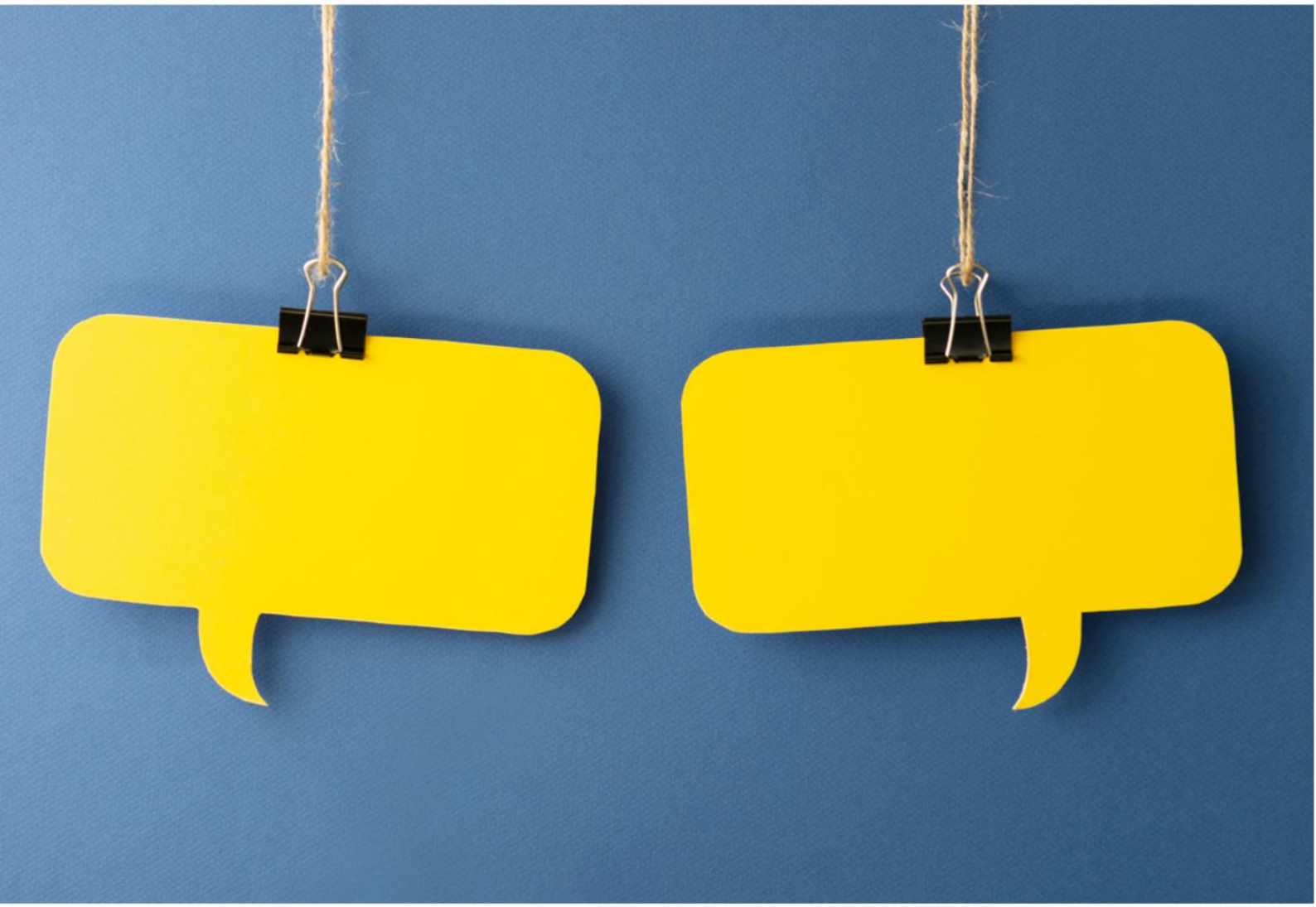
Traveller Voices

Health and Well-being Priorities in Belfast



Belfast Health and Social Care Trust

2025

Public Health Agency

Project supported by the PHA

Contents

Introduction

The context for this work

Belfast Health and Social Care Trust (BHSCT), in partnership with the Public Health Agency (PHA), has a long-established programme for Traveller health and wellbeing. In 2010, BHSCT established its Traveller Health Project. Central to this project was the Trust's commitment to address the health inequalities experienced by Travellers in the BHSCT area.

The current model of service delivery was developed as a result of research commissioned by BHSCT (2015) with community members and an analysis of the health and social care needs of the Traveller community. This qualitative and quantitative research focused on the needs of Traveller women and children, identifying several gaps in service.

An extensive consultation process with Travellers followed in 2016, involving research support organisations, Travellers, and other key stakeholders, which Belfast City Council and BHSCT jointly initiated. As a result of this research and consultation, BHSCT restructured the Traveller Health Project into the Traveller Early Intervention Project.

The Traveller Early Intervention Project, through regular engagement and strong community relations, recognises the evolving needs of the Traveller Community.

The purpose of engagement

In 2024, the Belfast Health and Social Care Trust commissioned independent facilitated engagement from 2024 to early 2025 to hear directly from members of the local Traveller communities and service providers working with the community in Belfast about their priorities for improving health and well-being within their communities.

The purpose of this Traveller-informed engagement project was to:

- Define the current health issues and inequalities experienced, as well as the service gaps that exist.
- Understand what is currently working well in supporting Traveller communities.
- Explore priorities for improving health and well-being in local Traveller communities over the next three years to inform the development of a Traveller-led action plan.

How we engaged

Working closely with BHSCT and local community and voluntary sector services, a range of meetings was planned and facilitated in late summer 2024 to early 2025. These included:

- A dedicated workshop discussion with a wide range of stakeholders and Travellers attending as part of the Travellers Good Relations event in September 2024.
- Two small group discussions with community members organised in collaboration with Barnardo's and The Heart Project.
- One-on-one short interviews with community members who are engaged with local services.
- A focus group and individual meetings with practitioners from local community and voluntary services and projects.

Small focus groups and one-to-one meetings facilitated engagement with fifteen community members, ranging from young people aged 12 and above to older members aged 60 and above.

Facilitated engagement with service providers, including conversations with team members from Community Restorative Justice (CRJ), Barnardo's Northern Ireland, The Heart Project at the Maureen Sheehan Centre, Bryson House, and Toybox, an early childhood project working with Traveller and Roma communities.

We would like to take this opportunity to thank all community and voluntary sector colleagues, as mentioned above, who helped to organise, coordinate, and contribute to the engagement discussions.

About this report

This report captures themes from engagement, reflecting the priorities and key points that Travellers, C&V service and stakeholder providers shared during discussions about health, social care, and well-being. This report aims to provide a menu of suggested actions and areas for development to inform the drafting of a future three-year action plan.

For our report, we have used the current Department of Health's Making Life Better (2013–*2023)* public health strategy framework. This framework focuses on how policy and practice can impact the diverse range of factors that influence healthy lives and choices.

Making Life Better is not just about actions and programmes at the government level but also provides direction for work at both regional and local levels with public agencies, including local governments, local communities, and others, working in

partnership. We have therefore used this framework as it is used across sectors and its following six themes to capture points from engagement:

1. Giving every child the best start
2. Equipped throughout life
3. Empowering healthy living
4. Creating the conditions
5. Empowering communities
6. Developing collaboration

Under each of these headings, we have collated comments and insights from engagement conversations and structured them under the following sub-headings:

A. Identified needs and issues.
B. What works -identified strengths/opportunities and good practice.
C. Suggested areas for action planning development.

Each theme is explained in more detail in the report sections below.

1. Giving every child the best start

- Parenting and family support
- Supporting children and young people

1. Giving every child the best start

A. Identified needs and issues

1. The needs of looked-after Traveller children in care systems

Social service staff detailed distressing experiences of Traveller children being split up across residential care locations (e.g., where siblings are not placed together when there is a family breakdown). Services felt that more attention should be focused on connecting children with their Traveller culture and networks of Traveller family support at the earliest stage in children's lives when they move into care.

Children in care need support from and connection to their community's cultural heritage. If children are unable to connect with their heritage when they are younger, they will likely seek it out later. This can also lead to problems of being overwhelmed later if they do it unsupported.

There is a need for more Traveller mentors, advocates, and foster carers. Many Traveller families who want to be foster carers feel that they are not given this opportunity or are seen as being 'good enough'. Alternative models were championed as necessary to change the status quo.

2. Attitudes to social work services

> *You need to explain the Traveller culture to social service staff. This is based on long histories of bad relationships and other stories that Travellers access on social media. People are watching videos from the rest of the UK about social work experiences.* – Service provider comment

Long-standing mistrust and a fear of social workers' roles and their involvement in families are palpable in the community. Travellers highlighted that any mention of a social worker was seen as an instant risk of children being removed from families or other negative outcomes for the family. Social work was not seen as a source of support.

Social work's role in the community is often viewed with intense suspicion, even when it aims to fulfil a preventive or supportive role. Understanding how social services comprehend community and family dynamics in Traveller communities, as well as how they can leverage the expertise of the C&V sector, which has established high levels of trust within the community, should be a key focus of future capacity-building efforts with professionals.

3. Support for mothers

Ensuring good perinatal health and identifying postpartum issues were seen as vital supports for mothers. Women highly valued maternal health checks combined with early years information and programmes. Although this support was valued, a barrier to mothers seeking support (e.g., for postpartum depression) was a fear of social workers removing their children (as detailed in the point above).

Traveller mothers stressed that in a crisis, their top concern was that their children could be cared for by another family member or in the community with support.

The whole-family approach and tailored help to mothers and children from Barnardo's were repeatedly praised and described as 'life-saving' by mothers who had used this service.

B. What works – identified strengths/opportunities and good practice

1. Effective support for schooling milestones

Uptake of Barnardo's Travellers Transition Service has been strong, and the results of this work have been very encouraging. The Traveller's Transition Service aims to support Traveller children in overcoming the challenges they experience in their first year of post-primary school and to maintain their school placement.

Education experiences are formative (covered in a later report section) and have been incredibly negative for previous generations. Recognising this and creating such a preventative programme to safeguard against similar experiences for young people was seen as a valuable support.

2. Early years family support

Building trust and relationships with families through staff members in early years family support was seen as a cornerstone, paving the way for wider engagement with families. For example, the support provided by the Barnardo's team enabled more mothers to access the programme support offered by Sure Start, resulting in a high uptake of this support.

These core relationships also foster greater openness in Traveller communities to accessing a wider range of support from other organisations.

The support provided by the Barnardo's team to both children and families was seen by Travellers as excellent.

3. Empowering young people

The role of advocacy and building advocacy in communities was a strong recurring theme in engagement. A new Barnardo's pilot approach in working with young Travellers is developing voice groups. This initiative is designed to provide self-advocacy opportunities for young people to express what is important to them. This was seen as an important area in equipping young people to develop skills in self-advocacy.

4. Seeing a change in social work culture

It was noted by all that how social services are starting to work (by taking a multi-agency approach, being open to learning from C&V partners and adapting their methods) is beginning to have a positive impact.

C&V staff noticed a positive shift in how social work communication and culture was changing to have a more human focus, which was now more evident in case conferences and meeting behaviours. This was also attributed to more awareness of Traveller communities and better professional training of social workers.

5. Learning from other models for Traveller children in care

Work in Omagh to develop foster carers within Traveller communities, maintaining the cultural connections of looked-after children within the care system was highlighted as good practice model to explore.

C. Suggested areas for action planning

1. **Foster care and cultural connection for Traveller children:** There is a need for greater understanding and appreciation of Traveller culture in residential services. Innovating cultural models of care for Traveller children was recommended as a distinctive planning focus.
2. **Work with social services:** Core to noted shifts in social work practice was training and gaining grassroots knowledge and context about Traveller communities from C&V practitioners. Moving forward, developing more structured links and building relationships with statutory social work teams and C&V services was favoured. Practitioner-to-practitioner meetings were highly valued as a means of shifting how agencies worked with Traveller communities. More opportunities for these should be accommodated, as they ultimately benefit communication with, understanding of, and outcomes for Traveller families.

3. **Youth voice:** Giving young teens a voice and developing their confidence was viewed as an important investment. Services and parents were keen for younger people to feel understood and develop life advocacy skills.
4. **Maternal support:** Continuing to provide early years and maternal support. Traveller women were keen that all mothers, especially new mothers, were aware of the support they could access. Proactive check-ins with and outreach to new mothers, as well as enhanced support for lone parents, were seen as much-needed support for women.

2. Equipped through life

- Supporting young people to get equpped for adult life
- Employment, education and lifelong learning
- Participation in social, cultural, sports and leisure activities
- Healthy active ageing

2. Equipped for life

A. Identified needs and issues

1. Supporting young Travellers' education and learning

> *Education is a big thing for young people and more Travellers are into this now. When getting into schools and colleges, they need people and other Travellers who have some understanding of this to help because Travellers may have never been there themselves.* – Traveller comment

Given the multiple barriers and inequalities that Traveller communities face, specific support for younger people to continue learning or gaining employment was highlighted.

The excellent work undertaken by St Mary's Primary School, its level of support for children and families, and its celebration of Traveller life and culture were held up as an exemplar of great practice of an inclusive educational environment.

2. Understanding generational experiences of education

> *I'm proud of the younger generation, who are now so well educated. But then I feel sorry for the people in my generation. We were just as clever as everyone else, but nobody taught us. Nobody would take the time. The teachers wouldn't bother. I used to go to the playground when I was seven years old, and everybody was playing football. Nobody kicked the ball to me.* – Traveller comment.

The systemic prejudice and exclusion many Traveller parents and grandparents experienced in education systems are firmly imprinted on individual and collective memory. Many people shared poor experiences of education from mistreatment by teaching staff, isolation as a Traveller in schooling and bullying.

In supporting children and young people now, it is vital to acknowledge the trauma that generations carry from their deep-rooted and formative educational experiences. This can impact current attitudes towards education and supporting children to continue, especially when they encounter challenges with bullying in school.

3. Support for teenage girls

> *It would be good if there were things for girls to do during the daytime as they are bored at home and not at school. You could have things on beauty or hairdressing, things like that to learn.* – Traveller comment

Teenage girls who were not in school between the ages of 13 and 16 were identified by both young Travellers and service providers as a gap and as a group that needed a targeted focus. However, as they are of school age, offering alternatives was restricted, which was a compounding barrier to working with this specific group of young people.

4. Youth activities provision

> *We would love to have a place for Travellers to go, like our own youth club with a dance studio, make-up artist, cinema, trampolines, and slides!*
>
> – Traveller comment

Younger Travellers desired more youth activities. Transport to some youth clubs and facilities for some families was also a barrier to joining existing youth activities and projects.

Parents also highlighted the need for more access to outdoor areas and outdoor activities for young people. In some estates where Traveller families had been placed in social housing, parents did not feel it was safe for their children outside due to anti-social behaviours, joy riding and racist abuse from neighbours.

5. Bullying in schools

In engagement with younger Travellers, bullying in school and cyberbullying were the top issues they wanted to improve. All had experienced different types/levels of bullying and felt more needed to be done on this in school.

Parents also reinforced this as a priority, sharing the devastating impact this had on young people of heightened anxiety and a rapid loss of self-esteem and confidence. It also resulted in young people leaving school and then feeling at a loss at home, which also added to their emotional distress.

6. Job-seeking support and skills training for employment

Help with sourcing the right course post-school, confidence-building through work experience, apprenticeships, and assistance with finding employment was emphasised as a key support need for young Travellers, especially.

Traveller women also highlighted their interest in receiving support to advance their education and improve their employability opportunities.

7. Supporting lifelong learning

Work to support adults in developing their literacy skills was also recognised as a crucial factor in enhancing skills and confidence within the community.

B. What works – identified strengths/opportunities and good practice

1. Creating opportunities to celebrate Traveller culture

> *A special moment was when the County Meath Navan Travellers Group came to St Mary's school with the wagon. When asked if there were any Irish Travellers in the school group, so many little hands shot up. Seeing the younger generation take pride was great.* – Service provider comment

Showcasing and celebrating Traveller culture and identity, and strengthening a sense of #TravellerPride among younger Travellers, was seen as a cornerstone of feeling more empowered and a key to strengthening the community's voice. Other similar milestone moments included the recognition of work with the community profiled in the Aisling Awards.

2. One-to-one and homework club support

Young travellers described the positive difference that additional education support had made for them, which they have received in England. This included homework clubs and one-on-one sessions after school with a dedicated teacher.

This helped them catch up on schooling they felt they had missed during the COVID pandemic and build their confidence, making them want to read and do more schoolwork.

3. New approaches to education – the RAISE programme

Support services highlighted a new Education Authority initiative, RAISE, as a potential opportunity for the community. This is a whole-community, place-based approach in localities that brings together both statutory and community and voluntary (C&V) organisations to explore connected and collective community approaches to tackling education disadvantage in a new way.

C. Suggested areas for action planning

1. **Teenager support:** For teenage girls not in school, the gap was clear as where the restrictions. This will require wider reviews and discussions with other agencies to progress thinking on what can be done.
2. **Youth activities:** Young Travellers just wanted more of these. At the time of this report, Barnardo's has just started a new youth activities programme. Continuing to build youth projects and support should be a core feature of a future action plan.
3. **Restorative practice:** Expanding current work with teachers to embed more restorative practice into the work and approaches of more educators.
4. **Inclusive education:** There could be a focus on educating educators on supporting Traveller children and families in other schools that are not adequately inclusive. All children should be integrated and fully supported in education, regardless of where they receive their education. This area has clear links to the restorative practice approaches, which focus on creating supportive and inclusive environments.
5. **Good practice in schools:** Investing in and continuing to develop and disseminate the good practice of schools like St. Mary's Primary School and St. Colm's. Their support approach and inclusive ethos should serve as a valuable source of learning for other education providers.
6. **Peer inspiration:** As more Travellers attain higher levels of education and enter new fields of work, this serves as a source of inspiration for younger Travellers, encouraging them to pursue further education and training. Highlighting the success stories of members of the Traveller community who have achieved success in various spheres, such as education, sports, the arts, and activism, was seen as important to capture, profile, and celebrate for upcoming generations.
7. **Family support:** Continuing to support parents during the transition stages and at home was recommended (e.g., helping with homework to help children stay in school). Families found the team and service approaches modelled by both Barnardo's and Toybox to be very effective.
8. **Family learning opportunities:** Considering ways additional educational support could be combined with literacy support for parents in a family learning approach was suggested by a Traveller parent.

9. **Literacy skills:** Encouraging the uptake of literacy skills support within the community, with a tailored focus on older Travellers.
10. **Training and job support:** Coordinating more practical help in job-seeking skills and signposting to further job-related training and employment was identified as a need by both parents and young people.

3. Empowering healthy living

- Encouraging healthy behaviours
- Health screening and prevention programmes
- Improved mental health and well-being
- Ensuring people are empowered to make healthy life choices with access to good health information.

3. Empowering healthy living

A. Identified needs and issues

Mental health – the top issue emerging from engagement

> *I can tell you, I know about so many suicides in Traveller families, especially young people. It's awful. I think there is an epidemic now about mental health in our communities.* – Traveller comment

In every conversation with community members, direct experiences of mental ill-health or supporting a family member or friend with serious mental illness featured strongly. This is one of the biggest concerns for Travellers.

The All-Ireland Traveller Health Study found that the suicide rate for Irish Traveller women is six times higher than the general population, and seven times higher for Irish Traveller men. Suicide is thought to be the cause of 11% of all deaths for Irish Travellers.[1]

Engagement conversations highlighted a range of issues relating to mental health and seeking help, which we have detailed further below under key themes.

1. Struggling to say you are struggling

Although societally, there has been noted progress in destigmatising discussions about mental health with public and community campaigns, stigma persists in communities. However, as highlighted in engagement conversations, stigma about mental health struggles runs deeper in Traveller communities. Open discussions about personal mental health beyond family members in the community were uncommon, as reported by community members.

2. Rising levels of mental health issues for young Travellers

In particular, the mental needs of young people were highlighted as a big concern. Young girls, young mothers and young men were seen as experiencing more mental health issues and needing more support. Community members reported the feeling of shock at sudden suicides in families of younger members (many under 25 years old) and the impact of these on the wider family and Traveller community.

[1] University College Dublin. *All-Ireland Traveller Health Study: Our Geels - Summary of Findings.* All Ireland Traveller Health Study Team. Dublin, 2010.

In the examples shared, many of the mental health issues younger people were presenting were compounded with other factors, such as:

- Co-morbidity of mental health symptoms.
- ADHD and neurodivergent behaviours.
- Alcohol and substance use and dependency.
- Eating disorders.
- Intergenerational trauma.
- Domestic violence/abuse.
- The intense fear and anxiety of identifying as LGBTQ+ in a Traveller community.

Cases shared of young people's mental health issues highlighted a high degree of complexity of issues which required multiple inputs from different sources of support.

The impact on the wider families when young people are seriously ill is also significant, with many families struggling to know who to contact to get immediate help as situations could quickly escalate (e.g., involvement with the justice system due to anti-social behaviours; self-harming and high-risk behaviours in drug and alcohol use).

3. Knowing where to go and trying to get help

> *It took a lot for me to even get to the doctor. I was ringing and ringing, and that was hard as I was just so low then. When I did speak to him, I tried to explain about stuff. It was hard. I don't think that he was really listening to me. I felt that I wasn't being taken seriously. They can make you feel like there is nothing wrong with you.* – Traveller comment

Travellers who spoke about their mental health and crisis events in their life stressed how helpful it had been to be supported by/signposted to local counselling services and other specialist services such as bereavement counselling. Access to such services often acted as a gateway to other community support and engagement in C&V programmes.

4. Substance and alcohol addiction

Travellers and service providers reported seeing growing rates of substance use in particular, across the community and especially in younger generations of Travellers.

This trend is reflected in some of the most recent evidence in other areas of Ireland. For example, in providing evidence to the 2024 Oireacthas Joint Committee on Drug

Use in ROI, Traveller Counselling Service's data evidenced addiction as growing at an alarming rate:

'Drug use within the Irish Traveller community has become a significant concern, which has reached alarming levels. Recent data highlights that drug use among Travellers is disproportionately high, with around 60% of Travellers who attend services generally affected by addiction.' [2]

Reflecting the observations of local service providers in Belfast, a wide range of socioeconomic factors and determinants of health and links to other issues such as mental health and domestic abuse in families coupled with intergenerational trauma and continued exposure to 'systemic and racism' all combined as drivers of addiction and substance use.

5. Communication about healthcare and appointments

> *More responsibility needs to lie with institutions. For people who need help, support with reading, or require it in Braille or a different language, access to information must be equitable, which is a different thing than equality.* – Service provider comment

Communication about health also relates to difficulties in accessing healthcare. Travellers reported that some healthcare communication can be difficult to understand (e.g., letters detailing necessary actions and appointment locations). Often, literacy skills are not factored into communications. People may experience difficulties with reading and writing, which can affect their ability to access appointments and healthcare.

Older Travellers could have difficulty understanding either appointment or healthcare information. There needs to be greater awareness of the diverse educational and literacy levels within Traveller communities among services.

6. Access to primary care – getting to GPs

One of the biggest sources of frustration in healthcare, highlighted by community members, was obtaining a GP appointment. It is essential to note that this is a community-wide challenge that many have faced following the COVID pandemic.

Issues in accessing appointments included:

[2] Opening Statement on Behalf of the Traveller Counselling Service to the Oireachtas Joint Committee on Drug Use, Traveller Counselling Service, 11th October 2024 2024-10-24_opening-statement-thomas-mccann-director-traveller-counselling-service_en.pdf

i. Unable to speak to someone to schedule an appointment despite repeated attempts to phone and the time this took (sometimes over several days).
ii. Attempting to contact a GP but not receiving a call back in a timely manner. One family relayed how they had called the GP, very worried about their 12-year-old son, at 10:30 am but did not receive a callback until 5:45 pm. By that stage, the family was so concerned about their son that they had already gone to A&E at the Royal Hospital and had seen an emergency department doctor.
iii. For mental health issues, the importance of a quick response was emphasised, given the difficulties (as highlighted above) many Travellers had even opening up to talk about their mental health. Community members also shared their experiences of having to try several times to speak to a GP before being successful in accessing any help.
iv. Being forced to relay personal information to reception staff was seen as an additional and notable barrier for Travellers. Having privacy and confidentiality when confiding about personal health issues is a significant concern in Traveller communities. Men shared that for men who did contact GPs directly, having to share detailed information about their health issues with reception staff prior to speaking to a doctor was very difficult. Examples were also shared where this led to men abandoning attempts to seek GP help.
v. Appointments with a GP could feel too short and would benefit from more time being given to each person.
vi. Feeling let down so many times in trying to get help was a shared experience and issue in Traveller communities. Building trust through personal relationships between service staff teams and members of Traveller communities was seen as core to getting people to access help.

7. Staff attitudes to Travellers when accessing care

> *Something needs to be done about GPs and doctors. They need to be more considerate of Travellers. We all have a heart; we are all human and deserve to be treated equally and with respect.* – Traveller comment

In conversations about primary care, several Travellers also detailed their negative experiences with GP services and the attitudes of staff.

Whilst largely focused on GP experiences, negative experiences being sidelined when seeking help were also highlighted in Travellers' access to secondary care and other public services.

Examples of Traveller's poor experiences in healthcare include:

i. Getting registered with GPs and dentists when they discover you are a Traveller. Experiences highlighted that when visiting a GP to register, Travellers were told they would be contacted back, but this did not occur.

Families who had this experience felt keenly that this was due to prejudice and that the GP did not register them because they were Travellers.

ii. Other Travellers shared their experiences of a change in attitude from the reception and administrative staff when they spoke in GPs, which altered the behaviour of staff who either suddenly became more guarded or offhand in their attitude.

iii. A common thread in poor experiences was families feeling that they were not being taken seriously about their issues when they did meet with doctors. Several people shared experiences of when they or a family member left appointments frustrated that doctors dismissed their concerns.

iv. We heard stories of people in pain or with urgent health concerns who felt that their issues were underplayed or not taken seriously enough by staff, as in one case in A&E at the Royal Victoria Hospital, which resulted in the family leaving without their concerns being addressed. This was a shared experience voiced by others who felt that, once 'discovered' as a Traveller, some clinicians or staff took their issues less seriously.

The categorisation of cases or file records (e.g., files being marked 'Traveller') was also felt to contribute to Travellers being perceived as 'other' and subsequently treated differently in services.

8. Coordinating health care across organisational and regional boundaries

Travellers shared examples of how, after relocating to another health and social care trust area or across borders (e.g., ROI to NI), they were unable to access vital prescriptions or found that their health information records could not be easily accessed. Where continual access to medication is vital to treatment (e.g., for diabetes or mental health), this inevitably causes unnecessary distress and health risks.

Tracking can be lost for young people who move from children's services to adult services, etc. There can be a lack of follow-up to support these service and age transitions (for reasons such as service capacity, waiting lists, system disconnects, etc.). The transition of information and people across locations and services was identified as a focus for improving access to care and support in the future.

9. Access to dental care

Community members highlighted access to dental care for both adults and children as an issue. Similar to difficulties with GP access, finding a dentist to accept referrals or for emergency care proved extremely stressful. Some families shared their experiences of being forced to seek private urgent dental care at considerable cost.

B. What works – identified strengths/opportunities and good practice

1. Health and well-being activities programmes

Travellers shared how they enjoyed and gained numerous well-being benefits from the range of health and well-being activities, classes, and events offered in communities.

In addition to supporting physical and emotional health, these programmes and events provided participants with a chance to relax and enjoy social connections.

2. Professionalism and empathy

> *The second doctor, the one I am with now, was so different. They called me straight back and got me to see them that day. The GP sat with me and listened to everything. He was so kind. He cared and asked me questions. He didn't judge me. The big thing about that doctor was how kind he was. I'll never forget that.* – Traveller comment

Travellers also shared positive experiences with primary care. As the comment above highlights, where community members have had great primary care support, core to all is the attitude of staff in particular:

i. Feeling genuinely listened to when talking about health issues.
ii. Feeling empathy from staff, especially when presenting with mental health needs.
iii. Being spoken to respectfully.
iv. Prompt follow-up on calls for more urgent family needs and concerns.
v. Not being judged and being supported to understand conditions/treatments when unable to read health information due to literacy levels.

Although the above qualities were highlighted, it is imperative to note that these are and should be the fundamental entitlement of any person seeking care from a healthcare professional, rather than feeling grateful for receiving them.

Help provided by primary care multi-disciplinary teams was also cited as valued support.

C. Suggested areas for action planning

1. **Access to mental health support:** Knowing where to go in a crisis, receiving counselling support earlier, and highlighting other forms of support, such as bereavement counselling, were all identified as urgent areas for development.
2. **Mental health stigma:** This was perceived as a significant barrier for many, preventing them from accessing help. Encouraging more openness about mental health is an area for co-production with the community, given the cultural sensitivity and concerns about confidentiality about being seen to need mental health support.
3. **Starting conversations on addictions:** How services work with Travellers to get them to even talk about substance or alcohol use was viewed as the most important gateway step. There was also a need identified by Travellers who spoke about their own mental health and substance use struggles that sharing peer experience could be a way of helping other community members to start to talk. Reviewing growing levels of substance or alcohol dependency with the community members and other agencies was also highlighted as a step to consider in future planning.
4. **Health and Wellbeing:** Continuing to develop and innovate engaging health and wellbeing activities, programmes, and events to run in communities.
5. **Navigation support:** Continuing to build community navigation and signposting support to the community. Knowing where to go, what to expect from services and how service pathways worked (especially for mental health services). Travellers valued most the help they received from current providers in navigating services, completing forms, and knowing where to call for assistance.
6. **Information:** Develop health and service information resources beyond leaflets and consider utilising multimedia (e.g., explainer videos or audio). There are variable levels of literacy in the community, which it was felt was not adequately factored into healthcare for Travellers. More awareness-raising was needed about the range of existing support.
7. **Cultural awareness and training for professionals and frontline staff:** There is a clear issue of institutionalised bias in healthcare provision at both primary and secondary care levels, which Travellers repeatedly experience. Staff training was also identified as a need by a range of other agencies, including job and benefits offices. This calls for increased cultural awareness and training for professionals to recognise unconscious bias and prejudice, as well as targeted work with services to enhance experiences for the community.
8. **Advocacy support:** When community members are either not accepted as patients (e.g., at a primary care level) or poorly treated due to prejudices in services, this has a significant impact on their health and emotional well-being. Services must be held accountable to ensure equal access and

treatment. Moving forward, further developing service advocacy capacity should be a key feature of action planning.

9. **Building skills for self-advocacy:** This was highlighted as a need by some Travellers in addition to increasing advocacy and community navigation support. Some Travellers highlighted advocacy development work they had seen in ROI (e.g., work done by Pavee Point) as good practice which had increased the profile and voice of Travellers.

4. Creating the conditions

- Having a decent standard of living
- Making the most of the physical environment
- Safe and healthy home and accommodation

4. Creating the conditions

A. Identified needs and issues

1. Access to welfare and benefits advice

> *People come to you for welfare or benefits help and don't want to turn them away as they are coming to you because of other work you do with them. Also, if you did, word would ripple out very quickly in the community that you didn't, and they simply won't come back to the service again.* – Service provider comment

Help with form filling and navigating the welfare sector and agencies for benefits and entitlements was highlighted as a huge need by both Travellers and support services alike.

Welfare systems are difficult for many people across communities to understand. Travellers described welfare systems as a maze. Navigating systems is impossibly challenging for members of the Traveller community who lack literacy skills.

For service providers across sectors, recurring requests for this help also led to:

i. The staff time of community support services was being funnelled into this area of requested support, which was not their primary work or for which they were not trained.
ii. The immediate and practical needs of form filling, etc., meant that there could be less time to devote to and spend on other crucial aspects of support work.
iii. Fear of losing trust in their relationships with the community if they were unable to deliver on advice needs and provided incorrect or inadequate guidance.
iv. Depleted statutory social work teams, which also play a role in supporting people to navigate services and financial support, were having a knock-on effect on C&V services. Service providers highlighted that they were picking up the slack, with an increasing number of community members needing guidance on financial and benefits matters.

2. Poverty intervention

It was highlighted that for many families, basic needs are unmet and must be met (i.e., housing, health, food, etc.).

There have been a range of available funding strands and support (e.g., vouchers or other emergency support such as the COVID support channelled through Family

Support Hubs). However, discovering these types of assistance often came too late, as funding decisions or allocations had already been made to other sections of the broader community. It was also felt that Traveller families could be forgotten about (as highlighted during COVID) by more general support hubs.

Family hubs are also limited in their scope of work and can only work with Tier 2 threshold levels. Tier 3 levels (where intensive support work is required) and usually with social work support.

How community support services are made aware of and gain access to funding to alleviate poverty in families was cited as important in developing support for the community.

3. Housing and accommodation – urgency of need

> *It stands; it's about amelioration rather than transformation. Support workers deal with outworkings of the oppression of the community in terms of the social determinants of health. We need to get to the root cause and work on these. This is about people's accommodation, whether you can afford heating, whether you have access to running water, whether you have access to education, and therefore whether you can secure a job to earn enough money. All these things have resulted in Travellers having a significantly lower life expectancy than the wider community.* – Traveller comment

Housing needs and access to emergency accommodation were cited as a priority issue, which was a fundamental and driving social determinant of health.

In a Traveller family conversation, they emphasised the wider impacts on family health of poor housing and overcrowded housing conditions for their family.

Their landlord restrictions (e.g., not being able to decorate or put things on walls) also prevented the family from making the house feel more like home. Social pressures, such as the risk of being judged and looked down upon by other Travellers due to being unable to do anything with their house, were highlighted.

The family also talked about the risks they felt in social housing in some areas of the city and how they encountered ongoing racism and abuse by neighbours.

Other parents shared the negative mental well-being and impact on their children of inappropriate accommodation, which could be located at distances from their schools and basic amenities such as shops.

It is recognised that the BHSCT action plan will not have the power to change systemic housing issues. However, maintaining a strong advocacy focus, given the

interdependency of health and housing determinants for well-being, should feature in future planning.

4. Site provision for the community

> *Belfast is the only place in the whole of the UK which does not have a dedicated transit and permanent site for Travellers. You are told about equality, and we have been given the status of an ethnic minority, but in reality, this doesn't really exist or mean anything when you have forced settlement and no basic provisions like this.* – Traveller comment

The length of time taken to progress site provision, the lack of provision and disregard for the Traveller lifestyle and culture were all combined sources of frustration at the current situation.

B. What works – identified strengths/opportunities and good practice

1. Traveller community – recognising strengths

> *If you had a Traveller man who was bad with their nerves, they would never be left on their own. They would have other Travellers around them.* – Traveller comment

It was highlighted that Traveller communities were better equipped than most communities to care for their own, being imbued with strong connections that they consistently drew upon to care for one another, especially in difficult times, such as community bereavement. This was a unique strength that could inform further work with Traveller communities on the broader social determinants of health.

2. Community-based navigation support

Travellers highly valued the practical support teams the Maureen Sheehan Centre offered to the community. Project team support, services and facilities were described by community members as a very important centre for Travellers in Belfast, enabling them to access in one location:

- Benefits advice and help with form filing.
- Staff time to explain forms and communications from services.
- Signposting help and referrals to other local services.
- The correct service or professional (e.g. the right clinic, the right health visitor, etc.).

3. Good practice council models of coordinated Traveller support

Travellers advised that local NI councils could learn from other UK councils such as Bristol who had dedicated oversight Gypsy, Traveller, and Roma (GRT) group of dedicated staff for communities on key issues.

C. Suggested areas for action planning

1. **Benefits and welfare advice support**: Building local capacity and enabling Travellers to easily and flexibly access expert guidance quickly, with sufficient time to complete forms and other tasks needs to feature as a core support function for the community in future planning.
2. **Housing and accommodation**: Campaigning, advocating, and developing multiagency collaboration to deliver better outcomes for the community and respond more effectively to crisis needs for families, as this is a significant social determinant of all aspects of health and well-being.
3. **Poverty alleviation:** Exploring how other channels and communication links could be developed with support for families in poverty in a more structured way to connect with C&V service providers working with the Traveller community. C&V services were operating at full capacity and often lacked the time to attend various meetings where they could learn about other resources and initiatives to address poverty.
4. **Community co-production:** Working with the community, taking a strengths-based approach to learning from Travellers and coordinating organisational collaboration to address the root causes of issues and social determinants of health to progress health outcomes.

5. Empowering communities

- Thriving communities – opportunities for people to connect socially
- Applying a community development approach to empower communities
- Safe communities
- Safe and healthy workplaces

5. Empowering communities

A. Identified needs and issues

1. Domestic abuse support

Service providers highlighted this as another major issue. Traveller women who spoke about it were shaken by the recent femicide of a young community member in 2024. Many referenced domestic abuse experiences they had seen or known of in communities.

Services did, however, highlight a noted rise in women picking up the phone to seek assistance. It was felt that this was supported by the media spotlight and campaigning movement to address domestic and gender-based violence against women and girls in response to NI's widely reported alarming rates of femicide.

Support services also shared their experience of supporting men in abusive partner and family sibling abuse situations. Experiences of abuse also resulted in mental health crises and the need for accessing this support and helping victims and families navigate their pathways through justice services and procedures.

2. Crisis support for women

Recognition of changes within communities, such as shifts in the role of women in the home, the breakdown of families, and the need for increased support for lone parenting among women, was highlighted in engagement conversations.

Relationship and family breakdowns quickly led to mental health issues, personal safety issues and issues of community acceptance for women.

Traveller women shared deeply traumatic personal and family experiences which demonstrated the complexity of issues they had faced and seen others face in crisis. These included:

i. Life-threatening injuries from domestic violence.
ii. Homelessness following domestic abuse.
iii. Heavy dependencies on a range of substances.
iv. Prevalence of serious mental illness and disorders such as PTSD, eating disorders, severe anxiety, depression, bi-polar affective disorder and self-harming.
v. Social isolation from the community,
vi. Racist attitudes from healthcare professionals and doctors, which significantly delayed diagnosis and urgently needed treatment.
vii. Deep fears about losing their children to social services due to service barriers to crisis healthcare.

3. Recognising the levels and impact of Traveller prejudice in communities

> *I've changed my accent so they won't know I'm a Traveller; otherwise, they wouldn't come out to help. Travellers can be a bit like chameleons that way: we learn to blend in due to the prejudice against us.* – Traveller comment

Descriptions of the levels of racism and prejudice the Traveller community experienced racism and prejudice in everyday life hallmarked every engagement conversation with all community members.

Young people talked about bullying they had experienced in schools; young men talked about their experiences of exclusion from job opportunities and women being regularly followed around shops by security, to name but a few of many examples.

Travellers also identified endemic and repeated generational experience of racism and prejudice as a key factor linked to mental ill health and addictions.

Travellers asserted that services need to see their support work in a wider historical context of embedded and institutional racism, such as anti-Traveller policies of forced assimilation. This could help to anchor an appreciation and understanding of their generational trauma and initial mistrust of services.

4. Developing advocacy support

> *We need more advocacy for Travellers. When you see the work they are doing in other places, like Limerick and Dublin, it's off the charts.* – Traveller comment

> *We need to build social connections. We need to build more authentic community-led connectedness. Services need to be more relational than transactional. As a Trust, it would be better to ask the question, what could you do for yourselves if only you had more resources? There are currently unequal power dynamics between services and communities.* – Service provider comment

Projects and networks that supported the development of a louder and more collective traveller voice in Limerick and Dublin were highlighted by some Traveller community members as sources to learn from.

Building and relocating knowledge, skills, confidence, and trust in communities that they know how to work best in their own communities was seen as a necessary shift and focus for future work.

Developing self-advocacy and community empowerment models, such as those in ROI, was, however, seen as a longer-term aspiration by local service providers. Investment, work, and infrastructure in ROI in this field had developed in a very different context and manner and were 20 years ahead in this regard compared to NI, which was emerging from a legacy of conflict.

Building community confidence through supportive relationships with C&V services and supporting incremental advocacy skills development and growth in confidence underpin current community development approaches. It was felt that was already showing positive gains, as evidenced by increased community engagement and involvement with services and other networks.

It was felt that managing crises and the pressures of day-to-day living, as well as creating effective service delivery structures (e.g., increasing C&V capacity, service infrastructure and support working on issues (such as keeping children in school, crisis family support, addressing poverty, abuse, and addictions), demanded a priority focus.

The growing profile of Traveller issues and focus at a strategic level with government departments and regional agencies was highlighted as effective advocacy work at a slow but steady pace.

5. Moving to a more strengths-based approach in community development

> *I think something that we all fail to recognise is what we can learn from the Traveller community. You know, people are often viewed as the sum of their deficits, but what's strong in the community? There is already a practice of the wid – a way of collective decision-making around a fire, which is all about sharing power. If you want to build community and create sustainable change, this is something that is instinctively built into what people are already doing*
>
> . – Service provider comment

Harnessing the assets within the community was seen as an overlooked factor in approaches to community work, as cited in the comment above.

It was also suggested that the approach to community development looked at it through the wrong end of the telescope. For example, development focuses on building capacity within Traveller communities to connect with existing institutions rather than the other way around. Institutions instead need to explore how they can adapt their work in collaboration with the community to provide more effective services that align with how communities actually live.

6. Profiling and celebrating Traveller communities

Enhancing the presence and positive profile of Travellers, their history here, their heritage and their culture was seen as pivotal in shifting attitudes and addressing racist stereotypes of the community. From engagement, areas of focus identified for this work included:

i. Innovating more work on Traveller cultural competency.
ii. Facilitating more cultural competency and campaigning work at a societal level.
iii. Focusing on myth-busting about Travellers.
iv. Improving Traveller visibility in communities building further on existing work.
v. Forging more respect for Traveller culture to strengthen community pride and self-esteem.
vi. Working on improving relationships and understanding, which requires a two-way education
vii. Supporting Travellers to confidently celebrate and share their stories of their culture and heritage with the wider community.

B. What works – identified strengths/opportunities and good practice

1. A whole family approach underpinned by restorative practice

CRJ's model and trauma-informed approaches to working with the Traveller community were highlighted as providing holistic and effective wraparound support to families.

This support was highly valued in the community and seen as a crucial factor in addressing crisis issues and supporting people to grow and develop in their lives (e.g. supporting recovery, accessing a wide range of services for their health and wellbeing and family support).

Key elements of the service approaches that worked for the community included flexible and tailored support to individuals and families, the depth of relationship building, home visits, and the coordination, accountability, and advocacy role CRJ played in connecting families with agencies and services.

2. Growing engagement with the community

The Heart Project and services at the Maureen Sheehan Centre reported an increase in Traveller engagement in health and wellbeing programmes. It was also noted that the combination of small steps and different supports was leading to more Travellers speaking up for what they wanted and needed in their community.

C. Suggested areas for action planning

1. **Domestic abuse support:** How organisations work together to support families and community members was identified as an area for shared planning focus. Recommendations emerging from the Domestic Homicide Review Panel for Northern Ireland, in addition to practice guidance from the Traveller Movement (UK)[3], are vital sources of policy and practice information to factor into the further development of services and support in this area.
2. **Training service staff:** This was seen as a top priority for a future action plan. Cultural awareness and cultural competency training should target a wide range of services supporting the community and across various sectors. Training was also viewed as essential to encourage agencies and services to consider how they can work more flexibly and effectively with the Traveller community beyond their current approaches.
3. **Enhancing advocacy:** Expanding knowledge of advocacy approaches and values, such as restorative practice, was seen as a pathway to improving practice in working with communities.
4. **Power dynamics:** Exploring new ways to involve Traveller members in making key decisions and choices for the community with services, such as how services and support needed to be structured/delivered to work for communities, was suggested as an action plan focus
5. **Community health champions:** A focus for future work could be exploring this model of sustainably building community capacity, whereby community members are trained and supported to share health information within their own communities and are supported to lead and produce their own health outcomes.
6. **Engaging Traveller men:** This area was identified as a continued and specific focus for health and wellbeing programmes.
7. **Celebrating Traveller heritage:** Cultivating more knowledge in communities about Traveller culture, creating more opportunities for Travellers to speak directly about this to others and celebrating Travellers' heritage in wider local communities was a strong recommendation emerging from engagement. Using creative approaches such as the new *Belfast Stories* council initiative could enable Traveller communities to tell their stories. This is one way the settled community can learn more about Travellers.

[3] Improving service provision for Gypsy, Roma and Traveller domestic abuse survivors, The Traveller Movement, February 2022

6. Developing collaboration

- Strengthening collaboration for health and wellbeing
- Building on communities' strengths
- Developing partnerships to improve health and wellbeing

6. Developing collaboration

A. Identified needs and issues

Overstretched and under-resourced community service infrastructure

The volume of demands and pressures on existing service capacity levels emerged as a major theme from the engagement. Multiple issues were identified to address and improve service capacity for Traveller communities. These included the following:

1. Demands on and limited resourcing of existing C&V services

i. Much of the time, C&V (community and voluntary sector) services deal with crises and lack the capacity and resources to undertake other educational or preventive work that supports health and wellbeing. Services felt that they were primarily engaged in crisis intervention work, which was very time-consuming and detracted from other types of work that were also needed, such as developing educational and preventive work projects with communities.
ii. Demand often outstrips C&V service capacity. This requires more resources.
iii. There is a high risk of staff burnout if C&V services continue to operate at the current staffing levels, given the intense nature of their work supporting the community.
iv. The isolation and lone-working risks associated with roles that have no team member equivalent as they are consistently working with trauma on high-level issues. In Belfast, exposure in support work to threats, violence and intimidation were highlighted as more prevalent that in other locations, raising the serious concern of staff safety.
v. The loss of institutional memory and its impact on Traveller service delivery if someone from the current pool of C&V team members is absent due to illness or leaves.
vi. Commissioned projects and support are funded on a year-to-year basis. This is too short-term. To ensure consistency (and build those vital relationships of trust with staff and Travellers), commissioning models of C&V support to traveller communities need to span 3-5 years of funding cycles.
vii. More stable commissioning models would encourage longer staff retention and consistency of service staff. Staff relationships were vital to forging stronger links with Traveller communities and therefore required consistency and stability.

viii. The current commissioning process feels competitive to some providers, pitting C&V services against each other rather than focusing on how organisations can collaborate.

2. Being aware of the nature and pace of support work

> *Funders and service commissioners need to be aware that we are constantly firefighting. Working with the broader community, we are still in the early stages. There are families who are not aware of trauma. So much is kept secret and kept closed in communities. Lead-in times for work with families can take years.* – Service provider comment

This emerged as a dominant theme from engagement with C&V services. Key issues highlighted were:

i. A lack of recognition by some funders of the time it takes to gain trust with the Traveller community before they feel ready to engage with staff to access services or participate in community development or project work. Services felt these time pressures as funders sought much quicker timelines to see the outcomes of projects. In short, many of the funder's expectations were not aligned with the complexity and reality of work on the ground.
ii. Casework with families was unpredictable and lengthy. They often involved support services working with serious levels of individual, family, and community trauma.

3. Managing funder expectations

> *Our work with Travellers takes significantly longer and is challenging when you're just trying to meet targets. How do you help someone in the finance department understand that there is more to the value of the work than just a number? – Service provider comment*

> *Given the nature of our work with Traveller communities, if you have more staff, you may want to consider this without the expectation that it means you will automatically work with more people. – Service provider comment*

Linked to the points above, this was a genuine and understandable concern shared by C&V service providers.

There could be unrealistic expectations and ill-fitting key performance indicators from funders that did not align with the work teams were doing and how they had to work with Traveller communities on the ground. For example, when a funder focused on largely on quantitative indicators (i.e. how much, how many, how quickly, how long) what might seem to them as limited progress (e.g., engaging with another two family members) was in fact a huge win for a C&V team for reasons already highlighted in how long trust building takes with Traveller communities.

Funder concerns about duplicating the use of resources or 'double-funding' work by more than one C&V organisation in the same community were highlighted as a more general sectoral issue. However, C&V organisations, especially in Traveller support work, were working in different and nuanced ways to similar outcomes, and this distinction in the types of work undertaken was important to emphasise.

4. Consistency of community staff – the importance of trust and relationships

> *There needs to be more than one person in a service to help people. You see how busy workers are. Also, you worry and can get a bit scared; if that person leaves someone whom you know and trust, who is going to come after them?* – Traveller comment

It cannot be overstated that from engagement, a key takeaway from the Traveller community regarding what works well is the importance of maintaining a relationship with staff over time to build trust. When Travellers spoke about the support they valued most, this was characterised by a consistent relationship-building process over time with the same staff member in a C&V organisation.

5. The recognition of and the value placed on C&V work

> *When you enter interagency work at the C&V project worker level, your voice may not always be heard at the table. That can be a bit soul-destroying, given the intimate relationship with families and the fact that*

they often have more information than some of the professionals involved. – Service provider comment

C&V service providers detailed how Traveller support work can sometimes feel more like social work, given the severity of the issues that teams help individuals and families address. It was felt that C&V pay levels did not reflect the knowledge, skills and resilience support work demanded.

6. The vision of a future hub development

> *Just imagine if we could develop a local hub where a Traveller could walk through the door and have access to all the information and resources they would need, health support, maternity, child and family help, job support, men's health services, and mental health support. Just imagine it. We have been talking about this and wanting it for years.* – Service provider comment

7. Embedding the role of advocacy in multi-agency work

> *Agencies use language which Travellers did not understand. This is a barrier that can prevent travellers from realising that they have options and that they have a voice. People are saying yes to things which haven't been properly explained. Having someone with you in meetings with services gives people a sense of strength and serves as a reminder to say what is important to them.* – Service provider comment

Seasoned C&V practitioners working closely with the community emphasised the continued importance of community members having access to advocacy support for important meetings and navigating services.

Speaking truth unto power and challenging services was necessary given the systemic barriers of prejudice in services toward Traveller communities. Travellers echoed this need and described the role C&V staff had played in helping them in crisis and in their relationships with services as vital.

Examples were highlighted of the instrumental role advocates have played in advancing the understanding of Traveller communities and providing the 'bigger picture' and systemic factors underpinning crises which involve multi-agency work.

These include effective collaboration with the PSNI, social work teams, and education providers, as well as providing insights and knowledge to the Domestic Homicide Review Panel for Northern Ireland, among many notable contributions.

8. A multi-agency approach to prison support

This was highlighted as a specific area where more holistic support was needed for both Travellers in prison and their families. This was seen as a service gap. Practical issues included providing support to families on how the prison system operates, offering travel assistance for visits, and helping with the financial implications of a family member's incarceration, among other aspects where families needed support.

Training and learning from support organisations working closely with Traveller communities for prison staff was also seen as central to improving prison support. This could help relevant teams better understand issues such as the implications of releasing someone into the community, support for prisoners upon release, and how this process can be effectively managed in Traveller communities.

9. Learning exchanges across organisations and regions

Cross-border visits, events, conferences, and meetings between service providers working with Traveller communities were highlighted as invaluable learning exchanges that enrich practice and knowledge for service providers in their work. Continuing interorganisational exchanges was desired as part of future service development.

9. Lack of a regional NI Traveller Strategy

It was highlighted that there are many excellent services in Belfast and other areas, but they are unavailable to Travellers across all counties. The fragmentation of service provision for the community and the range of inequalities Travellers experienced underlined the need for a standalone regional strategy.

B. What works – identified strengths/opportunities and good practice

1. Traveller issues profiled at strategic levels

Support organisations sensed a more affirmative shift at a strategic government level in specifically gaining more traction for support and action for Traveller communities

as they develop the new *Racial Equality Strategy*, building on the existing 2015-2025 framework. This was seen as a positive development to build on.

2. Increased recognition of the complexity and outcomes of C&V work

Shifts in BHSCT's understanding of, openness to, and appreciation for funded C&V support work (e.g., such as early intervention work) and the work being done by C&V were noted and appreciated by support services.

3. Strong local C&V collaboration in work with Belfast Travellers

C&V partners actively collaborated across organisations in support of the Traveller community. Relationships were vibrant and strong, and this was reflected in successful cross-referrals and knowledge exchange, which ultimately benefited everyone's work in striving for the best outcomes for the community they serve.

4. Time and dialogue between practitioners to improve cultural awareness

Sharing the C&V teams' extensive knowledge, understanding, and expertise with other agencies was seen to raise cultural awareness of Traveller communities, leading to changes in how they worked and addressed situations. This type of collaboration was viewed as an effective means of achieving better outcomes for individuals and families.

5. Traveller hub models as a vehicle for effective interagency work

Toybox highlighted the example of the Omagh Traveller Interagency Group as an effective hub model. The hub involved all agencies working closely with Travellers and had steadily expanded its reach in terms of engagement and support to local families.

6. Integrated prison support models in ROI

The work of The Stephen's Green Trust *Travellers in Prison* initiative and its multi-agency approach was highlighted as a model of excellent practice to review and learn from for local work on this in NI.

C. Suggested areas for action planning

1. **C&V staff capacity:** Resourcing and increasing the number of C&V staff working to support Travellers emerged as a priority request from both Travellers and organisations.

2. **C&V's role in highlighting needs:** Team members all played an instrumental role in raising awareness of Traveller issues and profiling their support needs, as well as promoting cultural awareness in other community networks and hubs. More C&V capacity was required to strengthen this, evidently linked to the need to increase staff resourcing to do so effectively.
3. **Funder expectations:** Funders need more education and exposure to the realities of C&V work in the Traveller community. In short, a new funding approach and model are required to provide sustainable, longer-term funding. Expectations on what can be delivered and the time it takes to progress work in Traveller communities should shift to reflect the realities of the teams' working environment and the challenges of need they are addressing.
4. **Outcomes and data capture:** A rethink and redesign of KPIs and reporting formats/tools were highlighted as a need from both funder and service provider perspectives. A stronger focus on qualitative rather than quantitative indicators to understand the context of the work and pace of progress is also a key recommendation from engagement. This would help both to understand the impact of work and provide better data on the community, allowing efforts and resources to be targeted optimally for Travellers.
5. **Multi-agency collaboration:** With community support work involving many complex issues, enhancing how agencies work more effectively together, exchanging information, and learning from each other was a key request. Developing models/networks where this can evolve and where staff and practitioners can have the space to coordinate efforts and build stronger relationships was seen as pivotal to this work. Tracking organisational accountability to deliver on planned outcomes and how this is done in multi-agency collaboration is also an important consideration.
6. **Cross-boundary collaboration:** Exploring how work and collaborative relationships could be strengthened to support Travellers moving across Trust areas. Existing coordination between services and C&V providers (particularly in the Belfast, Southern, and South Eastern HSCT areas) was deemed to require review, with stronger connections established to exchange knowledge on community support and needs.
7. **Role clarification:** C&V organisations work differently and cover different geographical areas and service provisions. Moving forward, reviewing who did what, where, and how is necessary to ensure clarity on what support can be provided most effectively for the community, thereby avoiding confusion and refining C&V service provision with clearer lines of responsibility.
8. **Optimise strategic opportunities:** The current development work at the government level on the Racial Equality Strategy presents an opportunity for Belfast support organisations working with Travellers to collectively position their voice and raise strategic issues from their community work experience. It was stressed that when everyone was 'on the same page', this empowered Traveller voice and profile.

9. **Regional connections:** Organisations working with Traveller communities across Northern Ireland could develop further in terms of mutual learning and sharing. Services could bring together existing projects across Northern Ireland linking up in a wider network to share and amplify Travellers' voices at a regional level.
10. **A regional Traveller strategy for NI:** Having a standalone, dedicated regional NI Traveller Strategy was seen as a way to influence and shape commissioning models, creating more sustainable support services through a regional strategy. It was felt that in current strategies, Traveller communities had scant mention.

Concluding comments

This engagement process has spotlighted a wide range of issues and the need for an action plan to consider. It has, however, also highlighted many strengths of current work, including successful projects, good practice models and what works, based on the grassroots experiences of both Travellers and stakeholder service providers, to expand, deepen, and build on in future action planning.

The current pressures and infrastructure of community-based services supporting Travelers is a key concern. Investing in and developing teams' capacity and service infrastructure will be a vital factor in delivering the action plan.

For the Traveller community, the consistency of staff support and personal relationship building, which fosters trust, as well as easy and flexible access to advice, guidance, and advocacy support, coupled with whole-family approaches, were seen as key ingredients of effective service delivery.

Enhancing models of effective practitioner and multi-agency collaboration across sectors underpinned by cultural awareness, shared learning, and accountability will also be key in future work to deliver for the community.

None of the issues referenced in this report will be news. The point was emphasised during engagement that in the community, there is a sense of consultation fatigue. Travellers want to see a clear plan on issues which matter to them and that they feel make a practical difference to Travellers' everyday lives.

Defining specific actions will require careful and realistic consideration of what can be delivered within three years that community members will see and practically benefit from.

In decision-making regarding action plan priorities, the involvement of the Traveller community is key. A vital next step is for BHSCT, Traveller community members and C&V partners to co-design processes that enable this and ensure the plan is responsive and accountable to the community it serves.