



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Submission from

Traveller Health Unit

Community Health Organisation 3

Health Service Executive

To

Ireland 2040 Our Plan:

The National Planning Framework

Department of Housing, Planning, Community &

Local Government

Date 23rd March 2017

INTRODUCTION

The Traveller Health Unit (THU) of the Health Service Executive (HSE), Community Healthcare Organisation 3 (CHO3) welcomes this opportunity to make a submission to Ireland 2040 Our Plan: the National Planning Framework. Our submission will focus on the implications for Travellers of the current approach to planning and service provision which is not leading to positive health and wellbeing outcomes for Travellers and the importance of a new direction in order to provide safe sustainable communities in the future.

The THU was established in 1999 under the then Mid-Western Health Board and covers the geographical area of Clare, Limerick and North Tipperary, a region consisting of approximately 850 Traveller families. The overall aim of the THU is to improve the health outcomes for Travellers by adopting a social determinants approach in line with the government's National Health Strategy (Healthy Ireland) and the National Traveller Health Strategy. This approach links the focus on health and wellbeing to the broader determinants of health, including accommodation, physical living environments, education and employment. Therefore, the future planning policy and strategy that will be adopted under Ireland 2040 Our Plan will play a key role in enabling the health and wellbeing of the Traveller Community in our region to be improved.

Recognition of Traveller ethnicity by Dáil Éireann on March 1st 2017 was a landmark moment and now provides an onus on all planning and policy makers to ensure that current and future plans are supportive of and inclusive of Traveller ethnicity – lifestyle, culture, inclusion in decisions affecting them and ensuring that outcomes for Travellers are similar to those in the general population. Recognition of Traveller ethnicity provides an opportunity for a real partnership approach with Travellers to be undertaken that affirms diversity and focuses on ensuring equality of outcome for Travellers in all Government plans and policies.

This submission will highlight the current situation in relation to Traveller health and wellbeing on a range of indices as outlined in the All Ireland Traveller Health Study (AITHS) (2010) and the ESRI Report 'A Social Portrait of Travellers in Ireland (2017). It will then focus on the need for a new direction in relation to improving Traveller health and wellbeing and will make some generic suggestions and some thematic recommendations that could be taken on board in Ireland 2040.

TRAVELLER HEALTH AND WELLBEING: THE CURRENT SITUATION

The built environment is an important determinant of health. This is especially true for the Traveller community where accommodation, physical living conditions and their built environment is having a direct impact on their poorer health status. This has been evidenced well in a number of studies including the All Ireland Traveller health Study (2010) and the ESRI (2017) Report – A Social Portrait of Travellers in Ireland.

The All Ireland Traveller Health Study was the first study of Traveller health status and health needs that involved all Travellers living on the island of Ireland, North and South. It arose from a recommendation in the Department of Health and Children's National Traveller Health Strategy - 2002- 2005 (Department of Health and Children, 2002): '*A Traveller Needs Assessment and Health Status Study to be carried out to develop and extend the indicators collected in the last survey of Travellers' Health Status (HRB, 1987) and to inform appropriate actions in the area of Travellers' Health*'. The AITHS adopted an innovative, participative methodology and as a result, approached every Traveller family in Ireland and achieved an 80% response rate.

The ESRI Report – A Social Portrait of Travellers - undertook a special analysis of Census 2011 to examine in detail the patterns of disadvantage experienced by Travellers in the areas of education, employment, housing and health. It highlighted the sheer magnitude of the gap between Travellers and non-Travellers in terms of education, employment, housing and health. It also highlighted the tension between policies which seek to 'mainstream' services to Travellers and those which target the group.

Some key findings from these reports include:

Cumulative disadvantage

- ✚ Although a relatively small community in Ireland, accounting for less than 1% of the population, Travellers stand out as a group that experience extreme disadvantage in terms of employment, housing and health and that face exceptionally strong levels of prejudice, discrimination and racism.
- ✚ There is evidence of a widening gap in health between Travellers and the general population over the life course. This increasing disadvantage in terms of health as the life course progresses is a characteristic of cumulative disadvantage, a process whereby early adverse experiences shape the long-term trajectory, with the effects accumulating over the life course resulting in a larger gap in later life.

Life expectancy and mortality

- ✚ Travellers have a very distinctive population profile. The Traveller population pyramid is very similar to that in developing countries, with a wide base that narrows steeply. This is indicative of a high birth rate and a young population. As Travellers get older, the population pyramid becomes narrower at the top. This is the consequence of high mortality rates at a younger age.
- ✚ The life expectancy at birth for Traveller women is now 70.1 years, which is 11.5 years less than women in the general population, and is equivalent to the life expectancy of the general population in the 1960's. In 1987, the life expectancy of Traveller women was 65 years and the gap in life expectancy between Traveller women and women from the general population was 12 years.
- ✚ Life expectancy at birth for Traveller men has remained at the 1987 level of 61.7 years which is 15.1 years less than men in the general population. In 1987 the gap in life expectancy between Traveller men and men from the general population was 10 years, representing a widening of the gap by 5.2 years. This is equivalent to the life expectancy of the general population in the 1940's.
- ✚ Travellers experience higher mortality than the general population, have benefitted much less from the downturn in mortality in the past 2-3 decades and as a consequence, the mortality gap has widened. For Traveller men, in particular, the mortality pattern is bleak.
- ✚ The infant mortality rate for Travellers is 3.6 times the rate of the general population.
- ✚ If Travellers had the same mortality experience as the general population, the number of deaths expected in the year would be 54, but the actual number of deaths was 188, which means an excess of 134 Traveller deaths

Accommodation and physical living conditions

- ✚ The majority of Travellers (73.3%) live in housing, with 18.2% living in a trailer/ mobile home/ caravan. Of those living in mobile homes/ trailers, 55.3% were parked on a halting site, 23.8% on an 'unofficial site, and 6.8% on a transient site.
- ✚ Census 2011 indicated that 12 per cent of Travellers lived in a caravan or mobile home. Although associated with their traditionally nomadic way of life, this type of accommodation is likely to be overcrowded (84%) and to lack internet access (9%). It is also more likely than standard accommodation to lack central heating, piped water and sewerage facilities. Travellers living in mobile homes or caravans are somewhat more likely than those in

standard accommodation to be married young adults, to have lower levels of education and to live in the Dublin or Mid-West regions.

- ✚ Overcrowding (i.e. more than one person per room, counting living rooms as well as bedrooms) is associated with living in a caravan or mobile home, but only 12% of Travellers live in a caravan or mobile home, while 56% live in overcrowded accommodation. Overcrowding is also associated with low levels of education, not being in employment and it is higher in the West and Mid-West than in Midlands, Mid-East and South-East.
- ✚ The geographical location of Traveller specific accommodation has an impact on the social interaction and Mental Health and Wellbeing of Travellers as traditionally they are on the outskirts of towns and cities, in industrial zoned areas, surrounded by large walls. The accommodation is usually designed with the current number of families in mind and when families increase or new families are formed this leads to chronic overcrowding and a severe strain on the facilities and families.
- ✚ Considerable numbers of families who lived in Group Housing or sites reported a lack of footpaths, public lighting fire hydrants and safe play areas, the latter being unavailable for 77.5% of respondents. A quarter of families considered where they lived to be unhealthy or very unhealthy and again appreciable numbers (26.4%) considered their place of residence unsafe – rats were a problem for 33.1% of families while being too close to the main road was a problem for 47.5% of families.
- ✚ The lack of space / facilities to care for horses or to undertake traditional work leaves the men with little structure to their day which sometimes leaves them with no purpose which notably leads to high levels of poor mental health.

Mental health and suicide

- ✚ Travellers are only 1% of the population but account for 10% of all suicides in Ireland.
- ✚ The suicide rate among male Travellers is 7 times higher than for the general population.
- ✚ The lack of space / facilities to care for horses leaves the men with little structure to their day which sometimes leads them to feel useless with no purpose which notably leads to high levels of poor mental health.
- ✚ Frequent mental distress (i.e. 14 days or more of poor mental health in the preceding month) was found to be present in 11.9% of Travellers and prevalence increased with age.

Prejudice, Discrimination, and Racism

- ✚ Travellers speak of isolation from the wider community, the suspicion generated by the lack of knowledge of the wider community in relation to their culture which leads to discrimination.
- ✚ Travellers reported experiencing discrimination once or more with the following services: health services (40%); school (62%); getting work (55%); shops, pubs, restaurants (61%); guards, court (52%).

Health status

- ✚ Travellers experience a higher burden of chronic diseases and higher measures of risk factors such as smoking (50% of Travellers: 29% general population); high blood pressure, cholesterol and dietary consumption of fried foods (29%: 9%). Apart from cancer, Travellers more often report each type of chronic illness –13-14 percentage points higher for urinary / bladder problems and back conditions; 8 percentage points for chronic bronchitis and 6 percentage points for asthma.
- ✚ Travellers are nearly three times as likely as the general population in the 35-54 age group to experience any difficulty or disability. 9% of Travellers in this age group have a psychological or emotional disability, compared to 3% of the general population. Travellers are also three times more likely to experience mobility limitations.
- ✚ In children, asthma was the most common ailment reported. The child asthma rate was estimated at 70% in children reporting a current health problem.

Education

- ✚ Travellers are much less likely to have completed education to Leaving Certificate level: only 8% have done so, compared to 73% of non-Travellers. Only 1% of Travellers aged 5–64 years have a college degree compared to 30 per cent of non-Travellers. Travellers are more likely to have left school at an early age, with 28% of Travellers over 25 years having left before the age of 13, compared to only 1% of non-Travellers.
- ✚ 69% of Travellers have been educated to primary level or lower, while 55% of Travellers whose education had ceased had completed their education before the age of 15.

Employment

- ✚ The main difference between Travellers and non-Travellers in employment terms is their very high levels of unemployment. Among those aged 25–64 years, the unemployment rate was 82 % for Travellers in Census 2011, compared to 17% for non-Travellers.
- ✚ The Equal at Work Initiative (2003) research highlighted a range of barriers experienced by Travellers with regard to progression to the labour market – literacy confidence, educational qualifications, ageism, prejudice and confidence.
- ✚ The Task Force Report on the Travelling Community (1995) made twenty specific recommendations necessary to protect and support the traditional structural characteristics of the Traveller economy.

Social Determinants

- ✚ The AITHS findings reported that both Travellers and health service providers interviewed acknowledged that ‘social determinants’ were the main cause of the poor health status of Travellers – accommodation, education, employment, poverty, discrimination, lifestyle and access to/ utilisation of services.

The findings from these two reports indicate that a process of cumulative disadvantage over time is taking place for the Traveller Community, whereby a lifetime of more challenging experiences are combining to produce poorer outcomes for Travellers. It is clear from this evidence that the “Business as Usual” approach is not serving the Traveller Community well. Rather, it is contributing to the multiple and cumulative disadvantage being experienced by this community over the life course. The reports point to the urgent need for a change in direction and implementation and accountability for the delivery of current policies in relation to Travellers in order to create and maintain safe sustainable environments and physical living conditions that improve the health and wellbeing of the Traveller community as a whole and that encourage and empower Travellers to make more active and healthier life choices.

TRAVELLER INCLUSION IN IRELAND 2040 OUR PLAN: LINKING TRAVELLER HEALTH AND WELLBEING TO PLACE

Planning policy and the way in which physical living spaces and communities are designed and created play a key role in shaping all aspects of our lives – health, environment, access to education, employment and facilities – and therefore are crucial in either supporting or preventing social cohesion and community resilience. The Traveller Health Unit believes that as the forthcoming National Planning Framework is being developed, that an opportunity exists to address barriers and issues affecting Travellers and to build a more inclusive society that values difference and diversity. The Traveller Health Unit welcomes the focus in Ireland 2040 that *“the built environment is an important determinant of health – directly through air pollution, road traffic, noise, floods and climate and indirectly, through accessibility, safety, mixed land-use, street design and green open spaces.”* Key to making this aspiration a reality for Travellers will be a focus on social inclusion, equality of outcome, working in partnership, an inter-cultural approach and recognition of ethnicity. These key principles should underpin all aspects of planning and policy development in Ireland 2040.

The recent recognition of Traveller ethnicity by the Irish Government provides a very clear basis to focus on the specific ways in which Travellers should be consulted and included in Ireland 2040, thereby linking Traveller health and wellbeing to the place, communities and broader environments in which they live and lead their lives. Ireland 2040 should ensure that Travellers are included as full citizens and that policy development and implementation is carried out in partnership with Travellers in order to ensure that their specific needs are being met and that their ethnicity is being affirmed.

“Along with affirming the distinct cultural identity of Travellers, recognition of Traveller ethnic identity would create a positive platform for engagement by Travellers and public authorities together in addressing key issues facing the community on the basis of mutual respect. This recognition would also automatically include Travellers in all state anti-racism and intercultural policies, programmes and actions. Promoting positive images of Traveller identity will continue to be important, not only to build confidence among Travellers but also to increase the willingness of the general population to include them in their activities” (Pavee Point).

A whole of Government approach

A whole-of-government approach is required to Traveller ethnicity, planning and policy making. Such an approach would ensure that Traveller policies on health, accommodation, education, employment and environment reflect the affirmation of Traveller ethnicity. It will be important that these policies do not operate in isolation but rather work in an integrated way and in partnership with the Traveller Community. This level of policy integration should be accompanied by joined up financial support and decision-making across all government departments to respond to the multifaceted and cumulative disadvantage experienced by Travellers across the life course. This highlights the need for policy to intervene at all stages of the life course. Plan-led development in partnership with the Traveller Community is required so that their ethnicity is affirmed and their needs are identified and provided for.


Health and planning policy are inextricably linked and this has been amply evidenced in the first section of this submission, which has indicated the wide gaps between Travellers and the general population on a wide range of indices. In order to redress these inequalities for Travellers, there is an urgent need for the planning process to link in a more focused and deep level with health and well being. The participation of Travellers in this process will also be important. Ireland 2040 provides an opportunity for the social determinants of health to be progressed in an integrated manner at policy and planning levels. The inclusion of 'equality of health outcomes' in Ireland 2040 would support the tracking of targets and outputs and ensure that they are inclusive and outcome-oriented for Travellers and for other excluded groups in Irish society.

Data collection is essential for the effective monitoring of progress and outcomes from strategies and this should form a key component of Ireland 2040. The inclusion of an ethnic identifier across all Departments and within the Ireland 2040 National Planning Framework would provide valuable information on the extent to which Travellers are benefitting (or not) from the new planning and policies being implemented.

Creating and maintaining healthy, safe sustainable environments

'Accommodation adequacy is a key health determinant... the better accommodated the Traveller family, the better the health status' (AITHS, 2010). Therefore, it is important that Traveller accommodation should be a key priority in Ireland 2040 in order to redress Traveller health

inequalities in a structured manner. Ireland 2040 should work in partnership with the Traveller Community to create and maintain healthy, safe, sustainable and culturally appropriate environments. Central to this will be the following:

 **Fostering an improved quality of life offer with and for Travellers through place-making and design:** As identified earlier in this submission, 12% of Travellers live in Halting sites while the remainder live in standard housing, private rented accommodation or on the roadside. Irrespective of the housing classification, many Travellers experience similar issues such as overcrowding, inadequate amenities and isolation. A problem affecting over one half of Travellers is overcrowding and this is an issue that needs attention. Data on the accommodation of Travellers show the increasing reliance on privately rented accommodation in recent years. Such accommodation is unlikely to be adequate for larger families. One factor likely to be contributing to this overcrowding is the practice of sharing accommodation or doubling up on halting site bays. This, together with location on unauthorised sites, masks what might otherwise be a homelessness problem in the Traveller community, which is linked to inadequate provision of suitable accommodation. Therefore, for Ireland 2040, it will be important to work in partnership with Travellers to identify their accommodation and community needs, to plan and design living spaces and environments and to reflect and affirm Traveller ethnicity. A charter negotiated between Travellers and the Local Authorities and overseen by the Minister for Housing, Planning, Community and Local Government should be drawn up and agreed on acceptable standards in relation to halting site and group housing design, space, amenities, location and maintenance standards (access, rubbish collection, fire & safety, environmental hazards, space or play/ recreation/ social economy etc.).

For Travellers living on or seeking to live on halting sites, there is a need to work to agreed national standards and ensure that there are no official halting sites without adequate amenities (water, sewerage, rubbish collection, access for emergency services etc.) and that there are sufficient numbers of halting sites to accommodate travelling Travellers. For Travellers living in standard housing, average-sized accommodation simply does not provide enough space, as Travellers tend to have larger families and so this should be factored into the design and development of standard local authority housing estates.

It will also be important that there is national oversight and accountability for the timely implementation of Traveller Accommodation Plans in Local Authority areas:

“In a situation where so much depends on the local context and informal working relationships, a strong evidence base is important to determine housing needs, progress and value for money. However, the research found that evidence-based working and data collection on Traveller-specific accommodation is weak. The lack of evidence base makes it difficult to identify progress or explanations for not meeting the targets set out in local authority Traveller Accommodation Programmes.” (Centre for Housing Research, 2008).

 **Supporting the creation of sustainable communities that builds the resilience of the**

Travelling Community: It will be important that Ireland 2040 consults with and works in partnership with Travellers to support the creation of sustainable communities. Such an approach would support Travellers to make better informed decisions in relation to their health and that of their families; to have increased engagement with early intervention services and supports; to have increased participation in education and training and employment/ social economy opportunities for Travellers. While each of these development priorities will require the building of social capital with and within the Traveller Community, planning the built environment and creating sustainable communities can support this to happen in a more holistic way. Ensuring that Traveller accommodation is located close to schools, health centres and training facilities, ensuring that public transport is available and that suitable recreational facilities and amenities are also available will be key to building safe health communities that work for Travellers. Ensuring the accessibility of Traveller accommodation is also key given that Travellers are three times as likely to experience a disability or mobility impairment.

 **Ensuring that healthy living options are available to the Traveller community:**

It will be important that Ireland 2040 focuses on the Lifecourse approach and that physical planning reflects the needs of people at different times of their lives. This is especially important for the Traveller community as the health inequalities they experience over their life course have been previously identified in this submission. Therefore, it will be important to build-in the following elements to ensure that healthy options are available to the Traveller Community: safe play areas available for Traveller children on-site; multi-use games areas available for young Travellers; green space for recreational purposes and space for Travellers to keep horses or to undertake traditional crafts, skills and trades (e.g. horses, tin work or

scrap); access to sports and recreation facilities, amenities and green areas; walking and cycling facilities.

✚ **Supporting the development of spaces and communities that encourage and enable Travellers to make healthier and more active choices** so that the healthy choice becomes the easy choice to make. The inclusion of communal space in Traveller –specific accommodation and in central locations for Travellers is important as it will facilitate easier access to health service provision, education, community development and recreation.

✚ **Designing and maintaining physical living environments that support the development of community and social cohesion:** This is an important aspect of planning physical living environments with and for the Traveller Community. *“Isolation contributes to the further breakdown of Traveller inter-generational solidarity and an increase in stress and mental health issues”* (Pavee Point). It is important that the isolation experienced by the Traveller Community from the general population is reduced and that social cohesion is supported and facilitated. There are three key elements which can support this goal namely, the location of Traveller-specific accommodation; the layout and design of such accommodation and the links being fostered and facilitated with the local community.

CONCLUSION

This submission has outlined the extent of cumulative disadvantage experienced by Travellers and how it gets more pronounced over the life course. Current approaches to planning physical living environments and accommodation are clearly not serving Travellers well. Thus, the ‘business as usual’ approach will only lead to a further widening of the gap between Travellers and the general population. This points to the importance of preventative strategies and policies that respond to the key challenges in each dimension of the social determinants of health and well being framework. It is therefore important that a new whole-of-government approach is undertaken in order to reduce Traveller inequalities and to provide healthy, safe, sustainable and culturally appropriate communities for Travellers in the future.

REFERENCES

All Ireland Traveller Health Study Team, School of Public health, Physiotherapy and Population Science, University College Dublin. (2010) All Ireland Traveller Health Study: Our Geels.

Watson, D.; Kenny, O. & McGinnity, F., The Economic and Social Research Institute. (January 2017) A Social Portrait of Travellers in Ireland.

Centre for Housing Research (2008). Housing Policy Discussion Series - Traveller Accommodation in Ireland: Review of Policy and Practice.

The Task Force Report on the Travelling Community (1995): Report of the Task Force on the Travelling Community. Dublin: Government Publications.

Murphy, P. (2003): Report on Community Skills and Progression. Report carried out by Equal at Work on behalf of South Dublin Public Sector site.