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Submission to Department of Health

Submission regarding Healthy Ireland Framework

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TASC - Ireland's Think Tank for Action on Social Change



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1. Introduction

1.1 Introduce TASC and expertise

TASC brings extensive expertise to providing feedback on the Healthy Ireland Framework, grounded in its deep research and policy work on health inequalities, social care, and vulnerable populations. With a strong track record of analysing the intersection of health, social care, and economic factors, TASC offers nuanced insights into the challenges faced by marginalised groups, health and social care workers, and carers. As an independent thinktank, our evidence-based reports highlight systemic issues, making TASC uniquely positioned to advise on how the framework can better address these vulnerabilities. By integrating social justice and equality perspectives, TASC's input can help ensure that Healthy Ireland is inclusive, equitable, and responsive to the real-world needs of those who sustain Ireland's health and social care systems.

1.2 Scope of the submission:

The [Healthy Ireland \(HI\) Framework 2013-2025](#) is a comprehensive national strategy aimed at improving the long-term health and wellbeing of the Irish population. Within an overarching goal to reduce health inequalities and promote wellbeing across all life stages, the HI Framework focuses on creating supportive environments, strengthening community action, and enabling individuals to make healthier choices. Building on this foundation, the [Healthy Ireland Strategic Action Plan 2021-2025](#) provides a focused roadmap to accelerate progress in the last four years of the HI framework. The plan prioritises key areas such as mental health, healthy ageing, obesity prevention, and reducing harmful alcohol and tobacco use,

while emphasising cross-sector collaboration, community engagement, and resilience. Together, these initiatives guide Ireland's efforts to foster a healthier society through prevention, empowerment, and sustainable public health interventions.

In response to the public consultation, the scope of this submission is to help shape the next phase of Healthy Ireland, through providing input that will be used to shape the next HI Framework.

1.3 Relevant background information

Healthy Ireland works towards achieving Sláintecare's 3rd fundamental principle: preventing illness promote health and wellbeing (at the "most appropriate" and "cost effective service level").

Healthy Ireland stands out as the ideal framework to drive systemic change because of its unique ability to unite health policy with social justice, while ensuring community voices shape solutions.

2. Response to Consultation Questions / Key Issues

2.1. Identifying Vulnerable and Marginalised Communities

TASC research highlights key groups who are at risk of socioeconomic disadvantage. Chapter 5 of the TASC 2025 report "The State We Are In 2025" summarises some of TASC's recent work on health inequalities and focuses on the interconnected issues of inequality, loneliness, and social isolation in Ireland (TASC 2025a). It draws on both national and international data to explore how loneliness is both a consequence and a driver of social and economic inequalities, affecting health, wellbeing, and community cohesion. The chapter highlights that loneliness is a widespread public health challenge that disproportionately impacts vulnerable groups, including older adults, children, people living in poverty, and those experiencing social exclusion.

Other TASC reports point towards health and social care inequalities experienced by some people from the following demographic groups:

- Immigrants, who face significant barriers in healthcare access, particularly in specialised areas like cancer care. Challenges include limited access to the following: general practitioners, mid-treatment medical support for those diagnosed abroad, culturally and/or linguistically appropriate services and

information suitable to facilitate intra- and inter- service navigation (TASC 2025b).

- Socioeconomically disadvantaged communities, including ethnic minorities (e.g. Irish Travellers). Socioeconomic disadvantage compounds difficulties in accessing appropriate mental health and addiction services (TASC 2023; TASC 2025c; TASC 2025d).
- People experiencing homelessness, where the current organisation of medical services and lack of consistent integration with housing supports creates additional obstacles for access despite the general difficulty faced by the wider population (TASC, 2025d).
- Children and Young People should not be forgotten in this process (TASC, 2025c). Challenges described in the report include fragmented service provision, lack of awareness of services, complex referral processes/eligibility criteria, limited availability of specialised services (particularly for children with disabilities or complex needs), insufficient early intervention and support options for mental health and emotional wellbeing, inadequate family supports, and lack of accessible youth-friendly spaces and activities.
- Older adults living alone, and others who experience acute loneliness and marginalisation, compounding difficulties in accessing healthcare (TASC, 2023; TASC, 2025e).
- Carers, bear significant physical, emotional and economic risks (TASC, 2020; TASC & FEPS, 2020; Forsa & TASC, 2025, TASC, 2025f). The risks that carers face are often burdensome and they lack adequate regulations and supports in place, which raises concerns about the quality of patient and client care (Forsa & TASC, 2025, TASC, 2025f). In addition to those who are working professionally as carers, there are those who engage informally in caring for friends or family members.

2.2 Supporting Vulnerable and Marginalised Communities

Supporting vulnerable and marginalised communities requires a clear understanding of where targeted interventions are most urgently needed; this is a task which is currently complicated by significant gaps in data collection, monitoring, and transparency. One of the greatest challenges lies in the lack of consistency across data sets that can reveal the specific needs of diverse populations and highlight disparities at both regional and national levels. For example, population level data collected by the Health Service Executive's Health

Atlas are not reported in geographic terms which coincide with the national census and other datasets managed by the Central Statistics Office (TASC, 2025c). Therefore, even when data are available, inconsistencies in how information is collected and reported across different datasets hinder meaningful comparisons, making it challenging to track progress or tailor support appropriately. This issue is especially critical given the profound impact of social determinants, such as income, education, housing, and access to services, on health outcomes. Without addressing these underlying factors through targeted, evidence-based strategies informed by robust data, efforts to reduce health inequalities risk missing the mark as policies responses may have limited effectiveness. Strengthening data infrastructure, consistency of reporting and transparency are therefore essential to empower policymakers and communities alike to design and implement supports that truly reaches and uplifts those most in need.

Attempts to create targeted solutions for some, create barriers for others. For example, Some socioeconomically disadvantaged communities are being supported by targeted programming, such as *Social Prescribing*, *Healthy Food Made Easy*, *Smoke Free Homes*, among others, which focus on health and wellbeing services (TASC, 2023; TASC, 2024a, 2024b). However, these programmes are limited to locations/communities which are "officially" recognised as being disadvantaged (that is they show up on the Pobal index and are selected to receive financial support) and have had funding made available. Therefore, one's ability to be included is limited by geography, rather than just need.

Many marginalised and vulnerable communities share common difficulties in accessing services. While targeted support measures are beneficial in the short term, addressing these issues at a systemic level is key to reducing barriers across the population and designing services that respond effectively to diverse needs. Removing structural barriers is vital to this effort.

These policy responses need to be integrated in order to address the root causes of inequality alongside targeted interventions to health inequalities—emphasising the importance of state owned and sustainably resourced community-based supports and inclusive social infrastructure, along-side public health institutions, to build resilience and wellbeing across Irish society.

2.3 Factors Affecting Health and Wellbeing

The Healthy Ireland Framework could better support the health and wellbeing of people living in Ireland by adopting a more inclusive and equity-driven approach that addresses the diverse needs of all communities. This would involve strengthening efforts to tackle the social determinants of health, such as housing,

education, income, and social inclusion, that profoundly influence outcomes. Enhancing data collection and transparency would allow for more precise identification of vulnerable groups and enable targeted, evidence-based interventions. The framework could also prioritise accessible mental health supports, especially for carers and frontline workers, while promoting healthier workplaces and communities through collaborative partnerships with local organisations. By embedding flexibility and cultural sensitivity into programmes, Healthy Ireland can ensure that services are relevant and accessible to marginalised populations. Ultimately, a stronger focus on systemic change alongside community-led solutions would create a more resilient, healthier Ireland for everyone.

2.4 Reducing Barriers

The Healthy Ireland Framework could better support the health and wellbeing of people living in Ireland by prioritising universal coverage and reducing barriers to essential healthcare services. For example, making GP visits free at the point of care would significantly improve access, especially for vulnerable and marginalised populations. However, achieving this requires addressing the shortage of GPs across the country to meet growing demand. Low-barrier services that are easy to access without complex referral processes are crucial to ensuring timely care. Evidence from initiatives like the GP Access to Community Diagnostics Scheme shows that providing GPs with tools to refer patients directly to private providers has helped some patients receive diagnostic scans within acceptable waiting times (TASC, 2026). Yet, long waiting lists persist, highlighting ongoing bottlenecks in the system.

Similarly, the introduction and recent expansion of the free contraception scheme demonstrate how targeted, evidence-based programmes can improve health outcomes and reduce inequalities. By embedding these principles, universal access, adequate workforce capacity, and streamlined, low-barrier services, into its strategy, Healthy Ireland can create a more equitable and effective health system that truly supports the wellbeing of all people in Ireland.

3. Recommendations

- Embed Equity and Inclusion in the Framework's Core Objectives
- Expand Universal Healthcare Access
- Strengthen Community-Based Health Supports
- Streamline Low-Barrier Healthcare Services
- Address Workforce Shortages in Underserved Areas
- Implement a Needs-Based Eligibility System for Targeted Programmes

- Support the Development of a National Integrated Data System
- Tackle Social Determinants of Health Through Cross-Sectoral Policies

Implementing these recommendations within the Healthy Ireland Framework would significantly advance its core objectives, such as increasing the proportion of people living healthier lives at all stages, reducing health inequalities, and protecting public health, by embedding equity and inclusion as foundational principles. Expanding universal healthcare access, particularly for marginalised groups like Irish Travellers, immigrants, and people living in rural communities, would address persistent barriers such as GP visit fees and long waiting lists, while strengthening community-based health supports and streamlining low-barrier services (e.g., drop-in clinics, telehealth) would improve early intervention and reduce pressure on acute care. Addressing workforce shortages in underserved areas through incentives or task-shifting, and introducing a needs-based eligibility system, would ensure resources are directed where they are most needed, such as high-risk groups for obesity or addiction programs. Developing a national integrated data system would enable real-time tracking of health trends and disparities, while tackling social determinants of health, such as housing, education, and environmental factors, through cross-sectoral policies would address root causes of poor health, aligning with Ireland's commitments to the Sustainable Development Goals. However, success would depend on sustained funding, political will, and collaboration across government departments, as well as public trust in reforms like data sharing and eligibility changes. The potential impact is substantial: healthier populations, reduced inequalities, and a more resilient healthcare system, but achieving this requires overcoming challenges like budget constraints and bureaucratic hurdles.

4. Conclusion

This consultation has illuminated the profound and interconnected challenges faced by vulnerable and marginalised communities in Ireland, from loneliness and social isolation to systemic barriers in healthcare, housing, and social supports. The evidence underscores that equity must be at the heart of policy and service design, yet progress is hampered by fragmented data, rigid eligibility criteria, and a lack of integration across sectors.

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