

EASTERN REGION TRAVELLER HEALTH ACTION PLAN

Working together to improve the health experiences and outcomes for Travellers

November 2023





Not so Strange

Forty years behind our time,
That's us the Traveller kind,
We are a suppressed ethnic minority group,
Irish people do deny,
They don't like where we came from,
As we were born upon our roads,
Try and make us live their life,
Live our life we tell them,
So, they are told.

Most young Travellers with just basic skills,
Keep us down, no need to drill,
A few got lucky and have a life,
The rest still struggle, what a terrible life,
Traditions stay and traditions stray,
As some young Traveller try to obey,
Incognito is now what you do,
For a young Traveller to get by,
To get to the main system,
Yes, that's so true,
You have to do that, but you are you.

HELEN HUTCHINSON, TRAVELLER POET

Poem published in the National Traveller Health Action Plan (NTHAP)

“...The NTHAP notes that addressing health inequalities requires analyses which focus on areas of inequality including gender, age, civil and family status, disability, sexual orientation, income, religious beliefs, ethnicity and membership of minority groups...”

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TABLE 1: GLOSSARY OF TERMS

TERMINOLOGY	DESCRIPTION
All Ireland Traveller Health Study (AITHS)	The first study of Traveller health status and health needs that involve all Travellers living on the island of Ireland, North and South.
Asthma	A condition that affects the airways - the small tubes that carry air in and out of the lungs.
Cardiovascular Disease	A group of disorders of the heart and blood vessels.
Community Development	Community development is a holistic approach and is grounded in social justice and solidarity; equality and human rights; active participation, empowerment and collective action.
Cultural Safety	Cultural safety provides patients from other cultures with the power to comment on practices, be involved in decision making about their own care, and contribute to the achievement of positive health outcomes and experiences
Diabetes	Diabetes mellitus is a lifelong condition caused by a lack or insufficiency of insulin.
Discrimination	The unfair or prejudicial treatment of people and groups based on characteristics such as race, gender, age or sexual orientation.
Enhanced Community Care (ECC)	Enhanced community care (ECC), part of the broad healthcare reforms advocated for in Sláintecare to facilitate the delivery of integrated, patient-focused care and health promotion initiatives that improve the overall health of the local population.
Health Inequalities	Health inequalities within a country means that some communities have poorer health profiles compared with the general population. These differences (inequalities) are unfair and preventable and can be measured through comparisons of key indicators, such as age at death (mortality), infant mortality, the rate and extent of single and multiple long-term diseases, mental illness and suicide, and the impact of rare diseases
Intersectionality	Intersectionality is a concept that offers a framework for understanding how different forms of discrimination interact to create further marginalisation and exclusion. Ireland's National Action Plan Against Racism (NAPAR) acknowledges the intersectionality between racism and all other forms of oppression, including the oppressions experienced by people based on gender, socio-economic circumstances, disability, sexuality, religious belief and gender identity. It recognises poverty as a primary driver for racist marginalisation. It further acknowledges that women, children and men experience dimensions of racism differently ² .
Morbidity	Refers to having a disease or a symptom of disease, or to the amount of disease within a population.
Mortality Rate	The ratio between deaths and individuals in a specified population and during a particular time period.

¹ *The Glossary of Terms is taken from the NTHAP (NTHAP 2022: 4-5) and NAPAR (NAPAR, 2023: 8 - 9).*

² *NAPAR, 2023: 9.*

National Traveller and Roma Inclusion Strategy (NTRIS)	Roma communities in Ireland. Ireland is obliged to develop and implement this Strategy as Travellers are included in the EU Roma Strategy Framework for Equality, inclusion and Participation for 2020-2030.
National Traveller Health Network (NTHN)	A national forum for Primary Healthcare for Travellers projects (PHCTPs) from throughout Ireland. The NTHN provides a strong forum for the exchange of information on current/new policy developments and updates on health reforms and the implications related to Traveller health. The network also identifies any emerging issue, shares insights and learning and identifies models of good practice and initiatives.
Primary Health Care for Travellers Projects (PHCTPs)	PHCTPs are partnership projects between the HSE and Traveller organisations that provide ongoing support for Traveller families on the ground and act as an interface between mainstream health services and Travellers. They are a peerled model that train Travellers to work as Community Health Workers, and this allows Primary Healthcare to be developed based on the Traveller community's own values and perceptions.
Racism³	The term 'racism' refers to a form of domination which manifests through those power dynamics present in structural and institutional arrangements, practices, policies and cultural norms, which have the effect of excluding or discriminating against individuals or groups, based on race, colour, descent, or national or ethnic origin. This understanding of racism is closely aligned with the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD), which Ireland is party to.
Regional Traveller Health Units (THUs)	THUs operate within CHOs, and work in partnership with local Traveller organisations. They prioritise Traveller health concerns and address Traveller health inequalities on behalf of HSE. THUs are an effective mechanism in which Traveller health issues are mainstreamed into general health policy and service provision.
Sláintecare	The 10-year programme to transform our health and social care services. It is the roadmap for building a world-class equitable health and social care service for the Irish people.
Social Determinants of Health	Social determinants means that as well as healthcare services, wider issues can impact on health status for example poor accommodation; homelessness; unemployment; poor educational attainment; discrimination; racism and inequality in services.
Traveller Health Advisory Forum	The NTHAF comprises HSE staff, Traveller Health Unit (THU) Coordinators, Traveller organisation/PHCP representatives from each THU, and representatives from National Traveller Organisations. The NTHAF advises on key priorities for Traveller health and provides supports for Traveller health planning, delivery and monitoring.
Traveller Health Infrastructure	This refers to local, regional and national Traveller health partnership structures (e.g. PHCTPs, regional health networks, THUS, NTHN and THAF).

³ Definition of racism from Ireland's National Action Plan Against Racism (NAPAR, 2023: 8).

“ ...it is imperative for the HSE to continue to engage and be involved with the Traveller health infrastructure across the region including with the Traveller Health Unit...”



Foreword

As the newly appointed Chair, I am delighted to welcome the publication of the Eastern Traveller Health Action Plan (ETHAP). This plan has been developed in partnership with a number of Traveller Organisations and the Health Service Executive (HSE) and supported by the Department of Health (DoH). It will enable the HSE, in its work with the DoH, other government departments, statutory agencies and Traveller organisations to proactively address Traveller health inequalities.



It is important this plan is committed to a partnership approach to address Traveller Health inequalities with a key commitment to a social determinants approach to health which recognises that living conditions, poverty, employment and educational attainment all affect Travellers health status. This approach is widely acknowledged in the HSE National Service Plan and the Sláintecare Action Plan 2022.

This ambitious action plan provides the mechanism for all the key partners and leads to work collaboratively to continue the prioritisation of Traveller Health across, and within, HSE services and relevant others. It is imperative for the HSE to continue to engage and be involved with the Traveller health infrastructure across the region including with the Traveller Health Unit, Traveller organisations and Traveller Primary Healthcare Projects in addressing Traveller Health inequalities given the disproportionate distribution of chronic health conditions and communicable diseases as evidenced in the All Ireland Traveller Health Study (AITHS).

I would like to thank everyone who participated in the development of this plan. In particular I wish to acknowledge the work of Ms. Martina Queally, Regional Executive Officer - Dublin and South East for her commitment to addressing the inequalities that exist in the provision of services to the Traveller community. Martina served as Chair of the Eastern Traveller Health Unit for many years and this action plan is a testament to her leadership and successful engagement with all stakeholders.

Success lies in continuing to build a solid foundation of working with all stakeholders and the full implementation of the actions set out in the plan will only be achieved through collaboration and partnership. I would like to also acknowledge the significant contribution of each member of the Eastern Traveller Health Unit for their time, expertise and involvement. I know they are keen to implement these actions to achieve meaningful and positive change.

Together we will ensure that HSE services across the region will work to support the implementation and monitoring of the plan on an ongoing basis and will continue to work in partnership with Traveller Organisations to improve health outcomes for the Traveller Community.

Mellany McLoone

Chair: Eastern Traveller Health Unit



PAVEE POINT
TRAVELLER AND ROMA CENTRE



In memory of Ronnie Fay (RIP), who believed in a more fair and just world, dedicated her life to Traveller and Roma rights and equality. Ronnie initiated, developed and pioneered the approach of Traveller Primary Health Care Projects over 30 years ago starting in the Eastern Region.

This groundbreaking model has been replicated across Ireland (and beyond), culminating in a strong Traveller health infrastructure underpinned by a community development approach and a social determinants of health analysis. Fundamental to this work are the strong partnerships between the HSE, Traveller Health Units and local Traveller organisations/Traveller Primary Health Care Projects.

The ER NTHAP builds on Ronnie's legacy, as the Eastern Region THU continues to work together to address Traveller health inequalities and ensure that Travellers' Right to Health is respected, protected and fulfilled.

SECTION ONE: Introduction

1.1 INTRODUCTION

Travellers are an Irish minority ethnic group whose ethnicity was formally acknowledged by the Irish State in 2017. Representing approximately 1% of the population, Travellers in Ireland experience persistent racism and discrimination resulting in poorer outcomes in terms of health, education, employment and accommodation, as observed by a number of UN treaty-monitoring bodies, European institutions, and equality and human rights bodies. In 2021, the European Union Agency for Fundamental Rights (FRA) found that 65% of Travellers reported experiencing discrimination, one of the highest reported rates within the six European countries it surveyed.

While the findings of the All Ireland Traveller Health Study were published in 2010, the veracity of its findings has been endorsed by a number of subsequent State surveys and research reports, including Census 2016, an Economic and Social Research Institute report on the social profile of Travellers (ESRI, 2017), and a report on mental healthcare published by a parliamentary committee on health (Oireachtas, Mental Healthcare, 2018). A report by the National Social Inclusion Office (NSIO, 2021), 'National COVID-19 Traveller Service User Experience Survey', acknowledges the more recent challenges imposed by COVID-19 and its findings provide guidance for future HSE service planning and quality service improvement within the context of this Plan. The National Traveller Health Action Plan (NTHAP) was published in 2022, informed by the findings from the All-Ireland Traveller Health Study (AITHS). The Eastern Region has developed this Eastern Region Traveller Health Action Plan in order to implement the NTHAP at a regional level.

The Eastern Region National Traveller Health Action Plan (NTHAP) Implementation Plan (hereafter referred to as "the Plan") was developed to support implementation of the NTHAP at the regional level.

1.2 BACKGROUND AND CONTEXT

1.2.1 POLICY DEVELOPMENTS, HEALTH INEQUALITIES AND INCLUSION

The Plan is clearly aligned to the relevant mainstream and Traveller specific plans and programmes, and key health and national Traveller policies and strategies including:

- **Connecting for Life Ireland's National Strategy to Reduce Suicide 2015–2020**
<https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/connecting%20for%20life.pdf>
- **Sharing the Vision, A Mental Health Policy for Everyone 2022**
<https://www.hse.ie/eng/about/who/mentalhealth/sharing-the-vision/sharing-the-vision.html>
- **Healthy Ireland: A Framework for Improved Health and Wellbeing (2013–2025)**
<https://www.hse.ie/eng/services/publications/corporate/hienglish.pdf>
- **Sláintecare Implementation Strategy and Action Plan 2021-2023**
<https://www.gov.ie/en/publication/6996b-slaintecare-implementation-strategy-and-action-plan-2021-2023/>
- **National Traveller and Roma Inclusion Strategy, 2017-2021**
<https://www.gov.ie/en/publication/c83a7d-national-traveller-and-roma-inclusion-strategy-2017-2021/>
- **ZERO TOLERANCE – The Third National Strategy on Domestic and Gender Based Violence, 2022**
<https://www.gov.ie/en/publication/a43a9-third-national-strategy-on-domestic-sexual-and-gender-based-violence/>
- **National Action Plan Against Racism, 2023-2027**
<https://www.gov.ie/en/publication/14d79-national-action-plan-against-racism/>

The Plan also reflects alignment with regional priorities including CHO Operational Plans, local Connecting for Life Plans, Healthy Ireland Implementation Plans.

The NTHAP explains that health inequalities mean some communities have poorer health outcomes when compared with the general population. These differences (inequalities) are unfair and unjust (inequities) and can be prevented. They can be measured by comparing indicators, including:

- life expectancy;
- infant mortality rates;
- adult mortality rates and causes;
- morbidity: the rate and extent of single and multiple, long-term diseases;
- mental health and suicide rates;
- quality of life indicators that can measure wellbeing.

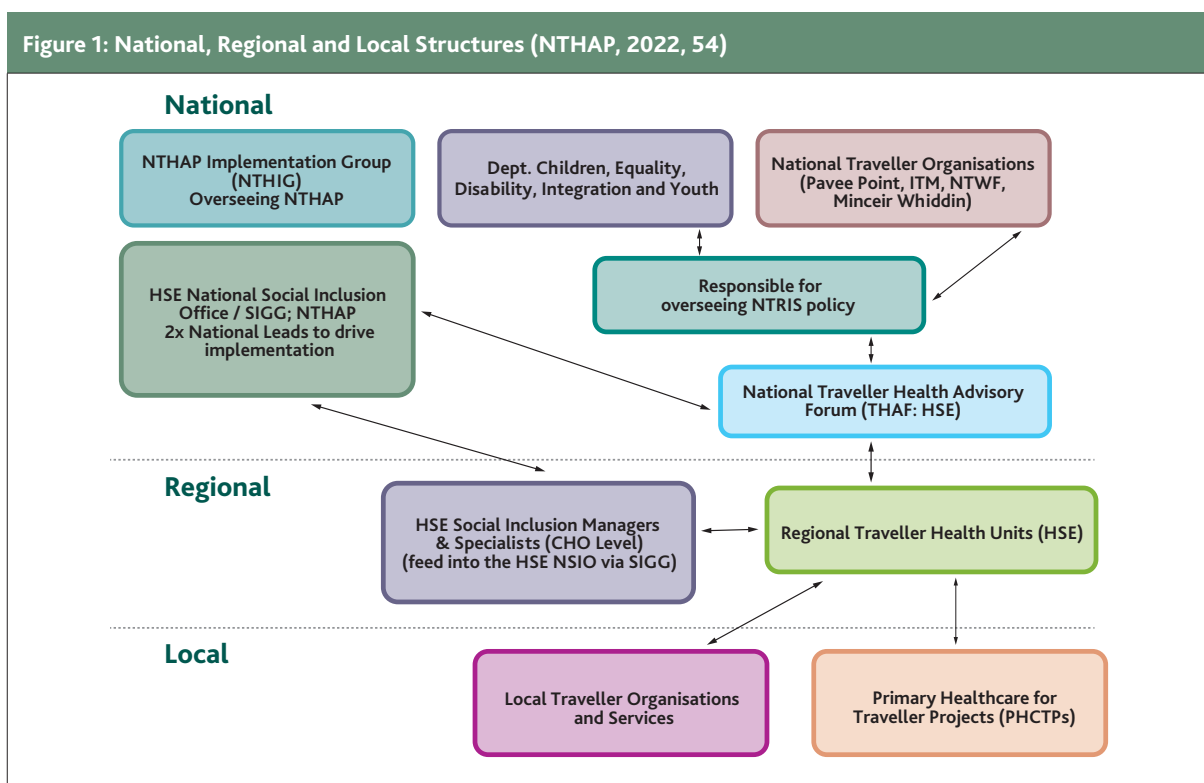
Sláintecare recognises that inequality of access is embedded in our current system and that wider health inequalities persist among some groups of the population. The NTHAP notes that addressing health inequalities requires analyses which focus on areas of inequality including gender, age, civil and family status, disability, sexual orientation, income, religious beliefs, ethnicity and membership of minority groups. The NTHAP approach to achieving the four goals is based on various considerations including recognition of the specific and additional health needs of potentially marginalised groups within the Traveller community⁴.

The NAPAR⁵ recognises the racism experienced by minority ethnic groups including Travellers and also acknowledges the intersectionality between racism and all other forms of oppression, including the oppressions experienced by people based on gender, socio-economic circumstances, disability, sexuality, religious belief and gender identity.

The Plan will be implemented in line with the public sector equality and human rights duty ('positive duty') obligations as set out in Section 42 of the Irish Human Rights and Equality Commission Act (IHREC,2014) and identified in NTHAP action 12⁶.

1.2.2 OUTLINE OF NATIONAL, REGIONAL AND LOCAL TRAVELLER HEALTH INFRASTRUCTURE

The NTHAP presents an overview of the national, regional and local Traveller Health Infrastructure as illustrated in the figure below.



Regional infrastructure includes Traveller Primary Health Care Projects, Traveller Health Unit and Traveller health initiatives within Traveller organisations (including in the area of maternal and infant health, mental health, Traveller men's health and education), as outlined below.

4 Including women, children; lesbian, gay, bisexual, transgender, queer, intersex + (LGBTQI+) Travellers, prisoners/exprisoners, and Travellers who are experiencing domestic, sexual and gender based violence (DSGBV), substance misuse/addiction issues.
 5 Consideration has also been given to the National Action Plan Against Racism which launched on 21st March, after the publication of the National Traveller Health Action Plan and towards the final stages of the collaborative regional planning process.
 6 All Irish public bodies, including the HSE, have legal responsibility to promote equality, prevent discrimination and protect the human rights of their employees, customers, service users and everyone affected by their policies and plans. This legal obligation, called the 'Public Sector Equality and Human Rights Duty' is outlined in Section 42 of the Irish Human Rights and Equality Act 2014.

EASTERN REGION TRAVELLER HEALTH UNIT

This Plan has been developed by the Eastern Region Traveller Health Unit which works across three CHOs - Community Healthcare East, CHO 6 and DNCC - and 34 Community Health Networks. The THU works to prioritise Traveller health concerns and address Traveller health inequalities on behalf of the HSE. THUs are an effective mechanism in which Traveller health inequalities can be addressed; they are an essential mechanism in which health services are delivered effectively to Travellers and Traveller health issues are mainstreamed into general health policy and service provision. There are currently seven THUs in operation working in partnership with local Traveller organisations/Primary Health Care Projects. The THU Terms of Reference are clearly outlined in ER. 4 in the 1995 Report of the Task Force on the Travelling Community:

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

HSE Staff and Traveller organisation representatives are integral to the work and functioning of the THUs. As a general principle, membership of each THU comprises equal HSE and Traveller organisation representation – this partnership approach is regarded as crucial in supporting a collective, coordinated approach to addressing identified, agreed priorities.

As the first established and one of largest THU in the country, the ERTHU work with approximately 8,200 Travellers or 26% of the total Traveller population in Ireland. The ERTHU is coordinated by Pavee Point Traveller and Roma Centre on behalf of the HSE and the THU work plan is implemented through regional THU initiatives, including ten Traveller projects which comprises ten Traveller projects, including nine Traveller Primary Health Care Projects and a local health initiative.

The nine PHCTPs employ up to 88 staff, including Traveller Community Health Workers who work on a part-time basis (12 hours per week) undertaking health advocacy in a range of health arenas (e.g. health education; child and infant health; immunisation and health alerts; addiction; diet and exercise; health and well-being; women's health; men's health; mental health; and social determinants work including accommodation and environmental health issues, etc.).

The ERTHU has a clear track record of achievement in enhancing Traveller health status, improving the capacity of mainstream health services to respond to Traveller needs, and responding to the social determinants that are at the root of Traveller health inequalities. The THU is chaired by a Chief Officer representing the Chief Officers across the three CHOs. The THU has representation from PHCTP representatives across the region in addition to HSE Heads of Service. These HSE representatives represent both their geographic area and as their care group from each directorate (Mental Health, Primary Care, Nursing, HR, Health and Well-Being, Social Inclusion).

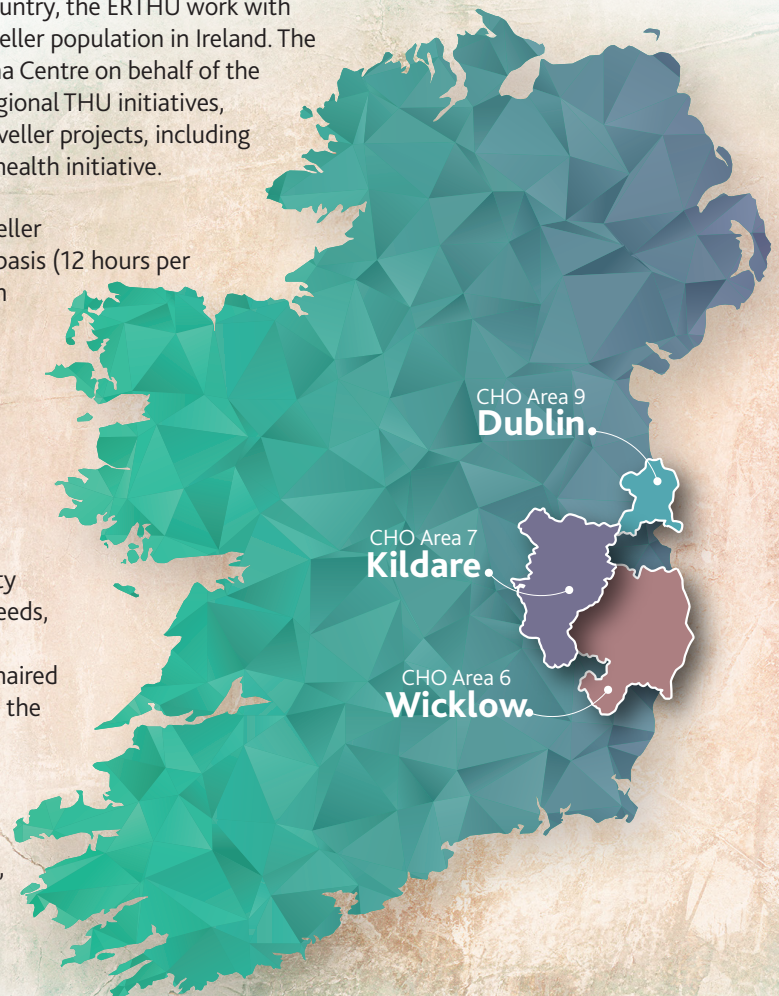
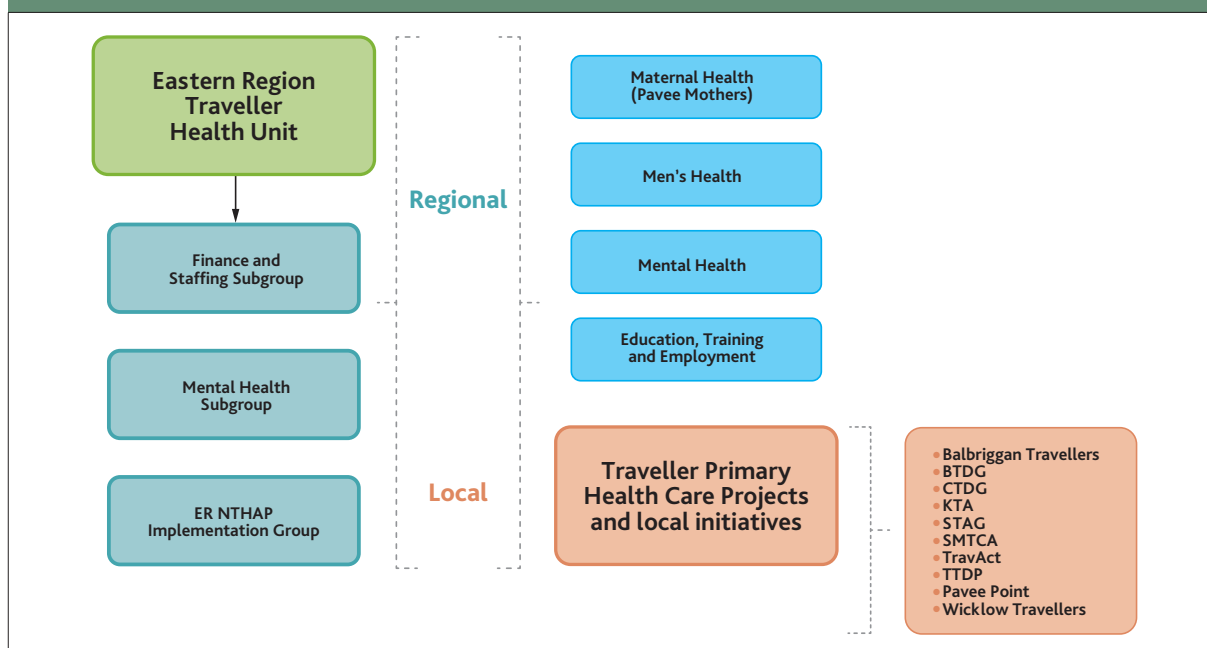


Figure 2: ER THU Structure



Primary Health Care for Travellers Projects (PHCTPs)

The Eastern Region has nine Primary Health Care for Traveller Projects (PHCTPs) and a local health initiative:

1. Pavee Point Traveller and Roma Centre
2. St. Margaret's Traveller Community Association
3. TravAct – Coolock
4. Clondalkin Traveller Development Group
5. Tallaght Traveller Community Development Group
6. Southside Traveller Action Group
7. County Wicklow Travellers Group
8. Kildare Traveller Action
9. Balbriggan Travellers Project
10. Blanchardstown Traveller Development Group

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

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

Additionally, the HSE confirmed similar findings in their National COVID-19 Traveller Service User Experience Survey⁷, with the vast majority (86%) of Travellers reporting accessing COVID-19 health information from Traveller organisations/THUs. This approach has been proven internationally as an effective method of engaging and including minority ethnic groups in health service provision.

⁷ <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/travellers-and-roma/irish-travellers/traveller-serviceuser-experience-survey-report-final.pdf>

EASTERN REGION TRAVELLER HEALTH UNIT REGIONAL INITIATIVES

In addition to the work of the ten projects as outlined above, the Eastern Region THU resources and oversees the following regional initiatives:

i. Maternal and Infant Health – Pavee Mothers

Pavee Mothers is the first national Traveller perinatal health initiative which aims to empower and equip Traveller women with vital health information to make informed decisions about their care. The three main aims are to:

- Mainstream Traveller perinatal health across Traveller Primary Health Care Projects, hospital groups and CHOs, to improve Traveller maternal and infant health outcomes
- Improve Traveller women's knowledge of perinatal health, including encouraging, informing and empowering Traveller women to breastfeed
- Support the development of culturally safe and inclusive care for Traveller women.

ii. Traveller Mental Health Initiative

Working from a social determinants approach, the role of the ERTHU Traveller Mental Health Initiative is to work towards addressing Traveller mental health inequalities. The initiative adopts a two pronged, mainstreaming and targeted approach, to work in partnership with Travellers, Traveller organisations, the HSE and other statutory bodies to:

1. Keep Travellers well by promoting positive mental health & well-being
2. Facilitate Travellers' equality of access, participation and outcomes from mainstream mental health services;
3. Support the development of culturally competent & appropriate mental health services for Travellers and
4. Impact on mental health policy & research.

iii. Traveller Men's Health Programme

The ERTHU Traveller Men's Health Project aims to address the health inequalities of Traveller men through targeted and mainstreaming approaches. The project takes a social determinants approach to addressing Traveller men's health inequalities underpinned by a community development approach. The programme builds in an intersectional and interagency partnership to its work across the Eastern Region. This work emphasises Traveller men's leadership, participation and capacity to effectively tackle Traveller men's health inequalities.

iv. Maynooth University – Education and Employment Initiative

The Traveller Higher Education and Employment initiative is an innovative pilot initiative developed by Pavee Point, the ERTHU, the Health Service Executive (HSE) and the Department of Applied Social Studies in Maynooth University (MU). The key aim of the initiative is to promote Traveller participation in higher education and to support Traveller employment opportunities within the HSE. The Bachelor of Social Science (Community and Youth Work) part-time in service programme is a four year professional qualification in Community Development and Youth Work endorsed by the All Ireland Endorsement Body for Community Work Education and Training and the North-South Education and Training Standards in Youth Work. The key aim of the initiative is to promote Traveller participation in higher education and to support Traveller employment opportunities within the HSE.

1.2.3 HEALTH INEQUALITIES AND TRAVELLER HEALTH NEEDS

Despite representing only 1% of the population approximately, Travellers have been recognised as one of the most marginalised and disadvantaged groups in Ireland. A range of social factors impact on Traveller Health, including systemic racism, discrimination, active prejudice, accommodation and living conditions, education, employment, lifestyle, poverty and trust in health services.

In 2010, a national survey of attitudes and prejudices towards Travellers reported:

- 40% of respondents were unwilling to employ a Traveller;
- 79.6% were reluctant to purchase a house next to a Traveller; and
- 18.2% would deny Irish citizenship to Travellers⁸.

⁸ M. Mac Gréil, *Emancipation of the Travelling People: A Report on the Attitudes and Prejudices of the Irish People towards the Travellers Based on a National Social Survey 2007–2008* (Maynooth: NUI Maynooth Publications, 2010).

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

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

In terms of health, Travellers have a significantly worse health status than the population as a whole. Life expectancy is shorter, mortality and infant mortality are disproportionately higher and chronic diseases are more common.

The All-Ireland Traveller Health Study (AITHS) found that the life expectancies of Travellers are comparable to life expectancies of the non-Traveller population in the late 1940's for males and early 1960's for females. Some of the stark findings in relation to mortality rates and life expectancy are as follows:

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

The AITHS also reported that Travellers had a greater burden of chronic diseases, with COPD four times higher and asthma two times higher than the general population. In terms of mortality, the main causes of Traveller deaths are similar to the general population (cancer, respiratory and cardiovascular diseases) but in far greater numbers.

The AITHS confirmed that health services available to Travellers were perceived as inadequate and substandard, resulting in Travellers' low engagement and poor health outcomes. Further, the majority of service providers (66.7%) agreed that racism discrimination against Travellers occurs in the health services.

- Only 41% of Travellers had complete trust in healthcare professionals (AITHS 2010) compared to a trust level of 82% in the general population
- 53% of Travellers were "worried about experiencing unfair treatment" in the health service
- Over 40% of Travellers had a concern that they were not always treated with respect and dignity by health services
- Over 50% of Travellers had concerns about the quality of care they received when they engaged with health services
- 7 out of 10 health professionals agreed anti-Traveller racism and discrimination existed in health services, resulting in substandard treatment of Traveller patients.

Specific health statistics relating to Travellers at a local and regional level cannot be ascertained, due to the lack of an ethnic identifier. The NTHAP commits to Ethnic Equality Monitoring (EEM) which, if implemented fully, has the potential to address this issue. This Plan prioritises actions on introducing and embedding a universal ethnic identifier (in line with the national census) in various systems and services.



“ ...Traveller PHCTPs provide ongoing support for Traveller families on the ground and act as an interface between mainstream health services and Travellers, effectively bridging the gap between a community experiencing high health inequalities and mainstream health services often unable to reach and engage that community effectively in health service provision...”



SECTION TWO: Collaborative Planning Process

2.1 RESPONSIBILITY FOR DEVELOPING THE PLAN

The Eastern Region Traveller Health Unit (ERTHU) NTHAP Implementation Subgroup was put in place for the purpose of developing the ERTHU wide NTHAP Implementation Plan and to establish the relevant mechanisms for delivery over the lifetime of the Plan.

The Eastern Region Traveller Health Unit NTHAP 2022-2027 Implementation Subgroup set out to:

- Oversee the development of the ERTHU wide NTHAP Implementation Plan
- Coordinate planning activities in the development of the Plan
- Engage and inform relevant staff in the process of developing the plan in a timely manner
- Prepare and collate information to assist in developing the Plan
- Oversee the tender process for hiring specialised planning support including facilitators and consultants
- Facilitate active participation and engagement with Travellers and Traveller representatives in the development of the Plan
- Report to the ERTHU on activities
- Finalise and publish the ERTHU wider NTHAP implementation Plan
- Set up the relevant structures/mechanisms for implementing the Plan, with ownership of actions clearly assigned and reporting lines agreed
- Monitor and keep under review implementation of the Plan
- Any other tasks that are deemed relevant to implementation of the Plan.

The Implementation Subgroup met 10 times during the period January 2023 to May 2023. A consultant was contracted to assist in developing and writing up ERTHU wide regional Plan, including facilitating stakeholder engagement and discussion.

2.2 METHODOLOGY

A number of methodologies were explored to support the ERTHU sub-group and a three-pronged approach was proposed and adopted:

1. Engagement with PHCTPs and ERTHU regional health initiatives in the planning process to collectively identify priority actions
2. Engagement with HSE staff in the planning process to identify priority actions both locally and regionally
Information from the two processes would be managed by an external facilitator who would collate the material and draft a discussion document for a joint workshop (below)
3. Joint workshop with the HSE and the Traveller representatives to consider draft document and finalise actions and associated deliverables.



It was agreed that:

- The THU (via the Eastern Region Traveller Health Network (ERTHN)) would support the 10 Traveller projects across the region to collectively prioritise regional actions and activities and identify key actions in relation to development of regional plan (with local flexible and context) in preparation for workshop with HSE staff
- HSE staff would scope NTHAP actions and formulate local CHO based and ERTHU-wide actions with related deliverables
- A joint workshop would be held with HSE staff and Traveller representatives to discuss and agree final ERTHU wide NTHAP actions and deliverables
- An ERTHU wide plan would be collated based on final agreed actions and deliverables. The Plan would be costed and include annual priorities, indicators, timescale etc.
- A regional proposal for once-off funding (for the three CHOs) would be submitted to Genio based on actions identified in the Eastern Region NTHAP Implementation Plan.

Initial engagement with all key stakeholders in identifying actions for the Plan comprised internal discussions and self-assessment with (1) the HSE and (2) Traveller organisations/PHCTPs. Discussions also took place at CHO level and regionally across the CHOs on the development of actions amongst HSE and PHCTPs.

2.3 STAKEHOLDER ENGAGEMENT PROCESS

This section outlines the involvement of Travellers, mainstream health services, and other stakeholders in the development of the Plan, including the engagement and involvement of senior level HSE within the region (three CHOs).

The planning process was underpinned by a robust collaborative, partnership approach which facilitated co-design of actions to deliver on the NTHAP at a regional level. Several workshops were organised with Traveller Projects (x10) and HSE staff including:

- Workshop with Traveller Projects including Coordinators of Primary Health Care for Travellers Projects (PHCTP) to identify key issues for Travellers regionally – 1st February 2023 (9 projects)
- Follow up workshops x 2 with Traveller Projects including PHCTP Coordinators to further explore issues identified and possible initiatives to address them which align with the NTHAP – 7th February (8 projects) and 15th February (8 projects)
- Briefing session with HSE staff (online)– 2 March 2023 (over 60 participants)
- Planning Workshop with Traveller Projects – 7th March 2023 (9 projects, over 20 participants, 4 breakout groups (including future thinking scenario planning through role play and prioritising actions)
- Planning Workshop with HSE staff (online)– 15th March 2023 (over 60 participants, 6 thematic breakout groups)
- Preparatory meeting with Traveller Projects (pre joint event) - 28th March (8 projects)
- Joint Planning Workshop with Traveller projects and HSE staff – 30th March 2023 (over 60 participants, 9 goal focused breakout groups discussions)
- Feedback meeting with Traveller Projects – 25th April (6 projects).

Briefing materials were prepared and shared with participants in advance of the workshops. These included information briefing notes at initial stage as well as workshop presentations. After each workshop, following an iterative and engaged coproduction process, the issues, outcomes and proposals were recorded and fed back to participants in advance of subsequent meetings, with further feedback sought.

Table 2: Summary overview of participation at stakeholder engagement meetings.

Traveller Projects Engagement	HSE and Other Stakeholder Engagement
<ul style="list-style-type: none"> • 1st February (Pavee Point) PP, TravAct, STAG, CTDG, St. Margaret's, Balbriggan, KTA, Wicklow Travellers, Tallaght Travellers, Blanchardstown) • 7th February (Balbriggan) PP, TravAct, STAG, CTDG, St. Margaret's, Balbriggan, KTA, Wicklow Travellers, Tallaght Travellers) • 15th February (Tallaght) (PP, TravAct, STAG, CTDG, St. Margaret's, Balbriggan, KTA, Wicklow Travellers, Tallaght Travellers) • 7th March (Pavee Point) (PP, TravAct, STAG, CTDG, St. Margaret's, Balbriggan, KTA, Wicklow Travellers, Tallaght Travellers, Blanchardstown) • 28th March (Ballymun) (PP, TravAct, STAG, CTDG, St. Margaret's, Balbriggan, KTA, Wicklow Travellers, Tallaght Travellers) • 25th April (Pavee Point) (PP, TravAct, , CTDG, St. Margaret's, Balbriggan, KTA, Tallaght Travellers) 	<p>Roles Included:</p> <ul style="list-style-type: none"> • Chief Officers • General Managers • Heads of Services • Area Directors • Directors • Senior Managers • Managers • Leads • Consultants • GPs • Nurses • Network Managers • ROSPs • Programme Officers • Project Managers • Local Development Officers <p>Services represented included:</p> <ul style="list-style-type: none"> • Child Health • Community Health • ECC • General Practice • Health and Promotions • Health and Wellbeing • Human Resources • Mental Health • Nursing • Primary Care • Project Management • Public Health • Public Health Nursing • Service Quality and Improvement • Sláintecare Healthy Communities • Social Inclusion • Suicide Prevention <p>(Non-exhaustive list)</p>

2.4 SELECTING THE ACTIONS

Actions were identified and selective through a collaboration planning process. The action plan (section five, table 3) was drafted based on the discussions and decisions at the planning workshops, and followed a 3-stage iterative process:

1. A document was drafted to include actions identified at PHCTP workshops. The draft document was circulated to HSE staff in advance of the HSE planning workshop and informed the workshop deliberations
2. The document was further developed to incorporate input from HSE workshop. This document in turn was shared with all participants in advance of the joint workshop and formed the basis of the discussion and decision making process
3. Incorporating feedback and input from the joint planning workshop, a draft Implementation Plan was prepared for consideration by the ERTU NTHAP Implementation Plan subgroup. After consideration by the Implementation Group, the draft Implementation Plan was shared with the Chief Officers for circulation within their respective CHOs, for feedback and agreement. The document was also presented to PHCTPs for their feedback and agreement. Following a brief process to incorporate feedback, the draft Plan was presented to the Implementation Group, before being shared with the Chief Officer and subsequently submitted to the HSE National Social Inclusion Office.



“...after each workshop...the issues, outcomes and proposals were recorded and fed back to participants in advance of subsequent meetings, with further feedback sought...”



A large, rustic wooden water wheel is the central focus, positioned in the foreground. It has a thick wooden rim and numerous spokes radiating from a central hub. The wheel is set against a backdrop of a rural landscape with tall grass, trees, and a wooden structure in the distance. The entire scene is bathed in a warm, golden light, suggesting a sunset or sunrise. The text is overlaid on the upper left portion of the image.

SECTION THREE: Vision, Values and Governance

There is a clear alignment with National and regional plans and priorities, facilitated by the national process which provided details on how the actions identified were aligned to various National plans.

3.1 VISION FOR TRAVELLER HEALTH:

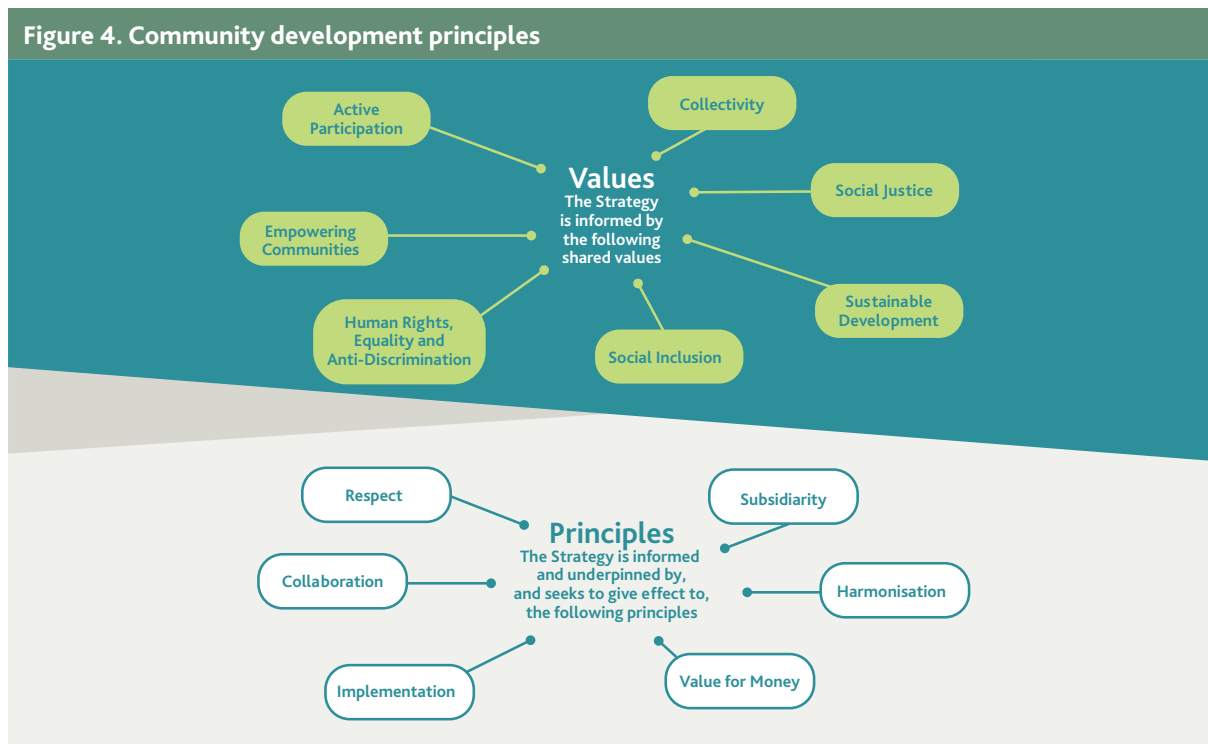
The vision is for a health service in which Travellers, in all their diversity including LGBTQI+ Travellers, can achieve their full potential in respect of their physical, mental and social wellbeing and where the wellbeing of all Travellers is valued and supported at every level. The vision is underpinned by one in which Traveller families have equitable outcomes in health resulting in a healthy and resilient Traveller community.

The vision for Traveller health will be achieved through active, integrated and sustainable partnerships between Traveller organisations and other relevant agencies. The Plan will be achieved by working through the ERTHUs and seeking funding in line with the HSE National Service Plan on an annual basis. All innovation and good practice will be shared across the ERTHUs to ensure maximum effect.

3.2 GUIDING VALUES AND PRINCIPLES:

These values and principles underpin the Plan are directly informed by the NTHAP. These are outlined below:

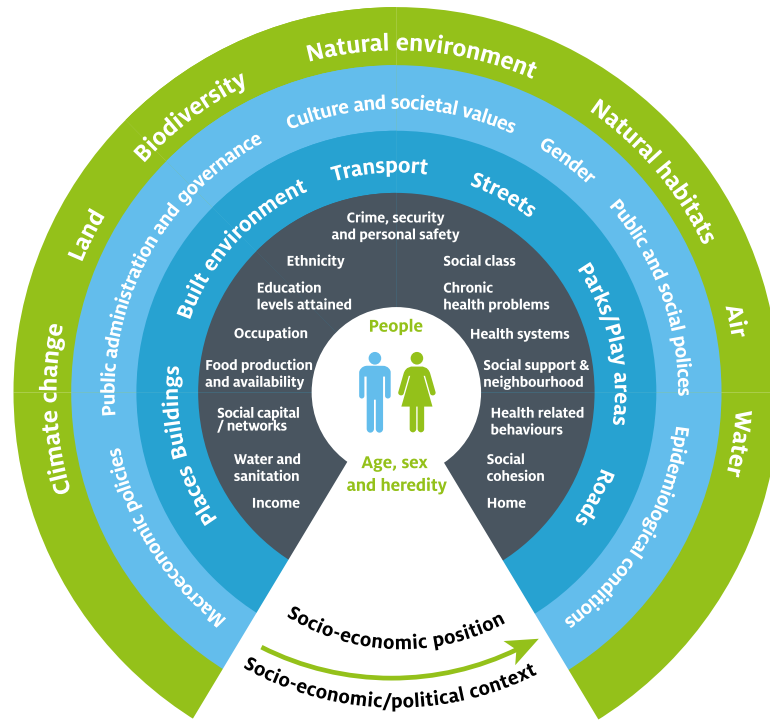
- 10 Common basic principles of Traveller and Roma Inclusion:**
 The 10 common basic principles of Traveller and Roma inclusion as adopted by the European Commission and the NTRIS. These principles, outlined in below, reflect on the need for strong working partnerships at all levels between stakeholders, including government departments, statutory agencies, Travellers and Traveller organisations.
- Community development:**
 This Plan adopts community development values and principles as outlined below. Community development is a holistic approach and is grounded in the following principles:
 - social justice and solidarity
 - equality and human rights (including Travellers in all our diversity)
 - active participation, empowerment and collective action.



• **Social Determinants of Health:**

This Plan recognises that Traveller health is informed and shaped by the broader social determinants of health- these are the social, political and economic conditions in which we are born, grow, live, work and age. These influences are known as the 'social determinants of health'. These 'social determinants' recognise that inequalities in social, political and economic conditions give rise to unequal and unjust health outcomes for different groups, including Travellers, in all their diversity.

Figure 3: Social Determinants of Health (NTHAP, 2022: 19)



3.3 CONCEPTS, GOALS AND STRATEGIC OBJECTIVES

3.3.1 CONCEPTS

Reflecting the NTHAP Concepts Framework, the Eastern Region THAP is underpinned by the following concepts:

- Implementation
- Mainstreaming
- Targeting⁹
- Monitoring
- Social determinants
- Partnership working.

⁹ Targeting Travellers, mindful of intersectionality and the need to include specific groups e.g. Traveller women, LGBTQI+ Travellers, older Travellers and disabled Travellers.

3.3.2 GOALS AND STRATEGIC OBJECTIVES

The Plan sets out to achieve the four goals and thirteen strategic objectives identified in the NTHAP. The four goals are:

1. Strengthen the governance, monitoring and structures to support implementation of the National Traveller Health Action Plan
2. Improve Travellers' equality of access, participation and outcomes in mainstream health services through a human-rights based approach
3. Address the social determinants of Traveller health through targeted and mainstreaming measures
4. Enhancing Travellers' access to culturally appropriate primary health care through investment in Traveller Health Units (THUs) and Primary Health Care for Travellers Projects (PHCTPs).

The strategic objectives under each goal are set out in the table below.

Table 3: NTHAP Goals and Strategic Objectives			
<p>GOAL 1: Strengthen the governance, monitoring and structures to support implementation of the National Traveller Health Action Plan</p> <p>Strategic Objectives - G1</p>	<p>GOAL 2: Improve Traveller's equality of access, participation and outcomes in mainstream health services through a human-rights based approach</p> <p>Strategic Objectives - G2</p>	<p>GOAL 3: Address the social determinants of Traveller health through targeted and mainstreaming measures</p> <p>Strategic Objectives - G3</p>	<p>GOAL 4: Enhancing Travellers' access to culturally appropriate primary health care through investment in Traveller Health Units and Primary Health Care for Travellers Projects</p> <p>Strategic Objectives - G4</p>
Develop and strengthen processes and mechanisms to ensure implementation of the NTHAP at a national, regional and local levels in partnership with Travellers and Traveller organisations	Mainstreaming and responding to Traveller health needs and addressing Traveller health inequalities in existing and forthcoming health policy and services	Development of specific policy priorities, strategies and actions which address Traveller Health inequalities using an intersectional analysis and facilitating targeted measures	Strengthening the Traveller health partnership infrastructure via the THUs at Regional and the PHCTPs at Local level
Develop standardised funding structures and processes to allow for adequate funding for the sector and ensure accountability	Explicit inclusion of Traveller health needs in all Population Health Approaches for Service Planning and Funding, aligning with new and existing HSE structures, including Sláintecare	Ensure a whole-of government and social determinants approach to addressing Traveller health inequalities in line with the NTRIS, Healthy Ireland and Sláintecare	Develop and strengthen mechanisms to ensure meaningful consultation, inclusion and participation of Travellers in local, regional and national health related structures underpinned by community development principles and values
Development of clear accountability mechanisms to monitor and evaluate implementation progress of NTHAP.			

3.3.3 GOAL OUTCOMES

Table 4: NTHAP Goal Outcomes



3.4 GOVERNANCE, IMPLEMENTATION, OVERSIGHT AND MONITORING

This section includes details of the oversight, mechanisms for delivery of the plan including key personnel responsible for delivery.

3.4.1 GOVERNANCE AND OVERSIGHT

This ER (NTHAP) Implementation Plan (2023-2027) is underpinned by a holistic and cross-sectoral approach to addressing Traveller health inequalities. It is set out to be realistic and impactful, and it will be adaptable in response to emerging needs throughout the lifetime of the Plan.

As noted, at the national level, the National Traveller Health Implementation Group (NTHIG) has been established at national level to oversee the implementation of the NTHAP. At regional level, the ER THU Implementation Group was established to oversee the development, implementation and monitoring of the Plan. The Group includes representation from HSE representatives responsible for implementation of the Plan as well as Traveller representation.

The role of the group is to ensure oversight on progress of local implementation, to put in place mechanisms that can identify barriers to implementation and to make recommendations to address those barriers. This group will ensure participation and involvement of Travellers in implementation processes. Following publication of the regional Plan this group will:

- review implementation of actions from across all action leads
- enable communication between the implementation group and action leads
- liaise with action leads to keep abreast of and identify barriers to implementation
- make recommendations to support implementation
- develop appropriate feedback mechanisms and request and collate implementation feedback from action leads at agreed timeframes
- report and make recommendations on progress to the ERTHU
- report on progress to ERTHU
- collate ERTHU implementation report for the National NTHAP Implementation Group
- host an annual review on part of the ERTHU
- identify and implement evaluation processes that ensure active participation of local Traveller organisations/PHCTPs.

3.4.2 IMPLEMENTATION AND REPORTING

The Implementation Plan is underpinned by a partnership approach from design through to implementation, evaluation and impact assessment.

The implementation of the Plan is facilitated by the identification of a lead for each action. A reporting template has been developed to support the implementation of the Plan. The template ensures each regional action is aligned to the relevant national action and it includes information relating to leads, partners, timeframes, outputs, outcomes, KPIs, budgets and risk.

The ER THU will report directly to the NTHIG on a quarterly basis.

3.4.3 MONITORING AND EVALUATION

The ER NTHAP Implementation Group will monitor the Plan and will report to the ERTU. This will inform the continuous evaluation of the Plan at regional level. An annual report will be collated and a review will be undertaken to support delivery of key actions.

On a national level, the ERTU will report to the NTHIG. The ER NTHAP Implementation Group will meet quarterly to monitor progress on delivery, providing direction and guidance to the ERTU to support implementation and address national challenges. The Group will identify and prioritise available funding sources, to ensure the most effective use of resources across the region to effect change in Traveller Health. In order to ensure implementation, an annual work plan and report will be developed in line with actions contained in the ER NTHAP.

3.4.4 RESOURCING AND BUDGET

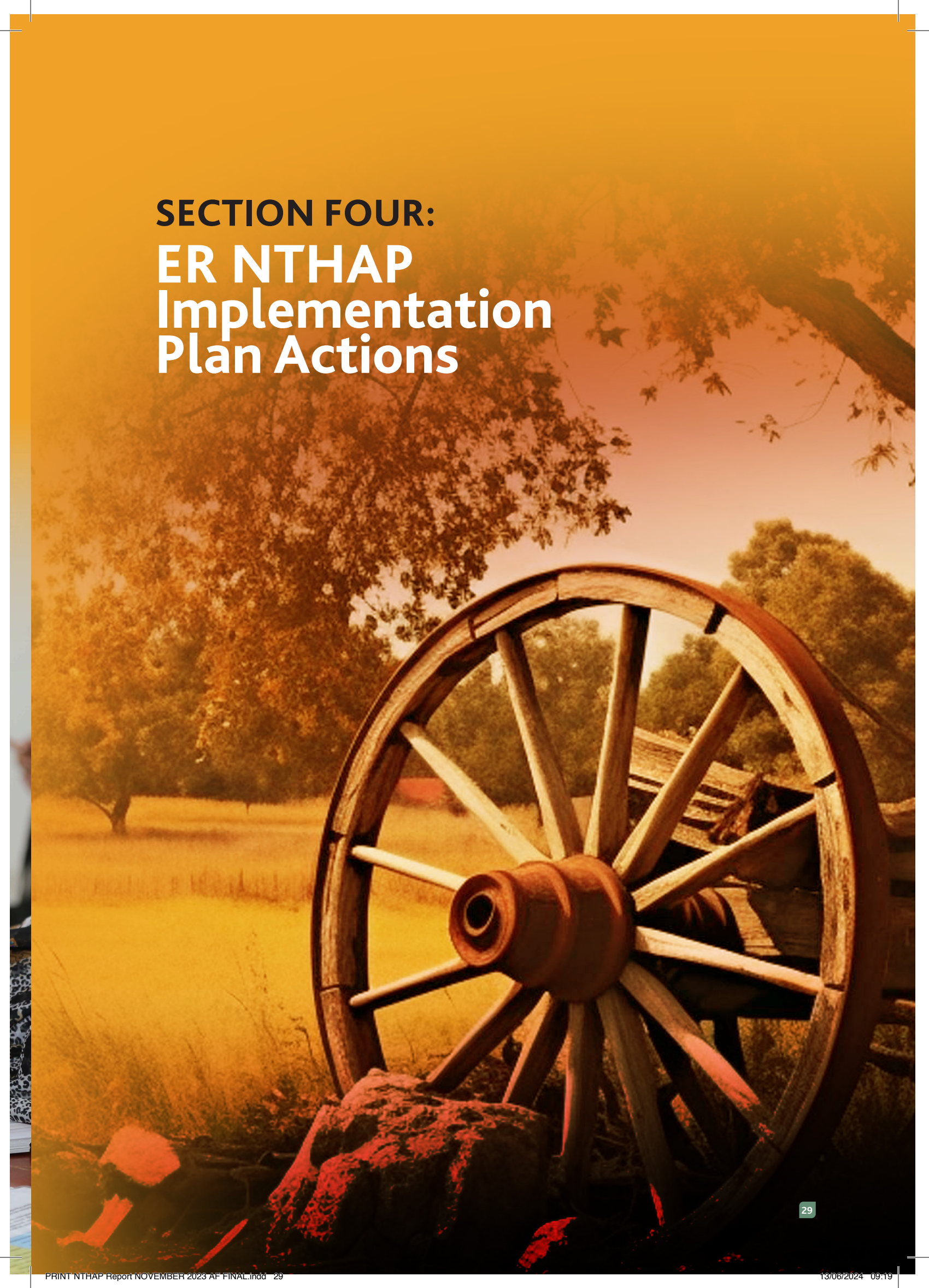
In 2022, the National Traveller Health Action Plan was launched with an accompanying €1.3 million budget to support implementation. This is the first time since 2008 that Traveller health received any new development funding. In addition to this, €1.8 million in once-off funding (2 year funding) was made available to support THUs with priorities in local/regional NTHAPs. While a welcome and significant development, ongoing recurring investment and sustainable resources is required in order to ensure full implementation.

Implementing the actions in this Plan in some cases will be achieved with current levels of resourcing, while others will require additional resources, including new resources. It will be the responsibility of the ER NTHAP Implementation Group and the Leads on individual actions to direct the use of resources and where necessary identify and seek sources of additional funding through government, HSE, local authorities and other appropriate funding streams



“ This ER (NTHAP) Implementation Plan (2023-2027) is underpinned by a holistic and cross-sectoral approach to addressing Traveller health inequalities ”



A large, rustic wooden water wheel is the central focus, positioned in the foreground. It has a thick wooden rim and numerous spokes radiating from a central hub. The wheel is set against a backdrop of a rural landscape with tall grass, trees, and a wooden structure in the distance. The entire scene is bathed in a warm, golden light, suggesting a sunset or sunrise. The text is overlaid on the upper left portion of the image.

SECTION FOUR: ER NTHAP Implementation Plan Actions

Section Four provides an overview of actions to be undertaken is presented in the table below, reflecting priority areas.

Table 4: NTHAP Goal Outcomes

No.	National Action	No.	Regional Action	Lead	Partner	Time
GOAL 1		Strengthen the governance, monitoring and structures to support implementation of the National Traveller Health Action Plan				
1	Establishment of a NTHAP implementation group to monitor the delivery of the actions in the Plan and develop performance monitoring frameworks in line with existing HSE systems.	1	Establishment of a ERTHU NTHAP implementation group to monitor the delivery of the actions in the Plan and develop performance monitoring frameworks in line with existing HSE systems.	ERTHU, HSE	HSE, PHCTPs	Q1 -start; Ongoing
2	Develop a CHO implementation plan for the NTHAP, with clear targets, budget allocation, time scales, and monitoring framework within 3 months of publication of the Plan	2	Develop an Eastern Region implementation plan for the NTHAP, with clear targets, budget allocation, time scales, and monitoring framework and establish a working group to oversee the development and implementation of the Plan	HSE Chief Officers, ERTHU; ERTHU NTHAP Implementation Group (IG)	HSE HoS, ERTHN	Q1 2023– Started; Q2 2023 fin
3	Prepare annual reports including, the collation of the CHO implementation reports, with reference to the aim, goal and objectives set out in this plan for submission to the THAF and the NTHAP Implementation Group	3	Prepare a regional annual report, with reference to the aim, goal and objectives set out in this plan for submission to the THAF and the NTHAP Implementation Group	ERTHU NTHAP IG	ERTHU, ERTHN	Q4 2023 start and fin
4	Accountability and transparency to Traveller budget processes.	4	The ERTHU will oversee and monitor all ERTHU funding to ensure accountability and transparency	HSE Chief Officers & ERTHU	HSE & THUs	Q1 2023-starts; Ongoing
5	Develop a sustainable funding model and scope the potential for introduction of standardised multi-annual funding structures, processes and service agreements to support the Traveller health infrastructure	5	Develop a regional sustainable funding model to ensure continuity and alignment of Traveller health spending in the Eastern Region to ensure delivery of actions in this Plan	Chief Officers	ERTHU Finance Subgroup, HSE Social Inclusion (SI)	Q 2 2023 starts; Ongoing
6	Engage the THUs in the decision-making process in relation to prioritisation and spending of Traveller health budgets in their region.	6	ERTHU Finance and budgeting Subgroup to scope a mechanism to ensure maximization of eastern region budgets. This will ensure and strengthen ERTHU decision making process in relation to prioritisation and spending, and identifying alternative funding streams for work aligned to NTHAP actions	HSE Chief Officers, HSE Social Inclusion, ERTHU Finance NTHAP	PHCTPs & Traveller Organisations	Q2 2023-starts; ongoing

No.	National Action	No.	Regional Action	Lead	Partner	Time
7	The HSE will convene an annual consultative forum on Traveller health to provide updates and to promote broader engagement in the NTHAP.	7	Support regional participation in the HSE annual consultative forum	ERTHU IG	ERTHN	Q1 2024; Ongoing
8	Work with Public Health partners to ensure Traveller active participation and representation on national and local health-related structures and identify Traveller health needs and approaches to Population health planning and funding.	8.1	HSE Public Health representation on local and regional Traveller health structures (e.g.) ERTHU and local PHCTPs building on partnership working developed through the response to COVID-19	HSE + Public Health, (ADPHs) HoS Primary Care, HSE Health and Wellbeing (H&WB)	ERTHU & PHCTPs	Q3 start; ongoing
8		8.2	HSE Public Health to work in partnership with Local Authorities and Traveller organisations/PHCTPs to support the prevention of communicable and non-communicable diseases/illnesses for Travellers	Public Health, (ADPHs)	ERTHU, PHCTPs, Local Authorities, Sláintecare Healthy Communities Local Development Officers (LDOs)	
8		8.3	HSE Public Health to ensure a social determinants approach in population health profiling, including factors relating to environmental health	Public Health, (ADPHs) & Health and Wellbeing		Ongoing
8		8.4	Implementation of an ethnic identifier in all health data sets, for effective ethnic equality monitoring	HSE. ERTHU		Q3 2023, ongoing
9	Work with relevant services to develop a set of Traveller health indicators to support national and CHO NTHAP implementation plans.	9.1	The ERTHU to work in partnership with CHNs and HSE Public Health, and/or related HSE structures, engaging with local authorities where feasible, to build a comprehensive population health profile of Travellers in the region; supported by developing appropriate health indicators at the regional level	HSE Public Health, ADPHs HoS Primary Care, CHN Managers	THU, PHCTPs, CHN Managers	Q3 2023; ongoing
9		9.3	Ensure a joined-up response with ECC	ERTHU, ERTHU NTHAP Group, ECC (tbc)		Q3 2023; ongoing
10	Support the approval of the inclusion of ethnicity in the IHI in line with data protection legislation.	10.1	Enhance data collection systems around public health, including ensuring ethnic equality data is purposefully collected and digitised, as appropriate	ADPHS	HSE NSIO	Q2. 2023-start; Ongoing

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No.	National Action	No.	Regional Action	Lead	Partner	Time
10		10.2	Continue to develop awareness amongst Travellers of the importance of ethnic identifier and promotion of voluntary self-identification	ERTHN/ THU		Q2. 2023-start; Ongoing
11	Ensure the implementation of a standardised ethnic identifier across all health administrative systems to monitor access, participation and outcomes of all groups, including Travellers, and to inform the development of evidence-based policies and services.	11.1	High Priority Action (Ethnic Identifier) - Explore options to build on CAMHS and other initiatives e.g. 'Make Every Contact Count' (MECC) to help evaluate, educate and expand implementation of an ethnic identifier, prioritising effective use of data in maternity services and child health	ERTHU/ HoS Primary Care & GP Leads	ERTHU, PHCTPs & CAMHS	Q4 2023; Ongoing
11		11.2	Continue to support health providers by providing training and increasing awareness about ethnic identifier and supporting implementation	ERTHU	ERTHN	Q3 2023
11		11.3	Undertake a regional pilot of the ethnic identifier across CAMHS services	HoS MH, ERTHU MH Subgroup	DPHNS, Traveller MH Coordinators	Q1 2024
11		11.4	Work with maternity units in the Eastern Region to support full implementation of the ethnic identifier in maternity services	ERTHU Coombe, NMH & Rotunda	PHCTPs	Q4 2023; Ongoing
11		11.5	Support the rollout of an ethnic equality monitoring across the HSE National Screening Service to identify Travellers' access, participation, and outcomes in mainstream screening services	NSS, ERTHU		Q1 2024
12	Implement Section 42, IHREC Act 2014 ('Public Sector Equality and Human Rights Duty'), by assessing, addressing and reporting on its impact on equality and human rights as specifically relates to Travellers.	12.1	Implement the Public Sector Equality and Human Rights Duty and reporting on its impact on equality and human rights as specifically relates to Travellers on a regional level	ERTHU, HSE HR		
12		12.2	Develop ethnic identifier and anti-racism protocols; and resource training in partnership with Travellers. Embed regionally across services	ERTHU	ERTHN/ HoS CHOs	Q2 2024; Ongoing

No.	National Action	No.	Regional Action	Lead	Partner	Time
GOAL 2		Improve Travellers equality of access, participation and outcomes in mainstream health services through a human-rights based approach				
13	The HSE will commission research as appropriate to the needs of the NTHAP, including exploring approaches to inclusion health and the development of an assessment tool to address Traveller health inequalities and support Traveller inclusion within health services.	13.1	Establish Research Advisory Group of the ERTHU to oversee, commission and review proposed research projects in the region in line with the NTHAP where the support of, or engagement with the THU is requested, before they commence, to assess the alignment with the mission, values and principles of the ERTHU and the implications, practical, ethical and otherwise, of these.	ERTHU	ERTHN, academic/ research partners	Q2 2023; Ongoing
13		13.2	Undertake research into barriers and enablers in Travellers accessing mainstream health services regionally (e.g. across all care divisions, reflecting on previous innovative practices, linking in with IHREC on the PSD	ERTHU Research Advisory Group	Traveller Organisations/ PHCTPs/ HoS	Q3 2024-start
13		13.3	Undertake and publish research to understand the impact of COVID-19 on Traveller's mental health	Pavee Point	Traveller Organisations/ PHCTPs	Q1 2023 start; Q3 2023- fin
13		13.4	Undertake and publish research on digital/telehealth, including e-health, to assess the impact that will have on Travellers and identify good practices [Priority]	Pavee Point	HoS/ ERTHN	Q1 2023 start; Q3 2023- fin
13		13.5	Identify issues and undertake research into Traveller prescription/non-prescription drugs misuse	ERTHU Research Advisory Group, DPHNs, HoS Primary Care, HSE SI DNCC	ERTHN	Q2 2024
13		13.6	Support improvement of access and uptake of childhood immunisation among Traveller families including through commissioning Childhood focused research on vaccination uptake and responses; and from the research, support implementation of recommendations (e.g. education awareness, development of resources) (Priority – year 1)	THU/ DPHNs	ERTHN	Q1 2024; Q3 2024

NATIONAL TRAVELLER HEALTH IMPLEMENTATION PLAN

No.	National Action	No.	Regional Action	Lead	Partner	Time
14	Ensure Traveller-proofing of existing and new strategies, policies and services to support Traveller inclusion and provision of culturally appropriate services.	14.1	Support regional implementation of proofing of instruments developed nationally by the National NTHAP Implementation Group	HSE Chief Officers, HoS, ERTHU	THAF	Q 4 2024 start; Ongoing
14		14.2	Ensure CHO policies and services are Traveller proofed, inclusive of and accessible to Travellers	Chief Officers/ HoS	ERTHU	Q3 2024; ongoing
14		14.3	Improve services so they are accessible, relevant and appropriate for Travellers, by equality proofing mainstream services, providing training for all staff and employing a targeted approach	Chief Officers/ HoS Primary Care (PC), MH, H&WB, ADPH	ERTHU/ ERTHN	MH & Public Health Q 4 2023; Q2 2024; PC Q3 2024; Q2 2025; H&WB Q3 2025- Q3 2026
14		14.4	National Healthy Childhood Programme: 1) Establish Traveller children's access to services under the Programme, 2) Ensure that all those working with the Traveller community are aware of the Programme and its Traveller specific materials, 3) Replicate successful initiatives including Pavee Mothers across the region, 4) Launch My Child workbook.	ERTHU, DPHNs	HSE National HSE Childhood programme/ ERTHN	Q1 2023; Ongoing
15	Identify and prioritise Traveller specific actions in annual HSE National Service and Divisional Operational Plans (in line with national and NTHAP priorities), inclusive of targets.	15	Integrate Traveller inclusion into the core HSE business processes, including identifying, prioritising and resourcing locally targeted, Traveller specific actions in annual operational plans with clear targets and monitoring	HSE Chief Officers, HoS	ERTHU	Q 3 2023
16	Prioritise the inclusion of Travellers across all HSE Integrated Care Programmes and Clinical Programmes, with an initial focus on Mental Health and Chronic Disease.	16.1	Agree on mechanisms to support PHCTPs to create direct referral pathways for Traveller to access primary care services, including Chronic Health Disease Hubs	ERTHU HoS Primary Care, HoS H&WB	PHCTPs / ERTHN; CDMs	Q4 2023
		16.2	Explore the possibility of Traveller specific initiatives for modified Minding Your Wellbeing programmes and initiatives to support smoking cessation in line with CDM	HoS H&WB	CDMs, ERTHU	Q1 2024
17	National Social Inclusion Public Health as well as Regional Departments of Public health Leads and THUs to work in partnership to support preventive and clinical health programmes e.g. health inequalities cancer, COPD, chronic diseases, mental health and addiction.	17.1	Enhance regional mental health coordination, through the creation and implementation of a regional Traveller Mental Health Promotion programme	ERTHU MH Subgroup	ERTHN	Q4 2024

No.	National Action	No.	Regional Action	Lead	Partner	Time
17		17.2	Implement a regional initiative to increase Traveller registration and participation in the 4 national screening services (building on current CHO DNCC initiative)	ERTHU, NSS	ERTHN, CCCDMP	Q1 2023; Q1 2024
17		17.4	Traveller-proof all health & wellbeing programmes and initiatives to ensure they are culturally appropriate (inc. Social Prescribing, Health Food Made Easy, Chronic Disease Self-Management, etc.)	HoS H&WB, ERTHU	ERTHN	Q3 2023; ongoing
17		17.5	Undertake an evaluation on social prescribing as it relates to the relevance and needs of Travellers	ERTHU, ERTHN, HSE H&W Promotion Officers	ERTHU, ERTHN	Q3 2024
17		17.6	Further develop relationships and links with sports partnerships and PHCTPs to identify resources to support targeted initiatives	ERTHN, HSE H&WB Promotion Officers	ERTHU	Q3 2023; Ongoing
18	Develop standardised training and Traveller-specific health inclusion toolkit for health service providers to support Traveller cultural safety within the health services.	18	National action	THAF	THUs, PHCTPs	As per the NTHIG
19	Undertake mapping, in partnership with Traveller organisations, of the Traveller population in Community Health Networks (CHNs) to support a population health planning approach for the health and social care needs of the Traveller community.	19	See action 9 (noting resource dependency)	HSE (CHOs) + RHAs/ CHN Managers	Traveller Organisations, PHCTPs, THUs, CHNs	Q1 2023 and ongoing
20	Prioritise Traveller health needs in the Enhanced Community Care (ECC) programme (including Community Healthcare Networks) in line with Sláintecare.	20.1	Complete Traveller needs assessment and prioritise Traveller health needs in the ECC programme (inc. CHNs), in line with Sláintecare and agreed protocols	HSE + CHNs, ADPH, HoS Older Persons	Social Inclusion (SI), Public Health	Q3, 2024
20		20.2	CHN to identify a streamline referral pathway for Travellers	HoS Primary care/ CHN Managers GP Leads	ERTHU	Q1 2024

No.	National Action	No.	Regional Action	Lead	Partner	Time
21	Ensure the health needs of Travellers are prioritised and explicitly included in all population health-based planning approaches and associated population-based resource allocation.	21	Ensure proportionate funding to address Traveller health inequality including ring-fenced resources for population-based health initiatives for Travellers	Chief Officer/ HoS Primary Care/ SMT	Chief Officers, SI, PH, RHAs, CHNMs, DoH, THAF	Q3 2023; Ongoing
GOAL 3		Address the social determinants of Traveller health through targeted and mainstreaming measures				
22	Resource a National Traveller education and employment pilot initiative to promote and support employment of Travellers across the health services. Based on learning from the pilot, the HSE will engage with other education partners in line	22.1	Continue to resource and support the national ERTHU national pilot on Education & Employment via Maynooth University (Level 8) and undertake an evaluation to document learning and identify recommendations for future	ERTHU Education Group & Maynooth University		Q1 2023 and Q2 2024
		22.2	Resource and implement an accredited training programme for PHCTP co-ordinators and assistant co coordinators to support CPD, career progression and standardisation	ERTHU Education Group	PHCTPs	Q3 2023
22		22.3	Explore other further and higher education pathways and opportunities for Traveller Health workers, including recognition of prior learning (RPL); and create health service job placement opportunities with accredited training and progression routes	ERTHU Education Group, HSE HR	HEA partners to be identified	Q1 2024; Ongoing
22		22.4	Resource and implement an accredited training programme for existing PHCTP staff to support CPD, standardisation and career progression	ERTHU Education Group		Q3 2023; Ongoing
23	Undertake a scoping analysis of the level of employment, considering structured education pathways/ opportunities for Travellers and identify a baseline national Traveller employment target to increase Traveller participation in the HSE (staffing).	23.1	Engage with national initiative (NTHAP 23) and take follow up action to implement recommendations at the regional level	THAF	ERTHN	Q1 2023; Q3 2023
23		23.2	Undertake a scoping exercise to identify the feasibility of positive action measures to support Traveller employment a local and regional level	HR	ERTHU	Q1 2025; Q2 2025

No.	National Action	No.	Regional Action	Lead	Partner	Time
24	Implement an ethnic identifier into HSE workforce employment data systems to ensure the availability of disaggregated equality data i.e.,	24	Work with local HR services to support the introduction of ethnicity in equality data collection, ensuring availability of disaggregated equality data (i.e. age, gender, ethnicity) at relevant stages in the employee lifecycle and related supports such as Learning and Development (L&D)	HoS HR	NTHAP, NTHIG	Q1 2025; Ongoing
25	Ensure the local Connecting for Life Implementation Plans include Traveller-specific actions as relevant to the local area and promote Traveller representation on groups as appropriate.	25	Ensure and support Traveller representation and inclusion in local Connecting for Life Implementation Plans and structures, building on established links between HSE Mental Health and Traveller organisations/PHCTPs	HSE HoS Mental Health, ROSPs, ERTHN, Traveller Mental Health Coordinators; ERTHU/ HoS MH/ HoS H&WB/ HoS SI	ERTHN	Q1 2023; Ongoing; Q 4 2023; Ongoing
26	Support and resource peer-led initiatives focused on Traveller men's health to improve mental health and wellbeing.	26.1	Secure additional resources to develop regional, targeted men's health groups to enhance and promote health and wellbeing	ERTHU Mental Health Subgroup, ERTHN	H&WB, SI, PHCTPs, Traveller MH Coordinators, NOSP	Q3 2023; Ongoing
26		26.2	Take steps towards establishing long-term, sustainable peer led men's health initiatives, including further developing relationships with relevant partners and building on existing initiatives	ERTHU/ H&WB	ERTHN	Q1 2023; Ongoing
26		26.3	Address Traveller women's health inequality through targeted measures in line with emerging and existing needs e.g. Drug and alcohol, sexual health, mental health	ERTHU/ ERTHN	Primary Care/ DPHNs/ Mental Health, MH Engagement, H&WB	Q1 2023; Ongoing
27	Support and further develop culturally safe services to respond to the mental health needs of Travellers in consultation with Travellers and organisations.	27.1	Develop, resource and implement a Traveller-specific Regional Critical Response Plan (CRP) to proactively address critical incidents in the community. This includes a comprehensive directory of mental health services which highlights clear mainstream pathways and access points, can be updated continuously and is available both to Travellers and within health services	HSE HoS H&WB, HSE HoS PC, HSE HoS MH, HSE SI	ERTHU ERTHN Health, HSE Psychosocial Lead, ROSPs	Q1 2023
27		27.2	Support and resource Traveller Mental Health Awareness workers across the region	HSE HoS MH, ERTHU	ERTHN	Q1 2024
27		27.3	To explore further development and engagement with HUGG Peer Bereavement Facilitator Training Initiative across the Eastern region	HSE Traveller Mental Health coordinators	ERTHN	Q1 2023; Ongoing

NATIONAL TRAVELLER HEALTH IMPLEMENTATION PLAN

No.	National Action	No.	Regional Action	Lead	Partner	Time
27		27.4	Support and resource a Traveller staff wellbeing programme for Traveller health staff, including building on programmes underway in specific CHOs	HR HSE/ H&WB/ ERTHU	ERTHN, Traveller MH Coordinators, ROSPs	Q1 2024; Ongoing
28	Work with the HSE to develop programmes to address mental health issues for young Travellers.	28.1	Build on and further develop targeted mental health initiatives, including youngpavees.ie 'Mind Your Nuck' for young Travellers	ERTHU, ERTHU Mental Health Subgroup	Traveller Youth projects/ ERTHN	Q1 2023; Ongoing
		28.2	Undertake a regional scoping exercise to identify emerging needs in the area of infant mental health and child mental health	ERTHU, HSE MH		2024
29	Ensure implementation of the outstanding mental health actions in NTRIS to maximise the delivery of diverse culturally competent mental health supports throughout the services.	29	National Action	HSE MH + NOSP + NTRIS	THAF, THUs, CHNMs, Public Health	
30	Prioritise the implementation of actions relating to Travellers in Sharing the Vision and Connecting for Life.	30.1	Undertake a regional scoping exercise with Traveller women to identify emerging needs in relation to mental health, perinatal health and menopause, and tailor initiatives and responses	HSE HoS Mental Health, ERTHU Mental Health Subgroup, DPHNs	ERTHN/ Partners, Traveller MH Coordinators, MH Engagement, ROSPs	Q2 2024; Ongoing
30		30.2	Resource PHCTPs to support the implementation of the above initiatives (30.1), noting also actions 41 and 43	ERTHU MH Subgroup	ERTHN	Q1 2023; Ongoing
31	Older Persons services to develop culturally safe responses for older Travellers (age 49+ given premature ageing).	31.1	Undertake a needs assessment of older Travellers and develop recommendations for regional responses to ageing well for the Community (recognising Traveller Accommodation issues in relation to access, where there is no scope for adaptation to meet needs of people with disabilities and/or older people)	HSE HoS Older Persons, ERTHU	ERTHN, Older Person Support Services	
31		31.2	Develop and pilot a regional Traveller women's active ageing group (age 49+ given premature ageing)	HoS Older Persons	ERTHN, ERTHU/ DPHN	Q4 2024
31		31.3	Informed by learning from existing programmes, explore home carer training programmes for Travellers, to support stronger care pathways for Travellers and create employment opportunities for Travellers	HSE SI CHO DNCC/ ETB	ERTHN	Q1 2023; Ongoing

No.	National Action	No.	Regional Action	Lead	Partner	Time
31		31.4	Explore the potential impact and feasibility of a Traveller specific 'meals on wheels' initiative	HoS Older Persons	ERTHN	Q4 2025
31		31.5	Develop a briefing on Traveller health and premature ageing for staff working in older persons and other relevant services including home support services	ERTHU	HSE, HoS Older Persons, Home Support	Q1 2025
32	Increase access to culturally appropriate supports for Deaf and Disabled Travellers.	32.1	Implement recommendations of ERTHU research into barriers for Traveller accessing mainstream services including disability and home support services	HSE HoS Disabilities ERTHU	Disability support services ERTHN, Home Support	Q1 2026
32		32.2	Given the health inequalities for Travellers, prioritise and fast track assessments for older Travellers through bespoke in-reach clinics where required (e.g. podiatry, dental, etc.)	HSE HoS Older Persons, DPHN	Older Person support services	Q4 2024; Ongoing
32		32.3	Improve access to information on health rights and entitlements including for Travellers with a disability (e.g. LTI, GMS, home supports) through equality proofing; better communication; accessible, relevant and appropriate assessment forms and contact lists	HoS Disability, ERTHU	ERTHN	Q1 2026
		32.4	Scope, resource and implement targeted and mainstreaming initiatives to address the health needs of LGBTQI+ Travellers	ERTHU, PHCTPs	ERTHN, National LGBT+ Traveller & Roma Action Group + allied partners	Q3 2023-ongoing
		32.5	Undertaking identification and supporting training needs for THU and PHCTPs in relation to LGBTQI+ Traveller health awareness in direct partnership with LGBTQI+ Travellers.	ERTHU	ERTHN, National LGBT+ Traveller & Roma Action Group + allied partners	Q2 2024-ongoing
33	The HSE as a partner in the Drug and Alcohol Taskforces (DATFs) will engage with PHCTPs/Traveller organisations to support Travellers with problem alcohol and /or drug use in accessing culturally appropriate addiction rehabilitation services and to represent Traveller issues on the DATFs.	33.1	Support a regional coordinated response in relation to Traveller substance misuse and addiction.	HSE SI, CHO DNCC	ERTHN	Q2 2024

No.	National Action	No.	Regional Action	Lead	Partner	Time
34	The HSE to develop strategic mainstream and targeted measures to address the impact of homelessness on Traveller health.	34	Develop a comprehensive response to Traveller homelessness in the Eastern Region through the resourcing of regional THU Traveller Health and Homeless/ Accommodation Workers to support interagency work and Traveller engagement with mainstream homeless services and agencies.	HSE SI, ERTHU	THUs, PHCTPs	Q1 2024; Ongoing
35	Consolidate the public health measures put in place to minimise the impact of COVID-19 and other communicable diseases on Travellers, including primary childhood immunisation programmes, control of outbreaks such as Hepatitis A, and COVID-19 vaccinations.	35.1	Support inclusion of ethnic identifier the new Public Health Case Management system in development and Computerised Infectious Diseases Notification System	ADPHs, Health + Local Authorities + other relevant agencies.	ERTHU, ERTHN, HSE IT	To be decided-align with IT project timelines
35		35.2	Scope a Traveller specific health and wellbeing programme on sexual health, focusing on sexual health of contraception, STIs, family planning, HIV, Consent, LGBTQI+, etc.	H&WB	HSE NSIO, ERTHN	
35		35.3	See action 13 above on child immunisation			
36	Public Health Departments and regional Traveller Health Structures to work in partnership with local authorities and Government Departments, as appropriate to address the social determinants of Traveller Health.	36	See Action 8	ADPHs + other relevant agencies	ERTHU, ERTHN, HoS H&WB	Ongoing
37	HSE representatives on Local Authority (LA) structures/ Local Community Development Committees (LCDCs) will be supported to advocate for Traveller health priorities.	37.1	Annualised collective priorities identified by the ERTHU to be identified, agreed, highlighted and advocated for on LCDCs and aligned and included in LECPs	HSE HoS H&WB	ERTHU, ERTHN	Q3 2023; Ongoing
37		37.2	Strengthen collaborative working and data sharing, as appropriate including engaging local authorities to engage with regional health structures	ERTHU/ HoS H& WB		Q 3 2023; Ongoing

No.	National Action	No.	Regional Action	Lead	Partner	Time
38	HSE will work with Public Health partners to explore methods to identify Traveller health needs and approaches to population health planning and funding by Traveller Proofing structures and services.	38	See Action 8	HSE	HSE PH, HSE SI, ERTHU, ERTHN, CHNMs, CDMs	
GOAL 4		Enhancing Travellers' access to culturally appropriate primary health care through investment in Traveller Health Units and Primary Health Care for Travellers Projects				
39	In line with NTRIS action 74, the HSE will review the existing arrangements for engagement with Traveller representative organisations with a view to agreeing improvements.	39	National Action			
40	In line with NTRIS action 73, the HSE will continue to resource and strengthen the THAF to prioritise and mainstream Travellers in partnership with the structures that support Traveller health.	40	National Action			
41	Explore barriers to recruitment and retention of staff in Primary Health Care for Traveller Projects (PHCTPs).	41.1	Establish a workforce planning sub-group of ERTHU to support a the development of a regional workforce planning strategy and to inform the THAF work on action 41	ERTHU, HoS HR & HoS Finance	HSE SI CHO DNCC, HSE SI CHO &, HSE SI Community Health Care East	Q1 2024-Q2 2026
41		41.2	Development and implementation of a new mentoring and training programme to attract and recruit new staff and support succession planning	ERTHU	HSE SI, CHO 9	Q2 2023; Ongoing
42	Review the functioning and capacity of THUs with a view to strengthening and standardising their approaches in all regions including: a. Staffing, resources and capacity building b. Representation and membership.	42.1	Update THU representation to ensure active participation and representation from Public Health, Primary Care, including GP leads	ERTHU & HoS PC, ADPHs	ERTHN	Q3 2023; Ongoing

No.	National Action	No.	Regional Action	Lead	Partner	Time
42		42.2	Ensure adequate HSE representation on local PHCTP steering groups to be reflective of all care groups, relevant health structures and local authorities (e.g. Public Health, Local development Officers)	ERTHU & HoS PC, ADPHs		Q4 2023
43	Continue to resource PHCTPs in line with key responsibilities for marginalised communities; identify resources to reinstate and expand PHCTPs in areas where they do not exist.	43.1	In line with Action 41, explore regional staffing requirements of PHCTPs with a view to ensuring consistency through a standardised infrastructure, targeted priorities and increasing staffing where required [Priority]	See action 41		
		43.2	Increase in existing levels - To support delivery of actions in ER NTHAP; increased hours will be required to ensure outputs are realised, assuming 25% increase in existing levels [Priority, year 1]	ERTHU, HSE		Q3, 2023
44	Continue to support Traveller participation in relevant health structures through the resourcing of the National Traveller Health Network and regional Traveller Health Networks in each THU.	44	Continue to support Traveller participation in relevant health structures through the resourcing of the Eastern Region Traveller Health Network	ERTHU	ERTHN	Q1 2023, Ongoing
45	Continue to support and resource culturally appropriate measures to address Traveller health literacy within Primary Health Care for Traveller Projects.	45	Undertake a review and evaluation of the HSE's Making Every Contact Count training for Primary Health Care Workers in CHO DNCC, linking in with MECC Mobiliser's current research on same. Identify and resource staffing requirements, including scope and workload, training and related supports.	HoS H&WB/ Pavee Point	ETB	Q4 2023

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Appendices

APPENDIX I: EASTERN REGION TRAVELLER HEALTH UNIT NTHAP 2022-2027 IMPLEMENTATION SUBGROUP MEMBERSHIP

The Eastern Region Traveller Health Unit: NTHAP Implementation subgroup is made up of representatives from ERTHU including:

- Martina Queally, Chief Officer, Community Healthcare East (Chair)
- Linda Moore, Head of Service, Mental Health, Community Healthcare 6
- Lynsey Kavanagh, ERTHU Coordinator
- Brigid Nevin, Traveller Primary Health Care Coordinator, TravAct / ERTHN Representative
- Mary Brigid Collins, Traveller Primary Health Care Coordinator, Pavee Point / ERTHN Representative
- Fran Keyes, ERTHU Technical and Training Support/ERTHN Representative
- Kathleen O'Connor, Traveller Primary Health Care Coordinator, Wicklow Travellers Group/ERTHN Representative
- Ellen O' Dea, Head of Service, Health and Wellbeing, DNCC
- Concepta De Brun, Social Inclusion Specialist, CHO 7
- Brian Kirwan, Social Inclusion GM, DNCC
- Gillian Farrelly, HOS, Primary Care, CHO 7
- Lee Collins, Social Inclusion Manager, CHO 6
- Chantal Mignon, Consultant in Public Health Medicine, Area B
- Fiona Cianci, Consultant in Public Health Area A
- Vicky Doyle, Social Inclusion Manager, DNCC.

The Subgroup could co-opt additional members based on general consensus.

APPENDIX II: TRAVELLER POPULATION IN THE EASTERN REGION

The ten projects in the Eastern Region work with approximately 8,200 individual Travellers. However, we note that, based on the projections from the Department of Housing that the Traveller population is projected as 10,644, based on Traveller family size (4 x 2,661 Traveller families).

Table 5: Estimated Traveller Population in the Eastern Region, ERTHU 2023

Local Authority areas	Traveller Population CSO Census 2022	Dept. of HLGH Traveller family count 2022	CHO Areas	Estimated Traveller population 2016. Traveller families x by 4 ***	Difference +/-population and %'s between CSO and DHLGH count
Dún Laoghaire-Rathdown	429	161	6	644	-215 (33%)
Dublin City	2,279	836	6,7,9	3,344	-1065 (32%)
Wicklow	887	276	6+ 7	1,104	-217 (20%)
South Dublin	1,943	435	7	1,740	203 (12%)
Kildare	929	365	7	1,460	-531 (36%)
Fingal	1,545	588	9	2,352	-807 (52%)
Total: CHO 6, 7, 9 THU East	8,277	2,661		10,644	2,835 (27%)

“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.”

WILKINSON AND MARMOT, 2003



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