Traveller Health Needs Assessment:
COUNTY CLARE

Traveller Health Unit
Supporting Traveller Health and Wellbeing

Pavee Point
Traveller and Roma Centre

> "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

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> “Good health requires a universal, comprehensive, equitable, effective, responsive and accessible quality health system. But it is also dependent on the involvement of and dialogue with other sectors and actors, as their performance has significant health impacts.”

WHO, 2012

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Foreword

This health needs assessment report clearly articulates the current health status of the Traveller population in Clare. It also highlights the social determinants of health which influence this health status namely, accommodation, physical living conditions, education, employment and discrimination. It provides a clear and focused rationale for the Traveller Health Unit to work in partnership with other agencies and the Traveller Community in Clare to respond to the needs identified in this report. Focus on Traveller Health has been a consistent feature of the Health Services in the Mid-West for many years. This report gives an updated analysis on which to base our continuing efforts in the short, medium and long term.

The needs identified in this Report are significant and there are some clear needs that the HSE will need to respond to in a more focused manner. We remain committed to ensuring that response.

There are other needs identified where we in the HSE will need to work in partnership with other service providers to develop effective responses. It will be important to continue to dialogue with and listen to Travellers in Clare and to engage with them in responding to their clearly articulated needs. The Traveller Health Unit's Strategic Plan 2018-2022, which I had the pleasure of launching last year, will also provide a framework for further action.

I would like to thank Pavee Point for undertaking this valuable work on behalf of the HSE Traveller Health Unit here in the Mid-West. In particular Kathleen Lawrence, Lynsey Kavanagh and Nurul Amin deserve particular recognition for their part in the process.

I would also like to thank the peer researchers for undertaking the fieldwork and for engaging with the Travellers in Clare. This engagement of itself is a very valuable process in listening to the most important stakeholder, in this instance the Travelling Community in County Clare.

I want to express my thanks to Josephine Fogarty, Traveller Health Coordinator for leading this work on behalf of the HSE. I look forward to the progress of real actions which meet the needs identified in this very proactive exercise. The HSE is committed to improving the health of the Travelling Community in County Clare.

Bernard Gloster
Chief Officer
Mid West Community Healthcare Organisation

HSE Mid West
Community Healthcare

Executive Summary

The Clare Traveller Health Needs Assessment (henceforth Needs Assessment) was undertaken by Pavee Point Traveller and Roma Centre on behalf of the Traveller Health Unit (THU) in the Mid West which covers counties Clare, Limerick and North Tipperary. The key objective of the Needs Assessment is to support the THU in developing a strong and sustainable Traveller infrastructure in Clare and enable a broad base of projects and initiatives to improve Traveller health and wellbeing. This is underpinned by a partnership approach with Travellers and non-Travellers, operating from community development principles and work approaches. This development and approach is central to the Mid West THU Strategic Plan (2018-2022) and the National Traveller and Roma Inclusion Strategy 2017-2021, specifically its core objective to support and resource 'a strong Traveller and Roma infrastructure, underpinned by community development principles' (p.42).

This Needs Assessment sought to identify the priority needs of Travellers in Clare, and in doing so, sought input from Travellers and service providers on responses required. Similar to the All Traveller Health Study 2010 (AITHS), the Needs Assessment sought to provide a holistic analysis of the health needs of Travellers in Clare and was underpinned by a social determinates approach[1]. Some of the key findings from the Needs Assessment reflect similar findings as in the All Ireland Traveller Health Study (AITHS). This includes a high uptake on vaccinations, screening services and accessing mainstream health services, specifically GP services.[2] However, the following issues in Clare are much more magnified than reported in the AITHS, which greatly affects the overall health status of Travellers in the area. These include:

- **Poor mental health:** Travellers in Clare report higher rates of frequent mental distress (96.4%) and exceptionally low uptake in mental health services (4.8%).
- **Use of medication and functional literacy:** Under half of Travellers in Clare (47%) reported taking some form of prescribed medication on a regular basis. Of these respondents, 30% reported having some difficulties in understanding the instructions.
- **Living conditions and environmental health:** 12% of Travellers in Clare are homeless; those living in trailers identify lack of access to basic facilities, including lack of access to running water (71.5%) and flush toilets (71.5%).
- **Substance misuse:** An overwhelming majority of Travellers (92%) reported substance misuse was a problem in the community; this includes prescription drugs and illicit substances.
- **Access to services:** Over half of Travellers reported accessing GPs and hospitals; however, almost 1 in 3 Travellers believed they received poor or fair quality of care from health professionals.
- **Dignity and respect:** Under half (46%) of Travellers reported that they did not always feel like they were treated with dignity and respect when using health services.
- **Children's health:** Only 1 in 10 (13.8%) of Traveller parents rated their children's health as 'excellent', compared to over half (52.2%) of Traveller parents reported in the AITHS.

The THU has supported a range of Traveller health initiatives in Clare for almost twenty years. A key initiative supported was the Primary Health Care Project (PHCP) for Travellers, which was operational from 2010 until June 2017 and included a prior training period. The PHCP was suspended in 2017, as the host organisation that supported and managed the project was disbanding.

The suspension of the Primary Health Care Project (PHCP) in the region has had a major impact on the ground for Traveller families. The PHCP was the vital link between Traveller families and mainstream health services. During focus groups, service providers identified challenges and concerns about Travellers lack of engagement and non-attendance of appointments. Some service providers describe feeling frustrated and acknowledged that their current approaches were not working, even when follow-ups occurred. It is in this context that both Travellers and service providers identified the urgent need for a Traveller PHCP in the region. This report identifies the following recommendations in terms of supporting a strategy.

RECOMMENDATIONS

1. Establish a Traveller Primary Health Care Project in Clare with full county coverage;
2. Establish an independent Traveller organisation in the County, working from a community development and equality ethos and based on a partnership approach between Travellers and non-Travellers with expertise; and
3. Establish strategic responses and approaches to the social determinants of Traveller health outlined in this report, in partnership with key statutory service providers, Traveller representatives and community/ voluntary organisations. These responses should be aligned with key national strategies and policies and should utilise the lived experiences of Travellers to clearly inform the focus of the work and to jointly co-produce the required responses.

1 All Ireland Traveller Health Study Team *(AITHS Team) (2010) All Ireland Traveller Health Study: Technical Report 3. Dublin: School of Public Health, Physiotherapy and Population Science, University College Dublin.*

2. *AITHS Team, 2010.*

“A mainstreamed approach is sufficient when outcomes are identical for all components of the target groups; when evidence shows a clear gap between the situation of Roma and Travellers versus the rest of society (e.g. regarding their health and housing situation), policies should be adjusted and specific measures should also be developed.”

EUROPEAN COMMISSION ASSESSMENT OF IRELAND, 2016

Section 1: INTRODUCTION

1.1 NATIONAL CONTEXT TO TRAVELLER HEALTH

According to the 2016 Census, there are 30,987 Travellers living in the Republic of Ireland, accounting for approximately 0.7% of the total population. These figures are a conservative estimate, as the All Ireland Traveller Health Study (AITHS) (2010) establishes the Traveller population at 36,224. Travellers are a minority ethnic group, indigenous to the island of Ireland. Travellers maintain a collective history, language, tradition and culture.[3] Traveller culture, values, religious practices, and customs have been profoundly shaped by a rich history and unique traditions. Nomadism was an integral part of Traveller culture, but many Travellers are no longer nomadic, either by choice or due to lack of support for, and criminalisation of, nomadism.[4]

> *"Traveller Community means the community of people who are identified (both by themselves and others) as people with a shared history, culture and traditions including, historically, a nomadic way of life on the island of Ireland."*
>
> **EQUAL STATUS ACT, 2000: PT.1 S.2**

Furthermore, Traveller ethnicity (while always recognised by Travellers) was only formally acknowledged by the State in 2017, following a thirty-year campaign by Pavee Point and other Traveller organisations. This was supported by several UN treaty-monitoring bodies, European institutions, and international/ national equality and human rights bodies.

> *"Our Traveller community is an integral part of our society for over a millennium, with their own distinct identity – a people within our people (…) As Taoiseach I wish to now formally recognise Travellers as a distinct ethnic group within the Irish nation. It is a historic day for our Travellers and a proud day for Ireland."*
>
> **AN TAOISEACH ENDA KENNY, MARCH 1ST 2017**

Recognised as one of the most marginalised and disadvantaged groups in Ireland, discrimination (both individual and structural) is widely experienced by Travellers. Travellers continue to fare poorly on every indicator used to measure disadvantage, which is reflected in poorer outcomes in terms of education, accommodation, employment and health.[5] This has been observed both nationally and internationally by human rights organisations and monitoring bodies.[6]

1.2 POLICY CONTEXT: TRAVELLER HEALTH

The policy landscape in relation to Traveller health is guided by both mainstreaming and targeting approaches, as evidenced in the following key Traveller specific health documents:

- Traveller Health: A National Strategy (2002-2005)
- Our Geels: All Ireland Traveller Health Study (2010)
- National Traveller and Roma Inclusion Strategy (NTRIS) (2017-2021)
- National Traveller Health Action Plan (forthcoming-2019)

1.2.1 TRAVELLER HEALTH: A NATIONAL STRATEGY (2002-2005)

The Traveller Health: A National Strategy (2002-2005) was the first national health policy document that specifically addressed Traveller health inequalities. It was also the first policy document that recognised Travellers as a distinct minority ethnic group in Irish society with a health status far below the general population and having specific health needs. Focusing on equality of outcome as well as equality of access to and participation in services, the Strategy identified the need for greater healthcare for Travellers, given poorer health status. It did so through its 122 actions, which included the establishment of the national and regional Traveller health structures, which have facilitated the development of peer-led Traveller Health initiatives at a local level. It also recognised the value of Traveller Primary Health Care Projects in addressing Traveller health inequalities and recommended their replication throughout the country. However, recognising the lack of reliable and accurate data on the health status of Travellers in Ireland, the Strategy recommended that a comprehensive needs assessment on Traveller health was to be carried out as a matter of urgency:

> *"A Traveller Needs Assessment and Health Status Study will be carried out to develop and extend indicators collected in the last survey of Travellers Health Status (Barry 1987) and to inform appropriate actions required in the area of Travellers' health."*
>
> **TRAVELLER HEALTH: A NATIONAL STRATEGY**

Following an extensive consultation process with Travellers, Traveller organizations, the HSE and health service personnel, the All Ireland Traveller Health Study was formally launched in 2007 by the Minister for Health, Mary Harney T.D. and took three years to complete.

3. *Dublin Travellers Education and Development Group (1992)* Irish Travellers: New Analysis and New Initiatives. *Dublin: Pavee Point Publications; Equal Status Act, 2000: Pt.1 S.2*
4. *Pavee Point Traveller and Roma Centre (Pavee Point) (2011) Irish Travellers and Roma: Shadow Report. Dublin: Pavee Point Traveller and Roma Centre.*
5. *O'Connell, J. (1997)* Travellers in Ireland: an examination of discrimination and racism: a report from the Irish National Co-ordinating Committee for the European Year against Racism. *Dublin: ESRI (2017)* Who experiences discrimination in Ireland? Evidence from the QNHS Equality Modules. *Dublin: Economic and Social Research Institute; ESRI and IHREC (2018)* ESRI Research Series: Attitudes to Diversity in Ireland. *Dublin: Economic and Social Research Institute.*
6. *This includes UNCERD; UNCEDAW; UNCRC; UNHRC; UNCESCR; UN Member State recommendations during the Universal Periodic Review (UPR) in 2011 and 2015, ECRI, FCPNM, CoE, the Irish Human Rights and Equality Commission; and two Joint Oireachtas Committees on Justice (Equality/Defence and Equality)."*

1.2.2 OUR GEELS: ALL IRELAND TRAVELLER HEALTH STUDY (2010)

Launched in 2010, the AITHS is the most comprehensive analysis of Traveller health undertaken in Ireland to date, yielding an unprecedented 80% response rate amongst Travellers throughout the island of Ireland due its innovative peer-led methodology. Findings from the AITHS provided a clear evidence base in identifying stark health inequalities for Travellers in relation to access, participation and outcomes in health services. The study found the current state of Traveller health was comparable with the levels found in the majority population of the 1940's and 1960s, leading the authors to conclude:

> "At all ages and for all causes of death, Travellers experience a higher mortality than the general population. The problem is endemic and complex and will not be solved in the short term without considering the wider contextual issues. The fact that an identifiable disadvantaged group in our society is living with the mortality experience of previous generations 50-70 years ago cannot be ignored. The fact that the gap between Traveller mortality and that in the general population has widened in the past 20 years shows that comprehensive approaches to address this situation are required and are indeed vital."

The AITHS confirmed that while health services were available to Travellers, services were perceived as inadequate and substandard, resulting in lower engagement and poor health outcomes. This includes:

- Discrimination and racism (both at individual and institutional levels)
- Lack of trust with healthcare providers and inappropriate service provision
- Lack of engagement from service providers with Travellers and Traveller organizations

This was supported by 66.7% of service providers who agreed that discrimination against Travellers occurs sometimes in their use of health services, resulting in substandard treatment of Travellers.

> *"It does exist [...] there is that sentiment that Travellers are less deserving, hence give them substandard services."*
>
> **SERVICE PROVIDER, AITHS, 2010**
>
> *"Racism is one of the factors, but it won't be said officially as they [institution] will be in trouble"*
>
> **SERVICE PROVIDER, AITHS, 2010**

Similar to the National Traveller Health Strategy (2002-2005), AITHS confirmed that Traveller health inequalities were strongly attributable to 'social conditions and educational and cultural opportunity and engagement.' A key recommendation of the AITHS was the development of a health action plan with a firm commitment to implementation, targets and timeframes, requiring cross-sectoral engagement and a lead player or champion to deliver based on the findings of the report.

1.2.3 NATIONAL TRAVELLER AND ROMA INCLUSION STRATEGY (2017-2021) (NTRIS)

The National Traveller and Roma Inclusion Strategy (2017-2021) (NTRIS) is the most recent policy document in relation to Traveller and Roma inclusion in Ireland. While Travellers and Roma are two distinct ethnic groups, the term 'Roma' used at the Council of Europe refers to Roma, Sinti, Kale and related groups in Europe, including Irish Travellers and the Eastern groups (Dom and Lom), and covers the wide diversity of the groups concerned, including persons who identify themselves as 'Gypsies.' [7]

Ireland is obliged to develop this Strategy as Travellers are targeted under the EU Framework for National Roma Integration Strategies (NRIS) up to 2020. All Member States are required to develop and implement dedicated long-term strategies to promote Roma inclusion in four key areas: access to education, healthcare, employment, and housing/essential services. It also seeks to allocate sufficient targeted resources to achieve progress. Launched in 2017, NTRIS contains 149 actions across ten cross-cutting thematic areas, including health[8] A key action from NTRIS is the development of a detailed action plan to address Traveller health inequalities using a social determinants approach:

> "The Health Service Executive will develop and implement a detailed action plan, based on the findings of the All Ireland Traveller Health Study, to continue to address the specific health needs of Travellers, using a social determinants approach."
>
> **ACTION 73, NTRIS**

7. *'Roma' is the preferred term used by Roma representative groups across countries including Romania, Czech Republic, Slovakia, Hungary and Poland which are the main countries of origin for Roma groups in Ireland. The term 'Gypsy' in various languages has come to be seen by most Roma groups as pejorative. See: Commissioner for Human Rights of the Council of Europe (n 21) 31.*
8. *HSE National Office for Social Inclusion (2018) National Traveller Health Action Plan Summary Report of Regional Consultative Meetings. Dublin: HSE National Office for Social Inclusion.*

NATIONAL TRAVELLER HEALTH ACTION PLAN: FORTHCOMING

In 2018, a comprehensive regional consultation process took place to inform the development of a National Traveller Health Action Plan (NTHAP). This included participation of Travellers and Traveller organisations, in addition to statutory and voluntary agencies. Recommendations from the consultations[9] included:

1. The establishment of a Planning Advisory Body for Traveller Health (PATH), an institutional mechanism to work in partnership with the Department of Health, HSE and Traveller organisations to drive implementation and delivery of the NTHAP.
2. That there is a named individual with exclusive responsibility for Traveller health within Department of Health and within HSE to prioritise Traveller health needs and ensure Traveller health is mainstreamed within all divisions and policies of Department of Health, within work of regional integrated care organisations (RICOs)/ Community Healthcare Organisations (CHOs) and Chief Officers and supporting the work of the Planning Advisory Body for Traveller Health (PATH).
3. Development of a SMART [10] NTHAP, underpinned by community development, inclusive of timelines, ring-fenced resources and a strong monitoring and evaluation framework.

A draft plan was circulated by the HSE National Office for Social Inclusion in March 2019; however, the draft plan largely disregarded the recommendations from the consultation process. In this draft, the plan was absent of dedicated resources, performance indicators, verification measures and an institutional mechanism to drive implementation. The HSE has recently committed to redrafting the plan with a view to finalising the action plan by quarter 4, 2019.

1.2.4 ALIGNMENT WITH NATIONAL HEALTH POLICY AND FRAMEWORKS

Traveller health policy is also aligned with and included in existing national policies and frameworks as follows:

- Committee on the Future of Healthcare: Sláintecare Report (2017) and Sláintecare Implementation Strategy (2018)
- Healthy Ireland: A Framework for Improved Health and Wellbeing (2013-2025)
- A Vision for Change: Report of the Expert Group for Mental Health Policy
- Connecting for Life, Ireland's National Strategy to Reduce Suicide (2015-2020)
- A Healthy Weight for Ireland: Obesity Policy and Action Plan (2016-2025)
- National Maternity Strategy – Creating a Better Future Together (2016-2026)
- Better Outcomes, Brighter Futures: The National Policy Framework for children and Young People (2014 – 2020)
- National Positive Ageing Strategy, Healthy and Positive Ageing for All – Research Strategy (2015-2019)
- Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland (2017-2025)

1.2.5 REGIONAL CONTEXT: THU MID WEST

The Traveller Health Unit (THU) Strategic Plan 2018-2022 provides the context for Traveller health work in the region. The THU works to improve the health status of Travellers by:

- Promoting healthy lifestyles within the community;
- Working for change in the social determinants for Traveller health status, specifically accommodation, education, employment and discrimination; and
- Supporting the development of cultural competence among health service providers.

The THU takes a dual approach that combines targeted provision and mainstreaming actions. Targeted provision can directly and effectively respond to the specific needs arising from the situation, experience and cultural identity of the Traveller community. Mainstreaming action can include Travellers in services being made for the general population, based on the development and implementation of culturally competent policies, procedures and practices by mainstream service providers. However, targeted provision without mainstreaming action can lead to segregation; mainstreaming action without targeted provision can leave needs specific to the Traveller community unmet. Hence, the importance of this dual approach.

The Mid West THU has an equality and human rights statement which underpins its work as follows:

- Reflects on a commitment to equality and human rights.
- Underpins a commitment to quality in, and impact from, our work and activities.
- Addresses obligations under the Irish Human Rights Equality and Commission Act 2014 to have regard to the need to eliminate discrimination, promote equality of opportunity, and protect human rights in carrying out functions.
- Enables a coherence and consistency of approach, based on shared values, across the various elements that make up the Traveller Health Unit Strategic Plan.

9. SMART is an acronym which stands for Specific, measurable, achievable, relevant and time bound.
10. SMART is an acronym that stands for Specific, Measurable, Achievable, Realistic and Timely.

Its commitment to equality and human rights is motivated by a set of shared values, including:
1. Social justice
2. Respect
3. Culture
4. Empowerment
5. Community

The objectives and actions of the THU Strategic Plan cascade from these five values.

1.2.6 LOCAL CONTEXT: COUNTY CLARE

According to the Census 2016, the age profile of Travellers in County Clare is consistent with the national picture of Travellers, with the majority of Travellers under the age of 25 years old (64%). There are only four Travellers in Clare over the age of 80 years old. The census also reported that there are 910 Travellers in County Clare, a small increase from the previous Census in 2011). The census identified Ennis as the most densely populated area for Travellers. This is complemented by the Clare County Council Annual Traveller Count in 2017 which reports that there 255 Traveller families, or approximately 1,020 Travellers[11] in Clare. Previous research conducted in the area[12] reported that while most Travellers lived in Ennis town, a number of Traveller families were dispersed throughout the county, primarily residing in Shannon and Ennistymon. Most Travellers were living in standard accommodation provided by the local authority or through a private rented agreement, with others living in Traveller-specific accommodation, including temporary halting sites and a group housing scheme.

1.3 TRAVELLER HEALTH NEEDS ASSESSMENT: CO. CLARE

The Clare Traveller Needs Assessment is the first step in supporting the development of Traveller infrastructure in Clare, enabling the development of a broad base of projects and initiatives to improve Traveller health and wellbeing. This requires a partnership approach, with both Travellers and members of the majority population operating from community development principles and work approaches. This development and approach is also central to both the new THU Strategic Plan and to the National Traveller and Roma Inclusion Strategy (NTRIS) 2017-2021. A key objective of NTRIS is a "strong Traveller and Roma infrastructure, underpinned by community development principles should be supported and resourced". [13]

1.3.1 OVERVIEW

In order to achieve the overall aim of developing a strong Traveller infrastructure in the region, an updated baseline demographic profile was required to:

1. *determine the health needs of the Travellers; and*
2. *identify what Travellers and service providers in Clare perceive as current priorities and emerging priority areas*.

Commencing in 2018, the Needs Assessment sought participation from Travellers and service providers to triangulate more fully the quality of the Traveller experience and complement the information reflected in the survey and in qualitative focus groups with Travellers.

1.3.2 PURPOSE OF THE NEEDS ASSESSMENT

The purpose of the Needs Assessment was to:

- Develop an accurate count of the number of Travellers living in Clare
- Document the health status of Travellers living in Clare
- Determine the factors influencing the health status of Travellers and examine access to social and health services currently available/utilised by Travellers in the region
- Document qualitatively the attitudes/perceptions of Travellers to health services and other relevant agencies
- Document qualitatively the attitudes/perceptions of service providers in Travellers' access, participation and outcomes in health and/other relevant services in the region
- Highlight any emerging issues

11. This number is calculated on the basis of the average Traveller family size of 4.1 as reported in Census 2016.
12. See e.g. Clare County Childcare Committee (2009) and Clarecare Primary Health Care Programme for Travellers (2008).
13. (DJE, 2017: 42).

1.3.3 PRINCIPLES

This Needs Assessment is underpinned by the 10 Common Basic Principles on Traveller and Roma Inclusion,[14] with active Traveller participation at all stages. It is also informed by community development,[15] with its associated principles of social justice, solidarity, equality and human rights and an approach that involves participation, empowerment and collective action. Following the All Ireland Traveller Health Study (AITHS)[16] and the National Roma Needs Assessment[17] this Needs Assessment was guided by the following research principles:

- A holistic model of health and a broad view of the factors that affect and impact on Traveller health. These factors include Travellers' experience of racism and discrimination, education, accommodation, employment, health and public services.
- Equality, human rights, social inclusion, anti-racist, anti-sexist, anti-discriminatory and anti-poverty values and principles.
- Respect for Traveller values, beliefs and Traveller culture, including nomadism.
- Training to support Traveller peer researchers to develop research capacity to participate fully in all stages of the Needs Assessment.
- Support to ensure consultation and participation of relevant health and social service providers in relevant stages of the study.
- Confidentiality for all participants, with robust procedures in place in line with the data protection legislation[18] and a clear research ethics protocol.
- Appropriate qualitative and quantitative methods to collect, analyse and interpret data.

1.3.4 PROCESS

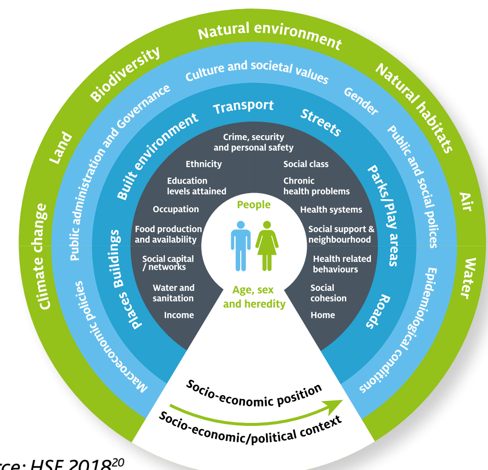
Pavee Point worked closely with the THU in the Mid West to ensure active Traveller participation in the study. This included the employment and training of seven Traveller peer researchers' whose knowledge of local structures and rapport with the community was key to data collection. This included comprehensive mapping of information on the numbers and location of Traveller families around the county, providing the denominator information for the Needs Assessment.

1.3.5 METHODOLOGY

The Clare Traveller Needs Assessment adopted a social determinants of health approach in line with government policy and national health frameworks dating back over thirty years with the Health: The Wider Dimensions publication[19]. Successive strategies since then for health promotion, disease prevention and provision of care have emphasised the importance of framing and contextualising health experiences within a social determinants framework as illustrated in Figure 1. The social determinants of health (SDH) are a range of factors that impact upon health and wellbeing. These include the broader impact of social, economic, environmental and political policy on health. These factors are not direct causes of illness but are described as "the causes of the causes."

Using this framework and drawing on the innovative methodology reflected in the AITHS, this Needs Assessment used a mixed-methods approach, incorporating mapping, census, health questionnaire and focus groups.

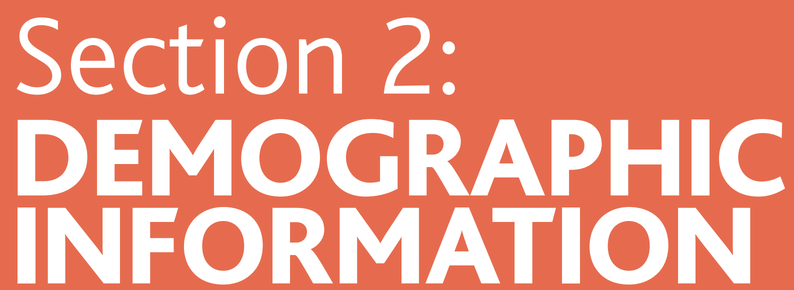
Figure 1: Social determinants framework



Source: HSE 2018[20]

1. **Mapping the local Traveller population:** Peer researchers mapped 233 Traveller families in the county. This information was triangulated with relevant data from the situation analysis, including data from the census, the local authority and the designated Public Health Nurse for Travellers. Mapping was essential in order to identify where Travellers were living in Clare in order to make contact and invite them to participate in the research.
2. **Quantitative: Traveller Census and Questionnaire:** 176 Travellers were interviewed by peer researchers, providing information on a further 878 family members. Questions in the Traveller Census mirrored those from the national census in order to ensure consistency and cross-comparability.
3. **Focus Groups:** Following the collection, collation and analysis of quantitative questionnaires, five focus groups with Travellers and with service providers were conducted by the research team in Ennis, Ennistymon and Shannon. In total 75 participants contributed to the focus group discussions, 26 Travellers and 49 service providers, reflecting a diverse sample of participants in terms of location, age, gender and vocational group (service providers).
4. **Response Rate:** Traveller Engagement with the Needs Assessment was quite high, with 76% of Travellers in Clare responding to the survey.

14. Council of the European Union, 'Council Conclusions on Inclusion of the Roma, annexing 10 Common Basic Principles on Roma Inclusion' (2009) 10394/09.
15. See Community Work Ireland (2016) All Ireland Standards for Community Work.
16. AITHS Team, 2010:6.
17. Pavee Point Traveller and Roma Centre & Department of Justice and Equality (2018) Roma in Ireland – A National Needs Assessment.
18. This refers to adherence to the Data Protection Act (2018) as per EU General Data Protection Regulation 2016/679 ('GDPR').
19 (Department of Health, 1986)
20 Health Services Executive (HSE) (2018) Second National Intercultural Health Strategy 2018-2023. Dublin: Health Services Executive.



Section 2: DEMOGRAPHIC INFORMATION

The following sections present selected findings from the Needs Assessment.

Comparative data from the All Ireland Traveller Health Study (2010) and Census 2016 are presented, where possible.

2.1 TRAVELLER POPULATION IN COUNTY CLARE

The estimated Traveller population in County Clare is 1,049. This number was based on the mapping information which enumerated 233 families in Co. Clare. This means that the average Traveller family size in Clare is 4.5. As indicated in Table 1, when compared to the majority population, Travellers in Clare are a very young population with large families. The average family size, while comparable to the AITHS, is much higher than the national average. Similarly, the average age of Travellers in Clare was almost half that of the national average.

Table 1: Estimated Traveller population enumerated from the study

	Travellers in Clare 1,049	AITHS 2010	Majority population Census 2016
Average family size	4.5	4.0	2.8
Average age	19	N/A	37.4

As reflected in Table 2, Travellers were dispersed throughout the county, with the highest number of Travellers living in Central Clare, followed by West and South Clare.

Table 2: Number of Traveller families enumerated and response rate based on primary care network[21]

Primary care networks	Traveller families enumerated	% of overall Traveller families in Co. Clare
Primary Care Network 1 (West)	35	15%
Primary Care Network 3 (Central)	184	79%
Primary Care Network 4 (South)	14	6%

2.2 AGE STRUCTURE

Similar to the AITHS, the demographic profile of Travellers in Clare reflects a very young population, with over half of respondents under the age of 25 years old. A small number of Travellers were found to be over 65 years, while no Traveller was over the age of 85.

- 50% of Travellers are under 15 years of age
- 66% of Travellers are under 25 years of age
- 6.7% of the Traveller population in Clare are aged over 50 years
- Just 1.3% or only 11 Travellers were over the age of 65 years
- No Travellers were found over 85 years of age

Only 1.3% of Travellers in Clare were 65 years and over, indicating that there is a small ageing population of Travellers in the county. This is contra to national trends in the majority population, with Census 2016 reporting that 13.4% of the majority population as 65 years or older; this is compared to 11.7% recorded in Census 2011. This age group in the majority population experienced the largest increase in population since 2011, growing by almost one-fifth or 19.1%, over a five-year period[22].

Findings from the AITHS indicated that Travellers have a distinctive demographic profile, with the Traveller population pyramid similar to that in developing countries, reflecting a high birth rate and a young population. This is comparable to other minority ethnic groups, for example, Australian Aboriginals and New Zealand Māori.

21. Primary Care Network 1: Lisdoonvarna; Ennistymon; Lahinch; Miltown Malbay; Corofin; Kilfenora; Kilrush, Kilkee; Kilmihil and Kildysart.
Primary Care Network 3: Ennis; Kilmaley; Ruan; Clarecastle.
Primary Care Network 4: Shannon; Newmarket On Fergus; Sixmilebridge; Tulla; Scariff.

22. CSO (2017) Chapter 6 Ethnicity and Irish Travellers [online]http://www.cso.ie/en/media/csoie/releasespublications/documents/population/2017/Chapter_6_Ethnicity_and_irish_travellers.pdf (accessed 20 August 2018).

CSO (2012) Census 2011 Profile 7 Religion, Ethnicity and Irish Travellers - Ethnic and cultural background in Ireland.[online].http://www.cso.ie/en/media/csoie/census/documents/census2011profile7/Profile7EducationEthnicityandIrishTravellerEntiredoc.pdf (accessed 20 August 2018).

Section 3:
TRAVELLER HEALTH AND WELL-BEING

The following section presents key findings in relation to the overall health and well-being of Travellers in County Clare, this includes:

1. Self-reported health
2. Access to health services
3. Morbidity/illness
4. Medication use
6. Mental health
7. Perinatal health
8. Children's health

3.1 SELF-REPORTED HEALTH

Self-rated health has been established as valid indicator in measuring an individual's health status. Just under half of Travellers in Clare (44.5%) reported that their overall health was either poor or fair. This is more than double reported in the AITHS, in which almost one in five (18.9%) of Travellers rated their health as fair or poor. Under half of Traveller respondents (45%) rated their health as good or very good. Additionally, a very low number of respondents reported their health as excellent or very good (10.5%). This is in stark contrast to the AITHS, in which half of Travellers (50.4%) reported their health as excellent or very good.

3.2 ACCESS TO HEALTH SERVICES

Almost all (98%) of Travellers in Clare reported having a medical card and were currently registered with a GP (99%). In order to assess Travellers frequency of accessing health services, respondents were asked to reflect on their use of health services in the previous 12 months, as indicated in Table 3.

Table 3: Health services Travellers used in the previous 12 months with average number of visits

	% of Travellers using service in Clare	Average number of visits	% of Travellers using service in AITHS 2010
GP	83%	12.7	75.6%
Hospital	57.4%	3.9	13.6%
Dentist	49.4%	3.2	N/A
Health Clinic	36.4%	5.3	12.6%
Hospital ED	35.2%	2.9	14.6%
Public Health Nurse	24.4%	5.3	N/A
Mental Health Services	4.8%	5.2	9.9%

Travellers usage of health services in County Clare tends to be much higher than reported in the AITHS, with the exception of mental health services. This is particularly evident in hospital use, with over half (57.4%) availing of hospital services, and 35.2% reported accessing Emergency Department hospital treatment. Only 4.8% of Travellers report using mental health services – this despite 28.4% of Traveller respondents in the Needs Assessment reporting that they were diagnosed with depression in the last 12 months.

In terms of medical appointments in the past 12 months, 91% of Travellers reported having a medical appointment. Of these, 96% said they turned up for their appointment. Service providers raised concerns about Travellers lack of engagement and non-attendance of appointments in focus groups. Service providers referred to Traveller lifestyle as 'chaotic' and 'in crisis,' particularly for Travellers who are homeless and those living in precarious accommodation. This often had an impact on Traveller engagement with services and non-attendance of appointments, particularly those seen as 'non-essential.' Some services providers described feeling frustrated, as their current approach as not working, even where follow-ups occurred. Reference to the mobility of Travellers in terms of moving from different towns/counties and not notifying services was also raised.

3.2.1 BARRIERS TO ACCESSING SERVICES IDENTIFIED BY TRAVELLERS

Travellers in the Needs Assessment identified long-waiting lists as a key barrier in accessing health services. It is in this context that Travellers acknowledge that seeking private medical services as an alternative to waiting for public services was an issue in securing medical attention. The data also indicates that Travellers were unaware of available health services and supports. During focus groups, Travellers disclosed that they internalized communication breakdown as a personal problem associated with their inability to read, write or understand the doctor or chemist.

Table 4: Identified barriers to accessing health services

Types of barriers	% of Travellers in Clare	% in AITHS 2010
Long waiting lists	92.6%	62.7%
Cost	97.4%	31%
Lack of information	74.3%	37.3%
Embarrassment	43.5%	47.8%
Uncomfortable	42.5%	47.8%
Difficult to get to/no transport	35.5%	N/A

With the exception of 'difficult to get to/no transport', the barriers to accessing health services identified in the Traveller Clare Needs Assessment were much higher than reported in the AITHS. Long waiting lists (92.6%), cost (97.4%) and lack of information (74.3%) were the most common barriers identified by respondents in accessing health services.

"Non-attendance is a problem but we're not sure we're doing it right. What model of service delivery would work? The current one is clearly not working, we're making constant calls and following up to no avail. We feel that we've done all we can. Travellers would say they had travelled and moved but this is recent and they don't let us know, only if there are concerns about health of children."

SERVICE PROVIDER

"Some Travellers will present without a medical card; this is not fair on doctors. Appointments need to be made and at times some Travellers will turn up and expect to be seen. Aggression can be an issue-it can be an issue with other groups. It is not a free service. Lack of knowledge about what a service offers. Patients attending many different doctors due to transient nature may affect care given and prescriptions."

SERVICE PROVIDER

"There is a big issue with homelessness and Travellers and this can impact on people's ability to engage with 'less important' services."

SERVICE PROVIDER

3.3 MORBIDITY/ ILLNESS

A number of different morbidities were reported. As indicated in Table 5, the most common health complaint reported as diagnosed by a GP was a chest infection (76.1%), followed by throat infection (69.3%) and eye/ear infection (65.3%). In the AITHS,[23] back condition (30.4%) and asthma (12.5%) were reported by respondents. This was twice as high as reported by the majority population. However, this is much higher for Travellers in Clare, with over half of reporting back condition (50.5%) and one in three asthma (30.6%). Of particular concern is mental health, with almost one in three Travellers (28.4%) in Clare diagnosed with depression in the last 12 months.

Table 5 : Adult Travellers' doctor diagnosed illnesses within the last 12 months

Adult illness	% in Clare Traveller Needs Assessment
Chest infection	76.1%
Throat infections	69.3%
Eye/ear infections	65.3%
Chronic back pain	50.5%
Kidney infections	40.9%
Diarrhoea and Vomiting	31.2%
Asthma	30.6%
Depression and poor mental health	28.4%
Respiratory	18.2%

**Caution: multiple answers were reported for this question.*

3.4 MEDICATION USE

Under half of respondents (47%) reported taking some form of prescribed medication on a regular basis[24]. This is higher than the number reported in the AITHS (31.3%). Of these respondents, 30% reported having some difficulties in understanding the instructions.

3.4.1 TRUST AND QUALITY OF SERVICE

In order to assess Travellers' feelings of trust in individuals in general respondents were asked if they agreed with the statement, 'Generally speaking, most people can be trusted'. The results are comparable to the AITHS, with just under one quarter of Travellers in Clare feeling that most people cannot be trusted.

- 24% of Travellers don't feel "most people can be trusted"

Most Travellers in Clare reported high levels of trust in health professionals (83%), more than twice the rate reported in the AITHS (41%).

- The majority (83%) of Travellers reported high levels of trust in health professionals compared with under half (41%) of Travellers in the AITHS
- Almost one in three (28%) Travellers believed they received poor or fair quality of care from health professionals
- Almost half (46%) of Travellers did not always feel treated with respect by health professionals

While Travellers reported high levels of trust in health professionals, 28% believed they received poor or fair quality of care from health professionals. Moreover, under half (46%) of Travellers reported they did not always feel treated with dignity when using services. In exploring this finding during the focus groups, Travellers indicated that they trusted professionals employed by the health service to do their job by virtue of their training and qualifications. However, Travellers raised concerns that they not were not always taken seriously by health professionals and, at times, felt that their health concerns were dismissed.

23. With the exception of asthma and chronic back pain, comparative categories are not available for the AITHS.
24. (n=173).

3.5 MENTAL HEALTH

In the absence of a standardized ethnic identifier across all primary care settings (including mental health services and supports) and in the General Registry Office (GRO) (recording of deaths) it is unclear how many Travellers in Clare are: 1) accessing mental health supports; and/or 2) dying as a result of suicide.

From the Needs Assessment, a very small number (4.8%) of Travellers reported accessing mental health services in the region. Service providers acknowledged the broader determinants of health in shaping poor mental health outcomes for Travellers, including racism and discrimination, lack of employment, living conditions and addiction. In particular, homelessness and the precarious nature of not knowing where the family will be living on a day-to-day basis was a contributing factor. Poor mental health was often described as coalescing with addiction and risky behaviour, including substance misuse and gambling, which affected the entire family.

- **96.4%** of Travellers reported feeling down in the past 30 days
- Of those who said they felt down, the number of days ranged between 1 and 30 days with the **average being 10 days**
- **Only 3.6%** of Travellers did not feel down in the past 30 days

Travellers' engagement with mental health services is low in County Clare - only 4.8% report engaging with mental health services. This is particularly concerning given that the vast majority of respondents reported feeling down on an average of 10 days per month. Travellers noted the lack of services and supports in the area for mental health, including pre-and post-intervention services. Even where these services existed, Travellers and service providers suggested that Travellers would not engage due to embarrassment and stigma. Lack of engagement with, and lack of attendance at, appointments were described as some of the key barriers for service providers working in this area. Peer-led initiatives were suggested by all focus group participants as a useful mechanism to promote positive mental health and to encourage participation in mental health services.

"There's not enough services there for people around mental health – some people are embarrassed to go in, there should be no shame to it. Everyone gets down sometime in their life."
TRAVELLER FOCUS GROUP PARTICIPANT

"Some Travellers are embarrassed to go into the mental health services."
TRAVELLER FOCUS GROUP PARTICIPANT

"We get quite a lot of referrals, but getting them to engage and attend appointments is quite hard. We reach out but maybe we're not doing it right, I don't know, but usually the referral happens through the wife and then we can get to the husband – but getting them to engage is the difficulty."
SERVICE PROVIDER

"Mental health issues still have a stigma around needing supports. Appointments are often a challenge with us as well – we do our best to text, call etc, but the uptake is difficult."
SERVICE PROVIDER

"The reason why we're seeing intergenerational mental health issues is because of structural racism – Travellers are continually told they are a drain on the State, they are being denied education – generationally denied education… we have to recognise and call this racism for what it is."
SERVICE PROVIDER

"I think it's the different layers – there's work for us all to do. A need for a mental health piece of work – all of these issues are interconnected."
SERVICE PROVIDER

"It'd be nice if we could get a training group for fitness. If we could get a group going people would have something to look forward to."
TRAVELLER FOCUS GROUP PARTICIPANT

3.6 LIFESTYLE

All respondents were asked about their smoking and drinking consumption, with over half of Travellers reporting that they had smoked tobacco and drank alcohol over their lifetime. This data is significantly higher than the AITHS, which found that over one in three (35%) Travellers reported smoking tobacco and over half (52.5%) of Travellers reported drinking alcohol over their lifetime. As indicated below:

- **64%** of respondents reported ever smoking
- **57.4%** of respondents reported currently smoking
- **70%** of respondents reported drinking alcohol; when asked how many drinks they typically consumed on an average night, respondents reported an average of 5 drinks per night
- **92%** of respondents reported substance misuse as a problem in the community

Similar to the AITHS, the health-related lifestyle issues of concern to Travellers were addiction, alcohol and drugs, rather than diet and physical activity. All data indicated that smoking, drinking, drug misuse and gambling in the community were serious problems. Addiction and substance misuse was clearly identified in the Needs Assessment, with an overwhelming majority of Travellers (92%) reporting that substance misuse was a problem in the community. This is much higher than reported in the AITHS (66.3%). Focus group participants acknowledged that addiction and substance misuse was also prevalent in the majority population and not something solely related to Travellers. However, participants suggested that this problem was getting worse amongst Travellers. Service providers and Travellers spoke about the increasing drug problem in the community which emanated from misuse of alcohol, prescription drugs and illicit substances. Overmedication by doctors was identified as a major concern by Travellers, particularly sleeping medication, antidepressants and medication associated with chronic pain. However, this was not raised as an issue by service providers.

"Drugs is a big issue, prescription drugs, doctors are giving them out."
TRAVELLER FOCUS GROUP PARTICIPANT

"For service providers, for people working, they think that Travellers' addiction/mental health issues weren't there 20 years ago, even suicide for Travellers was unheard of. If a Traveller is coming to our service with a mental health issue or suicide concerns, it must be the last resort and they need to be fast tracked through the system."
SERVICE PROVIDER

Gambling (both online and through traditional bookmakers) was raised as an issue, specifically in relation to Traveller men. Some Travellers noted the impact this had on the wider family, particularly in relation to debt accumulated by gambling or in terms of debts owed to drug dealers.

Available supports and services in this area were perceived to be limited and often inappropriate by Travellers, particularly where a person had a dual-diagnosis, with limited treatment options. Travellers and service providers agreed that the social determinants were identified as impacting Travellers' decisions to engage with risky behaviour (e.g.) lack of employment, lack of peer spaces, social exclusion and discrimination.

"That's why drugs and alcohol is an issue; there's no employment and they've nothing else to do but stare at four walls - they're bored."
TRAVELLER FOCUS GROUP PARTICIPANT

" Employment is a big issue and is connected to drugs and mental health; all issues are connected."
SERVICE PROVIDER

" Alcohol dependency is an issue but boredom is a factor; if they aren't working and are isolated you can see why some people might drink."
SERVICE PROVIDER

" Alcoholism, addiction, boredom [...] once they turn 18 there's nothing for them to do [...] it's boredom and no option to work, but alcoholism."
SERVICE PROVIDER

3.7 PERINATAL HEALTH

One of the key recommendations from the AITHS was to address all sectoral aspects of mother and child services to reduce infant mortality, support positive parenting outcomes and break the cycle of lifelong disadvantage that starts so early for Traveller families. Findings from the Needs Assessment compliment the findings from the AITHS, with 1 in 5 Traveller women reporting that they had been pregnant in the past year. However, a very small number of Traveller women reported breastfeeding their children (4%); this is higher than reported in the AITHS Birth Cohort Report (2.2%). While this figure is marginally higher, it still extremely low when compared to the overall national rate of 46.3%.[25]

One of the most worrying findings from the Needs Assessment was the high number of Traveller women, 1 in 3, reporting pregnancy loss. In terms of frequency, more than half (59%) of these respondents reported pregnancy loss more than once.

- 22%[26] of Traveller women reported being pregnant in the past year
- Only 4% of Traveller women reported breastfeeding; this number, although small, it is higher than was reported in the AITHS Birth Cohort Report (2.2%)
- 40% of Traveller pregnant women reported that their mental health was either poor or fair during pregnancy; 59% reported that their mental health was good or very good; and 1% reported excellent
- One third of Traveller women experienced pregnancy loss either once (41%) or more than once (59%)

3.7.1 FOLIC ACID INTAKE AND FREQUENCY

Of the Traveller female respondents who reported they were pregnant, the majority reported taking folic acid (94%). Those that reported taking folic acid did so for varying lengths of time: over half (55%) took it most days/every day, 19% took it sometimes, while 26% reported taking it rarely.

3.8 CHILDREN'S HEALTH

The following results reflect responses from Traveller parents on behalf of children under the age of 6 years. If there was more than 1 child under the age of 6, a random choice of 1 child was made. Children of other ages were not surveyed.

- 100% of Traveller children under the age of 6 were registered with a doctor, reporting an average of 6 visits per child during the past year
- 96.9% of Traveller parents reported that their children had received vaccinations, with 96.8% reporting that their vaccinations were up to date
- 18.7% of Traveller parents reported their children were seen by a dentist in the past 12 months
- Almost all (94%) respondents reported that their children had taken Vitamin D on a regular basis

3.8.1 CHILDREN'S ACCESS TO HEALTH SERVICES

In terms of accessing health services, Traveller parents reported an average of 6 visits per child during the past year, with the majority of respondents (86.4%) reporting that their children received medical treatment when needed during this time. Slightly more than 1 in 10 parents (13.6%) reported that their children did not receive medical treatment when needed. The reasons provided by parents as to why their children did not receive the necessary medical care or treatment were that:

1. The parent wanted to see if the problem would get better without intervention;
2. The child was not registered with a GP at the time; or
3. The child was still on a waiting list for treatment.

It is important to note that for each of these responses, the numbers are too low to generalise. A total of 30 respondents reported their children made visits to Emergency Department (ED) in the past 12 months. The number of visits ranged between 1 and 10, while the average number of visits per child was calculated at 2.8. This is comparable to the AITHS, where 41% of Traveller children reportedly visited a hospital ED in the previous 12 months, and 36.5% had done so on 1- 3 occasions.

25. HSE, 2016.
26. (n=39).

3.8.2 ONGOING HEALTH ISSUES FOR CHILDREN

Similar to the AITHS (9.7%), a small number of respondents (8.4%) reported that their children had a constant physical/mental health problem/illness/disability[27]. Of these respondents, seven reported to be familiar with the name of the health problem. Asthma was the most common type of health issue reported by these respondents, with over half reporting that their children had asthma. This is lower than the AITHS, where asthma accounted for 71.9% of reports of chronic conditions in childhood.

Table 6: Traveller children's illnesses within the past 12 months

Children's illness	% in Clare Traveller Needs Assessment
Chest Infection	55.3%
Throat Infection	39.8%
Diarrhoea and vomiting	18.5%
Urine Infection	4.3%
Long-term constipation	6.9%
Bed-wetting	2.2%

Similar to adults, respiratory infections were the most common ongoing health issue[28] reported for children; this includes chest infections (55.3%) and throat infections (39.8%). After respiratory infections, diahorrea and vomiting were the second most prevalent health issues for Traveller children in the past 12 months (18.5%).

3.8.3 DIET AND EXERCISE

When asked about their children's diet, the majority of respondents reported that their children had extra/added salt and too much sugar/fried food. On average, this occurred 3 days per week. In terms of healthy eating, respondents reported that their children ate vegetables for the majority of the week (4 days per week). This is comparable to the AITHS, with over half (58.5%) of Traveller mothers reported adding regular salt to their child's food while cooking. Similarly, 35.3% of Traveller mothers in the AITHS reported that their children ate five or more portions of fruit and vegetables daily.

3.8.4 CHILD DEVELOPMENT

Respondents reported on the development of their child both currently and in the past. In terms of child development, Traveller respondents reported that speech, language and hearing was the most common issue for children (20%).

3.8.5 TRAVELLER PARENT'S RATING OF THEIR CHILD'S HEALTH STATUS

Parents were asked to rate their child's current health and, as indicated in Table 7, child health in Clare as perceived by Traveller parents is quite poor when compared nationally to other Travellers. In the AITHS, over half (52.2%) of Traveller parents rated their children's health as 'excellent,' while only one in ten (13.8%) Travellers in Clare reported the same, which is a huge variance. Similarly, one in ten Travellers rated their children's health as either 'fair or poor,' twice the rate reported in the AITHS.

Table 7: Children's health status as reported by Traveller parents

Reported health status	% of Traveller children in Clare	% in AITHS 2010
Excellent	13.8%	51.2%
Very good and/or good	73.4%	42.6%
Fair or poor	12.8%	6.1%

27. (n=95).
28. Caution- multiple answers were reported for this question.

3.8.6 HEALTH SCREENING

Respondents reported a high uptake of screening services and checks. Blood pressure check was the most frequent type of screening reported (71.6%) and is higher than the rate reported in AITHS (57%). The next highest reported screening was for Cholesterol (60.4%), this was much higher than the AITHS (48.0%), while the lowest reported screening was Bowel Cancer, with only 4.3% of respondents reporting they had used this screening service.

Table 8: Traveller utilisation of health screening services

Health screening services	% in Clare Traveller Needs Assessment	% in AITHS 2010
Blood pressure	71.6%	57%
Cholesterol	60.4%	48%
Diabetic Retinopathy	25.4%	N/A
Cervical	23%	23%
Breast cancer	16.%	25%
Bowel Cancer	4.3%	N/A

3.9 SOURCES OF HEALTH INFORMATION

Table 9: Travellers' top 3 sources of health information

Main sources of health information	% in Clare Traveller Needs Assessment	% in AITHS 2010
GP	75%	91.1%
Family /Friends	7.4%	31.8%
Internet	6.3%	2.5%

Table 9 reflects the three top sources of health information for Travellers. It is notable that no Travellers reported using and/or accessing the HSE or national health information helplines. Instead, Travellers reported relying primarily on their GP for health information, similar to AITHS. However, in the AITHS, 83% of Travellers identified Traveller Primary Health Care Projects as their main source of health information. As previously noted, the Traveller Primary Health Care Project in Clare had ceased at the time of the Needs Assessment. Therefore, careful interpretation must be given to omission of this source in this report.

> “There is ample evidence that social factors, including education, employment status, income level, gender and ethnicity have a marked influence on how healthy a person is. In all countries, whether low-, middle- or high-income – there are wide disparities in the health status of different social groups. The lower an individual’s socio-economic position, the higher their risk of poor health. Health inequities are systematic differences in the health status of different population groups. These inequities have significant social and economic costs both to individuals and societies.”

WHO, 2018

Section 4 : SOCIAL DETERMINANTS OF HEALTH

This section focuses on social determinants of health; this includes accommodation, education, employment, poverty, discrimination, lifestyle and access / utilisation of services. Both Travellers and the service providers interviewed acknowledged that social determinants were the cause of the poor health status of Travellers.

4.1 ACCOMMODATION

The majority of Travellers in Clare are living in standard accommodation, either in a home, apartment, chalet or private rented home. However, over one in ten Travellers are homeless, as indicated in Table 10:

Table 10: Living conditions of Traveller families in County Clare

Type of accommodation	% in Traveller Needs Assessment
House, apartment, chalet, privately rented home	85.8%
Trailer	13%
*Homeless	12%
Other	0.6%

**Note: this number includes those doubling up, over 11% of those homeless are doubling up*

Of those Travellers renting their homes, 67% do so from the Local Authority, while 17% of Travellers own their own home. A smaller number of Travellers were living in private rented accommodation (6%), all of which reported using some form of housing assistance (HAP or RAS) to pay for accommodation. This indicates that such payment schemes are available to Travellers in the area and that Travellers are accessing payments. Of those living in trailers who answered this question, 93% said they were living in a halting site.

A small number of Travellers said they were homeless (0.6%). However, when asked where their home was, 11.4% of Travellers responded that they were 'doubling up.' This meets the criteria for homelessness as defined by the European descriptive typology (ETHOS) and used by the Central Statistics Office, as people living in insecure accommodation.[29] Therefore, in total, 12% of respondents were homeless.[30] This was recognised by the research team, Travellers and service providers as an undercount due to the 1) weather conditions in which the Traveller Census and questionnaire took place; 2) mobility of Travellers moving within and across counties as a result of the lack of availability of homeless service; and 3) lack of disaggregated data on the basis of ethnicity to fully quantify the extent of Traveller homelessness in the county.

> “I think it's a huge underestimate. Travellers from this area are accessing emergency accommodation in other counties because there is a lack of provision, so they aren't being counted as homeless.”
> **SERVICE PROVIDER**
>
> “That figure is a complete under representation; it's probably double that number.”
> **SERVICE PROVIDER**

Aside from homelessness, Travellers and service providers identified the lack of provision of delivery of Traveller-specific accommodation in the region, despite allocated budgets and the Traveller Accommodation Programme. In one focus group, a member of the Local Traveller Accommodation Consultative Committee reported that they had not met since February 2018 and believed that it was not an effective mechanism in ensuring the delivery of Traveller accommodation in the area.

Both Travellers and service providers raised concerns that poor accommodation had adverse impacts on Travellers' overall health, with poor accommodation contributing to and exacerbating existing health conditions, including mental health and respiratory conditions.

29. According to the CSO (2018), the European descriptive typology (ETHOS) was developed as a research tool to provide a way of structuring research on homelessness to support valid comparisons across European countries. Within this typology are four conceptual categories of homeless persons: (1) roofless; (2) homeless; (3) insecure; (4) and inadequate.

30. This includes doubling up and self-identification as homeless and therefore, there is a possibility of an undercount.

"Travellers could have a problem with their chest so I'm surprised that the figure isn't higher. A lot of this is related to the environments people are sleeping in, very damp, cold trailers which will impact on their health."
SERVICE PROVIDER

"Sickness is related to housing stress - quite often stress isn't reflected as a health issue but rather as a practical issue."
SERVICE PROVIDER

In responding to these findings, during focus groups, service providers acknowledged that the issue must be contextualised within the broader housing crisis and the inability of the Council to meet the 'demands' and expectations of Travellers. In some instances, representatives suggested that Travellers in Clare are not seeking Traveller-specific accommodation, but rather are seeking standard accommodation.

"Clare County Council worked hard to provide houses for Travellers – the problem is it's not Traveller specific. We cannot always meet the demand but we work with services to try to do this."
SERVICE PROVIDER

"The biggest issue is there are 3 housing schemes on the outskirts of the town and the demand for housing is a huge challenge [...] we have such demand for housing we struggle to find accommodation for all on the housing list and the difficulty is when you have a family who have [extended] family in a certain area and the accommodation just isn't there [...] from our experience there is a lack of willingness to engage, they may be homeless, or living in substandard living conditions [...] then there's nothing available [...] measuring expectations is important."
SERVICE PROVIDER

4.1.1 SOCIAL AND LIVING CONDITIONS

As indicated in Table 11, considerable numbers of Travellers who lived in sites reported lack of footpaths, a working fire hose and safe play areas as key issues. Lack of safe play areas for children was also identified as a key issue by Travellers living in all other types of accommodation.

Table 11: Social and living conditions of Traveller families[31]

	% of Travellers in all other types of accommodation (houses, apartments and private rented)	% of Travellers living in a trailer
Lack of safe play area for children	60%	76.2%
Lack of footpaths	20.7%	47.6%
Lack of working street lights	6.9%	11%
Lack of working fire hose	N/A	71%

Traveller respondents were asked to reflect on their place of residence, and using a Likert[32] scale, were asked to consider whether it was safe/unsafe and healthy/unhealthy.

Over 1 in 3 Traveller respondents (38%) considered where they lived to be unhealthy or very unhealthy, while 32% considered their place of residence unsafe. These figures are higher than reported in the AITHS, where a quarter of families (24.4%) considered where they lived to be unhealthy or very unhealthy and (26.4%) considered their place of residence unsafe.

31. Caution multiple answers.

32. A Likert scale is a rating measure. Respondents were asked, *how healthy do you consider the place where your family live?* Available responses included - very healthy; healthy; unhealthy; very unhealthy; don't know; refused. Similarly, respondents were asked, *overall, how safe do you consider the place where your family live?* Available responses included - very safe; safe; unsafe; very unsafe; don't know; refused.

4.1.2 ACCESS TO AND USE OF PUBLIC SERVICES

Most households (87%) received their post at home, while 13% received post from another address. Of these respondents who received post from another address, 64.7% lived in either a halting site (28%), on a transient site (28%) or on the roadside (8.7%). The remaining respondents did not answer this question.

Nearly one quarter of respondents reported not having any form of personal transport. However, the majority of respondents (80.3%) reported having access to public transport within 1 mile from their home.

4.1.3 FIRE SAFETY

Fire safety was of particular concern to Traveller families; this is in the context of a national fire safety audit of Traveller accommodation in 2015 following the horrific fire in Carrickmines. All Traveller respondents were asked about fire safety in their homes, including access to fire alarms and carbon monoxide alarms. In all types of accommodation 1) most Travellers (85%) reported having a fire alarm; 2) under half of Travellers (45%) reported having a carbon monoxide alarm.

4.1.4 SELECTED FINDINGS FROM TRAVELLER-SPECIFIC ACCOMMODATION

As indicated in Table 12, access to basic facilities for those living in trailers was identified as a major issue, with the majority of Travellers (71.5%) reporting that they did not have running water, and instead, relied on either a shared tap (23.9%) or a plastic water tank (47.6%) as a main water source. Likewise, access to flush toilets was limited, with most Travellers (71.5%) reporting having either no toilet (62%) or access to portaloo (9.5%). Access to electricity was mixed, with just under half (47.6%) having access to mains electricity, while over half (52.4%) relied on a generator.

Table 12: Travellers' access to basic facilities on sites (including roadside)

Access to facilities	% of Travellers living in trailers
Access to water source	
Running water	28.6%
Shared tap	23.9%
Plastic water tank	47.6%
Access to toilet	
Flush toilet	28.5%
Portaloo	9.5%
No toilet	62%
Access to electricity source	
Generator	52.4%
Mains	47.6%

Of those living in trailers, key issues in relation to health and safety were reported. As reflected in Table 13, the vast majority of Travellers identified main road(s) (94%), rubbish (85.7%), lodged water (84.6%) and pylons (80%) as key issues. Half of Travellers (50%) also identified rivers as an issue, with one in three reporting rats as a key issue to health and safety.

Table 13: Keys issues[33] in relation to health and safety identified by Travellers living on sites

	% of Travellers living in a trailer
Main road	94%
Rubbish	85.7%
Lodged water	84.6%
Pylons	80%
Rivers	50%
Rats	30.8%

33. Caution- multiple answers.

4.2 EDUCATION

As reflected in Table 14, almost 40% of Travellers in Clare reported primary level as the highest level of education they had attained. A further one-third completed their education at Junior Certificate level. Table 14 outlines the level of education attained by Travellers in Co. Clare. Less than 1 percent of Travellers reported receiving a higher level or university degree (0.9%).

Table 14: Highest level of education in the Clare Traveller Needs Assessment and AITHS

Highest level of education	% of Travellers in Clare	% in AITHS 2010
No formal Education	8.9%	7.0%
Primary only	39.8%	26.1%
Secondary/Junior Cert	32.7%	6.9%
Secondary/Leaving Cert	14.1%	2.7%
FETAC 4/5	3.3%	2.0%
Higher level (adv. Cert/ Apprenticeship; higher certificate)	0.4%	N/A
University degree	0.5%	1%

This table indicates the following:

- Almost **9%** of Travellers reported never having attended school or having no formal education
- **73%** of Travellers had Primary School Level or Junior Certificate Level as their highest level of education
- **14.1%** of Travellers reported completing secondary education
- Only **4.2%** had FETAC level 4/5, Higher level or University qualifications

Education was identified by Travellers and service providers as of key importance. It was viewed as a major barrier to improved lifestyle and health and in urgent need of redress by both Travellers and service providers.

"The system is not encouraging Travellers to stay in school. The system encourages Travellers to leave school and the outcome is to deprive you of an education."
TRAVELLER FOCUS GROUP PARTICIPANT

4.3 ECONOMIC STATUS

As reflected in Table 15, the unemployment rate for Travellers in the Clare Needs Assessment was high at 68.8%. This figure is calculated on the CSO classification of unemployment, which includes those unemployed and those looking for a first regular job.[34] This figure is lower than reported in Census 2016 (80.2%) but similar to the AITHS (69%). Less than 5% were either employed or self-employed.

Table 15: Economic status of Travellers in Clare

Economic status	% of Travellers
Unemployed	67.4%
Student	11.9%
Looking after home	6.5%
Permanent sickness or disability	4.9%
Employed	3.5%
Self-employed	1.4%
Looking for first regular job	1.4%
On a course	2.8%
Pension	0.2%

34. The CSO classification for unemployment aggregates both unemployed and looking for 1st regular categories.

- Almost three quarters (72.3%) of Travellers in Clare were either unemployed, or could not work due to a permanent disability
- Only 4.9% of Travellers were employed or self-employed
- 14.7% Travellers were either students or on a course
- Very few Travellers (0.2%) reported having a pension as a main source of income

Employment was identified as an important arena for Travellers, however, discrimination was identified as key barrier to participating in the labour market. During focus groups, Travellers discussed the ways in which they tried to hide their identity when seeking employment. For example, some removed their address from their CV, as it could be used as a proxy to identify their ethnicity and, by extension, an interview would not be offered.

"I always have to change my address on my CV so as it doesn't show up."
TRAVELLER FOCUS GROUP PARTICIPANT

"I dropped in a CV and stuff and the man said I was the first one to drop in a CV and he said I'd have a good chance of getting a job and then I never heard back from him."
TRAVELLER FOCUS GROUP PARTICIPANT

Traveller parents indicated that it was challenging to motivate their children to continue with their education with very little prospects of employment. This was affirmed by younger Travellers in focus groups, disclosing that they have become disillusioned by poor outcomes and that they have given up looking for work.

"You try to encourage your grown children to get up in the morning. It's not easy to get a job. If we were all waiting for them to call back after handing in a CV, we'd be waiting a long time."
TRAVELLER FOCUS GROUP PARTICIPANT

"Travellers are not getting a fair deal for jobs in Clare, we've lost confidence and have stopped trying to get them."
TRAVELLER FOCUS GROUP PARTICIPANT

During focus groups, service providers suggested the need for positive action measures such as apprenticeships, which could potentially lead to progression and long-term employment. However, participants stressed the need to tackle discrimination and racism in order to promote Travellers looking for jobs in mainstream employment.

4.4 DISCRIMINATION AND SOCIAL EXCLUSION

Discrimination and social exclusion were identified as central issues by Travellers in Clare. While experiences varied and occurred in different contexts, Travellers provided examples of social, structural, state and legal discrimination, perceiving discrimination to be omnipresent and occurring on multiple levels. This included access to public and private services (e.g. shops, pubs and restaurants). Travellers provided examples of what they understood as direct and indirect discrimination, reflecting the intergenerational nature of discrimination.

For example, Travellers recalled their experiences of segregated education some time ago, specifically of being sent to the back of a classroom with colouring books and excluded from Irish language lessons. This was compared to contemporary examples of Traveller children being placed on reduced timetables, an issue that was raised in both Ennis and Shannon focus groups. Travellers understood this as an issue beyond the local context and pointed to other examples throughout the country where this is occurring. Education was viewed by Travellers as of key importance and the issue of reduced timetables was viewed as a major barrier to securing positive education outcomes, and by extension, future employment opportunities and improved health, including mental health.

- 94% of Travellers experienced discrimination
- 87% Travellers worried about discrimination some/most of the time

An overwhelming majority of respondents (94%) reported experiencing discrimination at some point in their lives, with most (87%) worrying about discrimination some/most of the time. The following table reflects the places in which Travellers reported experiencing discrimination categorised according to thematic areas.

Table 16: Self-reported discrimination

		% of Travellers in Clare	AITHS 2010
Accommodation	Getting accommodation	46.6%	56.5%
	Getting insurance/bank loans/mortgage	51%	39.3%
	With a landlord/ local authority	35%	N/A
Education	At school	31%	62.1%
Employment	Getting hired/a job	37%	N/A
	At work[35]	2.6%	43.9%
Health	Getting health care	13.7%	39.6%
Community and social inclusion	Getting served in shop/pub/restaurant	87%	60.7%
	In the street/public space	33%	49.7%
	From the Gardaí/Police/Court	32%	52.3
	Getting on a sports team	13.9%	N/A
	Getting social welfare	12.7%	N/A

- The vast majority of Travellers (87%) reported discrimination when getting served in a shop/pub/restaurant
- Half of Travellers reported discrimination in the area of accommodation, including getting insurance/bank loans/mortgage (51%) and getting accommodation (46.6%)
- One in three Travellers reported discrimination in engaging with a landlord/ local authority (35%), at school (31%) and in seeking employment (37%)
- Over one in ten Travellers reported discrimination in getting health care (13.7%), getting social welfare (12.7%) and getting on a sports team (13.9%)

During focus groups, service providers identified discrimination and racism as the root causes for key issues for Travellers in Clare. However, in some instances it was clear that there was a gap in the terms of a structural analysis and understanding of the pervasive ways in which institutional racism manifests in services and impacts negatively on Travellers.

"Institutional racism has been defined as those established laws, customs and practices which systematically reflect and produce racist inequalities in society. If racist consequences accrue…the institution is racist whether or not the individuals maintaining these practices have racial intentions."

MACPHERSON REPORT, 1999, 6.30

Experiences of discrimination and social exclusion were described as having a major impact on the ways in which Travellers negotiated identity in private and public spaces by attempting to 'pass' as non-Travellers. Some participants reasoned that because of discrimination, Travellers have internalised racism and have become ashamed of their identity, trying to hide it by 'acting' as 'settled people.'

"When we go into shops we get followed. We can't go to the local pub for a drink like other people. They don't let us in. Every euro is the same but they don't want Travellers. We have **nowhere** to go. If we don't get rid of discrimination, then you won't get anywhere."

TRAVELLER FOCUS GROUP PARTICIPANT

"Women have nowhere to go and so they stay at home washing and cooking, and they're not getting out to meet other women."

TRAVELLER FOCUS GROUP PARTICIPANT

"Most Travellers don't even go out now to visit one another."

TRAVELLER FOCUS GROUP PARTICIPANT

"Travellers around here can't mix, there is no place for Travellers to go […] so you just stick with your own family."

TRAVELLER FOCUS GROUP PARTICIPANT

35. This must be interpreted with caution given the high unemployment rate.

Travellers also identified direct discrimination in terms of being unable to access private services (e.g.) pubs and restaurants. In most cases, Travellers reasoned that they had given up trying to go to these spaces to socialise with family and other Travellers as they were certain they would not be admitted and did not want to be embarrassed in front of their peers.

In each focus group, Travellers spoke about feelings of displacement and isolation from the broader community, as they note that there were no spaces outside their homes to socialise or engage with other people, particularly other Travellers. Isolation and displacement were identified as central issues by Travellers. The reason for this was twofold: 1) experiences of discrimination and exclusion in their local area; 2) lack of spaces where Travellers could engage with one another and feel welcome and/or have their identity affirmed. Isolation was also referred to in the context of the dispersal of Traveller families throughout the county, reducing opportunities for families to mix.

"Nowadays, because of discrimination, Travellers don't identify as a Traveller and they pretend to be a settled person."
TRAVELLER FOCUS GROUP PARTICIPANT

"They're ashamed, they kind of act like settled people."
TRAVELLER FOCUS GROUP PARTICIPANT

4.5 SOCIAL AND CULTURAL CAPITAL

Similar to the AITHS, respondents in the Needs Assessment were asked a number of questions in relation to social and cultural capital. Indicators associated with social and cultural capital include trust and participation, networks and personal support from significant others. As reflected in Table 17, membership of the Traveller community, Traveller culture, identity and religion were identified as important for Travellers. These elements of social capital were higher than reported in AITHS and were strongly articulated in focus groups by Traveller participants. While travelling around was also considered important to three quarters of respondents, it was not as prominent as the other considerations.

Table 17: Traveller social capital and cultural considerations identified as important by Travellers in the Needs Assessment and AITHS

Social capital	% Travellers in Clare	% in AITHS 2010
Membership of Traveller community	98%	71%
Traveller culture	98.2%	73%
Traveller identity	98.2%	74%
Religion/faith	98%	83%
Travelling around	76%	54%

Section 5:
OTHER KEY FINDINGS

5.1 LACK OF TRAVELLER INFRASTRUCTURE

One of the most prominent findings from the Needs Assessment was the lack of Traveller infrastructure in Clare. This was acknowledged by both Travellers and service providers alike. In terms of the challenges, service providers noted that, in the absence of a Traveller project, it was difficult to engage with Travellers on the ground and to meet specific needs. Social and cultural isolation was described by Travellers as a key issue in the absence of a Traveller project in the region.

"One time ago Clare had quite a good bit – it had football, handball, and activities for women, youth, men, and older people and there's a need for all of that again. But there's a need for specific pieces of training for strong Traveller leadership. There needs to be a real focus, and there hasn't been ever, and that's on Traveller employment, accommodation, education. We need to be prioritising."
TRAVELLER FOCUS GROUP PARTICIPANT

5.2 CESSATION OF PREVIOUS INITIATIVES

Travellers reflected on previous initiatives which supported intergenerational learning and maintaining cultural traditions. Peer-led initiatives also were described as creating the necessary conditions and spaces for Travellers to engage with other members of the community. Travellers reasoned that in the absence of such initiatives some were more likely to engage in risky behaviour, (e.g.) drugs, gambling, etc. This was particularly pronounced for Traveller men.

"That's why a lot of Traveller's drink – they're bored. Doing workshops and things take your mind off of things. Workshops years ago you'd be getting out and about and meeting other Travellers."
TRAVELLER FOCUS GROUP PARTICIPANT

"We were trying to get young people into sports clubs, and different services, but when the funding was taken away; and we're not talking big money like €10,000 a year; but, when that went, it had a huge impact on young Travellers."
SERVICE PROVIDER

"Up in the CDP, we used to bring in old bicycles and we'd paint them and change tyres on them and get them back out on the road and sell them. It was a great thing for some of us."
TRAVELLER FOCUS GROUP PARTICIPANT

5.3 LACK OF TRAVELLER PRIMARY HEALTH CARE PROJECT

In terms of health, the lack of a PHCP was raised as a key issue, particularly in relation to sign-posting to health services, providing key health information and following up with Traveller families for health alerts, appointments, etc. However, the PHCP was also a mechanism for Travellers to talk about health issues and engage with one another, including other Traveller families. The PHCP was also perceived as positive in terms of providing employment opportunities for Travellers in an environment where it was not necessary to hide their identity.

"Since the PHCP has gone there's nothing for us to do anymore."
TRAVELLER FOCUS GROUP PARTICIPANT

"When the women were in the Primary Health Care Project, they would come out and bring leaflets and ring up people and remind people about the fact they have an appointment coming up with the PHN for example. We don't have that now."
TRAVELLER FOCUS GROUP PARTICIPANT

"With the PHCP work a few years ago, we would all get out and talk about health issues and there was a social space also."
TRAVELLER FOCUS GROUP PARTICIPANT

Service providers acknowledged that their service was not as inclusive as it could be. The loss of the PHCP and, with it, the institutional knowledge, capacity and relationships with Community Health Workers in this regard, were a missed opportunity to address this gap. A strong mandate for the re-establishment of the PHCP was provided by all stakeholders. Additionally, focus group participants acknowledged that a PHCP would be the first step in developing a strong Traveller infrastructure in the region and stressed the need for an independent Traveller organization to work in partnership with statutory agencies.

"The lack of a Traveller organisation is a barrier in engaging and disseminating information to Travellers. PHCP workers are hugely missed but we need a Traveller organisation; services will support this but it has to be an independent Traveller organisation."
SERVICE PROVIDER

"To echo comments about the need for a Traveller organisation county wide that could connect with the ongoing work of the THU and on a national level and take these ideas forward."
SERVICE PROVIDER

"A Traveller organisation would create a space for service providers to engage and resolve issues with Travellers."
SERVICE PROVIDER

Section 6: RECOMMENDED ACTIONS

6.1 RECOMMENDATIONS

The Clare Traveller Health Needs Assessment was undertaken by Pavee Point on behalf of the Traveller Health Unit (THU) in the Mid West. The THU operates from a social determinants of health approach whereby there is a recognition that key determinants of health lie outside the formal health care sector and include social factors such as education, accommodation, employment and discrimination. This is in line with national health policy such as Healthy Ireland Framework 2013-2025, **which commits to ensuring a whole-of-government and whole- of-society approach to address the broader determinants of health. It is clear from this Needs Assessment that there is an urgent need to ensure alignment between the National Traveller and Roma Inclusion Strategy (2017-2021) and developments in County Clare. This includes the Department of Justice and Equality engaging in discussions with the THU to resource the development of an independent Traveller organisation and to ensure its sustainability. The need and mandate for this approach has been highlighted in this report, the commitment is now required to support its development.**

All stakeholders, both Travellers and service providers in Clare, placed much energy and trust in this Needs Assessment and therefore there is an obligation to translate the evidence of its findings into action. As noted in the AITHS, there has been no shortage of Traveller focused policy in the last three decades of relevance to Travellers, nor is there a shortage of international literature and policies of direct relevance. What is required is translation of evidence into action. This Needs Assessment does not seek to prescribe technical solutions to broader structural and institutional issues as identified in the report, it does, however, suggest three strategic recommendations which have been developed in line with actions contained in the National Traveller and Roma Inclusion Strategy (2017-2021). If implemented, these actions have the potential to strategically address Traveller health inequalities in Clare and to ensure the long-term sustainability of responses.

However, this requires services to work in partnership with Travellers in the region to respond in a culturally competent manner to the priority needs and issues identified in this report.

RECOMMENDED ACTIONS

1. Establish a Traveller Primary Health Care Project in Clare with full county coverage;
2. Establish an independent Traveller organisation in the County, working from a community development and equality ethos and based on a partnership approach between Travellers and non-Travellers with expertise; and
3. Establish strategic responses and approaches to the social determinants of Traveller health outlined in this report, in partnership with key statutory service providers, Traveller representatives and community/ voluntary organisations. These responses should be aligned with key national strategies and policies and should utilise the lived experiences of Travellers to clearly inform the focus of the work and to jointly co-produce the required responses.

PAVEE POINT TRAVELLER AND ROMA CENTRE:

Pavee Point Traveller and Roma Centre is a national NGO that works to promote Traveller and Roma human rights in Ireland through research, policy development, advocacy and collective community action. We work to address the needs of Travellers and Roma as minority ethnic groups experiencing exclusion, discrimination and racism. Our work involves a community work approach based on the principles of human rights, participation, equality and interculturalism.

MID WEST COMMUNITY HEALTHCARE TRAVELLER HEALTH UNIT (THU)

The Mid West Community Healthcare Traveller Health Unit (THU) spans counties Limerick, Tipperary, and Clare and has an overall mission to improve the health status of Travellers by:

1. Promoting healthy lifestyles within the Traveller Community;
2. Working for change in the social determinants of health status, specifically accommodation, education, employment and discrimination; and
3. Supporting the development of cultural competence among health service providers.

The work of the THU is underpinned by core values of social justice, respect, culture, empowerment and community. The THU also operates a clearly articulated equality and human rights statement.

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Traveller Health Unit
Supporting Traveller Health and Wellbeing

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