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Inclusion in Crisis: The Case of Irish Travellers during the First Months of the Covid-19 Pandemic

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Inclusion in Crisis: The Case of Irish Travellers during the First Months of the Covid-19 Pandemic

Since the World Health Organisation characterised Covid-19 as a pandemic in early 2020 (WHO, 2020), the spread of the virus and efforts to control it have necessitated an ongoing restructuring of interactions between individuals, communities and entire societies. The pandemic has been an inconvenience for some and a disaster for others. Minority communities in particular have increasingly been shown to be disproportionately affected by the direct and indirect impact of the virus, which has highlighted and exacerbated existing inequalities. This paper aims to add to efforts to understand the impact of this multi-faceted crisis on societies and in particular minority communities through an assessment of the space between government and minority community responses in the Republic of Ireland. By considering how Traveller organisations have worked to protect the Traveller community, and the extent to which this effort was met and supported by the Government of Ireland's 'governance response' during the first 'wave' of the pandemic, this case study aims to contribute to understandings of minority agency and inclusion in liberal democratic societies both during and outside of times of crisis, and hopes to show that moments of upheaval are not by necessity points of deterioration for minorities, but can carry the potential for more inclusive practices, processes and societies moving forward.

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1. Introduction

Minorities have been disproportionately affected by Covid-19 and the social, political and economic effects of measures taken to curb the spread of the virus – over the past year, this has become a disconcerting but familiar fact. In April 2020, speaking on International Roma Day, UN Special Rapporteur on Minority Issues, Fernand de Varennes warned that:

> "The treatment of Roma, Sinti and Traveller minorities remains a major human rights issue particularly where their vulnerability is compounded by continued obstacles in accessing public services such as access to testing for the coronavirus virus, basic health care and sanitation" (OHCHR, 2020)

Two months later, in June, the UN High Commissioner for Human Rights, Michelle Bachelet described the impact of Covid-19 on racial and ethnic minorities as "appalling" and called for the collection of disaggregated data as "essential to identify and address inequalities and structural discrimination that contributes to poor health outcomes, including for Covid-19" (UN News, 2020a). This message was echoed once again in August when UN Secretary General António Guterres, speaking on International Day of the World's Indigenous People, warned of the "devastating impact" of the pandemic on indigenous peoples and emphasised the value of inclusive responses, stating that the resilience and "traditional practices and knowledge" of indigenous peoples "offer solutions that can be replicated elsewhere" (UN News, 2020b).

As human rights bodies and representatives issued stark warnings about the trajectory of the virus and its impact on minorities, researchers examined the drivers behind this process. Attention has been drawn to pre-existing marginality (Cârstocea, Cârstocea & Willis, 2020), overrepresentation and over-exposure of members of minority communities in front-line jobs (Hawkins, 2020; Sze, Pan, Nevill et al., 2020) and the impact of cross-sectional burdens and spatial aspects of socio-economic inequality on local transmission (Ho & Maddrell, 2020). Furthermore, researchers have looked to the past to anticipate the consequences of Covid-19 on social cohesion (Borkowska & Laurence, 2020; Jedwab et al., 2020). By focusing on the effects of Covid-19 this research is actively making sense of the "fractures in the fragile skeleton of the societies" affected by the virus (Guterres, 2020) and structural inequalities, which appear to be a root cause of these breakages, are receiving much-needed attention.

While researching the effects of the pandemic on minorities is crucial for planning and implementing rights-based crisis responses and public health policies, this is just a part of the picture. There is a coexistent need to consider the many ways in which minorities have taken action and to assess how such responses have been supported or hindered in national responses to the crisis—which has tied security to public health and linked the global to the local. As Covid-19 has spread, minority and indigenous communities, for whom inequalities are daily realities and crises are often recurring or ongoing, have found ways to respond to the challenges posed by the virus. Around the world, minority and indigenous communities have used traditional knowledge and developed new ways to protect their communities (Bradley, 2020; Hetherington, 2020; Yellowhead Institute, 2020). Meanwhile, activists and advocates have not only documented rights violations but also highlighted immediate and long-term needs (Hobson Herlihy & Bagheri Sarvestani, 2020; Rorke & Lee, 2020).

Shifting the focus to minority responses takes minority agency as a starting point for research (Malloy & Boulter, 2019). This in turn can serve to deconstruct conceptualisations of minorities as necessary recipients of aid (Wolf, 2019) and passive objects in policies and strategies with a tendency towards a narrow focus on treating symptoms, rather than a holistic approach which takes into account wider

environments and underlying causes (Surdu & Kovats, 2015).

In addition, examining how minorities find or claim space (Guillaume & Huysmans, 2013) in times of crisis can contribute to an urgently needed discussion about inclusion in European societies. The pandemic has seen increased the scapegoating of minorities (Amnesty, 2020; Bober, 2020; ERRC, 2020) in a climate already marked by growing polarisation and fortification of external borders. These shifts and trade-offs between human and national security, and the increased reification of identities along political, religious and cultural lines in European societies (Mudde, 2019; Raj, 2020), are likely to push internal boundaries demarcating who may belong and who remains 'other'—with 'others' increasingly needing to make themselves identifiable and 'transparent' (Glissant, 1997) to clearly identify as 'not a threat'. How minorities seeking to assert themselves as agents of their own security fare during times of upheaval may shed light on this push and pull around identity, belonging and participation and create space to reassess principles of inclusion at a time when a vaccine, together with a return to 'normal' appears to be on the horizon.

Such a return to normal must not mean that while minorities cease to be disproportionately affected by the immediate impacts of the pandemic, they continue to be subjected to the exclusion and structural inequality which placed them in a precarious position in the first place. Many minority communities navigated the crisis and supported their communities with limited resources and high levels of skill. Learning from minority agency, and how it was strengthened or inhibited through national crisis responses, provides a valuable opportunity to transition to a 'normal' in which multiple perspectives and multi-layered identities are not only visible but valued, rather than cast in oppositional binary terms which undermine democratic processes and human security (Johansen, 1991; Yuval-Davis, 1999).

In considering how Traveller organisations worked to support the Traveller community and assessing how these efforts were met by the Government of Ireland's crisis response during the first months of the pandemic, this paper aims to contribute to discussions about agency and inclusion, to draw attention to the situation of Travellers in Ireland, and to contribute towards efforts to understand changing and emerging dynamics, opportunities missed, and those still to come.

The first section of this paper begins by discussing the positioning of Travellers in Irish society before the arrival of Covid-19, introducing the concepts of inclusion and crisis which provide the context for this research, and outlining the research methodology. In the following section initial responses to the pandemic at government level are considered by looking at framing in the National Action Plan, the structure of the response, and specific measures which directly and indirectly applied to Travellers. The third section of this paper discusses the results of conversations with interviewees situated at various points in community level responses to the pandemic; considering actions taken, changing dynamics, and gaps which emerged over the course of Ireland's first lockdown. The final section discusses

interpretations arising from this research and presents concluding remarks.

2. Travellers, Inclusion and Crisis

For centuries, an autochthonous community with a shared history, distinct culture, language and traditions has lived with and alongside the majority community in Ireland (Bhreatnach, 2006; Joyce, 2018; Murphy, MacDonagh & Sheehan, 2000; Pavee Point, n.d). According to the most recent census, there were 30,987 members of this minority—known to the 'settled' community as Travellers—usually resident in Ireland in 2016 (CSO, 2016). The census showed that while the accommodation circumstances of Travellers changed significantly over time, and just 12 percent of Travellers lived in caravans or mobile homes (Seanad, 2020, p.16), significant differences remain between the demographic profile of this minority and that of the general population[1]. These differences, together with the existence of a country-wide and community-based network of local and national organisations working to promote minority identity and protect minority rights in Irish society, show that despite challenges there is an ongoing identification with Traveller culture, and that this minority's identity cannot be conflated with the type of accommodation its members live in.

2.1 Minority Positioning Pre-Pandemic

Alongside lasting differences in culture, family structures, and demographic profiles, differences have also emerged through the implications of rapid social and economic development in Irish society for minority and majority communities. Changes in farming techniques, production methods and patterns of consumption reduced the demand for traditional crafts and skills. Shifts in employment and education standards meant that formal education became a prerequisite for employment and opportunities for casual and seasonal labour decreased, while developments in infrastructure and urban planning together with policing practices and legislation narrowed the physical and legal space for essential elements of Traveller culture and economy (Bhreatnach, 2006; Joyce, 2018; Kirby & Carmody, 2009; Mac Laughlin, 1999). Overall, changes which generally increased the quality of life for the majority population, have led to "more clearly demarcated" boundaries between communities (Bhreatnach, 2006, p.1), whilst Travellers have not, by any measure, "participate[d] fully in the economic progress and development in their country" (UN Declaration on Minorities, 1992, Article 4, 5).

Legislation such as the *Housing (Miscellaneous Provisions) Act 2002* has increasingly restricted aspects of Traveller culture and set minority culture against majority interests—reinforcing the idea that minority and majority culture are antithetical and incompatible, and positioning settled society as the default. Issues such as access to accommodation crucial to maintaining, developing and preserving essential elements (FCNM, Article 5, 1) of Traveller culture, are consistent point of conflict between communities (McDermott, 2020). While discrimination and deep-rooted stereotypes of Travellers as violent, criminal and backward (Joyce, 2015; McVeigh, 2008; Mulcahy 2012) act as barriers to effective

participation, reduce trust in law enforcement and social services, restrict access to education and employment (AITHS, 2010; FRA, 2020a; O'Mahoney, 2017), and increase the distance between Travellers and the majority population.

The combined effect of this economic, social, and political exclusion is a situation in which Travellers "are at the top of every negative statistic and the bottom of positive outcomes in Irish Society" (Sherlock, 2019). Available data presents an alarming picture; although Travellers make up less than one percent of the general population (CSO, 2016), they account for five percent of the prison population (Seanad, 2020, p. 16), and at least eight percent of people accessing emergency accommodation nationwide (Murphy, 2019). Furthermore, Travellers are underrepresented in the workforce (with an unemployment rate above 80 percent) and across all levels of education, with just 13% of Traveller children completing second level education compared to 92% of children in the general population (FRA, 2020a; Seanad, 2020).

2.2 Inclusion

Traveller organisations such as Pavee Point have been fighting for inclusion since the 1980s (Fay & McCabe, 2015) and today an extensive network of local and national organisations (ITM, n.d.) works to support communities and address causes and effects of exclusion. In 2017, official recognition of Travellers "as a distinct ethnic group within the Irish nation" (Department of the Taoiseach, 2017) and the publication of the *National Traveller and Roma Inclusion Strategy 2017-2021* (NTRIS) marked a significant shift towards inclusion in public discourse and policy, but what exactly is meant by inclusion and how is it achieved?

The concept of inclusion used in this paper draws on the "integration of societies" outlined in the *Ljubljana Guidelines on Integrating Diverse Societies* (OSCE, 2012) and conversations with interviewees about the meaning of integration and inclusion. The Ljubljana Guidelines describe integration as:

> *"a dynamic, multi-actor process of mutual engagement that facilitates effective participation by all members of a diverse society in the economic, political, social and cultural life, and fosters a shared and inclusive sense of belonging at national and local levels" (OSCE, 2012, p.3).*

For such a process to be successful, the emphasis must lie on recognising, respecting, and accommodating differences in diverse societies, rather than treating difference as risk and deviance (Emanuelsson, 1998). As such, this concept of integration promotes equality and non-discrimination. However, integration does not lie within the domain of international law, and in as far as they do not clash with human rights frameworks, states are free to shape their integration policies. The result is that,

in practice, 'integration' often refers to integration *into* societies, is considered the task of 'others', and acts as a floating signifier applicable to anything from multiculturalism to "next-to-assimilation" (Werth, Stevens & Delfs, 1997, p. 5).

It is precisely this misuse of the term 'integration' which gave it severely negative connotations for Travellers. With the 1963 *Commission on Itinerancy*, the Irish Government pursued an openly assimilationist policy aimed at absorbing Travellers into the general population. While official discourse shifted towards integration with the 1983 *Report of the Travelling People Review Body*, practice did not follow. The underlying assumptions driving policy remained largely unchanged until the *Report of the Taskforce on the Travelling Community* acknowledged the existence of Traveller culture and identity in 1995 (Bhreatnach, 2006; Joyce, 2018; McVeigh, 2008). By this point the damage was irreversible – discrimination against Travellers had been institutionalised, racism and portrayal of Travellers as 'failed settled people' legitimised, and trust between Travellers, the State and majority society was irrevocably damaged.

The association of 'integration' with assimilation, forced settlement and ethnicity denial arose repeatedly in interviews. It was made clear that this term "really isn't acceptable in an Irish context" (Interview 1, Project Director) and as a result, 'integration' has been left behind. Instead, attempts to address the marginalisation of Travellers and mend inter-community and minority-state relations are based on *Inclusion*. Inclusion was described by interviewees in terms of equality and equity (Interview 2, Health Lead), a need "to change the policy, not the people to fit in your policy" (Interview 3, Program Lead) and interculturalism:

> *"The mainstream has to change and the minority probably has to change, you know? So that there's change everywhere but it's negotiated, and it's a parity of esteem, and it isn't imposed" (Interview 1, Director).*

Acknowledging the history and meaning of 'integration' for Travellers, the terminology used in public and official discourse has followed this change in terminology, with the *NTRIS* stating:

"Discussions with Traveller and Roma representatives and other relevant stakeholders has resulted in a change of emphasis from integration to inclusion which is seen as better capturing what we want to achieve for these communities in our society" (Department of Justice & Equality, 2017, p. 17)

However, despite the development of a detailed inclusion strategy, despite official recognition, and despite *de jure* equality of Travellers under national and international legislation, the de facto situation of Travellers at the beginning of 2020 remained a far cry from 'effective' participation (O'Connell, 2006). The negative outcomes of this exclusion included a life-expectancy of over ten years below average, higher levels of chronic illness, and an alarming rate of suicide (AITHS, 2010; Seanad, 2020).

In addition, access to basic needs and services on halting sites remained an ongoing issue, 50 % of Travellers struggled to read medication instructions (Department of Justice & Equality, 2017, p.11), and racism was described as "endemic" (IHREC, 2020). This meant that this minority—with a largely oral language, a "younger population with the health statistics of an older generation" (Interview 4, Coordinator) and just three percent of its population over the age of 65 (CSO, 2016), was in a particularly precarious position at the outset of this pandemic.

2.3 Inclusion in Crisis

As with integration policies, crisis responses and the health of a nation also remain primarily matters of state sovereignty (Harman & Wenham, 2018). Furthermore, the concepts used to frame and convey crises by governments, the media, and influential individuals such as community leaders, businesspeople, or health experts, can shape responses to and trajectories of crises (Wehling, 2017).

Furthermore, abstract concepts such as 'crisis' are intangible. As a result, communication in such situations revolves around visible effects, such as overcrowded hospitals, body bags, and exhausted medical staff during a pandemic, and relies on vivid and familiar metaphors like 'floods' and 'waves' (Wehling, 2017, p.137). During the pandemic, war has often been the chosen metaphor in public and political discourse (Schwobel-Patel, 2020). This metaphor is both visual and value-based (Wehling, 2017). 'War' activates notions of 'victory' and 'defeat'. It implies that there are enemies and allies. In tandem with calls for solidarity, this type of framing can be an effective means of stirring up national pride and rallying support for collective efforts and sacrifices (Schwobel-Patel, 2020). However, the application of traditional security concepts in a public health emergency can also reinforce national and societal boundaries between 'us' and 'them'—demarcating to whom solidarity is owed, whose security is to be protected, and at what cost.

This is particularly pertinent with regard to minority-majority relations. Recent research has indicated that an economic crisis heightens the potential for labour market exclusion and in-group favouritism (Johnston & Lordan, 2015), while lack of inter-community economic interdependence can lower the cost and increase the likelihood of violence (Jedwab, Johnson & Koyoma, 2019). While pandemics do not necessarily lead to persecution (Cohn, 2012) it has been suggested that Covid-19 has given rise to 'mild-scapegoating"[2] which undermines human rights and social cohesion and in certain situations can be a precursor to "violent scapegoating" (Jedwab et al., 2020, p.33). In addition, economic decline and political instability – both features of Covid-19 – have been shown to deepen grievances and exacerbate ethnic conflicts (Fearon & Laitin, 2003).

It follows that the positioning of minorities within dominant narratives can have significant implications during crises. Naming is powerful and often political (Lynch, 2016) and in times of turbulence, "a widespread tendency […] to re-embrace more deeply entrenched group identities" (Petersson, 2003,

p.91) increases the potency of names and labels. Consequentially, whether minorities are portrayed as partners, victims, threats, or competitors in efforts to tackle Covid-19 – or whether they are recognised at all – can make the difference between inclusion during and following crises, and crises of inclusion.

2.4 Research methods

This research aims to assess minority and majority responses and assess the spaces between them. Consideration of the government's response was conducted by analysing the framing in the *National Action Plan in Response to Covid-19*, assessing the governance structure set by the plan, and considering specific measures and actions taken. In addition, academic literature, national legislation, policies and reports were consulted in order to allow for a comparison of inclusion before and during the pandemic.

Information about action undertaken by Traveller organisations and the interaction between national and community level responses was gathered primarily through in-depth and semi-structured interviews. Interviewees were contacted by reaching out to Traveller organisations using contact details listed on organisations' websites and through personal networks. In total, 22 people responded to interview questions.[3]

The roles of interviewees varied. The majority of interviewees worked for Traveller organisations around the country, as community development workers, primary care workers and project coordinators. In addition, conversations with a university professor, a Roma health advocate, and the HSE Social Inclusion office provided important insights and additional context. Over half of the interviewees self-identified as members of the Traveller community and these respondents were therefore not only professionally situated at the nexus of the community and governance response, but were also able to speak from personal experience.

Interviews were predominantly conducted by phone. Conversations varied slightly depending on the role of the interviewee, but covered topics regarding the situation before the pandemic, the impact of the pandemic in the community and on the work of the organisation, cooperation between stakeholders, actions taken by organisations during the pandemic, long term impacts, levels of discrimination and recognition of Travellers in Irish society.

A number of interviewees asked that their responses remain confidential. This was due to uneven relationships between primary care workers and the HSE who, as one interviewee put it, "pay our wages" (Interview 5, Health Worker), plus strained relationships between Traveller communities and local authorities in some counties. To respect the privacy of these interviewees, the decision was made to keep responses anonymous and mention only roles. The interview phase lasted from mid-June, when

Ireland was just beginning to come out of a national lockdown implemented in March, and continued to the end of July.

2.4.1 Limitations

To gain a more complete picture of what the pandemic meant for Travellers, a survey was designed. It asked specifically about impacts on health, mental health, employment, education, access to services, and discrimination. It was optimised for use on mobile devices, used clear language, and was reviewed by a member of the Traveller community, peers, and a senior researcher. The survey failed to gather responses and make a substantial contribution to this research.[4] This pointed to a number of issues, including but not limited to literacy, the digital divide, challenges of reaching out to minority communities without the option of face-to-face contact during an extremely challenging time for community members and the organisations working flat-out to support them, and perhaps most importantly—wariness and tiredness of members of minority communities, for good reason, towards researchers. This issue was raised in a number of interviews, in which Travellers were described as "over researched" (Interview 12, Coordinator), "tired of being a curiosity and a cultural phenomenon to be studied from the outside" (Interview 16, Professor) and the need for human-rights compliant ethnic-data collection and processing for the sake of improving equality and not for the sake of conducting research was emphasised (Interview 1, Director).

3. Government Response

On the 16th of March, the Government of Ireland published *the National Action Plan on Covid-19* (*Action Plan*). The *Action Plan* set out a "cross-government and public health-led" response informed by a National Public Health Emergency Team (NPHET), the Health Service Executive (HSE), the European Centre for Disease Control (ECDC) and the World Health Organisation (WHO) (Govt. of Ireland, 2020, p.8). This crisis response was not underpinned by a state of emergency, which under Irish law is reserved for armed rebellion or war (FRA, 2020b). Instead the caretaker government in place following the general election passed the *Health (Preservation and Protection and other Emergency Measures in the Public Interest) Act 2020* and the *Emergency Measures in the Public Interest (Covid-19) Act 2020* in mid-March. This legislation allowed the Minister for Health to restrict travel and gatherings and permitted a "medical officer of health" to detain persons suspected of being a source of infections (FRA, 2020b). Notably, while the potential for interference with human rights and lack of clear reference to proportionality and non-discrimination were criticised as "truly extraordinary" (ICCL, 2020), the discourse used in the *Action Plan* steered away from coercive language and framed the crisis in terms of shared responsibility, vulnerability and solidarity.

3.1 Solidarity and Vulnerability

While some reference is made to 'fighting' the virus (Action Plan, 2020, pp.1-3), the language used in

the *Action Plan* appeared to focus on individual, community and social costs of widespread disease and public health failure, and put human security first. Solidarity is outlined as one of the key ethical principles of the plan calls for solidarity are made through appeals to a sense of shared identity:

> *"The most important tool in our arsenal against this disease is our long-standing tradition in Ireland as a society, of being compassionate and caring, and our ability to work together for the protection of all" (Action Plan, 2020, p.2).*

This language establishes links between pride, identity, and duty, with duty owed primarily towards 'vulnerable' or 'at risk' groups—a category defined first and foremost in terms of age and persons with pre-existing conditions (Action Plan, 2020, p.2). The statement "not for generations has Ireland and the Globe been faced with a pandemic like this" and calls for all generations to "come together and support each other" (2020, p.1), acknowledge generational divides and simultaneously evoke intergenerational care, solidarity, and respect towards ones elders. A further category of 'social' vulnerability extends solidarity beyond generational divides in society:

> *"Also [to] people who may be more socially vulnerable (e.g. people who live in sheltered housing, these engaging with addiction services or homeless services, people who are in direct provision centres and people in prisons or detention centres)" (Action Plan, 2020, p.7).*

Although Travellers, Roma and Asylum Seekers are implicitly included in these descriptions, separate communities existing within Irish society are not explicitly named. This may be because doing so could detract from the portrayal of Ireland as a wholly unified society – a powerful rhetorical tool needed to underpin the 'whole-of-society' response. Furthermore, not explicitly naming or drawing attention to minorities may lower the risk of stigmatization and scapegoating. However, at the same time, failing to differentiate between communities and needs risks creating a narrow definition of the social profile of people to whom solidarity is owed.

3.2 Opportunities for Inclusion in the Governance Structure

While there is no specific mention of Travellers in the *Action Plan*, a number of windows for the inclusion of Travellers were created through the 'governance structure' which sought to link national and local authorities, public health, and voluntary and community sectors (Action Plan, 2020, p. 8). The Health Service Executive (HSE)/Health Protection Surveillance Centre (HPSC) *Covid-19 Guidelines for Travellers* set out specific guidelines for managing confirmed and suspected cases in halting sites and overcrowded accommodation. This marked recognition of a key actor within this governance structure of the health disparities between communities. The guidance also took into consideration differences in life expectancy and higher than average levels of chronic illness by identifying Travellers

aged 60+ as "extremely high risk" and recommending that they 'cocoon' or go into protective self-isolation (HSE/HPSC, 2020, p.5). In addition, an existing infrastructure of Primary Health Care Projects (PHCPs)[5] widened the potential for incorporating minority needs into the public health response.

Meanwhile, in late March, the Department of Housing, Local Government and Heritage called for the establishment of a Local Authority Response Forum in each local authority area. These forums held weekly meetings with relevant stakeholders including the "HSE, the council, county champions, An Post, Community Welfare Service, An Garda Síochána, other State organisations, charities and other stakeholders" to coordinate community supports and services in each area (Department of Housing, 2020) These meetings constituted an opportunity for the inclusion of Travellers, represented by Traveller organisations, in local level crisis responses.

While the forums were an opportunity for organisations to raise the needs of specific families at local levels, further opportunities for the inclusion of Travellers in the crisis response existed higher up in the governance structure by way of meetings with individual ministers, and through the NPHET, which included a Vulnerable People Subgroup. This subgroup—one of the 11 informing the work of the NPHET—was cross government and interagency. It included representatives of the Prison Service, government departments, the HSE and the voluntary sector (Department of Health, 2020a) and had the capacity to bring the security and safety of minorities into consideration at the national level of the response. However, while overcrowding and health disparities among Traveller and Roma communities were discussed during its fifth meeting (Department of Health, 2020b) this channel showed evidence of a narrow conceptualisation of vulnerability, as *ALONE*, a charity for the elderly, consistently represented the voluntary sector and no Traveller and Roma organisations appear to have been directly included in its membership.

3.3 Specific Measures

The first lockdown in Ireland saw the closure of schools and all non-essential services. Employees worked from home, and a ban on travel outside of a two kilometre radius of one's place of residence was issued (Department of the Taoiseach, 2020). To alleviate the adverse effects of these restrictions, particularly on those considered vulnerable, a number of specific measures were taken within the governance response which directly and indirectly affected the health and accommodation circumstances of Travellers.

With regards to accommodation, a rent freeze and ban on evictions introduced by the *Emergency Measures in the Public Interest (Covid19) Act 2020* was extended to include Travellers on the roadside and Travellers 'doubling up' (moving additional caravans onto halting bays or sharing accommodation) on halting sites (FRA, 2020c; Pavee Point, 2020a). While this legislation put a halt to the practice of evicting Travellers *from* unauthorised halting sites, a circular issued by the Minister for Housing

addressed conditions *on* both official and unofficial halting sites during the crisis. The circular, issued on the 18th of March, recognised that "some members of the Traveller community, particularly those living on sites with limited facilities, may be particularly vulnerable". It identified measures to be put in place for Travellers in "Traveller specific accommodation in each local authority" and emphasised that "every effort should be made to find prompt and practical solutions on existing sites" (Tobin, 2020). Such solutions included providing toilets, running water and refuse collection, and making available additional units or mobile accommodation to alleviate overcrowding and create space for self-isolation (FRA, 2020c, pp.15-16).

With regards to health and mental health, the increased risk to the Traveller community was acknowledged and addressed through a number of specific measures. In addition to the guidelines issued by the HSE/HSPC, the Department of Health identified Travellers and Roma as priority groups for testing on the 24th of March (FRA, 2020c, p.14). This meant that Travellers were fast-tracked for testing and allowed for whole-of-site and onsite testing in cases where two or more infections were reported. In addition, a dedicated Traveller helpline was established, and an information pool was made available on the HSE Social Inclusion website. This featured guidelines from national Traveller organisations, links and contact details for services and supports, videos, and easy-to-read and up to date information on government restrictions and health guidance.

The measures taken in the initial crisis response addressed longstanding issues in accommodation and health in a manner not seen before the onset of the pandemic. The provision of basic needs marked a recognition that the situation of Travellers at the onset of the pandemic was not conducive to the aims of the social solidarity response set out by the *Action Plan* and showed increased responsiveness of local and national authorities and the public health services to issues and concerns raised by Traveller organisations and representatives. The Housing Circular and the inclusion of Travellers in emergency legislation in particular, marked a shift towards a social determinants approach to Traveller health and a recognition that the situation of Travellers on halting sites was unsafe and incompatible with human security.

4. Community Level Responses

The crisis response initiated by the Government of Ireland was driven by newly established legislation and processes. In contrast, the response within the Traveller community was one for which "the groundwork [was] already in place" (Pavee Point, 2020b). The following section discusses the key features of the community level response, and considers to what extent the "solidarity, cohesion and determination on the part of everyone" (Government of Ireland, 2020, p.3), called for in the *Action Plan,* reached across community boundaries.

4.1 Existing Networks

Serious concerns and negative expectations about the direct impact and long-term effects of Covid-19 were consistent features in interviews. Interviewees stated:

> *"There was and still is a real fear of Covid-19 within the community for those with underlying health conditions" (Interview 6, Manager);*
>
> *"The initial fear was that it would be widespread within the community, and that there would be devastation" (Interview 7, Coordinator);*
>
> *"We were in a crisis, before Covid-19 we were in a mental health crisis […] I think one of the consequences is going to be severe mental health issues, across the board" (Interview 9, Director).*

These concerns were driven by two main factors. Firstly, through primary care projects, community development programs, education and employment support, mediation and anti-racism training, and consistent "grassroots" and "neighbourhood level" (Interview 4, Coordinator) advocacy and outreach, local organisations were acutely aware of the risks and challenges families faced. Secondly, knowledge-sharing and communication through a country-wide network of Traveller organisations, meant that interviewees were also informed about the regional and national situation of the community, legislation and policies affecting them, and international rights-frameworks. This network and its reach, referred to as 'a Traveller health infrastructure' was described as follows:

> *"We adopt a community development approach, and a holistic approach […] and using that approach over many years we have succeeded in establishing a strong Traveller health infrastructure and many local organisations. In some areas they have associated Traveller primary healthcare projects, but even where there isn't a dedicated Traveller primary healthcare project you have a dedicated Traveller organisation" (Interview 1, Director).*

The structure and cooperation throughout this network is evident in the way interviewees cross-referenced each other, highlighting both horizontal and vertical connections. National organisations such as Pavee Point and the Traveller Counselling Service were referenced in interviews with the HSE Social Inclusion Office. Members of national organisations referred to regional Traveller Health Units (THUs) and national Traveller Health Forums, but also mentioned local projects and development programs. Meanwhile, interviewees from local organisations referred to national organisations such as Pavee Point, Minceirs Whiden and the Irish Traveller Movement, referenced submissions and publications by advocates and activists, mentioned cooperation with regional THUs and local public health nurses involved in PHCPs, while also referring to the situation of Travellers and work of local organisations in other areas around the country.

4.2 Proactive Responses

This network and shared knowledge, combined with a social determinants approach and awareness of the upstream and downstream factors in community and individual health (Berkman, Glass, Brissette et al, 2000), reduced the time needed for risk-assessments and drove a proactive response.

Interviews showed that preparations started as early as February. National organisations got information not only from the HSE, but also "from the ECDC, CDC, WHO" and "blended all those things together", to start delivering guidance "before it was in Ireland" (Interview, Coordinator). The activation of the community level response before the virus began to spread via community transmission (Murray, 2020) created a short window of time during which an intensive information campaign was launched which aimed to keep Covid-19 out of the Traveller community:

> "*In the early days, we had a real push around getting out information" and "a lot of outreach work in terms of our Traveller health projects literally knocking on doors and handing in information" (Interview 2, Health Lead).*

Interviewees mentioned a range of ways in which health workers were supported in outreach and prepared for the pandemic. These included training provided by HSE public health nurses, Traveller specific information material circulated by national organisations, and training sessions with primary healthcare teams on protective equipment, transmission, symptoms and managing outbreaks. This allowed primary care and community workers to deliver preparedness training to community members, which involved training on hygiene, circulating posters and information leaflets, providing hygiene packs and establishing population profiles to determine risks and needs.

Alongside widespread concerns about the impact of Covid-19 on socio-economic exclusion, health and mental health in the Traveller community overall, halting sites emerged as "the key focus" (Interview 7, Coordinator) area in prevention efforts. This was due to frequent overcrowding and inadequate access to basic needs and services, as a result of which people on halting sites lacked the means to protect themselves and their families. Furthermore, halting sites were often remote and spatially isolated (Joyce, 2015) and "not wired for broadband" (Interview 9, Director) meaning that even in cases where the technology, digital skills and literacy levels needed to access online resources were available, Travellers would be cut off from crucial information.

Alongside proactive local level responses, national organisations employing a "top-down and bottom-up" approach (Interview 1, Director) were pivotal in the inclusion of Travellers in the emergency legislation. Interviews showed that national organisations reached out to government departments, the police commissioner, and the HSE to raise the needs of Travellers, often pre-emptively highlighting issues such as equity in the transition to online service provision. In addition, letters to ministers, reports,

submissions to the Oireachtas Special Committee on Covid-19 Response (Fay, 2020; Joyce, 2020; Pavee Point & NTWF, 2020) and lobbying emerged as driving factors behind those specific measures which were taken and implemented in the context of the governance response. Alongside these efforts, and increased communication with other stakeholders through weekly meetings and tele-conferences (Pavee Point, 2020c), "regular calls with other national Traveller organisations" (Interview 1, Director) were used to distribute information, ensure consistent and reinforced messages were passed through the Traveller health infrastructure, and gather feedback from local organisations.

4.3 Changing Dynamics

The arrival of Covid-19 in Ireland forced new dynamics and forged new relationships with both negative and positive outcomes. At the community level, access to family and community networks, which provide a crucial form of support in the face of exclusion from wider social networks, was severely limited due to the virus. Interviews indicated that families on halting sites became even more isolated as:

> *"The only solution that was there for Travellers, both regionally and locally was to kind of keep Travellers in halting sites and lock them away" (Interview 12, Coordinator).*

In one interview the keeping of a daily record of "anybody that came into a site or left the site" was described (Interview 4, Coordinator), while in another case families turned down the offer of whole-of-site testing for fear that public health staff would bring infections into the site (Interview 5, Health Worker). These methods were similar to those used by other indigenous groups (Yellowhead, 2020) and marked a kind of reverse border control. Frequently, the movement of members of minority communities in public spaces is considered in terms of risk and subjected to intense scrutiny (Joyce, 2015; Mulcahy 2012) and policing of internal boundaries by majority-society civilian and law-enforcement 'border workers' (Loftus, 2015) sees minorities confined to allocated spaces (Van Bochove & Burgers, 2009). However, during the pandemic, for many minority communities, including Travellers, the prospect of contact with people outside the community was not just a risk but downright dangerous and potentially fatal, and minorities took control over spaces and managed movement in order to protect their communities.

While relationships within the Traveller community and dynamics on halting sites were forced to adapt, the relations between Traveller organisations and families also changed; organisations were forced to suspend outreach work which had a severe impact on the ability of community workers and primary healthcare workers to continue pre-pandemic levels of support and contact with families in their areas. Interviewees described efforts to compensate for the lack of face-to-face contact through social media, WhatsApp and phone calls – in some cases 'linking in' or connecting with families daily. However,

while organisations worked to adapt to the circumstances, this new form of remote outreach was described repeatedly as 'not the same', with interviewees stating:

> *"the one thing that we would really like to do is get back out there […] Travellers wouldn't always pick up the phone but if you go out to a site and you meet them and chat with them, you build up that trust…" (Interview 2, Health Lead);*
>
> *"My role is hugely different […] a lot of my work is outreach, bringing families to appointments, making sure they attend women's groups, men's groups, youthwork…" (Interview 12, Coordinator);*
>
> *"The bulk of the work is outreach work, you might go into a house with one issue and you'd come out with seven […] after four cups of tea […] you have to sit and chat, that's where the relationship and the trust comes from" (Interview 5, Health Worker).*

At the same time, the push around information and outreach in the 'early stages' and strengthened online presence appeared to have had some positive impacts for Travellers, with organisations having "more contact with more Travellers that previously may not have engaged with us" (Interview 2, Health Lead). This pattern seemed to appear in the Roma community, with outreach efforts leading to families previously invisible to service providers being contacted through efforts to provide Covid-19 related information (Interview 3, Program Lead; Interview 11, Health Lead).

Changing dynamics were not confined to the minority community. Communication and interaction between key actors in the national response and the Traveller health infrastructure shifted significantly in the first months of the crisis. National and local authorities, as well as service providers, became more responsive to minority needs, and the crisis uprooted entrenched practices and processes in service-delivery by local authorities and public health. Whereas, before the pandemic, Traveller accommodation was dependent on local level decision-making and implementation, during the crisis accommodation became a health matter which saw practice driven by top-down directives and emergency legislation. Furthermore, linking of Traveller health and public health marked a shift from standard practice which saw Traveller health relegated to the area of social inclusion, which, in the absence of simultaneous efforts to create inclusive mainstream public health services, had the effect of reinforcing the idea that the health needs of the minority lie outside the scope of society.

Alongside changing practices, interviews indicated increased levels of communication across all levels. Forums, conference calls, and on-the-ground cooperation between Traveller organisations, PHCPs, THUs, public health and local authorities meant that the health and accommodation needs of Travellers became visible. This increased visibility, in turn, meant that these needs were acted on by public health and local authorities who did not normally see, take into consideration, or respond to the differentiated

needs of families around the country. This process saw primary care workers and community workers accompanying public health doctors and council representatives onto halting sites to perform needs assessments, and liaise between the community and the governance structure:

> *"Travellers contacted the community development worker who relayed the message to the council and also communicated with the [national organisation] to inform them of the situation" (Interview 5, Health Worker).*

> *"The Health Service Executive were really supportive, and they, under the Traveller health advisory forum (which would be the HSE forum for Traveller Health) they would have instituted twice weekly telephone calls, national telephone calls, with each Traveller Health unit, so we were able to raise issues there to get them escalated up, or they were able to give us information there to cascade it down […] it was a really effective mechanism" (Interview 1, Director).*

Although it was clear that specific measures in the area of Traveller health and accommodation were an important source of support during the first months of the crisis and marked a change in practice, it was also clear that this change in practice remained subjected to unequal relationships and discretionary decision making (Hetherington, 2020), particularly on the part of local councils. In some cases, interviewees described good working relations with councils and commended local councils which acted quickly and proactively:

> *"We had a very positive response from local authorities and services. There was direction from government which filtered down to local level" (Interview 6, Manager).*

Often interviewees described receiving additional services and support, but having to lobby for them – using the circular from the Department of Housing as a means of applying pressure to local councils who were seen as having a tendency to "drag their heels" (Interview 5, Health Worker) and not trusted to act on their own initiative:

> *"unfortunately, it's like everything we have in local levels, if we're not there specifically saying "this is the needs of Travellers" they don't get addressed" (Interview 15, Coordinator).*

While in other cases again interviewees stated that the community had been outright "failed by the council" (Interview 13, Health Worker):

> *"The council are not doing enough to act. There was a scheme proposed […] to improve the accommodation circumstances for Travellers nationally, but that money has not filtered down locally here" (Interview 12, Coordinator).*

It appeared to be the case that this patchy implementation of top-down instructions and reluctance to change practices were more prevalent in accommodation than in health-related processes. While one interviewee stated that the HSE could have done more, feedback about the HSE was largely positive. The reluctance and resistance on the part of certain councils to provide basic services suggests that, while the crisis saw a shift towards a human security and a social determinants approach towards minority health, the local authorities in these areas persisted in seeing the issue of accommodation as one of law and order and competing land rights, even during the pandemic.

4.4 Bridging Gaps

Over the course of the first lockdown, gaps appeared in the implementation of government directives, delivery of support, and interpretations of the meaning and purpose of measures.

While the crisis saw a shift towards increased communication and a linking of national, local and community level actors, it appeared to be the case that, in some instances, local authorities obstructed access of Traveller organisations to community response forums which had been called for by the Minister for Housing, Planning and Local Government. In these cases, national organisations were made aware and responded by making:

> *"A strong case to the minister that local authorities hadn't served Travellers well, even in meeting the local authority statutory duties and how can you expect us to have confidence in their capacity to deliver this [represent marginalised groups needs during the crisis" (Interview 1, Director).*

Following this intervention, Traveller organisations received access to these forums and were able to avail support for vulnerable and elderly groups being organised through this channel. In such cases, national organisations were able to secure access for local organisations, however the initial failure to include minority community members in the consultative processes (in assessing needs and rolling out community support) made it clear that in these cases solidarity was narrowly defined, and minority agency was not accepted.

Furthermore, interviews suggested that the delivery of community support and health information which was provided through the national crisis response did not reach across community boundaries. In a number of cases, interviewees highlighted that Travellers were not engaging with community support and screening programs. In such cases Traveller organisations stepped in to deliver food parcels and hygiene packs, and link families with HSE frontline staff and mobile screening services.

> *"I do believe we were the link with the community, the community would have been forgot about. There were all these different emerging services and emerging boards, and all were established through Covid-19—Travellers would have been forgot about through the*

> *pandemic only for the primary healthcare projects. Travellers wouldn't have gotten those services only for the primary care projects linked them with those services" (Interview 4, Coordinator).*

In addition, while the governance response set out by *the Action Plan* was quick off the ground, the response was not perceived to effectively consider Travellers and other ethnic minority groups. The information "focused on people living in houses or apartments" (Interview 15, Coordinator), while Travellers were subsumed within a wider category of vulnerability which was seen as falling short in terms of language and literacy and cultural and situational applicability:

> *"While we are a vulnerable population a lot of information we received [was] not applicable to the Traveller community at all […] Pavee Point did sterling work in issuing Traveller specific and friendly messages" (Interview 7, Coordinator).*

The cultural and context-specific translation work done by national and local organisations at the outset of the pandemic suggests that, while there were efforts to include Travellers in the national response, there was an inability to consider this minority outside categories of vulnerability informed by a majority perspective which sees Travellers primarily in terms of health and accommodation issues and thus failed to account for minority culture and experience. While the urgency and intensity of minority housing and health issues did increase with the pandemic, they appear to have been primarily addressed strictly within the context of crisis prevention and mitigation, rather than as, simultaneously, specific and ongoing minority needs, rights and demands. This inability to reconcile vulnerability with agency in the crisis response may contribute to explaining why Travellers were not directly included in responses – all too often, needing support means becoming disqualified as an equal actor with specific knowledge and valuable expertise.

The impact of the circular from the Department of Housing was mentioned in every interview. Running and hot water, toilets, electricity, and space to self-isolate provided relief in a challenging situation. However, in some cases where services were provided gaps also emerged – through diverging interpretations of their meaning and purpose. Interviewees viewed the shift towards service provision as a matter of basic human rights and the application of a social determinant approach as a necessary change which should be pursued moving forwards. Meanwhile, some local authorities saw the measures as temporary emergency relief and signalled that they would be removed once the crisis had passed.

> *"Those halting sites did not have sanitation, they did not have running water connections etcetera, and they should always have had. Now there's talk of withdrawing those services […] The argument, you know, they don't want to encourage people to live on the side of the road or on these halting sites. And by giving them sanitation and water were encouraging them to stay there" (Interview 7, Coordinator).*

> *"The best you could do was get them [services] put in on a temporary basis, and even that was tough" (Interview 14, Health Worker).*

The sudden turnaround in the manner in which local and national authorities and public health services engaged with Travellers during the pandemic led a number of interviewees to question whose interests were at heart. Such instances appeared to confirm suspicions that these actions had little to do with recognition and inclusion of minorities in Irish society. This served to undermine trust and widen the gap between the minority community and the authorities.

> *"And then there's questions, that people ask you know—"was this done with the best interests of the Travelling community, or was it done with the best interests of the general public?"—We've lobbied for years for these families with very little result and then families got them services when Covid came" (Interview 4, Coordinator);*

> *"Look at the difference these portaloos and toilets have made […] you could've done this all along. Why does everything have to be a struggle? Why do Travellers have to do without things? […] Public health should be there, regardless of it being Covid-19" (Interview 5, Health Worker);*

> *"It is probably for the interest of everybody that they took this opportunity. Because here during this time through a time of crisis it's not Travellers, not Roma, it's everybody together. It one person is infected that person can infect many others. I think the public health saw this as a serious problem and that's why it happened. Not that suddenly Travellers started getting priority, I don't think that that's the case." (Interview 8, Coordinator).*

In these cases, Travellers were included in the crisis response, however the manner in which this was done and communicated served to undermine inclusion and reinforce the idea that Travellers were unwelcome normally but tolerated during the crisis.

5. Conclusions

This pandemic is a complex and constantly evolving situation. The past months have seen a constant stream of guidelines and new information, and an eb and flow of lockdowns and reopenings. In the midst of this, shifting political landscapes both at home and abroad meant that the situation now (at the time of writing in November 2020) is not the same as it was following the first lockdown. Despite this, lessons can be learned from the initial minority and majority responses to the pandemic. The framing and the mechanisms activated by the *National Action Plan for Covid-19* and the swift and robust activation of a country-wide Traveller health infrastructure meant that the initial and direct impacts of the virus were in many ways unexpected. At the same time, significant gaps emerged between the

governance structure and minority community needs over the course of the first months, and the manner in which Traveller organisations filled and bridged these gaps have signposted shortcomings in inclusion before the pandemic, and indicated what needs to be done to address them.

States of emergency and emergency legislation "present an unfortunate opportunity for curtailment and outright abuse of numerous human rights and in particular, the rights of members of minority groups" (Darcy, 2002, p. 361). Throughout Europe, instances of repressive and discriminatory measures were recorded, particularly against minority communities associated with nomadism and movement, at a time when containment measures placed mobility under intense scrutiny (ERRC, 2020). In Ireland, the scope for discriminatory and disproportional measures under the *Health Act 2020* was met with alarm (ICCL, 2020) and the risk to Travellers, as a socially and economically excluded minority lacking political or public representation, was evident.

However, rather than intensifying the exclusion of Travellers, the emergency legislation issued under the *Health Act 2020* and the governance structure set out in the *Action Plan* marked a change of course for minority-state relations. The inclusion of Travellers in the ban on evictions and the circular issued by the Department of Housing marked a shift towards positive action and a suspension of entrenched practices of denial of service, while changing dynamics saw discretionary local decision-making substituted with directives and legislation. Furthermore, the crisis response set up a 'public health-led' and 'whole-of-government' structure which saw a shift from compartmentalised approaches to health towards holistic and interagency ones. In addition, the increased communication which the crisis invoked through meetings, teleconferences and forums at local, regional and national level, produced new opportunities for actors within the pre-existing Traveller health infrastructure to reach up and across community boundaries, at a time when majority stakeholders such as the HSE and the Department of Housing were more responsive to minority needs.

While there were undoubtedly a number of factors at play, the framing of the crisis during the first 'wave' may have been a driving factor in this change. The crisis saw the government employ a language of solidarity, care and compassion, rather than a statist and traditional security discourse. The fact that the national response approached the pandemic from a public-health perspective which focused on human and societal security, meant that Traveller organisations advocating for rights using human security and rights-based arguments could not be side-lined or ignored during a moment when mainstream political discourse was speaking the same language.

Although the direct and indirect impact of Covid-19 on the Traveller community cannot be underestimated – or accurately estimated due to the lack of consistent ethnic-data collection before and during the pandemic – the level of infections in the first months of the pandemic was lower than feared.

While in one case this was interpreted as evidence of the level of exclusion of Travellers from wider social networks:

> *"I think it kind of goes to show just how left out Traveller men we work with are from the community. It's like a fishbowl" (Interview 14, Health Worker),*

a number of interviewees felt that the swift, robust and coordinated action of Traveller organisations, PHCPs and THUs, as well as awareness of the risk and adherence to the guidelines within the community, were key factors:

> *"Local projects, even though we were really stretched, we did manage to act on what was being fed out nationally and make our own judgements and keep the community safe. And all projects across the country should be very proud of that" (Interview 12, Coordinator).*

In contrast, the number of infections in the Roma community, particularly in the Dublin region, was high (Covid-19 NGO Group, 2020). While this is likely due to converging factors such as overcrowded accommodation, language barriers and higher rates of infection in the capital, it was suggested that the lack of an equivalent network in this community was a "part of the jigsaw that was missing" (Interview 11, Health Lead).

The lower-than-expected level of infections among Travellers can be seen as a success of actors within the Traveller health infrastructure and organisations such as the public health service and the local councils which supported them. However, it simultaneously highlights the extent of a persistent failure to address minority needs in mainstream services and lack of representation and inclusion of minority perspectives at local and national levels – which has forced Travellers to establish "parallel structures" (Interview 15, Coordinator) to provide support which was otherwise lacking both during and before the crisis. Furthermore, the pandemic brought into relief something which could be seen as a two-tiered crisis. While the onset of the pandemic marked a transition into a period of crisis affecting all of society, before and throughout this period, the Traveller community was experiencing an ongoing state of crisis in health, mental health and accommodation. The struggle of Travellers to activate government responses, contrasted with the swift provision of support in the context of this wider crisis, indicates that the human rights and basic needs of this minority community did not concern the majority and were not effectively included in agenda-setting and decision-making before the virus tied the fate of each individual, regardless of ethnicity, firmly together.

While there was a shift towards more inclusive practices and processes, it was clear through interviews that this inclusion was still driven largely by advocacy and lobbying, primarily by National Traveller organisations. The fact that Traveller representatives and advocates were not directly included in the crisis response highlights that despite a shift towards inclusive policy and discourse before the pandemic, practice has not followed. Furthermore, the gaps which emerged around language and

literacy, service provision on halting sites, and culturally appropriate information materials highlight that, where Travellers are included, this inclusion remains defined by majority standards and norms, and the space for minority agency remains limited.

Meanwhile, the ability of Traveller organisations to protect their community, and bridge the gaps between the governance structure and the community needs with limited resources, highlights the experience in crisis management which Travellers organisations have, out of necessity, developed. Actors within the Traveller health infrastructure conducted preparedness training, established population profiles to fine-tune supports, delivered targeted and consistent messaging, enlisted traditional and non-traditional community leaders to deliver and reinforce information, adopted a compassionate approach to community members self-isolating "to try to make it a positive experience" and reduce stigma (Interview 2, Health Lead), and liaised between community members and organisations to weave together supports and link families with services where they appeared out of reach. Drawing on this experience in times of upheaval and including minority actors as equal members in whole of society responses provides an opportunity to establish more effective and inclusive crisis responses, which would benefit minority and majority communities alike.

Lastly, while the *Action Plan* did not differentiate clearly between communities, the trajectory of the first few months of the pandemic highlighted the relationship between visibility and inclusion. Throughout the crisis response, the needs of the Traveller community, but also of specific families in particular counties and halting sites became visible to actors within the governance structure, including local councils and the public health services. It is clear that who is not seen cannot be supported or included.[6] In addition, the manner in which minority and majority responses interacted with one another highlights that the manner in which this difference is interpreted is crucial in determining the character of inclusion. In cases where the space for minorities remains restricted to familiar tropes of victim or threat within the minority perspective, that difference will continue to be interpreted as deviance or deficiency (Emanuelsson, 1998) and will lead to a situation in which equal treatment is conditional on conformity and good behaviour. This form of repressive inclusion (Van Bochove & Burgers, 2009) will not resolve the multiple crises experienced by the Traveller community and can only fail to promote inclusion. In addition, making equal treatment and participation conditional on conformity not only denies the experience and existence of multi-layered identities in societies (Yuval-Davis, 1999), it compromises the security of all members of society by associating equality with group membership and undermining the principles of non-discrimination on which democratic societies are hinged. The successes and failures of inclusion during the crisis point to ways to resolve shortcomings in inclusion before the pandemic and avoid a crisis of inclusion in the future. Whether these opportunities are taken by majority actors and states which remain "the political actor with the largest capacity to mobilise resources" (Hudson, 2005, p.165) will not only determine the trajectory of this pandemic for minority

and majority communities alike, it will have significant consequences for the types of societies which emerge on the other side of this crisis.

Notes

[1] The census showed differences in Traveller and settled household and family composition. For instance, close to 40 percent of Travellers were married by the age of 29 compared to 5.8 percent of the majority population, while 44.5 percent of Traveller women had five children or more, compared to 4.2 percent of women in the majority population. In addition, households tended to be larger, and more frequently multi-family—while this data shows on the one hand the continued centrality of extended family networks in Traveller culture, it should also be interpreted carefully as Travellers have experienced an extended housing crisis and this data could simultaneously point to hidden homelessness and issues with overcrowding.

[2] In this scenario "minority groups were blamed for disease outbreaks, which led to cases of medicalized prejudice (when the disease is associated with a specific group), discrimination in the economic and non-economic spheres, and individual cases of targeted violence (Jedwab et al., 2020, p. 26).

[3] Five community health workers sent a group response to interview questions collected during a meeting with their programme coordinator. The remaining 16 interviews were individual responses.

[4] A *National COVID-19 Traveller Service User Experience Survey* conducted by the HSE National Social Inclusion Office in October 2020 has since provided answers to these questions and marked a promising effort of key stakeholders to understand and incorporate community perspectives moving forward (HSE Social Inclusion, 2020)

[5] The PHCPs are community-based projects delivered by Traveller organisations around the country which are funded by the HSE as section 39 (voluntary and community sector) agencies. The projects are peer-led, with training provided to community members to deliver health information, support access to services and improve health outcomes for Travellers. Individual projects are supported by regional Traveller Health Units through the HSE's Social Inclusion Office, which covers Traveller, Roma, LGBTI, Intercultural health in addition to Homelessness and addiction services.

[6] This seeing, accepting, and including of minorities should not be equated with the demand often placed on 'others' to make themselves 'opaque' or 'transparent' under the gaze of the majority (Glissant, 1997).

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