



**PAVEE POINT**  
TRAVELLER AND ROMA CENTRE



Supporting Traveller and Roma inclusion in the

## **HSE Enhanced Community Care (ECC) Programme and Community Healthcare Networks (CHN)**

**Community Health Care Organisation (CHO) 7-  
Dublin South, Kildare West Wicklow**



Féidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



“ 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, 2018

## Who are Travellers?

Irish Travellers are a vibrant 36,000 strong, minority ethnic group, indigenous to the island of Ireland, maintaining a shared history, language, traditions and culture. The Equal Status Act 2000<sup>1</sup> defined Travellers as ‘The community of people who are commonly called Travellers and who are identified (both by themselves and others) as people with a shared history, culture and traditions, including an affinity to a nomadic way of life on the island of Ireland.’ However, Traveller ethnicity was only formally acknowledged by the state in March 2017 when, in a statement to the Dáil, An Taoiseach Enda Kenny declared that ‘Our Traveller Community is an integral part of our society for over a millennium, with their own distinct identity – a people within our people.’<sup>2</sup>

However, despite representing less than 1% of the population, Travellers have been recognised as one of the most marginalised and disadvantaged groups in Ireland, experiencing structural and systematic racism, discrimination and active prejudice and racism. In 2010, a national survey of attitudes and prejudices towards Travellers<sup>3</sup> reported:

- 40% of respondents were unwilling to employ a Traveller;
- 79.6% were reluctant to purchase a house next to a Traveller; and
- 18.2% would deny Irish citizenship to Travellers.

In 2017, the ESRI found that Travellers are almost 10 times more likely than non-Travellers to experience discrimination in seeking work. It also found that Travellers are 22 times more likely to experience discrimination in accessing private services such as restaurants and banks.<sup>4</sup> More recently in 2021, the EU Fundamental Rights Agency (FRA) found<sup>5</sup> that 65% of Travellers reported experiencing discrimination; one of the highest reported rates within the six European countries it surveyed.<sup>6</sup> This is also reflected in the general respondents surveyed with 46% stating they would feel “uncomfortable with Roma and Travellers as neighbours.”

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1 Part 1, Section 2

2 *Dáil Éireann debate - Wednesday, 1 Mar 2017*

3 *M. Mac Gréil, Emancipation of the Travelling People: A Report on the Attitudes and Prejudices of the Irish People towards the Travellers Based on a National Social Survey 2007-2008 (Maynooth: NUI Maynooth Publications, 2010).*

4 *F. McGinnity, R. Grotti, O. Kenny and H. Russell, Who Experiences Discrimination in Ireland? Evidence from the QNHS Equality Modules (Dublin: ERSI, 2017).*

5 *EU Fundamental Rights Agency (FRA) (2020) Travellers in Ireland - Key results from the Roma and Travellers survey 2019. Vienna: EU Fundamental Rights Agency (FRA).*

6 *The survey which took place from December 2018 and July 2019 was carried out in 6 countries – Belgium, France, the Netherlands, Sweden, the United Kingdom and for the first time, Ireland.*

*Overall discrimination (when looking for work, at work, in education, health, housing and other public or private services) among Irish Travellers (65%) is one of the highest among all survey groups from the different countries.” (EU FRA, 2021)*

Overall, Travellers experience more severe poverty and social exclusion than almost all other groups in Ireland. To a significant extent this poverty and social exclusion is the result of a complex mix of factors which also impact on other disadvantaged groups<sup>7</sup>. In general, Travellers experience much higher levels of income poverty and deprivation than the rest of the population and have high levels of financial exclusion<sup>8</sup>.

In terms of health, Travellers have a significantly worse health status than the population as a whole. Life expectancy is shorter, mortality and infant mortality is disproportionately higher and chronic diseases are more common. The All Ireland Traveller Health Study<sup>9</sup> (AITHS) found that the life expectancies of Travellers are comparable to life expectancies of the non-Traveller population in the late 1940's for males and early 1960's for females. Some of the stark findings in relation to mortality rates and life expectancy are as follows:

- 134 excess Traveller deaths per year
- Traveller mortality is 3.5 times higher
- Life expectancy for Travellers is on average 13.3 years less; 15.1 years less for Traveller men and 11.5 years less for Traveller women
- Infant mortality rate is 3.6 times higher
- Suicide rate among Traveller men is 6.6 times higher and accounts for over 1 in 10 of Traveller deaths<sup>10</sup>
- Only 3% of Travellers reach 65 years
- 63% of Travellers are under 25 years<sup>11</sup>

7 F. McGinnity, R. Grotti, O. Kenny and H. Russell. (2017) *Who Experiences Discrimination in Ireland? Evidence from the QNHS Equality Modules*. Dublin: ERSI.

8 *Building the Box* (2020) *A review of policy, services, facilities and schemes with potential to improve financial inclusion from a Traveller perspective*. Dublin: National Traveller MABS.

9 All Ireland Traveller Health Study Team (2010) *All Ireland Traveller Health Study*. University College Dublin and Department of Health and Children.

10 All Ireland Traveller Health Study Team (2010) *All Ireland Traveller Health Study*. University College Dublin and Department of Health and Children. These findings have been fully supported by more recent research by the Economic and Social Research Institute, Dorothy Watson, Oona Kenny and Frances McGinnity, *A Social Portrait of Travellers in Ireland*.

11 Compared with 35 per cent of the general population

The AITHS also reported that Travellers had a greater burden of chronic diseases, with COPD four times higher and asthma two times higher than the general population. In terms of mortality, the main causes of Traveller deaths are similar to the non-Traveller population (cancer, respiratory and cardiovascular diseases) but in far greater numbers. The AITHS confirmed that health services available to Travellers were perceived as inadequate and substandard, resulting in Travellers' low engagement and poor health outcomes.



A social determinants approach to health recognises that 90% of what affects a person's health happens outside of the medical system<sup>12</sup> and therefore living conditions, poverty, employment, educational attainment, racism and discrimination all affect Travellers' health outcomes. In addition, the COVID-19 global pandemic has disproportionately impacted on Travellers -including morbidity and mortality, contributing to a further deterioration of Traveller health.

*Travellers (all ages and those aged 18-64 years) were noted to be at an elevated risk of infection, and in those aged 18-64 years there was an increased risk of severe disease (in terms of hospitalisation when considered as a proportion of cases, and hospitalisation, ICU admission and death when considered as a proportion of the population). Notably, these results are considered to underestimate the true prevalence, given limitations with the use of ethnic identifiers and the hard to reach nature of this population. (HIQA, 2021:12)*

<sup>12</sup> Dahlgren, G. and Whitehead, M. (1991) *Policies and Strategies to Promote Social Equity in Health*. Stockholm: Institute For Future Studies.

*Members of the Traveller and Roma communities and people who are homeless are the only specific groups identified as being at significantly increased risk of hospitalisation, ICU admission or death compared to the general population and should be prioritised for vaccination. (National Immunisation Advisory Committee, 2021:10)*

## AITHS KEY FINDINGS: DISCRIMINATION AND TRUST

- Over half (53%) of Travellers “worried about experiencing unfair treatment” from health providers
- Under half (40%) of Travellers had a concern that they were not always treated with respect and dignity and reported experiencing discrimination in accessing health services, compared to 17% of Black Americans and 14% of Latino Americans
- Over half (50%) of Travellers had concerns of the quality of care they received when they engaged with services
- The majority of service providers (66.7%) agreed that discrimination against Travellers occurs in the health services. Health service providers also admitted that anti-Traveller discrimination and racism were evident within the services, resulting in substandard treatment of Traveller service users.
- Less than half (41%) of Travellers had complete trust in health professionals; compared with a trust level of 82% by the general population.

## SOCIAL DETERMINANTS IMPACTING ON TRAVELLER HEALTH

- In 2010, 50% of Travellers had poor functional literacy<sup>13</sup>.
- Almost half (48.2%) of Traveller mothers whose youngest child was under 5 years old had either no formal education or primary education only<sup>14</sup>.
- Of all Travellers aged 15 and over<sup>15</sup>:
  - 55% had completed their formal education by the age of 15; and 11.5% had no formal education and 28.3% had completed primary education only. By comparison 1% of the non-Traveller population had either no formal education or primary level only.

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



<sup>13</sup> All Ireland Traveller Health Study Team (2010) *All Ireland Traveller Health Study*. University College Dublin and Department of Health and Children.

<sup>14</sup> [Census 2016](#)

<sup>15</sup> [Census 2016](#)



## Roma in Ireland

There are approximately 5,000 Roma living in Ireland, many of whom are second and third generation in the country. Approximately 2,050 Roma live in the Eastern Region (CHOs 6, 7 & 9)<sup>16</sup>, representing 43% of the total Roma population in Ireland. The vast majority (61%) of Roma in Ireland speak Romani (which has many dialects), followed by Romanian at 14.3%, Czech at 10.4%, English at 9.7% and Slovakian at 4.5%. The implementation of EU Directive 2004/38 and state policy (Habitual Residence Condition) leaves many Roma outside the social protection system and, thus, vulnerable to poverty and social exclusion<sup>17</sup>.

The Roma community, similar to Travellers, has been recognised as one of the most marginalised and disadvantaged groups in Ireland, experiencing structural and systematic discrimination, prejudice and racism. Findings from the National Roma Needs Assessment (RNA)<sup>18</sup> indicates that Roma in Ireland continue to experience poorer health outcomes, including higher rates of chronic health conditions, extreme poverty, poor housing and unemployment; and the lack of access to mainstream health services:

- Nearly half of Roma reported that they do not have access to medical cards and GPs
- 1 in 4 (24%) of Roma women had not accessed health services while pregnant and their first point of access was to give birth

<sup>16</sup> This mapping was undertaken in 2016 and most likely underestimates the Roma community in each area, as it is based on numbers who were estimated to be engaging with services and triangulated with peer researchers who were members of the Romanian and Czech Roma communities. There may have been undercounting of Roma who are not engaging with services and particularly those of different nationalities to the peer researchers. Example - In 2016 in the RNA we estimated 200 Roma in Kildare, however, recent mapping in 2018 has identified over 500 Roma from Romania, Czech Republic, Slovakia, Poland and Hungary.

<sup>17</sup> 20% of the Roma population were found to be living in extreme poverty in Ireland, 49% of Roma who apply for social protections are refused. <https://www.paveepoint.ie/wp-content/uploads/2015/04/RNA-PDF.pdf>

<sup>18</sup> <https://www.paveepoint.ie/wp-content/uploads/2015/04/RNA-PDF.pdf>



- Over 1 in 3 Roma (37.1%) reported that they did not have adequate supplies for the baby after birth; with service providers reporting newborn babies living in houses with no heat, food or basic supplies
- Over half of Roma (51.3%) reported frequent mental distress;<sup>19</sup> with over 1 in 3 (34%) Roma reporting that they did not experience one day when their mental health was not poor in the previous month

These issues are further compounded by the barriers that Roma face satisfying criteria set out in the Habitual Residence Condition<sup>20</sup> (HRC) or establishing the right to reside, which is prerequisite to accessing health services, including access to a medical card:

- 1 in 4 (25.7%) Roma reported not having the right to reside or to be habitually resident
- 1 in 5 (19.8%) Roma reported not having a PPS number

These issues are also exacerbated by language barriers,<sup>21</sup> and difficulties accessing, and engaging with, statutory agencies which is linked to experiences of discrimination and lack of trust and fear of the State, Authorities, and State services, with 7 in 10 (70.5%) Roma reporting discrimination in accessing health services.

Similar to Travellers, the ongoing COVID-19 pandemic has highlighted a number of significant challenges for Roma, especially those who are most vulnerable. Both Travellers and Roma experience significantly higher risk of hospitalisation, ICU admission and death when compared to the general population. In particular, Roma families who are living in severely overcrowded and unsafe accommodation, those who are unable to access social welfare payments due to the Habitual Residence Condition, and those without access to GP/health services.

Despite clear health inequalities, there is no dedicated national funding stream to address Roma health issues, resulting in a clear gap to strategically respond on national, regional and local levels. There are however HSE social inclusion posts across CHOs with a remit for Roma and Migrant health. Additionally, a number of Section 39 organisations are funded by the HSE within the Eastern Region working directly with the Roma community. Contact information for organisations is included at the end of this resource.

19 Frequent mental distress (FMD) is defined as 14 or more days of poor mental health in the preceding one month.  
20 <https://www.gov.ie/en/publication/170e70-habitual-residence-condition/>

21 61% of Roma respondents reported usually speaking Romani at home. This was followed by Romanian at 14.3%, Czech at 10.4%, English at 9.7% and Slovakian at 4.5%. The research shows a low proportion of respondents are accessing professional interpreters, with the majority of respondents relying on friends and children to interpret for them.

## ROMA NEEDS ASSESSMENT: KEY FINDINGS<sup>22</sup>

### POVERTY

- 1 in 4 Roma children (25%) have gone to school hungry
- Almost half (49.5%) of Roma reported not always having enough food
- 83% of Roma are unemployed
- Almost 1 in 5 Roma reported begging as a source of income (17.6%) and 1 in 10 had no income (14%)
- Nearly 1 in 2 (49.2%) households with children were not successful in their application for social protection payments, which means they were not receiving the child benefit
- 57.5% report not having enough money for school books and uniforms

### ACCOMMODATION

- 6.6% of Roma report to be currently homeless and almost half (45.7%) have been homeless at some stage
- 1 in 5 Roma (24%) lived in households of 8 or more people
- Almost half (44.8%) of Roma did not have enough beds in their accommodation
- Almost 1 in 10 (7.3%) Roma live in households with 10+ people
- Facilities: No kitchen (12.4%); No cooker (9.6%); No fridge (13.5%); Cannot keep the house warm (66.3%)

### DISCRIMINATION

- 78.9% of Roma feel discriminated in getting a job
- 93.3% feel discriminated in getting accommodation
- 84.4% feel discriminated in getting social welfare
- 81.1% feel discriminated in a public setting

## Why this resource?

This resource has been developed by the Eastern Region Traveller Health Unit (THU) to support Traveller and Roma inclusion within Community Healthcare Networks (CHNs). As previously outlined, Traveller and Roma health inequalities have been clearly documented, with higher rates of chronic health conditions, including COPD, diabetes and asthma, in addition to a lack of access to mainstream health services. CHNs are the new mechanism in which Primary Care Services will be delivered within the community, ensuring an integrated and person-centered approach. The HSE is committed to Traveller and Roma inclusion and endorsed the Government's National Traveller and Roma Inclusion Strategy (NTRIS) where 10 Common Basic Principles of Traveller and Roma Inclusion are adopted by the State.

### **Council of Europe:**

#### **10 Common Basic Principles of Traveller and Roma Inclusion**

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

Additionally, the HSE strives to deliver equal, fair and inclusive health services for all in line with Sláintecare and the Public Sector Equality and Human Rights Duty, as per Section 42 of the Irish Human Rights and Equality Act<sup>23</sup> (2014). Given Traveller and Roma health inequalities and documented barriers in accessing mainstream health services, it is imperative that Traveller and Roma inclusion is embedded within the work of the CHNs from the outset in partnership with the THU, local Traveller organisations and Traveller Primary Health Care Projects (PHCPs) and groups working with Roma, in order to address inequalities and support equity access, participation and improved health outcomes.

<sup>23</sup> <https://www.ihrec.ie/our-work/public-sector-duty/>

## What is the role of the Traveller Health Unit (THU)?

The THU works to prioritise Traveller health concerns and address Traveller health inequalities on behalf of the HSE. THUs are an effective mechanism in which Traveller health inequalities can be addressed; they are an essential cornerstone of which health services are delivered effectively to Travellers and Traveller health issues are mainstreamed into general health policy and service provision. Operating in each CHO, and working in partnership with local Traveller organisations/Primary Health Care Projects, the THU is mandated to:

- Monitor the delivery of health services to Travellers and to set regional targets against which performance may be measured.
- Ensure that Traveller health is given due prominence on the agenda of the HSE.
- Ensure coordination and liaison between the HSE and other statutory and voluntary bodies, in relation to the health situation of Travellers.
- Collect data on Traveller health and utilisation of health services.
- Ensure the 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 or indirectly through funding appropriate voluntary organisations.

## Where is my THU?

The THU in your CHO covers the entire Eastern Region and therefore works across three CHOs (6, 7 & 9) and 34 Community Health Networks. As the largest THU in the country, we work with approximately 8,200 Travellers or 26% of the total Traveller population in Ireland. The Eastern Region THU is co-ordinated by Pavee Point Traveller and Roma Centre on behalf of the HSE and the THU work plan is implemented through regional THU initiatives, including nine peer-led local Traveller Primary Health Care Projects (PHCPs) and a local health initiative. The nine PHCPs employ Traveller Primary Health Care Workers on a part-time basis and they undertake health advocacy in a range of health arenas (e.g.) health education; child and infant health; immunisation and health alerts; addiction; diet and exercise; health and well-being; women's health; men's health; mental health; and social determinants work including accommodation and environmental health issues, etc.

Since the beginning of the COVID-19 pandemic, the Eastern Region THU has proactively sought to ensure that Travellers' right to health is protected using both mainstreaming and positive action measures. This includes organising 'in reach' testing on Traveller sites; bespoke vaccination clinics; and supporting public health in their work with Local Authorities to provide necessary facilities on sites (e.g.) water, toilets, etc.

## ERTHN THU - CHO 7

CHO 7 is one of the largest CHOs in the country covering Dublin South City, Dublin South West, Dublin West, Kildare/West Wicklow. There are three local PHCPs operating in CHO 7, Kildare Traveller Action Project (covering Co.Kildare and West Wicklow), Clondalkin Traveller Development Group (covering Clondalkin, Lucan and Labre Park) and Tallaght Travellers (Tallaght). On a local level, these projects work with approximately 4,532 Travellers, or 56% of the entire Traveller population in the Eastern Region. The projects employ approximately 21 staff; this includes 18 Traveller Community Health Workers and 3 co-ordinators (11 WTEs).



## What is a Traveller Primary Health Care Project (PHCP)?

Traveller PHCPs provide ongoing support for Traveller families on the ground and act as an interface between mainstream health services and Travellers, effectively bridging the gap between a community experiencing high health inequalities and a health service unable to reach and engage that community effectively in health service provision. This is reflected in the AITHS, which reported that 83% of Travellers received health information and advice from PHCPs and Traveller organisations. The value of PHCPs cannot be overstated as the trust and institutional knowledge demonstrated by Traveller Primary Health Care Workers has had a direct impact on Traveller lives as reflected in a higher uptake in breast and cervical screening<sup>24</sup> when compared to the general population:

- 25% of Traveller women had breast screening for cancer, compared with 13% of women in the general population
- 23% of Traveller women had a cervical smear test compared with 12% of women in the general population

Additionally, the HSE confirmed similar findings in their National COVID-19 Traveller Service User Experience Survey,<sup>25</sup> with the vast **majority (86%) of Travellers** reporting accessing COVID-19 health information from Traveller organisations/THUs. This approach has been proven internationally as an effective method of engaging and including minority ethnic groups in health service provision.



24 All Ireland Traveller Health Study Team (2010) All Ireland Traveller Health Study. Dublin: University College Dublin and Department of Health and Children.

25 HSE National Social Inclusion Office (2021) National COVID-19 Traveller Service User Experience Survey. Dublin: HSE National Social Inclusion Office.

## How can we ensure that our service meets Traveller's needs?

An important step to ensuring that services are meeting Traveller's needs is working in partnership with the THU as we have clear expertise and a track record of achievement in enhancing Traveller health status, improving the capacity of mainstream health services to respond to Traveller needs, and responding to the social determinants that are at the root of Traveller health inequalities. There are also a number of other steps that service providers can take to ensure their service is appropriate for, and inclusive of, Travellers and Roma using the Pavee Approach. This involves addressing services:

- Profile
- Public Image
- Participation
- Policies & Procedures
- Programme Planning
- Professional Development

This list is not prescriptive nor exhaustive but rather, it can support:

- Raising awareness of the needs of Travellers and Roma and promoting inclusion by design;
- Better engagement and co-production in the design, development and implementation of equitable health services for Travellers and Roma;
- The visibility of Travellers and Roma throughout your service;
- A strong evidence-based approach to inform population health design and delivery in line with Sláintecare;
- Fulfilment of public sector duty requirements of promoting equality, combatting discrimination and protection of human rights (Section 42, IHREC Act, 2014);<sup>26</sup> and
- The emergence of a truly intercultural and equitable service

The THU believes that if services adopt this approach it has the capacity to have a multiplier impact on a range of other groups within Ireland, including other marginalised and minority ethnic groups. We have included a checklist at the end of this document and ask, **what Ps can you undertake in your service?**

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<sup>26</sup> Public Sector Equality and Human Rights Duty. [Section 42, Irish Human Rights and Equality Act 2014](#)

## THE PAVEE APPROACH: CHN CHECKLIST FOR TRAVELLER AND ROMA INCLUSION

<b>1. PROFILE</b>	✓
Do you know the local Traveller and Roma population in terms of statistics?	
Do you have data on the Travellers and Roma using your service?	
Do you have an ethnic identifier in your service, including in your HR? If yes: <ul style="list-style-type: none"> <li>• Do you analyse, monitor and use this data?</li> <li>• Do you report this data in annual reports or other documents?</li> </ul>	
<b>2. PUBLIC IMAGE: HOW YOUR SERVICE IS PRESENTED</b>	✓
Is your space welcoming to Travellers and Roma?	
Are staff approachable?	
Are Travellers and Roma visible-(e.g.) imagery?	
Do you mark or celebrate Traveller or Roma specific events (e.g.) International Traveller & Roma Day, Traveller Pride Week, etc.?	
Do you have links with Traveller or Roma organisations?	
<b>3. PARTICIPATION</b>	✓
Do you participate in outreach work?	
Have you consulted with Travellers/Traveller organisations or groups working with Roma?	
Do Travellers and Roma feel welcome in your agency?	
Do you have any Traveller or Roma positive action/specific initiatives?	
Are Travellers or Roma represented on your boards of management?	
Are Travellers or Roma employed as staff?	
<b>4. POLICIES &amp; PROCEDURES</b>	✓
Do you have an anti-racism and equality statement/code of practice?	
Is it displayed?	
How do you deal with racist incidents?	
Do you have mandatory on-going training in anti-racism, discrimination, equality and public sector duty?	
Is there a dedicated staff member responsible?	



5. PROGRAMME PLANNING	
Do you involve Travellers and Roma in planning programmes?	✓
Do you have Traveller or Roma specific resources?	
Do you have a mainstreaming and/or a targeting approach?	
Have you completed a needs analysis?	

6. PROFESSIONAL DEVELOPMENT	
Has your staff completed the HSELand Introduction to Traveller Health?	✓
Has your staff completed the HSELand “Intercultural Awareness” cultural competency training?	
Has your staff completed the HSELand “First Steps in Ethnic Equality Monitoring for Health Services” training?	
Do staff receive training on Traveller and Roma cultural awareness and anti-racism? If yes: • Is it provided by local Traveller organisations?	
Do you provide training for volunteers?	
Does your recruitment process have positive action measures to actively recruit Travellers and Roma?	
Do job descriptions facilitate Traveller and Roma recruitment?	

## CONTACT POINTS

Eastern Region Traveller Health Unit (THU)	Remit	
Lynsey Kavanagh	National/ CHOs 6, 7 & 9	<b>e:</b> lynsey.kavanagh@pavee.ie <b>t:</b> 085 824 9621

## LOCAL CONTACT POINTS

Local Traveller Organisation/ Primary Health Project (PHCP)	Remit	Traveller PHCP Co-Ordinator(s)
<b>Kildare Traveller Action (KTA)</b> Áras Main Street Newbridge, Co. Kildare	Kildare	<b>Miriam Nolan</b> <b>e:</b> kildaretravellers@gmail.com
<b>Tallaght Travellers CDP</b> 12 Brookfield Court Brookfield Rd, Tallaght Dublin D24YW80	Tallaght	<b>Colette Spears</b> <b>e:</b> colettespears@ tallaghttravellerscdp.com <b>l:</b> 01 461 0562 <b>t:</b> 086 128 0895
<b>Clondalkin Travellers Development Group</b> Unit 1, Neilstown Enterprise Centre Neilstown Road, Clondalkin Dublin D22 TH28	Clondalkin, Lucan and Labre Park	<b>Geraldine Carr</b> <b>e:</b> phc@ctdg.ie

## HSE CHO 7 SOCIAL INCLUSION

<p><b>Concepta de Brun</b> Regional Social Inclusion Specialist Cherry Orchard Hospital Ballyfermot, Dublin 10.</p>		<p><b>Concepta DeBrun</b> <b>e:</b> Concepta.debrun@hse.ie</p>
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## ROMA CONTACTS

<p><b>Pavee Point Traveller and Roma Centre</b> Roma Programme 46 Charles St Great, Dublin 1</p>	<p>National and Regional, Eastern Region</p>	<p><b>Jenny Liston</b> <b>e:</b> Jenny.liston@pavee.ie <b>t:</b> 086 075 7081 <b>t:</b> 01 878 0255</p>
<p><b>Safetynet Primary Care</b> 29 Bow St Arran Quay, Dublin</p>	<p>CHO 9</p>	<p><b>e:</b> info@capuchindaycentre.ie <b>e:</b> angy@primarycaresafetynet.ie <b>t:</b> 01 872 0770</p>
<p><b>Cairde</b> City Centre 19 Belvedere Place Mountjoy, Dublin 1 Balbriggan Old St George's School Hampton St, Balbriggan</p>	<p>Dublin</p>	<p><b>e:</b> marianna@cairde.ie <b>e:</b> danut@cairde.ie <b>t:</b> 087 126 4606</p>
<p><b>TRIP – Tallaght Roma Inclusion Project</b> South Dublin County Partnership County Hall, Block 3, Belgard Square North, Tallaght, Dublin 24</p>	<p>CHO7</p>	<p><b>e:</b> galina.negru@sdcpartnership.ie <b>t:</b> 086 074 8535</p>

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