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No. 1

The meaning of positive health and ageing

for older adult Travellers and older people who have experienced homelessness

A briefing paper based on the Older Traveller and Older Homeless (OTOH) study.

Institute for Lifecourse and Society

HSE Building a Better Health Service | Seirbhís Sláinte Níos Fearr á Forbairt

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Why is this topic important?

Older members of the Traveller community and older people who have experienced homelessness are recognised as priority populations within national social inclusion agendas. With the numbers of both groups growing in Ireland (CSO, 2016), there is a critical need to address the potential for social exclusion in later life amongst these populations (Grenier *et al.* 2016; Pavee Point, 2011; Walsh, 2013), and to improve the standards of their health and social outcomes. In Ireland and many other countries, ideas related to "healthy ageing", "positive ageing" and "active ageing" (Dizon *et al.* 2020; Beard *et al.* 2016) are increasingly prevalent within policy and practice. This is in general terms, such as in the 2013 National Positive Ageing Strategy (DOH, 2013), but also in relation to the area of health and social care, where there is an active interest in adopting more holistic approaches as a means of improving well-being outcomes for diverse older populations. However, questions remain about the applicability of such concepts for diverse and marginalised sections of the older population, such as older members of the Traveller community and older people who have experienced homelessness.

Goal-based ideas linked to positive health and ageing may fall short in reflecting both the lived experiences of such older adults, and the depth of disadvantage and social exclusion that they have faced through their lives. They may also fail to account for the range of needs and diversity exhibited within such groups (Gibney *et al.* 2018; Waldbrook, 2015; Pavee Point, 2011), pointing to how these older individuals may be left even further behind. Ultimately, the meanings that older Travellers and older homeless individuals associate with such concepts are not well understood, and the sort of dimensions they believe constitute positive health and ageing are largely unknown. This reflects the general lack of research internationally on this topic for older homeless populations, and marginalised indigenous peoples (Cush *et al.* 2020). Without addressing this research gap, the relevance and effectiveness of related policy and practice for older members of the Traveller community and older people who have experienced homelessness is likely to be compromised.

What is the purpose of this Briefing Report?

This Briefing Report investigates what positive health and ageing means for older adult Travellers and older people who have experienced homelessness. It identifies the main dimensions comprising positive health and ageing for these groups, and provides insights into their health values and expectations. In doing so, the Briefing Report aims to inform more appropriate policy goals with respect to positive health and ageing for these groups. The analysis draws on findings of the Older Traveller and Older Homeless (OTOH) study to present the views and perspectives of these sections of the older Irish population. First, a short overview of the methodology used to collect and analyse the data will be outlined, including a summary of the backgrounds and demographics of the study participants. Second, findings related to the meaning and the core dimensions of positive health and ageing for these two groups are presented for older Travellers and older homeless adults. Third, concluding remarks drawn from these findings are outlined, and key policy recommendations are presented.

This is the first Briefing Report from the OTOH Briefing Report Series. For more information on the series and the OTOH study, please go to **https://icsg.ie/our-projects/otoh/**.

About the Older Traveller and Older Homeless (OTOH) Study

The aim of this study is to investigate life-course and structural determinants of positive subjective health amongst older Travellers and older people who have experienced homelessness, with a view to centralising the voice of these groups in effective, ethical and rights-based models of home care delivery. This programme of work has five objectives:

1. Review international knowledge on determinants of positive health, in community contexts, for vulnerable groups of the older population;
2. Explore social and primary care provision for older Travellers and older individuals who have experienced homelessness in Ireland, identifying individual- and structural-level risk factors for health inequities, informal practices for addressing such disparities, and on-the-ground knowledge deficits;
3. Capture the lived experiences, expectations and needs of a diverse group of older Travellers and older individuals who have experienced homelessness, unpacking the role of individuals' life events, and societal and institutional practices in the construction of positive health biographies;
4. Facilitate and advance the voice of older Travellers and older individuals who have experienced homelessness to highlight 'insider' perspectives on meanings of home and successful strategies for securing positive health biographies;
5. Harnessing learning from older Travellers and older individuals who have experienced homelessness, develop policy recommendations to inform the development and implementation of relevant and impactful older adult home care structures.

What did we do and who was involved?

The data presented in this Briefing Report was collected using a qualitative, 'voice-led' methodology, which was participatory in approach and designed to place the voice of older Travellers and older people who have experienced homelessness at the heart of this study.

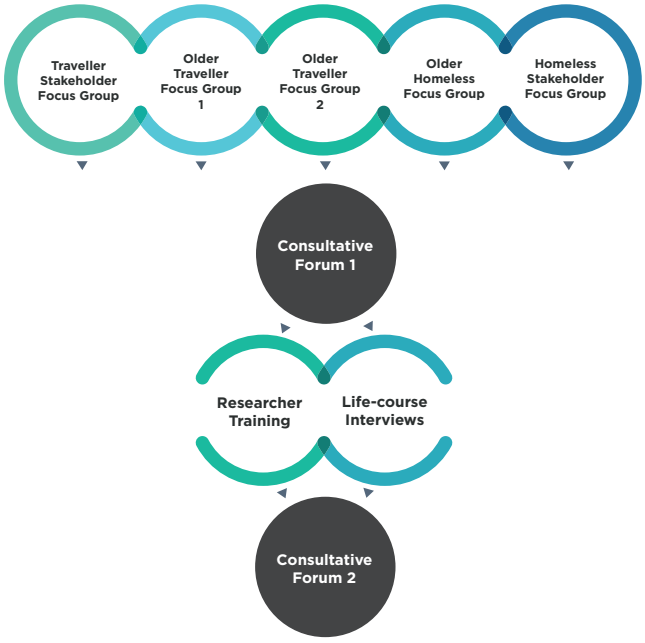

Figure 1: Primary data collection strands

With reference to Figure 1, the study involved five data collection strands. First, to investigate the challenges, opportunities and inequities encountered by the two groups, five focus group discussions were conducted separately with: older homeless people (n=5); older adult Travellers (two groups; n=11 overall); and statutory and third-sector stakeholders working with and representing older homeless adults (n=7), and older adult Travellers (n=7). These stakeholders included representatives from public and third sector social care providers, primary and community health care organisations, and national advocacy and civil society groups. Second, a Consultative Forum (n=9), which drew together a sample of participants from each focus group was conducted to confirm the focus group findings, and to agree the priority research questions to be investigated in subsequent strands. Third, in-depth life-course interviews were conducted with 22 older adult Travellers (8 male; 14 female) and 27 older homeless people (22 male; 5 female) (n=49 overall). Interviews lasted approximately one hour and consisted of three parts: an open narrative portion which focused on a single question about health experiences; an in-depth, semi-structured portion based on questions and topics agreed in the Consultative Forum (for example meanings and behaviours related to positive health and ageing; community and societal belonging; utilisation, needs and preferences for community-based health and social care services); and two life-path exercises where participants worked with the researcher to map out (1) their health biography of positive and negative experiences (Figure 2), and (2) their residential history over their lives (Figure 3). The interviews were audio-recorded and transcribed before

being analysed with the aid of *NVivo* qualitative analysis software. Fourth, five older individuals (either Travellers or those who had experienced homelessness) were trained as participant researchers and conducted their own research projects (in the areas of identity and belonging, and health and social care environments and service delivery) with the support of the OTOH study team. Fifth, the Consultative Forum was reconvened for the purpose of reviewing the overall findings from the study, and agreeing priorities and recommendations for policy and practice (n=9).

All interview participants were either older ethnic Irish Travellers or older adults who are currently, or who have recently experienced homelessness. Reflecting the faster pace of biological ageing that both groups face, 'older' was defined in this study as those aged over 50 years. Consideration in recruitment was also given to age, gender, housing and accommodation status, urban or rural location, health status, ethnicity, and for older homeless participants, duration of homelessness (for more details on interviewee demographics, see Tables 1 and 2). Reflecting the diversity of participants, the social care needs of the study sample ranged from those who did not need any form of assistance (with some individuals even serving as informal carers for others) to those who possessed complex and multifaceted care needs. The majority of the field research took place in 2019 and early 2020, in sites on the East and West coast of Ireland (primarily Dublin, and Galway cities and counties). The second Consultative Forum was conducted online in December 2020, due to the COVID-19 pandemic.

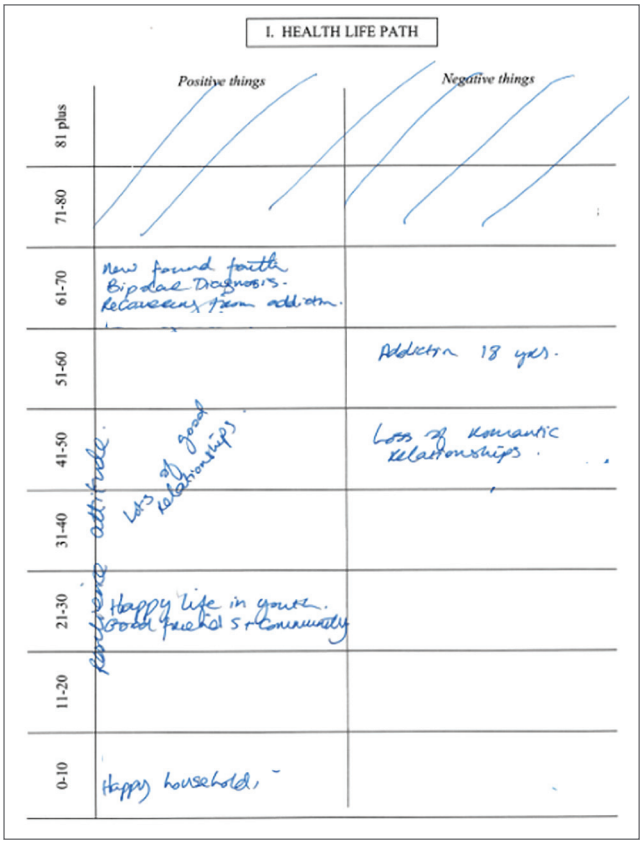

Figure 2: Sample of completed health life path

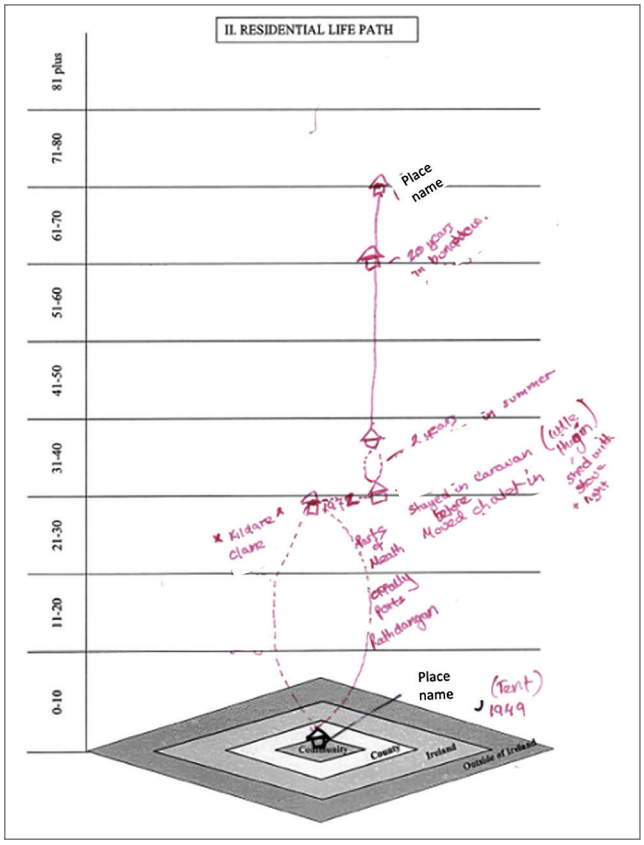

Figure 3: Sample of completed residential life path

Gender	Male	Female
	8	14

Age	50-54	55-59	60-64	65-69	70-74	75-80	No data
	9	1	4	5	2	0	1

Marital status	Married or partner	Separated/divorced	Single	Widowed	No data
	16	2	1	2	1

Accommodation type (Traveller)	Group housing or halting site	Local authority housing	Private rented accommodation	Unauthorised temporary location	Home owner	No data
	12	7	0	0	2	1

Main employment class	Professional	Managerial or technical	Non-manual	Skilled-manual	Semi-skilled	Unskilled	No data
	0	0	6	4	2	9	1

Level of educational attainment	No education	Incomplete primary	Completed primary	Completed group, inter or junior cert	Completed leaving cert or equivalent	Post leaving cert diploma	Third level degree or higher	No data
	2	6	9	2	1	1	0	1

Table 1: Older Traveller interviewees' demographic information

Gender	Male	Female
	22	5

Age	50-54	55-59	60-64	65-69	70-74	75-80
	3	11	5	6	2	0

Marital status	Married or partner	Separated/divorced	Single	Widowed
	3	13	9	2

Accommodation type[1]	Sleeping rough (roofless)	Houseless (temporary accommodation)	Insecure accommodation	Inadequate accommodation	Secure accommodation
	0	24[2]	0	0	3[3]

Temporary accommodation type (n=24)	Emergency accommodation	Long term accommodation	Supported accommodation	Supported community housing
	8	5	9	2

Main employment class	Professional	Managerial or technical	Non-manual	Skilled-manual	Semi-skilled	Unskilled
	0	0	6	4	2	9

Level of educational attainment	No education	Incomplete primary	Completed primary	Completed group, inter or junior cert	Completed leaving cert or equivalent	Post leaving cert diploma	Third level degree or higher
	2	6	9	2	1	1	0

Table 2: Older homeless interviewees' demographic information

[1] ETHOS classification

[2] See next two rows for further breakdown

[3] Homeless charity facilitated independent housing (n=2); Private rented accommodation (n=1)

Although all strands of work have informed the conclusions of this study, it is the data from the in-depth interviews with older adult Travellers and older homeless people that are primarily presented in this Briefing Report. However, where appropriate, this information is supplemented with data from the focus group discussions with older people and sector stakeholders. The conclusions and recommendations presented in the Briefing Report also reflect the discussion of the second Consultative Forum.

How is Positive Health Described in Research?

Positive subjective health can be understood as a complex cognitive process, which incorporates physical health and functional ability, subjective bodily feelings, internal (coping mechanisms and resilience) and external resources and mental and psychological well-being (Benyamini, 2011; Idler and Benyamini, 1997; Ryff and Singer, 1998).

What did we find?

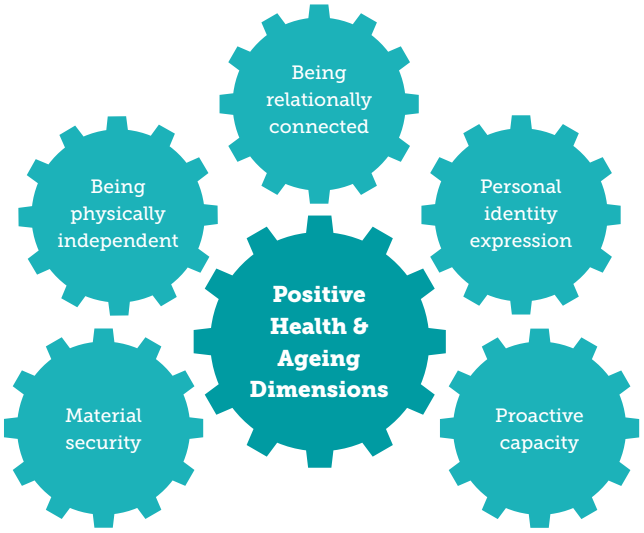

Figure 4: Dimensions of positive health and ageing

With reference to Figure 4, five interconnected dimensions of positive health and ageing were identified from participant interviews. The descriptions of these dimensions within interviews were firmly rooted in participants' life experiences, and their position as older members of the Traveller and homeless communities. These dimensions also reflected desired health outcomes, as well as positive health achievements.

Being physically independent

Participants felt maintaining their physical independence was necessary for ageing well and was essential in providing them with autonomy, particularly with respect to their everyday activities. Maintaining the capacity to complete self-care acts in particular, such as washing and toileting, were important for dignity:

> *Getting in my bath… [that's the problem]… I wouldn't let my daughter into the bathroom… I'd be ashamed of my life… the doctor said, 'If you keep walking Michael[4] you won't seize up' … .that's why I keep walking.* (BCTG12: Traveller participant, male, 69)

Many participants also noted how much they like to walk and how crucial mobility was for exercise and daily routines. For some male Travellers this interest was linked to past activities they used to engage in as members of the Traveller community, such as hunting, keeping animals, and in earlier life, nomadic lifestyles. For some older homeless participants, walking represented a strategy to cope with their living situation and was both an affordable way to get places, and something to do when they needed to get 'out and about', particularly when they were feeling down. For a number of male participants from both groups, maintaining strength, physical conditioning and sporting skill they had honed throughout their lives was also important for masculine (especially older Travellers) and personal identity:

> *Physically I love to be strong, I love to be fast. I love to be the strongest and fastest. I really surprise people because of my weight, they think I'm not going to be the strongest, but believe me, I am.* (SKHG04: Homeless participant, male, 69)

The emphasis on physical independence was perhaps even greater due to the sort of advanced biological ageing patterns, and the implications for health-related aspirations, that some stakeholders observed for both population groups in this research:

[4] This and any other names used in the presentation of these findings are pseudonyms

I have got a couple of men in their late 40s and there are two of them you would think are in their 70s… Their physical stature, their mental state… their entrenched inability to accept conversations even about their physical health or what could be different… (Homeless stakeholders focus group participant)

Being relationally connected

Almost all participants talked about how relational connectedness was the hallmark of positive health and ageing. Interviewees specified the importance of having or striving for (after a period of estrangement – only homeless participants) good and harmonious relationships with family members or other people they love. Having these people around you in life to provide a sense of connectedness was considered essential:

My own family… were all there yesterday and said, 'Gary, you'll never want for nothing. You just come in and live near us, we'll be delighted'. So, that kind of set-up is kind of coming back and setting my roots and living… the remainder of my life out there where they are. And I want that. (SKHD07: homeless participant, male, 59)

The importance of having someone to talk to, whether they are friends, family or colleagues was also discussed, and a small number of participants highlighted the need to have other older people to relate to within their social and support networks. Some mentioned that community support and connectedness was important, especially in times of difficulty. This was also echoed by a stakeholder participant:

I think… [positive ageing is]… to be able to participate and take part in full community activities in their own community and to live a healthy life with the family and with the community and participate in anything that they want to do you know, stress and hassle-free. (Traveller stakeholder focus group participant)

One homeless participant who was a member of a local community group said his involvement made him feel like he was 'starting to become part of society'. In essence, at both the interpersonal and community level, it was being connected to people that was so fundamental to people's view of positive health and ageing, so as to have both emotional and instrumental support available to them:

Case Study 1:

Positive health and ageing in homelessness

Larry's story

Larry, aged 61 years, is from Dublin and has been homeless for approximately eight years following the break-down of his marriage, and after he was unable to secure housing due to the accommodation crisis. Despite this, he maintains a good relationship with his ex-partner, and is very close to his grown-up children and his grandchildren, who he sees regularly. Larry clearly aspires to maintain this closeness and values such relational connectedness as a core part of what it is to age well in later life. But for Larry, material security (with respect to having a home of his own) is very much part of and a necessity for this:

> ***I was hoping to get, as I say my own front door. And I'm not going for anything elaborate, you know what I mean, just my own front door… just somewhere that I can go and have my kids over… ['Home' is]… Family. Nothing else, nothing more...***

In negotiating these and other circumstances during his time as being homeless, Larry has worked to develop ways and strategies to overcome different challenging situations. For his health, Larry understands the importance of being positive in his attitude and proactive in dealing with the everyday health challenges, whether minor or major:

> ***Not just because of the situation I'm in but in general… [you have]… to be positive… People just can get into a habit of just moaning… That was never right, to me it was an inconvenience and it wouldn't make any difference if it was a migraine headache or whatever; I just boom, tablets, go for a walk and clear it. I wouldn't mope about it all day…***

Someone there to keep...[an older person]...happy and… [give]… love and attention...[is important]...I have a little friend here now and she's very caring and a lovely woman. And you know, she always makes sure you eat and always phones and that's what you call a genuine friend, you know. (BCHG21: homeless participant, female, 59)

My goal, was to have my own place by the time I was 60, because of the winters hitting in and I said 'Gary, you won't be able for it'… It's not so much the winters that I'm not able for. It's the loss and the constant living in that frame of mind.
(SKHD07: homeless participant, male, 59)

Material security

Approximately half of participants spoke about material security as being central to their understanding of what it is to experience positive health and ageing. Some participants specifically referred to the physical and mental health benefits of this security. While a small number of participants emphasised the importance of being financially comfortable, the focus was mostly on having a secure, appropriate and comfortable living environment. Having a home that is warm and dry, with running water and that is accessible was linked directly to dignity, a sense of self and, as the following quotes illustrate, morbidity and mortality outcomes:

My uncles died when they were in their late 30's. One from pneumonia, one from TB, from poor living conditions...Whereas if we had proper living accommodation… a good warm house, of course you'll live longer and your health will be better and you have a better quality of life. (BCTD18: Traveller participant, female, 62)

There's been sites that have no electricity for ages or no proper water or maintenance – they won't go in and fix showers… There was one elderly person… I had to go in and do a dressing but they needed to be able to have a shower and then that wasn't possible. So that's just making their wound healing slower and putting them at risk.
(Traveller stakeholder focus group participant)

While Traveller participants prioritised accommodation quality, homeless interviewees emphasised the importance of housing security. A home should be safe and protective, but security of housing tenure was also seen as critical to facilitate greater autonomy in how people lived their lives as they aged (for example with food preparation and consumption). It was clear that many of the homeless interviewees viewed housing security as a priority goal due to their advancing age, and their experiences of living in less secure environments:

Personal identity expression

Approximately two-thirds of participants viewed personal identity expression, and identity recognition, as important for positive health and ageing. While each of the previous dimensions appeared to bolster aspects of this expression, it was clear that cultural activities and interests, and spirituality and faith also played an important role. Almost half of the Traveller interviewees noted how much they valued Traveller cultural practices such as tin-smithing, a nomadic way of life or traditional music. For participants from both groups, hobbies were said to be important whether they were nature-based or creative, passive or active. Engaging with these interests helped keep their minds occupied and preserved a sense of personal continuity despite any problems they may be facing:

I was a great guitarist in my time… I was a musician at one point in a band. I spent years teaching guitar… and I was very good at that. Like I turned out loads of guitarists.
(KWHD1: homeless participant, male, 61)

Spirituality and faith, and the associated activities (mass-going, praying to God and deceased loved-ones) were framed by some as fundamental to well-being. Religion was described as an important part of some participants' identity, and being able to engage with this facet of themselves was considered important at times of health or emotional difficulty. Religion also provides a shared identity or community with one Traveller noting how she found acceptance in her religious community, in the absence of wider societal acceptance. Similarly, one homeless participant argued that while his transient life had prevented him from having a local community, no matter where he travelled he always found community through his religion.

Proactive capacity

About half of participants considered having a proactive capacity for maintaining health and well-being as essential for positive health and ageing. Participants first spoke about the necessity for a positive attitude, especially as a means for fostering good mental health. This was seen as particularly

important in times of adversity such as when someone was feeling low, or when they felt symptoms of pre-existing depression re-emerging:

I firmly believe… every one of us can only control our mental health through our mind set. And I think in that department… I am controlling my mental health. Yeah, there's going to be days where you have bad days… but I never give up.
(SKTD14: Traveller participant, male, 51)

Second, participants emphasised the need to actively and positively engage with the health and social care system, with the key message from both groups being the importance of facing any potential health issues head on. This was judged to be all the more important given the susceptibility to certain health risks within the respective populations. Furthermore, a homeless stakeholder emphasised the importance of facilitating this proactivity in the form of agency and supporting people to take a role in their own care:

I think there is a real need for agency and self-agency in their own care… Rather than just coming into a kind of a complicated setting where everybody is treated the same, that they are essentially, that they are allowed to be productive and have agency and devise then what it is they want.
(Homeless stakeholder focus group participant)

Traveller participants felt being proactive about health was something that had traditionally been a problem in their community; in particular, fear around cancer diagnoses was a major contributor to the avoidance of health and social care (both professionals and the system in general). Nonetheless, older Traveller and older adult homeless participants highlighted the value of having health checks and screenings – both routine and ad hoc - and adhering to all recommended courses of treatment and health behaviours. For many participants, this proactive capacity was about acknowledging their own role in securing better health experiences and health outcomes.

I mean you're your own gatekeeper really aren't you… If I noticed something, I wouldn't just ignore it… I'd go and talk to somebody about it...I wouldn't just put it onto the back burner.
(BCHG14: homeless participant, male, 55)

Case Study 2:

Ageing positively in the Traveller community

Rosemary's story

Rosemary is a Traveller woman, aged 62 years, living in Galway. She has faced many challenges and traumas throughout her life which has resulted in serious and long-term mental health difficulties, as well as many physical health conditions. However, she has come through these challenges, with the support of her family, and exhibits great personal resilience and independence. In telling her story Rosemary conveys the importance of three dimensions of positive health and ageing.

When discussing the well-being of older Travellers, and reflecting on her residential circumstances, Rosemary highlights the importance of appropriate accommodation for health in later life. For her, this is absolutely fundamental:

> ***First of all… [you have to think about]… their needs, and what kind of accommodation are they in? What facilities is there? Is the accommodation up to standard?***

Even while being resident in settled accommodation, however, Rosemary feels that embracing aspects of Traveller culture (in this case nomadism) as a part of identity was important for personal well-being. This is particularly so for those who have memories of life 'on the road':

> ***They've locked Travellers up into houses… It's like being caged in. Even me, I'm in my house 30 years... I have to be out of it because I feel I'm smothering… I'd give it up tomorrow morning if I could go back on the side of the road… It was the family, the community…***

But for Rosemary, it is being proactive about her health (through health screenings, particularly for cancer) that she considers to be critical to avoid some of the issues that have been detrimental for the Travelling community in the past:

> ***I go for all my check-ups now, breast check-up, smear tests, all of that, and that's why I think it's important, because among the Travelling community, cancer is an awful thing… Travellers are the worst in the world when it comes to their health.***

What are our conclusions?

In this Briefing Report we presented findings on what positive health and ageing means for older adult Travellers and older people who have experienced homelessness. We also identified its main dimensions to help inform more appropriate policy goals with respect to positive health and ageing for these groups. The research findings indicate that positive health and ageing for older adult Travellers and older people who have experienced homelessness incorporate the sorts of physical, social, psychological and material dimensions that have been documented previously within the research literature for mainstream populations (Benyamini, 2011; Ryff and Singer, 1998). However, these dimensions are also contextualised within participants' specific life experiences, and their circumstances as members of marginalised older adult communities. Significantly, the findings illustrate the relevance of these concepts to participants' lives, *when* they are interpreted from the perspectives of older adult Travellers and older homeless adults themselves. They also have to be understood in terms of the low-expectations that many members of these two groups possess, constructed as a result of long-periods of marginalisation.

Looking across these five dimensions, it is evident that establishing a sense of stability and security, facilitating elements of control and autonomy, and supporting personal and group identity all matter for these groups and are reflective of the sort of challenges, and forms of disenfranchisement, that individuals would have had to contend with throughout their lives. In this respect, recognition of older Travellers and older adults who have experienced homelessness as full members of our societies has to be considered as a fundamental driver of positive health and ageing. Some of the dimensions (physical, relational, material) reflect more direct and tangible deprivations. They indicate the sort of profound structural- and individual-level issues that individuals from both groups can experience (e.g. social disconnection; lack of access and sometimes the complete absence of adequate housing). While these aspects of people's lives are addressed in more detail in Briefing Reports no. 2 and 3, dedicated programmes to tackle these deprivations must be established and executed by all organisations working with and for these groups, and particularly those public bodies, such as the Health Service Executive (HSE) and local authorities, who have a 'Public Sector Duty' to eliminate discrimination, promote equality and protect human rights (Irish Human Rights and Equality Commission Act 2014).

The findings point to the value, and the need, to develop a more positive outlook for these groups in relation to health and well-being as they grow older, and the legitimacy of setting policy goals and orientating practice approaches on this basis. They also point to the need to recognise and support the significant achievement that living into later life represents, given the lower-life expectancies that can be observed for the two populations. This would build on the already important efforts, particularly at the grass-roots level, within the Traveller, homeless and inclusion health sectors to adopt more assets-based approaches (Ni Cheallaigh *et al.* 2018; Teixeira, 2017; Van Hout, 2010). There have also been valuable endeavours within the ageing sector (e.g. Age Action, 2020; Gibney *et al.* 2018; Hickey *et al.* 2010). Nonetheless, the circumstances of older Travellers and older adults who have experienced homelessness must be more actively considered within the development of older adult policy and practice linked to positive health and ageing. This is whether it is framed as "healthy ageing", "positive ageing", or "active ageing", or more generally in relation to care and supports for older people. Central to this consideration should be a focus on using positive health and ageing initiatives to achieve more equitable outcomes for these groups, and more meaningful integration in our ageing society.

Recommendations

Based on the findings of the research, we make the following recommendations to enhance the relevance and impact of positive health and ageing agendas for older Travellers and older adults who have experienced homelessness:

1. Policy makers, across the ageing, homelessness and Traveller community sectors, must commit to positive health and ageing as a valid and legitimate policy and practice goal for older Travellers and older people experiencing homelessness. This is for the purpose of securing greater levels of well-being, but also greater recognition of the heterogeneity of these groups and greater equity with respect to integration and inclusion in ageing societies.

2. Those working with and for older members of the Traveller and homeless communities, with respect to policy, practice and advocacy, must recognise the multifaceted nature of positive health and ageing for these populations, and its incorporation of physical, social, material, and psychological dimensions of their lives, as they age.

3. Across local authorities, the HSE and community and voluntary organisations, the development of supports for these populations must reflect the influence of individual- and group-level life experiences and circumstances on the health and ageing statuses of older adult Travellers and older people who have experienced homelessness.

4. Foster and support a sense of security and stability in relation to physical, social, material, and psychological dimensions of the lives of Traveller and homeless older adults, particularly as individuals enter and move through older ages.

5. Promote the importance of individual identity (and cultural identity for older Travellers), and opportunities for its expression, amongst older adults from both groups, and the stakeholders that work with them. This will provide a means of supporting psychological well-being in the face of challenging life circumstances and personal change.

6. Empower and nurture a sense of personal control and autonomy as key elements of positive health and ageing amongst older Traveller and homeless individuals, recognising and harnessing the abilities and agency of older members of both communities.

7. The HSE, in collaboration with relevant community and voluntary organisations, needs to establish goals around improving awareness, and perceptions of the role of the formal health and social care system amongst these two groups, with a view to facilitating and sustaining proactive engagement.

8. Representative groups working with and for older Travellers and older adults who have experienced homelessness need to work in collaboration with age-sector civil society organisations and the National Adult Literacy Agency to create opportunities for on-going life long-learning and human development. This includes educational attainment and technology utilisation, to support increased levels of health literacy for both of these communities.

9. As per the principle of universal proportionalism, all strategies related to positive health and ageing for older Travellers and older homeless adults – whether led by statutory, private or voluntary groups – should be underpinned by an equity-based approach. This is in recognition of the extra considerations that these groups need to compensate for the accumulated disadvantages they have faced across the life course.

About the Older Traveller and Older Homeless Populations

In this study, older adult Travellers refer to those aged 50 years and over '*...who are identified…[by themselves and others]…as people with a shared history, culture and traditions including, historically, a nomadic way of life*' (Equal Status Act Ireland, 2000, Sec 2 (1)). While the majority of Irish Travellers live in private dwellings, only 20% own their own homes (versus 67.6% of the general population) and 3.2% live in caravans or other mobile or temporary structures (CSO, 2016). A series of restrictions on camping and mobility introduced in the early to mid-1960s greatly limited the travelling lifestyle, but while the majority of the population are no longer nomadic, nomadism continues to be a vital part of Traveller culture (Joyce, 2018). The Traveller population are also considered to have experienced systemic societal discrimination and long-standing marginalisation from mainstream societal institutions (education; health services; labour market). Currently, there are 2,639 older Travellers resident in Ireland (and a further 10,374 resident in England and Wales). The age structure of the Traveller community is significantly younger than the general population (aged 65 or older: Travellers, 2.5%; wider population, 13%). However, in line with increasing life-expectancy and reflecting international patterns for other indigenous populations, the older adult section of this community is growing (CSO, 2016).

Adopting the European Typology of Homelessness and Housing Exclusion (ETHOS), older adult homelessness in this research is considered to involve those aged 50 years and over who are currently or who have recently experienced rooflessness, houselessness, or who currently or have recently had inadequate or insecure accommodation (Amore *et al.* 2011; Edgar *et al.* 2003). There are 1,069 older homeless adults in Ireland with people aged 50 or older representing 15% of the total homeless population (CSO, 2016). However, due to difficulties in collecting accurate data, this is likely to be an under-estimation of the number of people experiencing later life homelessness. In line with demographic ageing patterns nationally, the older homeless population is expected to increase in size in the coming years, as it has in other nations. Internationally, the impact of economic uncertainty, the restricted supply of affordable housing, and ageing demographic structures have led to a marked increase in ageing homeless populations, with some jurisdictions – for example USA and Canada – reporting that up to half of the homeless group are aged 50 years and over (Grenier *et al.* 2016; Woolrych *et al.* 2015).

Older Travellers and older adults experiencing homelessness are more likely to experience poor health outcomes, a greater prevalence of co-morbidities, substantially lower healthy-life expectancies, and in some instances premature biological ageing (O'Donnell *et al.* 2016).

COVID-19 and Older Travellers and Older Homeless Adults

The Covid-19 pandemic has brought new challenges for the health of these two groups. The HSE Social Inclusion office anticipated this as a particular challenge for Travellers and developed supplementary guidance for this group as well as identifying priorities for their care during the pandemic (HSE Social Inclusion, 2020b). This is reflective of Travellers, and indeed homeless people being identified as two (of six) populations which are vulnerable to Covid-19 outbreaks. While homeless populations have represented less than 2% of all vulnerable group outbreaks, Travellers have accounted for almost 73% of vulnerable population Covid-19 outbreaks (HSE-HPSE, 2020).

While not focusing specifically on older members of the two groups, the National Social Inclusion Office reports on homeless and Traveller service user experiences during the pandemic illustrate that a significant minority (20%-34%) felt that their physical and mental health, as well as their quality of life was worse than at the same time the previous year. However, it is important to note that some of those homeless participants who had been cocooning or self-isolating reported a positive change in their health and well-being due to improvements in their living situation (for example having their own room) which were catalysed by the circumstances of the pandemic. These participants described positive changes around feelings of safety, mental health, drug use and relationships (HSE Social Inclusion, 2020a). In addition, some Traveller respondents reported accessing new health supports since the start of the outbreak including those for Covid-19 but also beyond (HSE Social Inclusion, 2020b).

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