional once off costs detailed in Genio Application Appendix 2

Additional costs flagged in Accompanying Template

▶ Mapping Traveller community (once off costs over life time of plan)	€40,000
▶ Education Programme to support school retention	€30,000
▶ Pilot to collect data on Traveller employment in HSE (once off)	€20,000
▶ TCAT costs training HSE services (once off)	€20,000
▶ Delivering TCAT to HSE services	€5,000
▶ Other costs to be developed	

Funding (once off) has been allocated by the Department of Public Health SW

Support Traveller organisations in the region to build capacity around trauma informed practice and to develop trauma informed environments and programmes €37,500



CORK/KERRY
TRAVELLER
HEALTH UNIT



West Cork Travellers

