



PAVEE POINT
TRAVELLER AND ROMA CENTRE

Opening Statement: Give Travellers the Floor (Health) April 2024

Pavee Point Traveller and Roma Centre

Pavee Point Traveller and Roma Centre ('Pavee Point') have been working to challenge racism and promote Traveller and Roma inclusion in Ireland since 1985. The organisation works from a community development perspective and promotes the realisation of human rights and equality for Travellers and Roma in Ireland. The organisation is comprised of Travellers, Roma and members of the majority population, who work together in partnership to address the needs of Travellers and Roma as minority ethnic groups experiencing exclusion, marginalisation and racism. Working for social justice, solidarity and human rights, the central aim of Pavee Point is to contribute to improvement in the quality of life and living circumstances of Irish Travellers and Roma, this includes working towards addressing Traveller mental health inequalities.

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Introduction

My name is Patrick Reilly, and on behalf of Pavee Point Traveller & Roma Centre we warmly welcome the opportunity to speak today on this historic day when Traveller take the floor in the Senate. We also want to acknowledge Senator Eileen Flynn, for your leadership to date on promoting Traveller and Roma rights, particularly in the Seanad and through your work on the Joint Oireachtas Committee.

Given the limited time we have, and the complexities of the issues we wish to highlight, we are going to focus on key issues and recommendations as related to Traveller health.

Nearly 40 years since Pavee Point was established, we have always undertaken a social determinants approach to health, with the need to ensure both targeting and mainstreaming of Travellers in policy and service provision.

We know that 90% of what affects a person's health happens outside of the medical system- that means living conditions, poverty, employment, educational attainment, racism and discrimination all affect Travellers' health outcomes. Travellers health is affected by Travellers not getting jobs, not being supported in school and living in bad conditions, with no services. If we are to realistically address Traveller health inequalities, other Government Departments have to also address the determinants.

Next year will mark fifteen years since the publication of the very comprehensive All Ireland Traveller Health Study (AITHS) which took 3.5 years to complete, costing the taxpayer €1.3 million and significant amount of work between Traveller organisations, Traveller researchers and researchers in UCD.

This study had an 80% participation rate- which is unheard of, particularly with 'so-called hard to reach groups.' The evidence of the Study was clear:

- Travellers have one of the lowest life expectancies of any other minority ethnic group in Ireland; the overall Traveller life expectancy is 66 years. This is 15 years less for Traveller men and 12 years less for Traveller women.
- Infant mortality almost 4 times higher than the national rate
- Traveller mortality is 3.5 times higher
- Traveller suicide is 7 times higher and accounts for 11% of Traveller deaths
- The study found only 8 Travellers were over the age of 80 years old

The Study also showed that systemic racism exists within our health services:

- Less than half of all Travellers had complete trust in health care professionals compared to the trust level found in the general population
- Over half of Travellers were concerned about the quality of care they received when they engaging with health services.
- 40% of Travellers reported discrimination accessing health services which was supported by almost 7 out of 10 of service providers who agreed that their services discriminated against Travellers.

We know from the Study that Travellers are dying of the same causes as the general population, not of some rare or exotic diseases. We're talking about cancer, CVD and respiratory issues. However, in far greater numbers. What does that tell you? Travellers are not getting access to timely or quality care and as a result, we are dying.

While the All Ireland Traveller Health Study was published in 2010, its findings have been endorsed by a number of State surveys and research reports, including most recent Census and research

conducted by the EU Fundamental Rights Agency in its 2019. Traveller organisations do not need another AITHS to tell us what we know, that Traveller health status is poor, what we need is the State to use this evidence to prioritise and resource Traveller health so that we can have better outcomes. We also need evidence from the State through ethnic data to show where the gaps are and where things are working well.

In 2022 after years of lobbying, the HSE published a long-awaited National Traveller Health Action Plan and was welcomed by Travellers and Traveller organisations, particularly the fact that it had an accompanying budget and monitoring structure; the first time since 2008 that Traveller health has received additional core funding.

If fully implemented, the Plan has the potential to address key concerns in relation to Traveller health. However, there is an urgent need for new core funding to implement the Plan. Traveller organisations and Primary Health Care Projects can't realistically be expected to deliver on these actions with once-off funding and without any additional core funding. Traveller Community Health Workers, mostly Traveller women, who employed by these projects, are working on the minimum wage, for 12 hours a week and expected to deliver on a range of actions while also responding to emerging issues on the ground. These workers are living and working within the community and work far beyond the 12 hours in which they are paid. We are seeing good workers leave the sector as a result and there is an urgent need to address this.

These projects, which have been in existence for almost 30 years and operating throughout the country, are recognised as the 'cornerstone of which health services are delivered effectively to Travellers;' in fact the vast majority, 86% of Travellers report accessing health information from PHCTPs. These projects need to be valued and strengthened so that this vital work can continue and be sustained in the future.

We saw through COVID-19 what can be achieved when there is political will and cross-departmental work and partnership. Travellers and Traveller organisations effectively saved Travellers' lives during this time and there was goodwill, support and collaboration from colleagues in the HSE and other government departments, in working with us and we need to continue this approach moving forward. Where there is a will there is a way.

Despite these challenges, we remain hopeful, that we can work together to address the issues I have spoken about. Traveller organisations are ready, willing and able. The Seanad has an important role to play in showing leadership and ensuring that those who are marginalised have a voice. We hope from today that the Traveller voice from this chamber will be stronger and that can affect real change on the ground.

It is in this context we recommend:

1. Fully implement recommendations in the Final Report of the Joint Committee on Key Issues affecting the Traveller Community.
2. Fully implement and resource the National Traveller Health Action Plan.
3. Ensure that Traveller health is prioritised within the Department of Health and a whole of department approach to addressing Traveller health inequalities.
4. 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 in line with the National Traveller and Roma Inclusion Strategy (Action 76).
5. Implement ethnic equality monitoring across all routine administrative data collection systems to support the development of health indicators to monitor Traveller and Roma access, participation and outcomes in health.