PAVEE POINT
TRAVELLER AND ROMA CENTRE

Submission to the Special Committee on Covid-19 Response
July 2020

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.

For further information contact:

Ronnie Fay, Co-Director
ronnie.fay@pavee.ie
Tel: +353 1 878 0255

Martin Collins, Co-Director
martin.collins@pavee.ie
Tel: +353 1 878 0255

Key Recommendations

1. Urgent publication and implementation of the National Traveller Health Action Plan
2. Ensure that Traveller health is prioritised within the Department of Health and a whole of department approach to addressing Traveller health inequalities
3. Public health to continue its engagement and ongoing involvement with Traveller Health Units and Traveller organisations to addressing Traveller health inequalities
4. Introduction and rollout of ethnic identifier in all routine health data administrative systems
5. General Register Office's (GRO) to record ethnicity on its death register
6. Medical cards for all Travellers given health inequalities
7. 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)
8. A budget is allocated for Traveller health developments and a system for monitoring and tracking the allocation, expenditure and accountability of Traveller health budgets is in place
9. Equality proof telehealth developments to ensure that they do not exacerbate Traveller and Roma health inequalities
10. HSE to ensure a dedicated a national funding stream for health advocates for Roma
11. Review the impact of regulatory barriers to Roma, including the Habitual Residence Condition and Circular 41/2012

Introduction

Pavee Point Traveller and Roma Centre ('Pavee Point) welcomes the opportunity to make this submission to the Special Committee on COVID-19 Response on the topic of non COVID-19 healthcare as the Department of Health and HSE prepares to reopen health services. We commend the Committee in giving visibility to the key issues affecting Travellers and Roma during this time.

The ongoing pandemic has demonstrated the value of a strong Traveller health infrastructure underpinned by community development as Traveller Organisations, Traveller Primary Health Care Projects and Traveller Health Units have mobilised across the country, working collectively to ensure that Travellers, especially those who are most vulnerable, are protected. It has also underscored the importance of a whole of government and interagency approach in responding to these challenges given the public health issue at hand. Since the emergence of the crisis, we have seen real goodwill, support and collaboration from colleagues in the HSE and other government departments, in working with us to ensure that Traveller and Roma health concerns relating to COVID-19 are addressed in an accessible and culturally sensitive manner at this challenging time when the communities are very fearful of the impact of the virus on their families and communities.

It will be important that this joined up thinking and whole of Government approach to addressing Traveller health inequalities is maintained into the future as we know that 90% of what affects your health happens outside of the medical system[1]. This social determinants approach to health which recognises that living conditions, poverty, employment and educational attainment all affect your health status-needs to be acted upon by the Department of Health. It cannot continue to be referenced in various Department of Health policies and then not applied in practice. Too often when we bring the causes of these broader health inequalities to the attention of the Department of Health we have been told that it's beyond their remit. Despite the Department's position since 2001 with *Quality and fairness: a health system for you: health strategy* and more recently Sláintecare and Healthy Ireland amongst others specifically referencing and recognising the social determinants approach.

In this pandemic we witnessed the positive involvement of public health doctors in addressing the living conditions of Travellers and Roma. The authority they brought to the concerns which have been raised by Traveller organisations over many years was welcomed. We witnessed local authorities providing essential services such as running water, sanitation, electricity within a matter of weeks-when public health doctors were involved- despite Travellers and Traveller organisations advocating for such basic services for many years. We hope the provision of such necessities (water, toilets and electricity etc.) was not just prioritised because of the risk to the general public, but rather, because of the real concern for the lives and health of Travellers and Roma living in Ireland. It is imperative that public health continues this positive engagement and ongoing involvement with Traveller Health Units and Traveller organisations in addressing Traveller health inequalities given the disproportionate distribution of chronic health conditions and communicable diseases as evidence in the All Ireland Traveller Health Study (AITHS).

This submission sets out some of the current challenges/emerging issues and provides clear and strategic and recommendations to address these challenges.

Publish and Implement National Traveller Health Action Plan

Research unveils stark inequalities for Travellers in relation to access, participation and outcomes in health. The AITHS revealed the following results for Travellers in comparison to the general population:

- 134 excess Traveller deaths per year

[1] Dahlgren, G. and Whitehead, M. (1991) *Policies and Strategies to Promote Social Equity in Health*. Stockholm: Institute For Future Studies.

- 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[2]

The AITHS also reported that Travellers had a greater burden of chronic diseases, with COPD 4 times higher and asthma 2 times higher than the general population. In terms of mortality, the main causes of Traveller deaths were respiratory and cardiovascular diseases.

These stark health inequalities for Travellers are due to structural inequalities and failure to address the social determinants of health[3] which are also clearly evidenced in Census 2016:

- 3% of Travellers reaching 65 years
- 63% of Travellers are under 25 years[4]
- Only 13% of Travellers complete secondary education[5] and less than 1% go on to third level education
- 80.2% of Travellers are unemployed in comparison to an overall national figure of 7 per cent

Furthermore, Traveller overcrowding is 7 times the national rate and according to the Department of Housing, 15% of all Travellers are homeless,[6] this is equivalent to 709,632 people in the general population.

We welcome the commitment in the Programme for Government[7] to implement of the National Traveller Health Action Plan (NTHAP). The need for the development of a NTHAP was first identified in the All Ireland Traveller Health Study (2010) and was committed to by the Government in the National Traveller Roma Inclusion Strategy in 2017. Despite Pavee Point consistently lobbying for its publication since then we still await its publication. Former Minister for Health, Simon Harris TD recently told the Oireachtas that his greatest regret was not publishing the Traveller Health Action Plan[8] and urged the incoming Minister to prioritise this as a matter of urgency.

"I appreciate the Deputy raising the issue of Traveller health. It has been one of my great regrets that we have not got the Traveller health action plan published yet. I urge whoever the next health Minister is to get that done quickly."- Former Minister for Health, Simon Harris, TD

While we echo Minister Harris' call for urgent publication, of equal concern will be the prioritisation afforded to its implementation, including allocation of resources and buy-in from the Department of Health and the mechanisms identified within HSE.

[2]Department of Health (2010) *Our Geels All Ireland Traveller Health Study*. These findings have been fully supported by more recent research by the Economic and Social Research Institute, Dorothy Watson, Oona Kenny and Frances McGinnity, *A Social Portrait of Travellers in Ireland*.

[3] This includes poor accommodation conditions, poverty, illiteracy and discrimination. For more information see: World Health Organisation (2007) *A Conceptual Framework for Action on the Social Determinants of Health.* Commission on Social Determinants of Health

[4] Compared with 35 per cent of the general population

[5] Compared with 92 per cent of the general population

[6] The Department of Housing, Planning and Local Government's Annual Count reflects that 15% of Travellers are need in accommodation; with 1,115 Traveller families are 'sharing' accommodation. This number has been rapidly increasing each year, with the most recent count indicating an almost 30% increase of Travellers sharing accommodation since 2014. Sharing is in effect being homeless and it meets the criteria for homelessness as defined by the European descriptive typology (ETHOS) which is also used by the Central Statistics Office, as people living in insecure accommodation.

[7] https://static.rasset.ie/documents/news/2020/06/draft-programme-for-govt.pdf

[8] https://www.oireachtas.ie/en/debates/debate/dail/2020-06-04/5/?highlight%5B0%5D=traveller&highlight%5B1%5D=traveller&highlight%5B2%5D=traveller&highlight%5B3%5D=traveller&highlight%5B4%5D=travellers&highlight%5B5%5D=traveller&highlight%5B6%5D=travellers

Stronger leadership required by the Department of Health

We have highlighted consistently in previous submissions and presentations to the Oireachtas[9] the need for stronger leadership by the Department of Health in relation to addressing Traveller health inequalities. We believe that the Department have absolved themselves of any responsibility for Traveller health inequalities as evidenced in the draft National Traveller Health Action Plan and we remain concerned that Traveller health has become a political football that is not prioritised and that by simply applying a mainstreaming/ 'one cap fits all approach' this will somehow address the glaring health inequalities experience by the Traveller community. The absence of direct engagement of the Department of Health with Traveller organisations throughout COVID-19 was remarkable, given that it was a health pandemic. Many other Government departments liaised directly, respectfully and positively with Traveller organisations-e.g. Departments of Housing, Planning and Local Government; Social Protection; Community and Rural Development; Education and Skills etc. The engagement by HSE colleagues also has to be commended. Given the potential for a second wave of COVID-19 it is imperative that the Department of Health take seriously Traveller health inequalities and address the deficit in their prioritisation of these inequalities to date. We call on the new Minister for Health to prioritise Traveller health within the Department and ensure that it becomes a concern of all sections within the Department and that accountability mechanisms and structures are put in place to ensure this happens.

Ethnic data required for evidence-based policy making and service provision

International data has indicated the disproportionate impact of COVID-19 on minority ethnic groups. For example, the UK has acknowledged the disproportionate impact of the virus on minority ethnic groups in its recent report published by Public Health. Similarly, in the U.S., ethnicity data reported to the CDC reflects a similar picture, with States such as Louisiana reporting that 7 out of 10 COVID-19 (70%) related are African Americans.

The disproportionate impact of COVD-19 on Travellers and Roma[10], the potential that the crisis will further exacerbate existing Traveller health inequalities and the rise of racism, with Travellers and Roma effectively being blamed for health inequalities they experience. In Ireland, we noted the alarming number of Travellers and Roma that were becoming infected with the virus, with many in critical condition. Pavee Point raised the need for the State to collect and collate ethnic data to document the impact of COVID-19 on minority ethnic groups last March. The HSE brought it to the attention of the NPHET vulnerable groups sub group however it was never implemented. In the absence of an ethnic identifier on health systems it is impossible to ascertain the true impact of COVID-19 on Travellers, Roma and other minority ethnic groups. In the interim, Pavee Point has been monitoring cases nationally by working in partnership with Traveller Health Units, local Traveller organisations and Primary Health Care Projects and other NGOs working with Roma. Nationally, we note that over 150 Travellers have tested positive for COVID-19, with 3 deaths and 70 Roma testing positive and 7 deaths[11]. Of those Travellers reporting tested for COVID-19, 12% are testing positive which is higher than the national figure of 6.7% in the general population.[12] In the Eastern Region alone (*we know this is an undercount*), over 400 Travellers have been tested, of these 57 tested positive. It is testimony to the work of Traveller organisations and Primary Health Care Projects, given the poor living conditions and underlying health inequalities of many Travellers, that COVID-19 did not have a more negative impact on the community.

[9] See here: https://www.paveepoint.ie/wp-content/uploads/2015/04/PP_Submission_-Special-Joint-Committee-on-key-issues-affecting-the-Traveller-Community_FINAL_October2019-1.pdf

[10] https://www.osce.org/odihr/449668; https://fra.europa.eu/en/news/2020/persistent-roma-inequality-increases-covid-19-risk-human-rights-heads-say

[11] As of 12:30 1/7/2020

[12] As of 12:30 1/7/2020. See HPSC figures here: https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/

The European Commission, the European Union (EU) Agency for Fundamental Rights, the Organization for Security and Co-operation in Europe Office for Democratic Institutions and Human Rights, and the Council of Europe issued statements drawing attention to the disproportionate impact of COVID-19 on Travellers and Roma and the lack of real-time ethnic data to properly monitor the crisis.

The collection and use of ethnic data (ethnic equality monitoring) within a human rights framework is necessary to combat racism, eliminate discrimination, promote equality of opportunity and protect human rights. Ethnic equality monitoring is government policy and a number of public bodies routinely collect and use ethnic data to inform policy and practice. Failure to collect such data in the current crisis potentially puts more lives at risk for Travellers, Roma and other minority ethnic groups which already have higher mortality and morbidity rates. The European Fundamental Rights Agency (FRA) is publishing regular reports about the fundamental rights impact of COVID-19 over the coming months and the need for disaggregated data to monitor the crisis. Ireland needs to have this data for reporting under the National Traveller and Roma Inclusion Strategy and potentially other UN bodies, etc. Therefore, we cannot emphasise enough that the ethnic equality monitoring needs to be introduced into all health administrative systems and especially those related to COVID-19.

We understand that the Department of Health has instructed the HPSC to include an ethnic identifier in their COVID-19 data collection system (Computerised Infectious Disease Reporting - CIDR) and understand that is also included in the contact tracing system- CRM. While this is to be welcomed, we note the limitations of these systems, as ethnicity is not included in the assessment form (via the National Ambulance Service) for testing or healthlink referral by GPs. This has made it extremely challenging for public health to accurately capture cases from the outset. This is clearly resulted in the underreporting of Traveller and Roma data as reflected in news reports and in particular, numbers being provided to the CMO as reported at DoH press briefings. The figures are inaccurate and are an undercount. We are also concerned that deaths are not being reported accurately (i.e.) Traveller deaths haven't been reported and the Roma deaths are underreported in the data provided. Therefore, it is important that the General Register Office's (GRO) records ethnicity on its death register. We are seeking clarification on the implementation of the ethnic identifier into the CIDR and in particular, where and how the data is being collected as it is imperative this takes place within a human rights framework.

Fair Terms and Conditions for Traveller Workers

Traveller health inequalities have been clearly identified – *All Ireland Traveller Health Study (2010), ESRI: A Social Portrait of Travellers (2017),* and the *National Traveller and Roma Inclusion Strategy (2017).* These reports also identified the lack of trust Travellers have in health service providers and thus their low uptake of health services coupled with the view of health service providers that Travellers can experience discrimination in accessing health services.

The employment of Traveller Community Health Workers (CHWs) to provide primary health care to the Traveller Community has been demonstrated to be a cost-effective approach in bridging the gap between a community experiencing high health inequalities and a health service unable to reach and engage that community effectively in health service provision. This is evidenced in the fact that 83% of Travellers receive health information from Traveller organisations and PHCTPs.

It is important to recognise that Traveller CHWs come from the Traveller Community and that they and their families experience similar levels of health inequalities to the overall Traveller Community. They are providing a culturally appropriate and culturally competent service to a community that is difficult for the health service to reach, and are increasing the appropriate use of health services by

Travellers. They are also an important link for many public services in accessing the Traveller community. The effectiveness and efficacy of our strong Traveller health infrastructure has been vital to responding to the needs of Travellers during this pandemic, with local Traveller organisations, Traveller Primary Health Care Projects and Traveller Health Units working collaboratively and in partnership with the HSE and other government departments to mitigate (where possible) the impact of COVID-19 on Traveller families and ensure that prioritisation of Travellers during this time. The credibility, trust and relationships developed over the last 30 years greatly supported this work.

Using an interagency approach and ensuring a social determinants focus to public health, this work resulted in policy and service provision changes which has had tangible outcomes for Travellers on the ground. This includes:

- Ensuring Travellers and Roma were named under vulnerable groups
- Ensuring Travellers and Roma were identified as priority groups for COVID-19 testing
- Undertaking of fast tracking and targeted testing of Travellers and Roma
- Issuance of a national circular from the Department of Housing, Planning & Local Government to all local authorities to ensure the provision of emergency facilities and Traveller accommodation to self-isolate where necessary
- Engagement of public health doctors in implementation of the national circular
- A national ban on Traveller evictions during the COVID-19 crisis, including Travellers living on the side of the road or Travellers doubling up on sites in emergency legislation.
- Successfully lobbied to ensure that Community Response Forums (CRFs) were inclusive of Traveller representation, resulting in the Department of Housing, Planning & Local Government issuing guidance to Local Authority Chief Executives through the CCMA to ensure Traveller representation on these structures.
- Inclusion of an ethnic identifier was included in the HPSC database (CIDR)
- Issuance of PPE to Traveller Primary Health Care Workers
- Development of culturally appropriate COVID-19 health education materials

We believe that in the absence of such an infrastructure, COVID-19 would have had a much worse impact on the Traveller community. This work should be recognised through the provision of medical cards to all Travellers given their underlying health conditions and inequalities and the imperative to retain experienced Travellers in undertaking this important health work which is part time and employs people on the minimum wage. The HSE national Traveller Health Advisory Forum has provided the following recommendations to address the current terms and conditions of Traveller Primary Health Care Workers:[13]

- the minimum wage and linked to a relevant HSE pay scale;
- potential employment progression routes;
- pension & retirement benefits;
- a derogation from engagement in activation programmes (as they are already activated); and
- Sláintecare recommends access to universal GP care within 5 years. We recommend that Travellers be prioritised and fast-tracked in this process. Given their health inequalities, and the important work undertaken by Primary Health Care Workers on behalf of a range of state services.

While we recommend that all Travellers are prioritised and fast-tracked for medical cards given the level of health inequalities, we recommend that with immediate effect all Travellers employed in

[13] Fay, R., Fogarty, J. and Todd, J. (2017) *Primary Health Care Projects: Recommendations for improved terms and conditions.* Dublin: Traveller Health Advisory Forum National Working Group.

Primary Health Care Projects, similar to those with disabilities are facilitated to retain their medical card. This is circa 300 Traveller Health Workers who are working part time and are on the minimum wage. The positive implications from such an initiative cannot be over-stated. It would be a huge confidence building measure, particularly given their work to during the pandemic. It would also ensure that the resources that Traveller organisations, and the funding the state, have invested in Traveller PHC workers over many years would not be lost and they could continue to undertake the essential public health initiatives that are so well regarded within the community and by a range of public service providers.

National Investment and ring-fenced budget needed to address Traveller Health

There has been a disproportionate disinvestment in Traveller health which pre-dated Austerity. This was highlighted in 2009 in our submission to the Joint Committee on Health and Children[14] in which we highlighted to the Committee that out of a potential €2 million allocated for Traveller health development funding provided in 2007/08, only €200k was made available towards Traveller health developments and the remaining €1.8m went to 'break-even' to help balance the HSE budget. Given Travellers health status, given the all-Ireland study findings and the significant health needs of Travellers, this is unacceptable, and in our view immoral, and the €1.8m needs to be restored to the Traveller health base budget. It is even more imperative, given the recession forecast, that we have a Just Recovery and that Travellers are not forced to bear the brunt of Austerity measures as witnessed 2008-13.[15]

We believe this reflects a lack of prioritisation of Traveller health and a disregard for Traveller health inequalities. While we acknowledge once off Dormant Accounts the once off funding from the HSE in terms of the Dormant Accounts Fund 2017-2019 (Action Plan Mental Health Initiative for Travellers) and the appointment of 9 HSE Mental Health Service Coordinators for Travellers, Traveller health has not received any new core development funding from the Department of Health since 2008. This, despite efforts to secure resources through the estimates process and Traveller health inequalities widening.

Ensuring that Traveller and Roma health inequalities are not further exacerbated post-COVID-19

We are concerned that during the pandemic many Travellers did not have access to vital primary care services, including screening and referral pathways for secondary diagnostics and treatment. This has further marginalised Travellers from the health system and exacerbated health inequalities. It is imperative that positive action measures are undertaken to mitigate this and to prevent further widening of the gap. Equally, it is important to ensure proactive participation of Traveller Health Units, Traveller organisations and PHCPs in the design and structuring of Community Health Networks to ensure the health needs of Travellers are prioritised in line with Sláintecare.

Telehealth

We are concerned with the shift towards tele/online health during the crisis (and as outlined in Sláintecare) has further exacerbated existing issues in terms of access to primary care for Travellers. Many Travellers do not access GPs within their local geographical areas- both because of difficulties in getting onto GP lists as medical card holders but also because they often have built up a good relationship/ trust with a particular GP and therefore when they move locations (even from different counties) they prefer to maintain the relationship with their original GP. Many older Travellers in particular often cannot use mobile phones, do not have mobile phones, do not have access to computers or internet connection, and have either no or low levels of literacy. For instance, many Traveller sites/group housing schemes do not have broadband. Given their overcrowded living conditions there is also limited space for many Travellers to have a private conversation with GPs.

[14] https://www.oireachtas.ie/en/debates/debate/joint_committee_on_health_and_children/2009-03-10/3/
[15] https://www.paveepoint.ie/wp-content/uploads/2013/10/Travelling-with-Austerity_Pavee-Point-2013.pdf

This can result in deferral of seeking support-which can particularly negatively impact on Traveller women. Roma women often face these same barriers but have an added language barrier which poses significant difficulties with accessing and use online/telehealth, particularly when translation service may be needed.

Further, in terms of mental health, we are concerned that online/telemental health service provision will further marginalise and exclude Travellers. Understandably mental health service providers are working within government restrictions and had limited ways to provide support during this time. Mental health service providers have indicated that there will be a greater reliance on digital resources post COVID-19 which we have serious concerns will further marginalise Travellers who are limited in their capacity to engage with tele-mental health as it is for reasons such as low literacy to navigate technology, lack of access to suitable technology or lack of privacy when living in overcrowded accommodation. It is essential that access to mental health services is accessible for all service users and responds to service users in appropriate and inclusive ways.

It is imperative that telehealth cannot be seen as a panacea in addressing existing gaps in health services and that it is subject to an equality impact assessment to ensure that it use is inclusive and accessible for Travellers, Roma and other marginalised groups.

Mental health

We were particularly concerned about the impact of COVID-19 on Travellers' mental health, which was at crisis point before the pandemic.[16] We are increasingly receiving reports from Traveller organisations nationally that the pandemic increase in substance misuse and risky behaviour amongst Travellers (as with the general population). This is impacting negatively on Traveller mental health and has further exacerbated mental health issues within the community, with rising numbers of Travellers self-harming and unfortunately, Traveller suicides. This has particular consequences for Travellers who have been advised to cocoon, especially older Travellers as well as those with a disability. Mental health service providers have indicated that there will be a greater reliance on digital resources post COVID-19, which we have serious concerns about as outlined above. This would further marginalise Travellers and Roma who have limited capacity to engage with tele-mental health due to low literacy and language skills, lack of ability to use and access suitable technology, and lack of privacy when living in severely overcrowded accommodation.

It is also crucial that community mental health teams proactively engage with service users to develop a return to normal levels of support and engagement. Travellers and Roma should be named as a priority group in post-COVID-19 mental health responses and targeted measures and actions developed in consultation with Traveller organisations.

Sexual and Reproductive Health

In terms of sexual and reproductive health, the pause in screening of women as well as pause in gynae appointments and procedures has raised concerns for Traveller and Roma women who have been on waiting lists. In the context of already existing health inequalities, this has further delayed receiving essential checks, procedures and care. It is also important that abortion care is available and accessible to Traveller and Roma women during this time.

Dedicated Health Advocates for Roma

Prior to the pandemic, the Roma community were facing significant structural barriers to accessing health services, with nearly half of Roma not having access medical cards and GPs.[17] Further, in the

[16]According to the All Ireland Traveller Health Study (2010), suicide for Traveller women is 5 times higher than the general population; with 6 out of 10 (62.7%) Traveller women disclosing that their mental health was not good enough for one or more days in the last 30 days; this was compared to 1 in 5 (19.9%) women in the general population.

[17] https://www.paveepoint.ie/wp-content/uploads/2015/04/RNA-PDF.pdf

absence of sufficient income, high cost of health care, and lack of interpretation and translation services, access to health services has continued to pose a major issue for the Roma community during the pandemic.[18] The ongoing COVID-19 pandemic has highlighted a number of significant challenges for Roma, especially those who are most vulnerable. In particular, Roma families who are living in severely overcrowded and unsafe accommodation. The application of Circular 41/2012[19] is presenting a barrier to homeless Roma trying to access emergency accommodation. The Circular advises that as an EU citizen living in Ireland, you must be in employment in order to be assessed for social housing support, including homeless services. If not, you must be unemployed due to illness, accident or involuntarily unemployed after being in employment for over a year and registered as a jobseeker with the Department of Social Protection. For Roma who do not meet these criteria, a housing assessment cannot be completed and their access to homeless services is curtailed. The effect of this is that 'one night only' emergency accommodation is provided, with a requirement to ring the freephone helpline every day accommodation is required. This is often an insurmountable barrier for a community where there are significant literacy and language barriers, and where access to a phone is limited. Many Roma are unable access social welfare payments due to the Habitual Residence Condition; and those without access to GP/health services.

Since the beginning of the pandemic, we have worked with the HSE and other government departments to ensure that Traveller and Roma health concerns relating to COVID-19 are addressed in an accessible and culturally sensitive manner at this challenging time when the communities are very fearful of the impact of the virus on their families and communities. As a result, we have received increasing requests from Roma, HSE and other government departments to strategically respond to emerging issues of COVID-19 and Roma on regional and national levels. Our capacity to respond effectively to requests from is limited as our lack of resources inhibits our ability to engage with resource intensive work. Further, during this crisis, there has been increasing awareness and identified need for a strong Roma infrastructure (similar to the Traveller health infrastructure) to strategically respond to the needs of the Roma community ***during*** and ***after*** this crisis.

Traveller Health Units (THUs) have clearly demonstrated their value to the HSE, the State, government departments and to the Traveller Community during this crisis. THUs have mobilised throughout the country, working collectively to ensure that Travellers, especially those who are most vulnerable, are protected. THUs recognise the need for collaboration and partnership between health service providers and Traveller organisation representatives in order to identify and prioritise health issues within the Traveller community and to develop appropriate interventions. Given the health inequalities of Roma and the issues identified during this time, it's clear that a similar approach is required. It is also imperative that there is national co-ordination to provide guidance, share good practice, learning is documented, etc.

[18] Curran, S., A. Crickley, A., R. Fay, F. Mc Gaughey (eds), *Roma in Ireland - a National Needs Assessmen*t, Department of Justice and Equality and Pavee Point Traveller and Roma Centre, 2018.
[19] housing.gov.ie-housing-412012-access-social-housing-supports-non-irish

Appendix I: Traveller Key Facts and Figures
(Submission to the Special Committee on Covid-19 Response)

Health[20]	Education[21]	Accommodation[22]
• Only 3% of Travellers over 65 • 42% of Travellers under 15 years of age compared with 21% of the general population • 63% of Travellers under 25 years of age compared with 35% of the general population • Only 8 Travellers found over 85 years of age	• 13% of Travellers complete secondary education in comparison with 92% of the general population. • 57.2% of Traveller males were educated to primary level at most, compared with just 13.6% of the general population • Less than 1% of Travellers go on to third level education	• Nearly 40% Traveller households had more persons than rooms compared with less than 6% of non-Traveller households • Traveller overcrowding 7 times the national rate • 15% of all Travellers are homeless; the equivalent to 709,632 people in the general population. [23] • Approximately 1,700 Travellers on the roadside without basic facilities[24]
No new development funding has been allocated to Traveller health since 2008	**-86.6% cuts were made to Traveller education during austerity**	**Almost half of the Traveller accommodation budget given to local authorities by the government was sent back unspent in 2019**

AITHS Key Findings: Mental Health and Suicide	
• 62.7% of Traveller women and 59.4% of Traveller men reported their mental health was not good for one or more days in the last 30 days, compared to 19.9% of the non-Travellers • 56% of Travellers said that poor physical and mental health restricted their normal daily activities, compared to 24% of the non-Travellers	• Overall Traveller rate suicide is 6 times higher than general population • Suicide is 7 times higher for Traveller men and accounts for approx. 11% of all Traveller deaths • Suicide is 5 times higher for Traveller women
Aside from once-off funding from Dormant Accounts and 9 HSE posts for Mental Health Co-Ordinators for Travellers, there is no dedicated Traveller mental health budget	

[20] https://www.ucd.ie/t4cms/AITHS_SUMMARY.pdf
[21] http://www.cso.ie/en/csolatestnews/pressreleases/2017pressreleases/pressstatementcensus2016resultsprofile8-irishtravellersethnicityandreligion/
[22] http://www.cso.ie/en/csolatestnews/pressreleases/2017pressreleases/pressstatementcensus2016resultsprofile8-irishtravellersethnicityandreligion/
[23] Department of Housing, Planning and Local Government (2018) Total Number of Traveller Families in all categories of Accommodation.Dublin: Department of Housing, Planning and Local Government
[24] Department of Housing, Planning and Local Government (2018) Total Number of Traveller Families in all categories of Accommodation. Dublin: Department of Housing, Planning and Local Government

AITHS Key Findings: Discrimination
• 53% of Travellers "worried about experiencing unfair treatment" from health providers • Over 40% of Travellers had a concern that they were not always treated with respect and dignity • Over 50% of Travellers had concerns of the quality of care they received when they engaged with services • 40% of Travellers experienced discrimination in accessing health services, compared to 17% of Black Americans and 14% of Latino Americans • 66.7% of service providers who agreed that discrimination against Travellers occurs sometimes in their use of health services. Mental health service providers also admitted that anti-Traveller discrimination and racism were evident within the services, resulting in substandard treatment of Traveller service users.

AITHS Key Findings: Trust in Health Services

• Traveller organisations and Primary Health Care for Traveller Projects (PHCTPs) were the most recognised and used support services for Travellers, particularly for mental health
• 83% of Travellers reported receiving health information and advice from PHCTPs:
  o 25% of Traveller women had breast screening for cancer, compared with 13% of women in the general population
  o 23% of Traveller women had a cervical smear test compared with 12% of women in the general population
• The level of complete trust by Travellers in health professionals was only 41% compared with a trust level of 82% by the general population in health professionals

Since 2007 there has been a disproportionate disinvestment in Traveller health which has pre-dates austerity. In 2008, out of a potential €2 million for Traveller health development funding, given Traveller health status, given the all-Ireland study and given the significant needs, €1.8 million was used to balance the HSE books.

Appendix II: Roma Key Facts and Figures[25]
(Submission to the Special Committee on Covid-19 Response)

Health	Poverty	Accommodation
• Over 1 in 3 (38.9%) of Roma do not have a GP • Half of Roma do not have a medical card • Almost 1 in 4 (22.5%) Roma reported having diabetes	• 1 in 4 Roma children (25%) have gone to school hungry • Almost half (49.5%) of Roma reported not always having enough food • Facilities: No kitchen (12.4%); No cooker (9.6%); No fridge (13.5%); Cannot keep the house warm (66.3%) • 83% of Roma are unemployed • Almost 1 in 5 Roma reported begging as a source of income (17.6%) and no income (14%)	• 6.6% of Roma report to be currently homeless and almost half (45.7%) have been homeless at some stage • 1 in 5 Roma (24%) of Roma lived in households of 8 or more people • Almost half (44.8%) of Roma did not have enough beds in their accommodation • Almost one in ten (7.3%) Roma live in households with 10+ people

[25] https://www.paveepoint.ie/wp-content/uploads/2015/04/RNA-PDF.pdf