

Social Inclusion and Traveller Health and Well- Being



Traveller and Roma
Rights are Human
Rights



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Pavee Point Traveller and Roma Centre

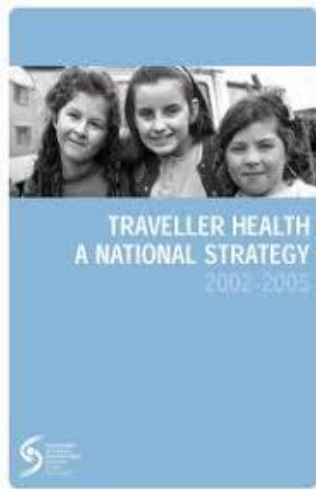
- NGO committed to the attainment of human rights for Irish Travellers and Roma –with a specific on the right to health
- Work at community, service and policy levels; representing issues at local/regional and national levels
- Work includes: Primary Health Care Traveller Project, Men's Health, Violence Against Women Project, Mental Health, Roma Project and Drugs and Alcohol Project
- Co-ordinate EARTH, THU & NTHN and ensure mainstreaming of Travellers and Roma in new health service developments
- Supporting development of KPI's and facilitating the collation and analysis of data in health services



Social Determinants Approach to Health



Traveller Health Overview



National Traveller Health Action Plan?

NTRIS, Action 73. 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 (NTRIS: 2017-2021)

Traveller Health in Context: AITHS

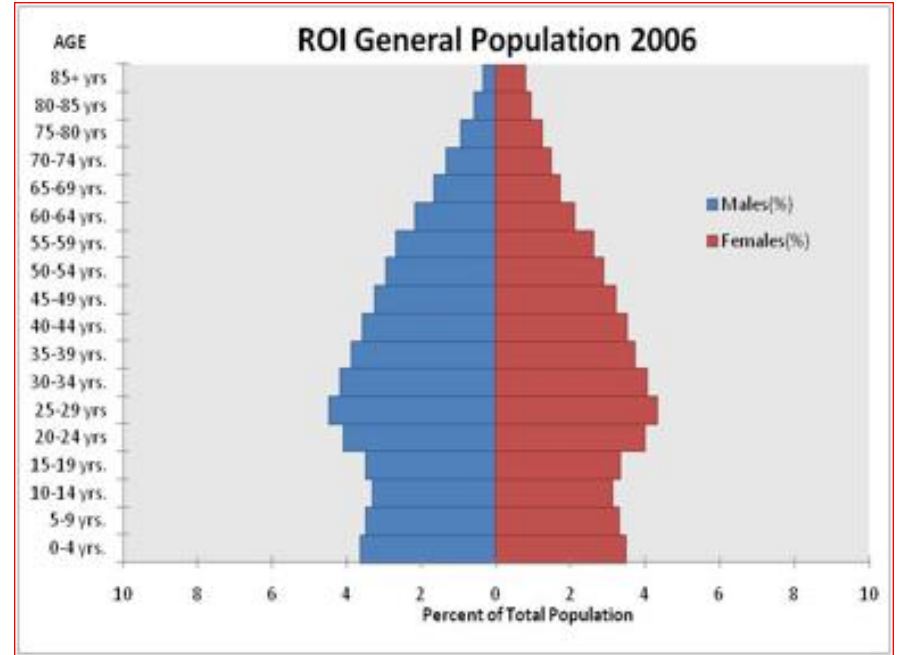
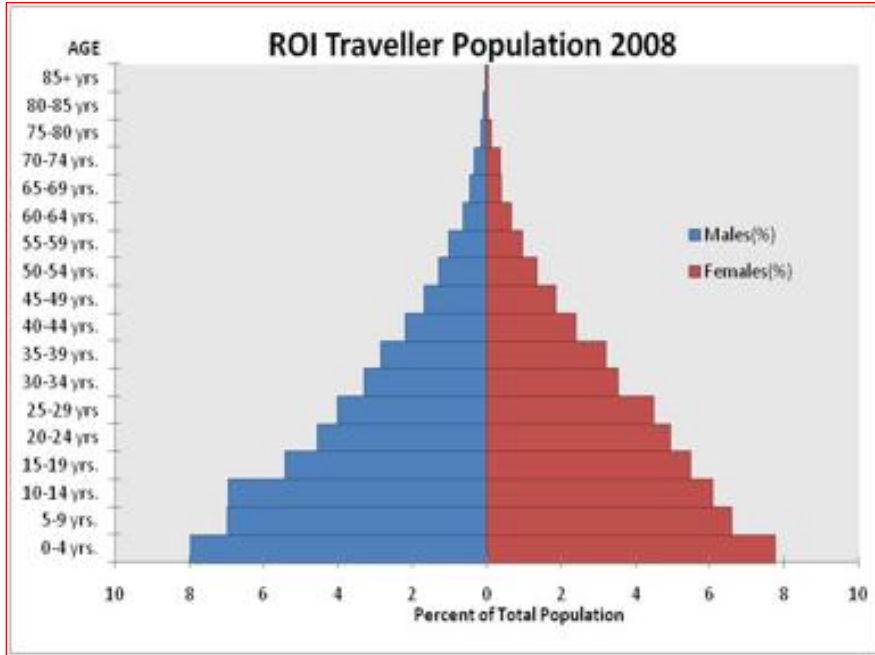
- 134 Excess Traveller deaths per year
- Mortality is 3.5 times higher, with Travellers live on average 13.3 years less than their settled counterparts
- Infant mortality rate is 3.6 times higher
- Suicide rate among Travellers is 6.6 times higher than the general population, accounting for a staggering 11% of all Traveller deaths
- Travellers account for less than 1% of the national population but make up 9% of the homeless population in Ireland. The Dept. of Housing reports that approximately 15% of Travellers are homeless

Excess Traveller deaths per year



188 observed deaths

Traveller Life Expectancy



Traveller Mortality: Men



- Traveller men live **15 years less** than men in maj. pop.
- Traveller men's mortality = **4 times higher** than national average

Traveller Mortality: Women



- Traveller women **live 11.5 years less** than women in maj. pop.
- Traveller women's mortality = **3 times higher** than national average

Traveller Mortality: Infants



- Traveller infant mortality = **3.6 times higher** than national rate

Traveller Mental Health



↑ Poor Mental Health

- 62.7% of Traveller women exp. FMD; compared to 19.9% of females from general pop.
- 59.4% of Traveller men exp. FMD; compared to 21.8% of males from general pop.

↑ Traveller Suicide

- Suicide accounts for **11% of all Traveller deaths**
- 6 times higher than majority population:
 - 7 times higher for Traveller men
 - 5 times higher for Traveller women

Dignity, Trust and Discrimination

- 42% of Travellers reported experience discrimination often or very often in their daily life
- Only 41% of Travellers had complete trust in health professionals, compared 82% in the general population
- Over 40% of Travellers had a concern that they were not always treated with respect and dignity
- Over 50% of service providers had concerns of the quality of care they received when they engaged with services
- **66.7%** of service providers who agreed that discrimination against Travellers occurs sometimes in their use of health services

Discrimination

- 80.2% of Travellers unemployed (Census 2016)
- Travellers are almost 10 times more likely than the White Irish group to experience discrimination in seeking work (IHREC, 2017)
- Travellers are over 22 times more likely to experience discrimination in access to private service (IHREC, 2017)
- Only 13% of Travellers complete secondary school vs. 92% of general population (Census 2016)
- Less than 1% of Travellers go on to 3rd level education (Census 2016)
- 62% of Travellers experienced discrimination at school (AITHS)
- 15% of Traveller families were in need of proper accommodation, the equivalent of 709,049 people in the general population (Department of Housing's Annual Census, 2017)
- 82% of landlords said they would not rent to Travellers (DKM, 2014)

Traveller Health in Context: AITHS

“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” **(All Ireland Traveller Health Study, DoH, 2010)**

Challenges

1. Gaps in Traveller health widening due improvements in general population
2. Disproportion cuts to Travellers due to austerity
3. Lack of investment
4. Lack of prioritisation of Traveller health in DoH
5. Traveller health compartmentalised within Social Inclusion in Primary Care within HSE
6. Absence of high level commitment in DoH
7. Ethnic Data Required

Solutions

1. Publish and implement the National Traveller Health Action Plan as a matter of urgency, including the establishment of a Planning Advisory Body for Traveller Health (PATH) with dedicated staff and budgets to drive its' delivery and implementation.
2. Sláintecare recommends access to universal GP care within 5 years. We recommend that Travellers be prioritized and fast-tracked in this process. We further recommend that with immediate effect all Travellers employed in Primary Health Care Projects are entitled to a medical card (similar to the Community Service Programme/CE Schemes).
3. The Traveller specific health infrastructure, including Traveller Health Units and Traveller Primary Health Care Projects, should be protected and receive increased resources for their expansion and development.
4. A clear budget is allocated and protected to address Traveller health inequalities at national level.
5. Collection of disaggregated data on the basis of ethnicity, gender, etc. (NTRIS)
6. A comprehensive approach to promoting Traveller inclusion (education, accommodation, employment, health, etc).

Current situation

- The establishment of an institutional mechanism to work in partnership with the DoH, HSE and Traveller organisations to drive implementation and delivery of the NTHAP
- There is a named individual with exclusive responsibility for Traveller health within DoH & within HSE to prioritise Traveller health needs and ensure Traveller health is mainstreamed within all divisions and policies of DoH; within work of RICOs/CHOs and Chief Officers and supporting the work of the Planning Advisory Body for Traveller Health (PATH)
- Development of a SMART NTHAP, underpinned by community development, inclusive of timelines, ring-fenced resources and a strong monitoring and evaluation framework .

Current situation

- Consultation process largely ignored
- No additionality
- No commitment to PATH
- No resources
- No named high level individual with responsibility for Traveller (in either DoH or HSE)
- No monitoring and/or accountability
- Social determinants ignored- overemphasis on medical response

“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)

Besides talking the talk, let's walk the walk!



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