

Environmental Health Concerns of Travellers

and

Progressing Environmental Health on Sites

**Report commissioned by the
Traveller Health Unit
in the Eastern Region**

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Environmental Health Concerns of Travellers *and progressing environmental health on sites*

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Executive Summary

This report was commissioned by the Traveller Health Unit in the Eastern Region and comprises research conducted in 2001 and updated in 2004. The aim of the research was to

- Investigate and document the issues in relation to environmental health and the Traveller Community
- Document these issues from the perspective of Travellers and from Environmental Health Officers (EHOs)
- Present Traveller organisations and local authorities with practical measures as recommendations for action towards achieving progress in relation to Environmental Health.

The World Health Organisation (WHO) defines Environmental Health as comprising

those aspects of human health, including quality of life, that are determined by physical, chemical, biological, social, and psychosocial factors in the environment. It also refers to the theory and practice of assessing, correcting, controlling, and preventing those factors in the environment that can potentially affect adversely the health of present and future generations.

This research considers the range of issues on Traveller sites which are environmental and which impact on the health of Travellers. The research did not carry out a detailed, technical survey of sites. Travellers living on three sites were consulted, three sites were visited, and Traveller support and representative organisations were met in the course of the research.

In considering how the environmental conditions of sites can be improved, the research also examined the institutional and legislative framework providing for these areas. Environmental Health Officers, health board staff, and local authorities were consulted.

The research reports that conditions on Traveller sites are unacceptable. Travellers reported that the most common problems arising include: illegal dumping; sewage and drainage problems; poor building fabric; site design problems (limiting access to sites by emergency services); water hygiene; pest infestation and environmental hazards from land adjoining Traveller sites. These issues arise in the context of Local Authority Traveller Accommodation Programmes – these have not achieved targets for provision of permanent accommodation for Travellers. The impact of this is that temporary and emergency sites, built as short term and interim measures for accommodating Travellers (until permanent sites were provided) and which have lower design specifications¹ than permanent sites, have effectively become permanent sites, with many in existence for over 10 years. Chapter 3 reports the views and experience of Travellers, illnesses reported by site residents, and details some of the other concerns arising.

The research reports that the existing legislative and institutional framework concerned with the environmental conditions on Travellers sites is insufficient. A distinction was made in consultations between the term 'environmental health', in terms of the WHO definition, and environmental health as provided for in Irish Law, and within the current framework for monitoring. Public Health Legislation and subsequent legislation pertaining to environmental and public health does not cover many of the broad environmental health issues (under the WHO definition) nor does it cover all issues impacting on the health of Travellers that arise on sites. There is a need to broaden the current regulatory framework and to provide additional legislation for environmental health to provide for minimum standards and environmental health conditions on Traveller sites.

1. As provided in the Guidelines from the Department of Environment, Heritage and Local Government.

The remit of Environmental Health Officers (EHOs) is defined by specific legislation. The powers and remit of EHOs therefore does not extend to the broader interpretation of the term 'environmental health' as envisaged by the WHO. The areas of remit and the role of EHOs are outlined in Chapter 4 of this report. Where environmental issues on sites co-incide with the role and remit of EHOs, they are limited in the extent to which they can enforce breaches of legislation where those breaches have occurred as a result of actions of local authorities. This arises as a result of a practice, dating back to the *Health Act, 1970*, where some EHOs, employed by health boards, carry out local authority functions, and have an operational reporting relationship with local authorities. Where breaches of legislation occur by Local Authorities, they cannot be subject to legal proceedings (as they are the enforcing body).

Within this framework, both the structural conditions on Travellers sites as well as the monitoring of conditions on sites (and enforcement of legislation therein) fall within the remit of local authorities. While enforcement of legislation is seen as a last resort in all instances, there is no recourse to its use unless this enforcement is made against an individual or a third party. There is a need to separate these functions and it is proposed that the monitoring of conditions on sites comes within the remit of health authorities. This is consistent with the role of Health authorities as employers of EHOs.

This report proposes a model for an institutional framework for improving and monitoring environmental conditions on Traveller sites. The model includes specific measures at national, regional and local level, including the establishment of a separate, dedicated national authority concerned with environmental conditions on Travellers' sites (which could be modelled on the Food Safety Authority of Ireland). Legislation would be required to establish such an agency. This agency would implement environmental health legislation, and EHOs would be located within the agency. Such an authority would act as an independent, statutory agency, reporting to the Minister for Health and Children. The proposed National Traveller Accommodation Agency would participate on decision-making and management structures for this new environmental health agency. If the Traveller accommodation agency is not developed, the Traveller unit of Department of Environment, Heritage and Local Government and the National Traveller Accommodation Consultative Committee should have representation in this agency. It is recommended that the imminent inter-departmental/liaison structure between the Dept of Health and Children, the Dept of Environment, Heritage and Local Govt and Traveller representative organisations would pursue the development of this agency.

At regional level, the Traveller Health Unit, Local Authorities and Traveller organisations would have a monitoring function of environmental health concerns in Traveller sites. It would oversee programmed site visits, publish annual reports of conditions on Traveller sites and pilot methods such as Health Impact Assessments on Traveller sites.

At local level, teams comprising health professionals, EHOs, fire officers and primary health care workers would carry out programmed site visits and report to the regional structure on the outcomes of these visits.

This model is detailed in Chapter 5.

The report also recommends that a comprehensive and detailed survey of site conditions be undertaken to establish the status of Traveller sites in the Eastern Region.



1 Introduction

This research was originally commissioned in 2001 by the Traveller Health Unit in the Eastern Region to progress the recommendation of *the Task Force on the Travelling Community* in relation to Environmental Health. This recommendation stated:

The immediate improvement of the accommodation situation of Travellers is a pre-requisite to the general improvement of the health status of Travellers. Health Boards should periodically inspect all halting sites so as to report on health and safety matters. The resulting reports should be made publicly available.

The *First Progress Report of the Committee to Monitor and Co-ordinate the Implementation of the recommendations of the Task Force on the Travelling Community* reported in 2000 that there had been

no progress to date in implementing this recommendation. Health Boards have no legal authority to enforce any recommendations they might have in relation to health and safety on halting sites and would be reluctant to get involved in any sort of “naming and shaming” exercise.

The purpose of this research therefore is to

- Investigate and document the issues in relation to environmental health and the Traveller Community
- To document these issues from the perspective of Travellers and from Environmental Health Officers (EHOs)
- Present Traveller organisations and local authorities with practical measures as recommendations for action towards achieving progress in relation to Environmental Health.

The focus of the research is the Eastern Region.

The objectives of the research are as follows

- Through desk research, consultation with Travellers and statutory agencies personnel and analysis, to ascertain gaps/reasons preventing progress on environmental health, and
- Based on this thorough research process to make recommendations regarding future co-operation/communication and actions to respond to Travellers needs.

The intention of the research is not to carry out a comprehensive survey of environmental health on Traveller sites in the Eastern Region, but to establish through qualitative discussion with Travellers and Traveller organisations what these issues are, and following this, to explore some of the ways in which these issues could be resolved. Discussions therefore also took place with Environmental Health Officers as part of this research.

This research was originally conducted in 2001, and has been updated in 2004 with a broader consultation process and a revisit to a number of Traveller halting sites to establish whether there had been any change since the original research was undertaken. This research is not a comparative study but a synthesis of findings derived from the two research and consultation processes.

This research is undertaken in the context of major structural change in the health services in Ireland, and it is not known what form existing structures will take after January 2005, when the new structures are announced. This has bearings on the research as the relationships between health boards and local authorities will change, as well as the very structures which commissioned this research. Nonetheless, structural changes should provide an opportunity to progress new methods of monitoring and progressing environmental health on Traveller sites.

Methodology

The methodology employed in the research process consisted of the following;

- Desk research and literature review in respect of relevant publications;
- Semi-Structured group discussions and interviews with Travellers in the Eastern Region
- Focus group meetings and semi-structured interviews with Environmental Health Officers (EHOs) in the Eastern Region
- Focus group discussion with local authority personnel in the Eastern region
- Semi-structured interviews with Health Board personnel in the Eastern Region
- Semi-structured interviews with Traveller representative organisations in the Eastern Region
- Visits to Traveller sites. These form the basis of case examples for two specific sites which are included to illustrate the range of environmental health issues arising on Traveller sites.

A list of those consulted as part of this study is included in the Appendices.



2 The Policy Context

This section reviews relevant areas of policy, including the rationale of agencies such as the Eastern Region Traveller Health Unit, relating to existing statutory commitments. Review of this material also has the capacity, combined with an analysis of outstanding issues of concern, to inform the basis of future action.

2.1 Task Force on the Travelling Community

The Report of the Task Force on the Travelling Community, published in 1995, represented a State-led response to the widely acknowledged difficulties experienced by the Irish Travelling Community. In the preface, written by Senator Mary Kelly, chairperson of the Task Force at the time of publication, it was stated that:

'... there is universal agreement that the Traveller community in Ireland today should no longer be obliged to live in conditions which are reminiscent of refugee camps. What is proposed in the Report of the Task Force is an integrated package; without the provision of adequate accommodation, improvements in educational and health provision will be difficult to undertake.'

The Task Force on the Travelling Community made two recommendations which are the key to an approach to the overall health status of Travellers and placed environmental health in Traveller accommodation at the centre of this approach, which continues to inform the rationale behind attempts to progress the implementation of these recommendations, including the production of this report for the THU.

- ER1** Equity has been defined as a fundamental principle of Irish health policy. Increased funding, commensurate with the scale of the issue, should be allocated to tackling the unacceptable health status of the Traveller community and the widespread obstacles to Traveller access to health services.
- ER2** The immediate improvement of the accommodation situation of Travellers is a pre-requisite to the general improvement of the health status of Travellers. Health Boards should periodically inspect all halting sites so as to report on health and safety matters. The resulting reports should be publicly available.

The Task Force also made two additional recommendations around the establishment of Traveller health units in each of the health boards (ER4), and around the establishment of a Traveller Health Advisory Committee in the Department of Health (and Children) to draw up a national health strategy for Travellers (ER3). These are both discussed below in sections 2.3 and 2.4 respectively.

2.2 First Progress Report of the Committee to Monitor and Co-ordinate the Implementation of the Recommendations of The Task Force on the Travelling Community

The report of the monitoring committee contains significant observations and recommendations which reflect the need for progress at the time which the report was published. In the introduction to the report, it is stated that:

'About one quarter of all Traveller families continue to live out their day to day lives in very poor conditions. Five years after the publication of the Task Force Report, there is a lack of real improvement on the ground. This and the daily reality of discrimination makes it very difficult for a large section of the Traveller community to have faith in the promises contained within the recommendations of the Task Force Report. The words of the 1986 ESRI Report "the circumstances of the Irish Travelling people are intolerable. No decent or humane society once made aware of such circumstances, could permit them to persist" are

still relevant in the year 2000. This is the case despite the huge efforts made at informing the general public of the position of the Traveller over the past twenty years. It raises very serious questions both at home and abroad of our society and why we have been unable to make significant improvements in the quality of life for the Traveller community'.

The report also remarks that:

'A considerable amount of work remains to be done to ensure that the importance of recognising the distinct culture and identity of the Traveller community, as being central to the recommendations of the Report of the Task Force, is fully understood and accepted by all officials and elected representatives at local level who are responsible for the implementation of many of the recommendations of the Task Force.'

In its review of progress on Task Force recommendations relating to the area of Health, the Committee states that:

'Many difficulties still remain in the provision of services and Travellers continue to endure a poor health status and a low rate of life expectancy. The Monitoring Committee considers that it is important that the funding which has been allocated to health boards specifically for expenditure on Travellers' health should be ring-fenced to ensure that it is used only for that purpose. In the area of general hygiene, the sanitary conditions on halting sites need to be improved by the appropriate agencies.'

In relation to environmental health inspections, the Committee states:

'The immediate improvement of the accommodation situation of Travellers is a pre-requisite to the general improvement of the health status of Travellers. The Task Force recommended that health boards should periodically inspect all halting sites so as to report on health and safety matters and that the resulting reports should be publicly available. The Department of Health and Children confirms that Environmental Health Officers in health boards carry out such inspections at the request of local authorities, however, no details are available of inspections carried out and there is no information on the frequency or thoroughness of these inspections. Travellers would like to see properly documented and accessible information on the results of inspections in place. They call for the development of a system which formalises health and safety inspections and that it should be conducted by an appropriate team, every six months. An agreed time-frame for action and a penalty system should also be included.'

The committee makes the following recommendations relating to environmental health on halting sites:

- E4** The Departments of Health and Children and Environment and Local Government should set up a joint committee of officials and Travellers to explore the possibility of developing initiatives to improve the environmental health of halting sites.
- E16** The Department of Health and Children should acknowledge the impact which poor living conditions and discrimination have on Travellers' health.

Progress on Recommendations ER1 and ER2 of the Report of the Task Force on the Travelling Community

The committee reports on the progress on these recommendations which were made in 1995, as follows:

- ER1** Equity has been defined as a fundamental principle of Irish health policy. Increased funding, commensurate with the scale of the issue, should be allocated to tackling the unacceptable health status of the Traveller community and the widespread obstacles to Traveller access to health services.
- Progress** The Department of Health and Children states that there has been a significant increase in funding in this area since 1997. Revenue funding of £100,000 in 1997, £400,000 in 1998 and £900,000 in 1999 and £900,000 in 2000 has been provided to health boards for Traveller health.

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ER2 The immediate improvement of the accommodation situation of Travellers is a pre-requisite to the general improvement of the health status of Travellers. Health Boards should periodically inspect all halting sites so as to report on health and safety matters. The resulting reports should be publicly available.

Progress No progress to date in implementing the recommendation. Health Boards have no legal authority to enforce any recommendations they might have in relation to health and safety on halting sites and would be reluctant to get involved in any sort of 'naming and shaming' exercise vis-à-vis local authorities.

2.3 Eastern Region Traveller Health Unit

The Traveller Health Unit in the Eastern Region was established arising from one of the recommendations of the Task Force relating to health provision for Travellers.

ER 4 Each health board should establish a Traveller Health Unit. The brief of such a Unit would be:

- Monitoring the delivery of health services to Travellers and setting the regional targets against which performance can be measured
- Ensuring that Traveller health is given prominence on the agenda of the health board
- Ensuring co-ordination and liaison within the health board, and between the health board and other statutory and voluntary bodies, in relation to the health situation of Travellers
- Collection of data on Traveller health and utilisation of health services
- Ensuring appropriate training of health specific services, either directly by the health board or, indirectly through funding appropriate voluntary organisations

The health board Traveller Health Unit (THU) should have a committee drawn from the various sectors in the health board and from local Travellers and Traveller organisations. It should have a small staff attached to it. It should have a reporting relationship to each of the programme managers and to the new Directors of Public Health. These Units should incorporate existing inter-sectoral structures focusing on Traveller health issues at health board level.

The Eastern Regional Authority Traveller Health Unit represents all the health boards in this regional authority area, and is administered by the South Western Area Health Board.

The rationale for the activity of the THU, in working specifically to address the health status of Travellers, is underpinned by an acknowledgement that the obstacles for Travellers in accessing health services are greater than those for the majority of the settled population. This means that more concerted action is required in order to ensure that Travellers can achieve health status on a par with settled people. As stated in the Annual Report (1999/2000), '*... Travellers must be integrated into the health service. Integration does not mean giving Travellers the same service as everyone else. It means ensuring quality outcomes for Travellers from the health service.*' The same report concludes that '*... In the long term, the Unit will continue to work towards the ultimate goal of improving the health status of Travellers and its work will be underpinned by the core principle of partnership between the Health Authority, Travellers and Traveller Organisations.*'

2.4 Traveller Health – A National Strategy (2002–2005)

The Task Force recommended the establishment of a Traveller Health Advisory Committee in the Department of Health (and Children) to draw up a national health strategy for Travellers (which will be discussed below). The recommendation of relevance to this action stated:

ER3 A Traveller Health Advisory Committee should be appointed by the Minister for Health. Its brief should include:

- Drawing up a national policy for a health strategy to improve the health status of the Travelling community
- Ensuring that Traveller health is a priority area within the Department of Health and setting targets against which performance can be measured;
- Ensuring co-ordination and liaison in the implementation of national strategies of relevance to the health status of Travellers
- Ensuring the co-ordination, collection and collation of data on Travellers' health
- Supporting health boards in developing strategies to improve Traveller access to health services
- Providing a forum for the discussion of health initiatives for Travellers and for ongoing consultation with Travellers and Traveller organisations on health service delivery to Travellers

The Traveller Health Advisory Committee should be drawn from various divisions in the Dept of Health, representatives of the Travelling community, from health boards, and national Traveller organisations. It should have a small staff attached to it and be provided with an adequate budget. It should have a direct reporting relationship to the Minister.

Arising from this is recommendation and structure is the National Health Strategy for Travellers, *Traveller Health – a National Strategy (2002–2005)*

According to the Strategy,

There is little doubt that the living conditions of Travellers are probably the single greatest influence on health status. Stress, infectious disease including respiratory disease and accidents are all closely related to the Traveller living environment. It is clear that an immediate improvement to the living environment of Travellers is a prerequisite to the general improvement in health status.

The structures and procedures surrounding attention to environmental health in the context of Traveller accommodation are set out clearly in the National Traveller Health Strategy in a way which highlights the current institutional and legislative obstacles to achieving a situation where a raising of environmental health standards on halting sites could be placed on a statutory footing:

While neither the Department of Health and Children nor the Health Boards have a major direct role or responsibility in relation to the living environment of the Traveller Community (and/or accommodation provisions), it is important that close links be established between the health sector and the environmental authorities and that there should be maximum co-operation in addressing the environmental factors which have such a significant influence on the health status of Travellers.

it is now widely acknowledged that many of the major determinants of health such as social, environmental and economic factors are beyond the direct remit of the health sector. The Health Promotion Strategy 2000–2005 acknowledges this and calls for the development of inter-sectoral collaboration through the establishment of a National Health Promotion Forum. The new Forum will be widely representative and its membership will include representatives of those Departments and agencies whose policies/actions have a direct or indirect impact on health determinants. If the inequalities which exist in Travellers' health, particularly those relating to income, education, discrimination and accommodation, are to be addressed at a macro level, it is imperative that Travellers and Traveller organisations are included in the membership of the Forum.



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With regard to environmental health and factors influencing Travellers' health, the Health Strategy proposes the following action

Ch4 Discussions will take place between the Department of Health and Children and the
Rec. 7 Department of the Environment and Local Government to examine and determine an appropriate liaison arrangement, including representation from Traveller organisations, between the two Departments with a view to addressing issues of common concern relating to Travellers. The two Departments will be asked to examine issues including the inspection of halting sites, health and safety matters on halting sites and the role of the two Departments, Health Boards and local authorities in addressing these issues and to report within 12 months of the publication of this Strategy.

This inter-departmental structure has now met on an ad hoc basis to focus on the annual count of Travellers. However, broader issues including environmental health issues will be addressed in the longer term. It is a joint committee of the National Traveller Accommodation Consultative Committee and the Traveller Health Advisory Committee. This structure is critical to the concerns of this report, and its role in adopting any recommendations will be crucial.

In Dun Laoghaire/Rathdown County Council there are close links between the health sector and the environmental health authorities as a result of the Health Focus Group established under the County Development Board strategy. Key actions include the establishment of a healthy County Forum, which will hold a series of seminars for all stakeholders with a particular focus on identified target groups to promote a more co-ordinated approach to health-related services. One of the environmental factors affecting the health status of Travellers and others is being addressed by the formation of a joint rodent management plan for the county. Another area of joint action is in relation to the management of waterborne incidents.

2.5 Proposal for a National Environmental Health Action Plan (1999)

Contained in this action plan are significant observations which can and should inform any potential action to address environmental health and general living conditions in the context of their relationship to Traveller health. The document *Proposal for a National Environmental Health Action Plan* identifies principles of good practice in taking a co-ordinated approach to future policy development and implementation. To this end, it identifies *Overarching Principles and Objectives in Environmental Health*. These principles and objectives are as follows:

The Precautionary Principle

Despite the complexity and divergence of activities and cultures in different agencies, it is a discernible common value that the health and well being of the public takes precedence in all considerations. Accordingly, we identified the following shared objective:

Objective 1: There should be further developments in the application of the precautionary principle, through specific measures in the areas of leadership and local action, to extend its application and understanding as a shared value throughout all sectors which effect environmental health.

Complementarity

Environmental Health is perceived as an holistic approach to protecting human health in the environment. This implies the need for a shared realisation that public bodies need to co-operate and to synchronise their activities in order to provide the optimum service in pursuit of the shared goal of protecting human health and well being. Accordingly, we have identified the following key objective:

Objective 2: Policies, strategies and service plans of Government agencies should reflect an awareness of, and seek to advance, the missions of complementary agencies and their programmes in environmental health by establishing clarity of leadership, agreeing common points of scientific reference, establishing inter professional dialogue and ensuring co-ordination of local planning.

Subsidiarity

There is a shared view that decisions should be taken as near to the community as is practicable and that the empowerment of individuals and communities is the most effective way to ensure a safe environment. We have identified two key objectives to further this principle:

Objective 3: The local communities should be empowered

- i by extending to them competence to co-ordinate the local actions of diverse agents in environmental health and
- ii by providing objective and easily accessible systems of factual information, communicated in a professional and comprehensible manner, about environmental health.
- iii By having at their disposal highly skilled and educated officials who have a shared and holistic understanding of environmental health.

Objective 4: As an application of the principle of Subsidiarity, responsibility for prevention and remedial measures relating to environmental health should be internalised to the sectors generating the hazards. The economic sector should also be primed to develop economic activity in goods and services that promote environmental health.

2.6 The Health Service Reform Programme

The core theme of the Health Service Reform Programme is the need to modernise health structures so they can deal with the demands placed on the system now and over the coming decades. The main elements of the reform programme are:

- Major rationalisation of existing health service agencies to reduce fragmentation. This includes abolition of the existing health board/authority structures
- Re-organisation of the Department of Health and Children, to ensure improved policy development and oversight
- Establishment of a Health Services Executive which will be the first ever body charged with managing the health service as a single national entity
- Establishment of three core areas within the Health Service Executive – a National Hospitals Office, a Primary, Community and Continuing Care Directorate and a National Shared Services Centre
- Establishment of four Regional Health Offices within the Health Service Executive to deliver regional and local services
- Immediate establishment of an interim National Hospitals Office with the priority being the reform of the Hospitals Sector
- Establishment of a Health Information and Quality Authority to ensure that quality of care is promoted throughout the system
- Move to devolving responsibility for care budgets to the people actually in charge of delivering that care
- Complete modernisation of supporting processes (service planning, management reporting, etc.) to improve planning and delivery of services, including maximising the impact of public funding

The structural reform to take place has significant implications for this research. It is anticipated that structural change will impact on all health boards and regional health authorities (however, the boundaries and structures of community care area level are likely to remain). Therefore the area remit of the existing Traveller Health Unit and the current arrangements and relationships between the Eastern Regional Health Authority and individual local authorities will come within the remit of a changed structure. However, this is also seen as an opportunity to effect structural change given the context of organisational re-structuring. It is anticipated that the structural change to take place at health board level will not be announced until January 2005.





- Travellers believe that many of the issues relating to the health impacts of a poor living environment and environmental health issues were the remit of separate agencies (i.e., health boards and local authorities) and because of their inter-relationship, there was a sense that many of the issues ‘fell between two stools’.

3.2 Contact with Environmental Health Officers

In general, contact with Environmental Health Officers and site residents appears to have been infrequent. One incident on a Dublin site involved residents contacting an EHO as a result of concerns that the water supply was contaminated. While there was an EHO response, the report was not seen by site residents and there was no knowledge of follow-up.

The importance of site inspection being carried out on a regular rather than reactive basis is also evident in the expression of anxieties amongst Travellers with regard to making complaints to the local authority about site conditions. It was reported by some site residents that there is a reluctance in making complaints in case it may affect people's chances of accessing permanent accommodation. The fear of complaints also arises for Travellers where dumping is a significant issue on sites, and where fears of reprisals are present if Travellers report other Travellers or members of the settled community to Local Authorities or to Environmental Health Officers.

The remark was made during one consultation that if there was full documentation on all sites in the region of the environmental conditions arising from neglect, the evidence would be damning.

Regular programmed visits had been undertaken with a team of health professionals on sites until 1997 – this is discussed in Chapter 4

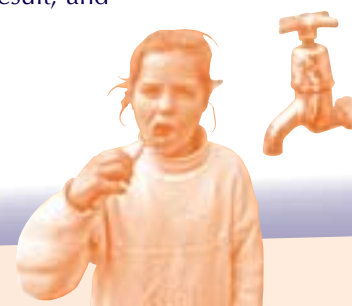
3.3 Specific issues and concerns

Illegal Dumping

Illegal dumping is one of the biggest issues for Travellers on sites. On one of the sites, there was a huge problem of illegal dumping, on another, dumping was primarily a problem at the entrance to the site. The perpetrators were believed to be Travellers and members of the settled community. This leads to high incidences of rat infestation, air pollution as well as rubbish being blown around the site. Some Travellers and Traveller representative organisations reported a reluctance on behalf of Travellers to report the perpetrators of dumping in cases where they suspected involvement of known parties, for fear of reprisals. There was also a reported absence of litter wardens on sites to monitor the extent of the activity.

Discussions with Local Authorities confirmed that reporting of cases of illegal dumping can be made on a confidential basis, but this can not always be guaranteed – some years ago where a judicial review was undertaken in a case of illegal dumping, the defendant was allowed access to the entire file on the case (including detailed of who had reported the incident). In this instance, confidentiality could not be guaranteed.

According to Traveller representative organisations, in one case in South Dublin, no action was undertaken on illegal dumping until rubbish was burned causing danger to families living on the site. The local authority planned to install CCTV cameras to monitor illegal activity. Discussions then took place between the local authority and residents on site through the engagement of Primary Health Care workers and a Traveller accommodation worker. A tenant participation strategy was put in place where Traveller families agreed to work together to prevent illegal dumping on site and the local authority agreed to improve the management of the site and to implement procedures where individuals continued to engage in illegal dumping despite the best efforts of residents. In addition, the local authority litter wardens in conjunction with the Gardaí agreed to put extra patrols in the area to prevent trucks dumping illegally on the site. The situation has improved as a result, and the plans to introduce CCTV on this site have been suspended.



Sewage and drainage

Issues relating to sewage and drainage were reported widely amongst Travellers consulted and amongst Traveller support organisations. In one particular group housing site, bad building practice had caused ongoing sewage problems for families who were living in the houses. There was a feeling that there needed to be greater monitoring of building practices to avoid subsequent issues arising.

In two sites visited, there were significant difficulties relating to drainage, and reported problems with blocked toilets where a single blocked toilet would lead to all toilets on the site being affected. In one site insufficient drainage lead to flooding. In this instance, the site residents were awaiting the local authority to install a larger pump in the drain to prevent flooding. This work had been agreed but residents were waiting several months for action to be taken. On another site, drainage had been a significant problem for several years, on the site and surrounding areas, leading to seasonal flooding and associated health hazards e.g. increase in rat population.²

Building Fabric

Problems arising from the fabric of constructions on sites and from the actual design of sites were constantly cited. Deterioration of the fabric of built units on sites was frequently reported. This issue of the built environment being included as a focus of attention for environmental health inspections is crucial. Many implications arise for people's health from the quality of the buildings which they use. The following problems were reported by site residents in relation to site design and site buildings (e.g. sanitary facilities). These conditions can be seen by anyone visiting certain sites.

- Condensation and poor ventilation in kitchen units and residential units, leading to fire hazards, problems with damp and consequent health problems of residents.
- Spartan shower and toilet facilities which are not insulated or sealable, giving rise to damp conditions and very cold temperatures, making use of them in winter an ordeal.
- Inadequate shower facilities, including shower facilities which are not tiled but are naked concrete, making them difficult to keep clean.
- Showers without temperature control
- Stainless steel toilets which are difficult to clean and unpleasant to use, particularly in cold temperatures.
- Heavy steel doors on service units (with safety implications for young children). There was one reported case where a child lost a finger as a result of it catching in a door
- Some of the doors of the service units not having locks on them

Site Design

The issues raised with regard to site design included:

- Shortage of fire hydrants on certain sites. In some cases, where there are hydrants, fire hoses were either absent or had been removed.
- Dangerous entrances to sites, with no warning signs for motorists: many Traveller sites are located near to main roads, and concerns were expressed about the safety of people entering and leaving sites, either by car or on foot: a number of incidents of children being knocked down on main roads at the entrance to sites were reported.

2. See Appendix 1: Case example of Labre Park in Ballyfermot accompanied by photographs.

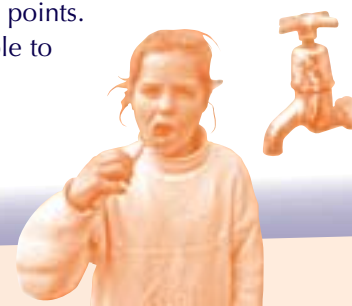
- Site entrance barriers (height restrictions) are in place in two of the three sites visited. Barriers have been erected in order to prevent the caravans or mobile homes of non-residents gaining access to sites. This height restriction barrier also prevents access to the sites by emergency vehicles. The barriers can be opened only by key, and the practice in sites is that the key is either held by the caretaker and a single family on the site. In both sites visited, an individual family held the key for the barrier. In Kildare County Council area, the key is only held by caretakers on sites (many of whom would leave the sites at 4pm during the week and are not present at weekends). In all sites, the key was not available to all families, and in the event of emergency, there is a dependency on a single family, or a single individual to be available to open the barrier. While some families consider the barriers to be an effective way of keeping non-residents off sites, all Traveller support organisations and most individuals consulted consider them to be extremely dangerous and an inappropriate means of ensuring that non-residents are kept out of sites. One incident was reported where a site barrier was locked resulted in fire fighters being unable to reach a caravan which had gone on fire and which was destroyed by fire. Another incident involved a resident who was in need of an ambulance having to be carried in a fragile condition from their trailer to the barrier because the ambulance was unable to gain access to the site. Because of the size of some sites, this may mean a large walking distance before accessing the emergency vehicle. This is and remains a crucial issue for Travellers.
- Lack of open space on sites for children to play in, resulting in children resorting to playing in hazardous areas on and near sites, leading to frequent accidents involving children at play. The point was also made that lack of common open space in group housing schemes was an issue: the freedom of Traveller children to play outside is often restricted in settled housing estates by hostility of members of the settled community.
- Lack of space provision in site units for work connected with the Traveller economy: cramped conditions where e.g. metal is stored and recycled is not only a health hazard (particularly for children). The issue of workspace is one which divides Travellers, and has environmental health implications. In some spaces, there is available space beside bays, but which is not appropriate for large scale activities. This is an issue of concern for Travellers, both from the perspective of environmental health (for example, the burning of copper wire) and also from the perspective of the need to provide appropriate workspace to allow for economic activity to continue.

Emergency Accommodation/Implications of Site Classification

It was felt that improvement of facilities on emergency/temporary accommodation sites was a matter of urgency. Emergency sites established by local authorities are an interim measure until the local authority Traveller accommodation programmes deliver permanent accommodation to Travellers. Emergency sites have lower specifications in guidelines issued by the Department of Environment, Heritage and Local Government by virtue of their purpose as interim accommodation. Temporary sites are intended to be longer term accommodation than emergency sites, but not long term or permanent accommodation. However, given the fact that some temporary and emergency sites have become de facto permanent sites (some have been in existence for over 10 years, and one site in North Dublin for 22 years), the anxiety of people living on emergency sites (in particular) relating to what they could expect in terms of improvement of basic servicing is high: living without, or with inadequate, electricity supply and proper water facilities on emergency sites, especially for families with young children, is an unnecessary and unacceptable hardship.

The improvement of conditions on sites must therefore be viewed in the context of failure by local authorities to meet targets set in their accommodation programmes (2000–2004), and the necessity to deliver permanent accommodation to Travellers.

Participants who have lived or are living on emergency sites described having to rely on surrounding water supplies where there were none on site: this depended on good will, and it was pointed out that people are not always willing to oblige in allowing Travellers to use water supply points. In addition, where people are experiencing physical ill-health, they are not always able to carry water: this is particularly so in the case of Traveller women.



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Travellers who are on waiting lists for accommodation must remain in the locality in which they are registered. This presents difficulties if the conditions in their accommodation while waiting are of a poor standard. A Traveller who leaves, for example, a temporary site because of poor conditions, automatically loses their place on a waiting list. For many Travellers, the point was raised in the course of the research about the slow progress in achieving Traveller accommodation targets and objectives in local authorities in general, and specifically in relation to this issue, progress in relation to site renovation or upgrading is extremely slow.

Roadside sites and the conditions experienced by people living in them is of particular concern and particular relevance in rural areas. There is a feeling that Travellers living in small roadside sites are particularly vulnerable, and because of their small numbers it is felt that their accommodation conditions are of less concern and urgency than those of other Travellers.

Water Hygiene

Participants in the research cited problems with water and water supply, including discoloration. A number of people described the water supply on some sites as being undrinkable and expressed fears that the drinking water supply was not protected from contamination from the site sewage systems.

The filtering and boiling of water is commonplace, which is time-consuming and also uses large amounts of electricity. It was felt that there should be regular testing of water supplies and that this should be followed up by reporting back to the site residents themselves, given anxieties about the safety of the water supply.

It was also acknowledged that pest infestation on sites was a further concern in relation to the safety of the water supply on sites. Water supply concerns are particularly acute on emergency and temporary sites.

Pest Infestation and Control

The issue of rat infestation on sites: temporary, emergency, and permanent, was raised by all groups consulted. As well as general presence of rats on sites as a result of dumping, infestation of rats occurring around service/sanitary units was reported, particularly where these units had rusted, providing a route to infestation. This infestation is usually exacerbated with the existence of washing machines in the service units, from the warmth that they generate. Rat infestation was also reported to occur beneath service units.

As previously mentioned, the possible contribution of rat infestation to the safety of water supplies on sites was stated to be a cause of anxiety for residents.

In addition to fears of infection, the fear of being bitten by rats was also reported. The constant anxiety created by the presence of rats, the fact that they breed quickly, and a need to be vigilant particularly in relation to children's contact with rats or areas of sites contaminated by rats, was reported as a source of chronic stress for site residents. Participants emphasised the particular sense of stress associated with infestations in terms of a feeling of invasion and encroachment, including being unable to sleep and constantly listening for the noises of rats moving around.

Building activity in the vicinity of sites was also reported to have caused an increase in the rat population and more frequent infestations.

As regards treatment and control of infestations, it is felt that laying poison on sites is in itself hazardous, given the implications for children and pets, although poisoning of rats is accepted as inevitable. It is felt that in most cases infestation arises and continues as a result of the general conditions on sites. Most Travellers reported an improvement in the treatment of rat infestation since the original research was carried out in 2001. Response times to reports of rat infestation had improved, although many felt that there should be programmed monitoring and treatment carried out on an ongoing basis and at regular intervals, rather than as a response to complaints from residents. This was the practice in one site.

Environmental Hazards from Land which Adjoins Traveller Accommodation Sites

In some cases where sites adjoin settled housing, there have been reports of settled people using Traveller sites to dump rubbish, including animal carcasses. Also reported were incidents of unwanted domestic animals being let loose in or at Traveller sites.

Residents of one Dublin site³ experience repeated flooding from a river which runs directly past the edge of the site, which is located on one bank. The land around the river is a flooding plain and the level of the river rises in high rains. This has led to frequent flooding of the site itself, involving flooding of actual accommodation. The river itself is also used as a dumping ground, and is not adequately fenced. This has led to incidences of children falling in to the river which at its low level is at least five feet deep, and also of horses having to be rescued and foals carried to safety from floods.

Land Zoning Interface and Health Implications for Travellers

The residents of two particular sites expressed grave concerns about the fact that they adjoin land which is industrially zoned and which has led to the erection of pylons, in circumstances where planning laws do not take nearby residents into account. The health impact of pylons, high voltage overhead lines and electro-magnetic fields has been the subject of research and scientific debate over the last 25 years. It has been suggested that regular exposure to electro-magnetic fields can cause cancer and leukaemia⁴, particularly in children. There has been no conclusive evidence to suggest that EMFs cause cancer or leukaemia, however some epidemiological studies do indicate that prolonged exposure to higher levels of power frequency magnetic fields is associated with a small risk of leukaemia in children (*The [UK] Advisory Group on Non-ionising Radiation, 2001*), or an increased incidence of leukaemia. There are methodological difficulties in establishing a cause and effect relationship between exposure and prolonged proximity to EMFs and cancer or leukaemia, which means that even if such a risk is increased, it may not be detected, or shown to be conclusive. This is due in part to the interaction between genetic and environmental factors that arise with cancer in the first place. Secondly, and particularly in the case of leukaemia, its incidence amongst the general population is so low as to make it difficult to compare its incidence amongst the general population with those in close and prolonged proximity to EMF. Thirdly, all people have some degree of exposure to EMFs, which undermines the ability to make comparisons between those with prolonged proximity and those with no or little exposure.

For Travellers living on sites located close to EMFs, they have reported impacts such as fatigue/tiredness; headaches; stress and high incidences of cancer.

Notwithstanding the ambiguity around the health impacts of EMF exposure, there are other concerns in relation to overhead lines. If an overhead line was to break and fall to the ground (for example as a result of lightning strike), this would constitute a major danger to residents. In the case of South Dublin County Council, planning permission for overhead lines are subject annual renewal, and according to the local authority the existence of such lines would be a major issue for the local authority and would be a criteria affecting selection of a new site for development.

It is the view of Travellers and some local authority personnel in light of questions over the health issues of overhead lines and EMFs, that the precautionary principle should apply.

3. See Appendix 1: Case example of Labre Park, Ballyfermot, Dublin.

4. Report by the Swedish Child Leukaemia Group: *Läkartidningen*, 1993, 35: 2883-86.



Children's Health Issues and Environmental Conditions

It was pointed out that a clean water supply is a basic need for all site residents, but particularly so in the case of infants and small children. Every group consulted expressed severe anxieties in relation to children's health arising from poor conditions on sites.

It was pointed out that children pick up infections quickly, and cannot always communicate their symptoms- this is particularly so in the case of infants. This ranged from impetigo epidemics (not confined to children) to the need for constant vigilance where children were playing on sites, in particular because of rat infestation and fears of children contracting Weil's disease which can be fatal. If a child falls and cuts themselves on a site where there are rats, the cut no matter how small has to be disinfected immediately. Other concerns were expressed in relation to the similar risk of children contracting tetanus. Conditions on site exacerbated this (for example, in cases where there is gravel rather than tarmac or concrete in areas surrounding the trailers on sites, because gravel cannot be cleaned). There were particular concerns around exposure to children to threats arising from dumping on sites as well as rat infestation.

Specific mention was made in relation to the heavy steel doors on service units and washroom facilities, as there have been incidents reported of children catching their fingers in them and one reported incident of a child losing a finger.

In general, where contagious diseases are contracted amongst children, as for example in a school, it is acknowledged that they tend to spread quickly. This experience is reported as more chronic in the case of children living on halting sites: it is felt that poor conditions on sites make it more difficult to protect children from infection and in treating contagious diseases amongst children living on any particular site.

Issues for People with Disabilities Living on Sites

The issue of wheelchair access to Traveller service units was raised a number of times. So also were incidences of requests being made for modification of accommodation in the case where a resident, while they may not be wheelchair-bound, has become disabled or incapacitated and has experienced physical difficulties in accessing their accommodation.

Long delays, sometimes of over six months, were reported in relation to response to such requests. Delays have been experienced not only with regard to requests for accessibility measures, but also for such necessities as adapted shower and bathing facilities for residents who have been incapacitated due to ill-health.

3.4 Illnesses Reported by Site Residents

Many participants in the research reported skin rashes which they felt may be connected to the quality of their water supplies. This was particularly commonly reported by residents of temporary and emergency sites, but not exclusively so.

- Weil's disease was reported to have been contracted on sites where there were rat infestations.
- Impetigo epidemics
- Scabies epidemics
- Respiratory illnesses
- High incidence of various forms of cancer on sites adjoining industrial land where pylons are located.
- Reflux kidneys
- Recurrent infections in children due to repeated assault on their immune systems
- Depression
- Anxiety
- Angina and other heart problems
- Hearing problems and deafness on sites near pylons
- High incidence of headaches on sites near pylons

Women's Health Issues and Environmental Conditions

The health impacts of poor environmental conditions were considered to disproportionately effect women living on sites.

Access to adequate shower facilities and water supply is held by Traveller women to be a matter of basic dignity and is something which most of the settled population take for granted. Participants pointed out that inadequate facilities can prevent people from being able to shower before attending

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- Travellers felt strongly that environmental health is a function of a number of factors, and preventative measures should include the following:
 - Size of sites – large sites mitigate against high standards of environmental health. The largest site in the Clondalkin area has 50 bays. According to South Dublin County Council (SDCC) new sites have a limit of 10 bays while in Dun Laoghaire/Rathdown County Council, the maximum size is 7.
 - Engagement of Travellers in the design and ongoing management of sites – this is very important from the outset, and examples of good practice, such as Oliver’s Park site (In Dublin City Council) as an element of good practice was cited. This is a small, award-winning site, where Travellers have been engaged from the outset in its design and in its ongoing management and maintenance. Of particular importance for Travellers is their engagement in decisions as regards who will reside on the site.
 - A greater involvement of litter wardens in matters relating to monitoring illegal dumping on sites. Litter wardens have the power to stop vehicles transporting waste and establish the nature of the waste, its source, its destination and also whether a waste license is held by those transporting the waste. Both the party transporting the waste and the party responsible for the waste itself are liable for fine/prosecution. It is believed that if this was pursued in respect of Traveller sites and there was greater visibility of litter wardens, this would go some way to tackling problems of dumping.
 - Many of the issues affecting environmental health fall outside the minimum standards of environmental health and public health legislation. Travellers feel that there is a strong rationale for increased regulation regarding structures on sites, as minimum building regulations, and in this regard, legislation should be provided for same. In the meantime, there needs to be greater monitoring by the Department of Environment, Heritage and Local Government that guidelines in place are fully implemented, and this could be tied to draw down of funding for Traveller accommodation.
 - Environmental health can also be enhanced on sites by adequate and appropriate provision of workspace for Travellers on site, which do not impinge on environmental health concerns of other residents (for example, through designated separate space for activities).
- Many of the issues raised in this section of the report go beyond the current remit of Environmental Health Officers, and it was felt by Travellers that there needs to be a monitoring of environmental health and general public health concerns on an inter-agency basis, with the engagement of Travellers. This is discussed further in the next chapter, but the views of Travellers in this regard was that there needs to be a system of programmed monitoring of these issues involving a range of individuals from health boards, local authorities and involving Traveller primary health care workers. It was suggested that Environmental Health Officers, Public Health Nurses, Senior Area Medical Officers and Primary Health Care Workers would monitor the conditions on site, reporting to both the health boards and the local authorities and where Travellers would have access to reports.
- Within the current system, Travellers strongly feel that reports and outcomes of visits to sites by EHOs should be made available to residents on sites and Traveller representative organisations, and that Travellers should be able to track EHO reports made on site conditions, and receive information as to the progress relating to those reports.
- Travellers feel that there should be specific training for EHOs who make visits to Traveller sites, and that a core of EHOs develop specialist expertise in this area.
- In relation to locked site barriers and the health hazards arising from this, it was felt that an arrangement should be possible whereby a number of assigned site residents are allowed to hold keys to the barriers, where they exist, so that they can be opened in the event of an emergency. However, it was felt by most residents consulted and by all Traveller representative organisations that site barriers are not an appropriate means of restricting site access.

4. The role of Environmental Health Officers in the Eastern Region

4.1 The Role of Environmental Health Officers

There are approximately 160 Environmental Health Officers; (EHOS); Senior EHOs and Principal EHOs employed in the Eastern Regional Health Authority area (within the health boards in the region).

The role of an Environmental Health Officer is to monitor and to report on specific environmental and public health concerns as they relate to the following main areas⁵:

- Food safety
- Hygiene/sanitation
- Tobacco control
- Water quality
- Air quality
- Pest control
- Pollution
- Infectious diseases (through the role of the Communicable Diseases Unit)
- Environmental protection

The typical role of an EHO is to implement and enforce policy and responsibilities in the environmental health field, to promote good environmental health practice and prevent environmental health conditions injurious to health.

This would typically include the following tasks⁶:

- monitoring, evaluating and acting upon environmental health conditions injurious to health in his/her area and promotion of improvement by advice, education and enforcement of appropriate legislation
- co-operating with the formulation and implementation of environmental health objectives and work programmes including scheduling workloads
- maintaining up to date records and furnish such reports as required by the Principal Environmental Health Officer (or where delegated the Senior Environmental health Officer).

Environmental Health Officers also have an involvement in housing, both local authority and in the private rented sector. Some Environmental Health Sections have considerable input in the Planning Process in the local authority area. This involves an environmental health impact assessment being carried out on the planning applications received by local authorities to assess the impact of proposed developments on the environmental health of the area.

The role and powers of EHOs therefore does not extend to all areas of environmental health as defined by the World Health Organisation⁷, and is determined by legislation.

The legislation under which EHOs operate is the *Public Health Act (1878)* which provides for minimum standards of public and environmental health, and which has been superseded and amended in many instances by legislation and regulations which specifically deal with the above issues, for example the *Local Government (Sanitary Services Acts) 1964; Air Pollution Act, 1987* as well as legislation establishing

5. the extent to which any one EHO is involved in each of these areas depends on the agency in which they are located, and the remit of that agency (responsibility for these areas varies between local authorities, health boards, the food safety authority, etc.)

6. key roles from a job description for the position of EHO – North West Area Health Board (2004).

7. The World Health Organisation (WHO) defines Environmental Health as comprising *those aspects of human health, including quality of life, that are determined by physical, chemical, biological, social, and psychosocial factors in the environment. It also refers to the theory and practice of assessing, correcting, controlling, and preventing those factors in the environment that can potentially affect adversely the health of present and future generations.*



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specialist agencies within which some EHOs operate, such as the *Food Safety Authority of Ireland Act, 1998* and *Environmental Protection Agency Act, 1992*

Legislation primarily deals with minimum standards of provision, as was noted in the course of consultations, and is functional and quantitative in its emphasis. In terms of provisions, this may be best summed up as ‘*is it there, and is it working?*’ according to EHOs consulted. The legislation is primarily an emergency response to poor conditions, and is not geared at being prescriptive in terms of issues relating the human comfort. This is intentional and the role of public health and environmental health considerations is collective well being of the general population based on minimum standards established in legislation.

The role of EHOs has changed in recent years, with the introduction of additional environmental health legislation, thereby broadening the scope and remit of environmental health as a profession. The existence of new agencies and organisations which have a specialist function (e.g., food safety, tobacco control and environmental protection) has led to many EHOs specialising in particular functional areas.

4.2 The Powers of Environmental Health Officers

EHOs have a very powerful position and can access commercial sites under warrants of authority from health boards or local authorities and powers of entry are set out in the individual enactments enforced by EHOs. Obstructing the work and activities of an Environmental Health Officer is an offence in law. While the powers of an EHO are extensive, the profession would itself see its primary role as advisory, rather than enforcement (this is seen as a last resort). The emphasis on advisory and development of best practices as well as enforcement is reflected in the functions and structures of independent statutory agencies, which have an environmental health focus, as well as in legislation established for the establishment of these agencies.

The European Communities (Hygiene of Foodstuffs) Regulations, 2000, which gives effect to the EU’s Council Directive 93/94/EEC on the regulation of foodstuffs sets out the enforcement procedures which can be used by EHOs working under the auspices of the Food Safety Authority of Ireland). Actions that can be taken in this context include:

- Improvement notice
- Improvement order (details of which can be publicly available)
- Closure of premises or sites⁸
- Prohibition order⁹

The enforcement capacity of an EHO varies according to their location (i.e., the organisation to which they are providing services) and the remit of this organisation, and provisions in legislation. This is given detailed discussion below in terms of the role of EHOs in Local Authorities as well as with other agencies.

EHOs would also advise local and health authorities of the need for additional legislation and regulations. An example of this is the Childcare Regulations for pre-school childcare services. These provide for minimum standards, space requirements and staffing ratios in pre-school services, and were instigated as a result of advice and recommendations of EHOs, through their professional body.

8. This is usually a third stage in the enforcement process, after the previous two have been exhausted. However, closure can be enforced if, in the opinion of the EHO conditions are so bad as to warrant this course of action.

9. The sale of a food product is prohibited (either temporarily or permanently) if, in the opinion of an EHO, the product is likely to involve a serious risk to public health.

4.3 EHOs and Local Authorities

The functions which we are concerned with in this report are principally those which fall within the remit of Local Authorities, and include: Hygiene and sanitary conditions; Pollution and water quality, as these are amongst the primary issues affecting Travellers and Traveller halting sites, as identified in this report¹⁰.

Of the 160 EHOs in the Eastern Regional Health Authority, an estimated 42 carry out Local Authority functions in the Eastern Region. This arrangement is based on custom and practice and in the majority of cases, a formal contractual relationship between health boards and local authorities does not exist. Dun Laoghaire-Rathdown County Council has a service level agreement with the East Coast Area Health Board which provides for EHOs to carry out the local authority's functions. Dublin City Council is also currently exploring the basis for developing service level agreements with the health boards in their area. The local authorities within the Eastern Regional Health Authority area are:

- Dublin City Council
- South Dublin County Council
- Fingal County Council
- Kildare County Council
- Dun Laoghaire/Rathdown County Council
- Wickow County Council

For these EHOs, their activities relate to the issues of environmental and public health as they relate to functions and responsibilities of Local Authorities.

This practice of division of responsibility between health boards and local authorities for different environmental/public health concerns arose as a result of the Health Act 1970, providing for the establishment of health boards. Prior to this legislation, the local authorities were also the health authorities. Where EHOs carry out local authority functions, they are authorised by the local authorities under relevant legislation by arrangements set out in the Health Act.

As was noted in consultations with EHOs that took place as part of this research, the role of EHOs in this context is primarily an advisory one rather than enforcement. An enforcement role can only be undertaken when breaches of environmental health provision have occurred as a result of actions taken by third parties (i.e., not by the Local Authority). This is because no organisation can prosecute itself. This is due to the relationship between EHOs and local authorities (they are not formal employees of local authorities but are either contracted to, or carry out functions on behalf of local authorities by their respective health boards). This relationship means that they act on behalf of the local authority when carrying out inspections, evaluations or reviews of environmental health. Moreover, as an agent of the local authority, enforcement would involve the local authority taking legal action against itself, which is not possible. This does not arise in the case of third parties (for example Travellers living on sites or the settled community). However, enforcement is seen as a last resort (in the case of Travellers living on sites enforcement sanctions would include eviction from sites by the local authority), and is rarely used. Nonetheless, this purely advisory role (as applied to local authorities) undermines the power and ability of EHOs to act in cases where they believe there are serious breaches of environmental health and/or where there is a serious risk to public health.

However, EHOs emphasise that this does not mean that steps cannot be taken to improve conditions on sites, and that local authorities are keen to ensure that their views and reports are acted upon.

10. Pest control, which also arises as an issue for Travellers on sites, is a health board function.





Conditions on sites

The materials used, and quality of finish, in site construction were raised by some EHOs as a contributory factor to poor conditions, although there appeared to be a variance of opinion as to whether or not many of the issues relating to the structures on sites and their deficiencies come within the remit of EHOs. It was suggested that many of these issues would require new standards for site construction and a requirement for these to be implemented. This was also emphasised by Traveller organisations, who report that while the current guidelines on Traveller sites are based on good practice, that there is no requirement of local authorities to adhere to these (and as such they are general guidelines as distinct from specific regulations).

In the main, EHOs expressed concerns about the standard of facilities on halting sites. Site design was raised as a serious issue, impacting on the effectiveness of enforcement of legislation, given that the fact is that sites with unsatisfactory facilities in poor condition already exist and that to remedy this situation requires attention to the planning process.

This again points to the involvement of those responsible for site design: EHOs offered observations on design specifications which could usefully be included in the consultation process for design of sites. Such suggestions included:

- Adequate drainage to prevent accumulation of surface water ('ponding')
- Provision in design of buildings for natural daylight
- Separation of shower and toilet facilities
- Tiling of bathroom units rather than concrete surfaces, which are spartan and difficult to clean
- Adjustable showerheads for children
- Adequate disability access to buildings
- Heating of buildings (this was emphasised as crucial)
- Provision on sites for green areas
- Green area/flowerbed for each bay

It is strongly felt that EHOs cannot be held responsible for the difficulties arising from existing institutional and structural arrangements which affect living conditions: they can fit in with any new approaches to improving these but are currently powerless to address the larger issues which require the attention of a number of agencies. EHOs also cannot be held responsible for the activities or issues that fall outside of their remit. For example, many of the issues raised in the paragraph above and in the consultations with Travellers do not fall within the remit of EHOs. There is a shortfall of provision in legislation for the many environmental issues which impact on the health of Travellers on sites. Institutional changes to effect environmental improvements are required as are new co-operative arrangements, which should not only involve Local Authorities and Health Boards, but should reach as far as involving the Fire Services and Garda Síochána (for example where road safety and fire access are issues). It is felt that there must be an understanding, amongst all who are involved in work which has a bearing on Traveller accommodation standards, of respective roles and potential contribution to improving the situation.

4.5 Issues Raised in Consultations with EHOs

- Many of the issues arising from this research falls outside of the scope of EHOs, and the role of EHOs within the context of local authorities is advisory (and enforcement procedures cannot be taken against the local authorities). EHOs were keen to stress that this does not preclude the ability to affect changes. Reference was made to the practice of programmed site visits which took place in the mid-1990s in the Dublin City Council area, and which involved a multi-disciplinary team of health professionals (including Public Health Nurses and Area Medical Officers). These visits took place on an annual basis, and it was felt that the engagement of a range of health professionals facilitated consideration of a broad range of public and environmental health issues, as well as confidence from Travellers living on sites (and the Public Health Nurse was believed to be key in this regard). This practice was also



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mentioned by Travellers as one which would be welcomed, and Travellers also stressed the importance of engaging Primary Health Care Workers in the process. EHOs felt that using methodologies such as *Health Impact Assessments* on Traveller sites would be useful in this regard.¹¹

- While this approach would provide for greater monitoring of conditions on sites, it would not deal with the issue of enforcement and accountability. This was discussed in the context of establishment of an independent agency to deal with Traveller issues (along the lines of the Traveller accommodation agency discussed in the chapter above). There was a view amongst some EHOs that a separate, specialist agency modelled on the basis of the *Office of Environmental Enforcement* (part of the Environmental Protection Agency) or the *Food Safety Authority of Ireland* could be used as a model for progressing issues of environmental health. This would be consistent with the specialisation of EHOs and the development of specialist agencies as evidenced in the past few years. It is worth noting that consultations with local authority staff indicated some support for this approach, and that it would be good practice to remove environmental health monitoring from local authorities and away from possible political influences, which would also give more ‘teeth’ to the role of EHOs. There was also the view that some local authorities may be nervous about this separation, in that an enforcement role may be used in cases where resources may not be available to implement changes.
- EHOs also stressed the importance of having an inter-agency approach to dealing with the issues arising from this report, and that there should be a co-ordinated strategy arising from the joint structures between the Department of Health and Children and Department of Environment, Heritage and Local Government (as outlined in the Traveller Health Strategy). It was also noted that structures need to be established at regional and local level between health boards and local authorities to progress the matter.
- It was acknowledged that there was a need for more structured involvement of site residents, Local Authorities and Health Boards in order to establish common standards as a group. This is in acknowledgement of the EHO view that every member of the public needs to play their part with regard to abiding with environmental legislation.
- It was viewed by some EHOs as important to encourage residents on sites to participate in the maintenance of environmental health levels of sites, particularly in relation to the upkeep of common areas on sites and the burning of toxins (such as the burning of rubber off wires).

11. The methodologies used in health impact assessments (as outlined by the Institute of Public Health) are outlined in the appendices.

5. Conclusions, recommendations and a possible framework for development

Summary Conclusions

Standards on Traveller halting sites

That current levels of hardship experienced by Travellers in relation to their living conditions and environmental health issues on halting sites are unacceptable, and that little significant change has occurred in these conditions over the last 3 years since this research was started. This is a matter of concern for those trying to improve the overall health status of Travellers.

There is a lack of quantitative data on the actual conditions of Traveller sites in the Eastern region. There is a need for a comprehensive analysis of conditions to be carried out in each of the local authority areas.

Enforcement of Environmental Health concerns

The present institutional framework for monitoring environmental health standards on Traveller sites mitigates against any enforcement of legislation, or procedures of follow-up on site visits. This restricts the role and power of EHOs to affect change in this regard. There is no dissemination of findings or outcomes of visits to sites to Travellers living on sites. New institutional structures for enforcing environmental health concerns are required in relation to the strands of environmental health identified in this report.

Site visits and programmed monitoring of conditions

A new framework for monitoring and progressing improvements in relation to the environmental health of Travellers and conditions on sites is needed. There are elements of good practices which arose in the context of the research which could be modified and used as a basis of programmed site visits. Travellers stress the importance of engaging Traveller workers in these practices. The emerging model of Health Impact Assessments and health proofing were regarded in consultations as useful methods which could be used in monitoring environmental health conditions on Traveller sites.

Engagement of a range of stakeholders should be a feature of any programmed visits and monitoring of conditions. Dissemination of information should also be a feature of programmed visits. This is given further consideration in the recommendations.

A training programme on Traveller identity and culture should be put in place for EHOs and all personnel carrying out site visits.

Regulatory framework

The current legislation determining minimum standards on Traveller sites is insufficient and additional regulation is required. This could be investigated by the new structure involving the Department of Environment, Heritage and Local Government and the Department of Health and Children, under the new inter-departmental structure arising from the *Traveller Health Strategy*.

It is believed that environmental health conditions are influenced by the effective implementation of guidelines for Traveller accommodation developed by the Department of Environment, Heritage and Local Government.

The Dept of Environment, Heritage and Local Government should put in place procedures ensuring that guidelines issued and best practices in site design, consultation and construction are fully complied with.



Inter-agency and inter-departmental structures for progressing environmental health concerns

It is widely believed that there is a need for inter-departmental and inter-agency engagement in order to progress environmental health conditions on Traveller sites. It is emphasised that this collaboration should exist at national, regional and local levels. An all island approach to environmental health for Travellers could also be explored.

Co-operation between Travellers and local authorities

That there is a need for greater communication and co-operation between local authorities and Travellers and that the promotion of this requires efforts involving both Travellers and local authorities. Specific Traveller tenant participation strategies have proven to be an effective means of achieving greater communication and co-operation.

Recommendations

Arising from these conclusions, the following recommendations are made.

Co-ordination of Structures at National Level

Given the findings of this report, there is a particular urgency for the establishment of the inter-departmental structure arising from the Traveller Health Strategy involving the Department of Health and Children and Dept of Environment, Heritage and Local Government (with the remit of addressing conditions on Traveller sites). This structure should oversee improved operational procedures between relevant agencies at regional and local level for implementing improvements in environmental health in Traveller sites. This structure should draw up a strategy based on the framework for action presented below. This structure should establish timescales for completing actions under this strategy.

A Framework for Improving Environmental Health On Traveller Sites

A framework for improving environmental health on Traveller sites should include national and regional/local structures. These are detailed in the model presented in the diagram below, which should be the basis for any future structures arising. This could be piloted in the Eastern Region (or the corresponding structures arising from the Health Services Reform Programme).

Enforcement of Environmental Health Concerns at National Level

This should be addressed by locating the enforcement function of environmental health (presently under the remit of local authorities) in an independent structure. These issues of environmental health form part of a third strand of the activity, as distinct from food safety and environmental protection, and it is recommended that they should come within the scope of a separate agency for monitoring, advising and enforcement. This agency should be national in its focus and be based on the model of the Food Safety Authority or the Office of Environmental Enforcement. This agency would be established under the aegis of the Department of Health and Children and its area of remit would focus on environmental health conditions and issues on Traveller sites. The new agency would have as its functions the implementation and monitoring of legislation, the development of best practices and ensuring that personnel would receive training on Traveller identity and culture.

This would not preclude EHOs from acting in an advisory capacity within local authorities but would also provide for a framework where EHOs could act in an enforcement capacity and develop codes of good practice. Traveller concerns and representative organisations should participate in any structure.

It is proposed that while this agency would act under the aegis of the Department of Health and Children, it would also have a close operational relationship within the proposed National Traveller Accommodation Agency, modelled on the Northern Ireland Housing Executive, which would

monitor and oversee the development of Traveller accommodation programmes. The National Traveller Accommodation Agency would come within the aegis of the Department of Environment, Heritage and Local Government, but would have its own independent reporting structure, and would be established under its own legislative framework. The National Traveller Accommodation Agency would have rights of representation on any management structure of the new agency, to allow consistency between accommodation programmes and environmental health measures as well as programmes to be jointly developed by these two related agencies. In the event that the National Traveller Accommodation Agency is not introduced, the National Traveller Accommodation Consultative Committee should be engaged and take up this role.

Establishing the status of Traveller sites and reporting on progress

It is recommended that a comprehensive series of detailed surveys and environmental health assessments should be undertaken in Travellers sites in the Eastern Region. This review should be overseen by the Traveller Health Unit in the Eastern Region, in collaboration with the local authorities and Traveller interest groups and other stakeholders in the region. The methodologies used in health impact assessments should be considered in completing these inspections.

A report on the status of Traveller sites in the Eastern Region should be published, which should also include a break-down of the status of sites in each of the local authority areas. There should be an annual reporting of issues on Traveller sites by the Traveller Health Unit (or its equivalent structure following January 2005) and progress on previous reports. These reports should be published.

Reports of EHOs following visits to Traveller sites should, as a matter of course, be distributed within the health board structure as well as within the local authority structure.

Monitoring of conditions on sites and co-operation at local level

There should be an ongoing series of programmed visits for Traveller sites initiated to monitor the public and environmental health issues on Traveller sites. These visits should take place at least on an annual basis. These visits could be draw on previous experience of team-based practices (as outlined in this report) and should include public health and environmental health professionals (for example, public health nurses, EHOs, Senior Area Medical Officers), and Travellers who are health care workers, as well as Local Authority Personnel, and other relevant professionals (for example, fire officers). This multi-disciplinary team would be necessary to ensure that issues that lie outside each individual's remit (i.e., both public health and environmental health issues that arise) are included within remit of a single visit.



A Framework for Improving Environmental Health on Traveller Sites

Environmental Health Concerns of Travellers and progressing environmental health on sites

National Structure

Interdepartmental/liaison structure between Dept of Health and Children (National Traveller Health Advisory Committee) and Dept of Environment (National Traveller Accommodation Consultative Committee) and Traveller Organisations would oversee regional and local structures within the framework (these could be piloted in the Eastern Region). The remit of this structure should include:

- Reviewing existing legislation; investigating the revision of existing legislation to include regulations for Building Standards/minimum standards of facilities provision on Traveller halting sites
- Review current practices of monitoring and enforcement of environmental health as they relate to the strand of environmental health concerned in this report
- Review the implementation of guidelines on Traveller accommodation by local authorities
- Developing a strategy for the improvement of environmental health on Traveller sites

An independent environmental health advisory and enforcement agency, based on the model of the Food Safety Authority of Ireland or the Office of Environment Protection (in the EPA) should be promoted. This model should be investigated by the interdepartmental structure to be established under the Traveller Health Strategy.

Its functional areas of remit would include the range of environmental health areas raised in this report, as they relate to Traveller's sites. Its functions would be advisory, development of best practice and enforcement.

The agency would come under the aegis of the Department of Health and Children. It would have its own management and organisational structure, as a separate agency. EHOs dedicated to implementing legislation established in relation to Traveller sites would be located in this agency. Additional legislation would be required, in order to provide for specific minimal standards required on Traveller sites. This legislation would expand the current remit of EHOs.

This structure would have a close relationship with the proposed National Travellers Accommodation Agency (NTAA). The NTAA would have rights of representation on the new agency, as would Traveller representative organisations. If the NTAA is not introduced, the existing National Traveller Accommodation Committee should have rights of representation. This would ensure a consistency between all Traveller accommodation programmes and environmental provisions on all sites.

Regional/County Structure

Liaison structure between Traveller Health Units and Local Authorities and Traveller organisations

Functions could include:

- to monitor and report on progress on environmental health and related issues on Traveller sites in the region and in local authority areas
- to publish reports on an annual basis
- to assess the overall status of sites re: environmental health
- to establish local procedures and programmatic inspections of sites, engaging health and environmental health professionals and primary health care workers (see below)
- to pilot new methods of gathering information and assessing policy and practice, for example, using Health Impact Assessment methods and practices

Local Structure

Implementation structure for monitoring and assessing environmental health conditions and their health impacts on sites, through the following means:

- establishment of teams including EHOs, public health nurses, fire officers, primary health care workers
- these could be organised on a health board community care area basis
- their role would be to carry out programmed visits to sites on an annual basis
- all team members should receive training on Traveller culture and ethnicity
- Reports and presents findings to local health board, local authorities and to the regional structure

Appendix 1: Case Example: Labre Park, Ballyfermot

This case example serves to act as an illustration of the issues arising for Travellers and documented in the main body of this report, as does the case example (Belgard Road) that follows it.

Labre Park in Ballyfermot is a site which has been in existence for almost 40 years. One of the cover photographs of this report was taken in May 2001 from the area of Labre Park currently occupied by trailers and clearly shows the pylons in question. Most of the case study research was conducted in 2001, but followed up in 2004 with a site visit and semi-structured interviews with residents to establish their current concerns. The site currently combines living units (group housing) which were built in 1967 with rudimentary trailer accommodation located across a narrow road from the housing units on a temporary site. It is located on the bank of the Camac River, and this river divides the site from industrially-zoned land owned by the ESB. In the field on the opposite side of the river are a number of pylons, which are perceived to be a major health risk to residents on the site.

The section of the site occupied by trailers lies closest to the Camac River. This area of the site and the opposite side of the bank (in which at the time of research – summer 2001 – a horse and her foal were tethered) constitute a flooding plain: the river routinely bursts its banks in heavy rain. The residents whose trailers are on the river bank have constructed makeshift water-breaks in an attempt to limit the damage caused by flooding. At low water, the river appears to be over 6 feet deep and there is a sheer drop from the fencing erected by Travellers on the site. The river has been used as a dumping ground and, on the day of the visit to the site by the TSA researcher in 2001, the roof of a submerged car was visible beneath the surface of the water. The water in the river was clearly polluted. On the site visit in 2004, there was no water in the river, and it was filled with debris and rubbish.

An additional photograph, also taken in May 2001, is included in the appendices and depicts the flooding which took place from the Camac River that month. It shows the extensive flooding on the site.

Dublin City Council in 2001 presented sample plans to the Labre Park residents, which detailed proposed 10 bays and 10 houses on the area of the site beside the river, which is currently occupied by trailers. There are grave concerns amongst residents about the implications of constructing on this area of land, given the existing drainage problems and constant assault from the river floods during heavy rains. Residents are also concerned that this proposed housing would be built even closer to the pylons.

Concerns have also been expressed about the size and design of the proposed units, and residents are aware that the new plans do not include provision for a play-area or common area to cater for the fact that there are around 150 children who live on the site. There are also concerns about the consultation process associated with these plans: residents claimed that they were assured in spring 2001 that plans had not been designed without consultation with them, yet when the sample plans were finally presented to them the computerised date on the corner of each architects' sheet was February 2000.

Residents have asked for the Camac River to be capped as a measure which would prevent the regular flooding, but at the time of research there had been no progress on this matter. The industrial estate located down river from the site has capped the river on its premises.

There is a major concern around dumping which takes place at one end of site (as well as in the river). The dumping has caused huge problems on site, particularly the high incidence of rats. Residents strongly felt that perpetrators of dumping should be fined, but fear of reprisals lead to a low reporting rate, where the perpetrators are identified. Illegal dumping may be used as a source of income for some, so intimidation of families would be likely. The residents report no monitoring of the situation by the litter warden on the site. There are some examples of good practice where collaboration between local authorities and residents have led to initiatives combating the dumping issue (which are detailed in the body of this report), but it was felt that in the case of Labre Park, little action had been taken to prevent dumping, and when the rubbish had been cleared, more had taken its place, shortly after.



Environmental Health Concerns of Travellers *and progressing environmental health on sites*

A community centre operates from the site which also provides childcare supports to women residents who have taken up training and adult education. This is an important support. The premises of this project is to be used as a service centre for a new civic amenity site which is to be located adjacent to the site (the residents have been told that a new community centre will be built for them). There are grave concerns about the proximity of a dump to housing given the current experiences of rats.

There is poor provision of sanitation on site, with no serviced units for the trailers on the site (which is regarded as a temporary site). There is a single tap for water on this part of the site, and some (but not all) of the trailers are plumbed for water.

The surface on which the trailers are located has a tarmac surface, but this was laid by the residents of the site, prior to which was compacted earth.

The living conditions currently experienced by Labre Park Residents relate to:

- Pylons in close proximity
- Flooding of the Camac River, affecting those living in trailers and those living in existing houses on the site
- Dumping
- Pest Infestation of the site

Health Problems Reported by Labre Park Residents

The corresponding health issues reported by residents of the site are as follows:

- High incidence of adult cancer amongst people who were reared on the site
- Respiratory illnesses
- Recurrent infections and lowered immune systems in children
- Kidney problems
- Hair loss and chest pains
- Tiredness and fatigue
- Depression
- Skin infections such as Impetigo

Safety Hazards Reported by Labre Park Residents

Safety hazards reported were as follows:

- Danger of children falling into the Camac River
- Children playing on Pylons

Views of Labre Park Residents on Possibilities for Co-operation with Dublin City Council

It was felt that a more structured liaison with Dublin City Council was needed to address the different issues on the site: the result of current liaison arrangements is that all issues are aired at the same time and individual issues of concern are not discussed in detail with a view to agreeing measures and tracking progress. Concerns of residents relate to addressing the following issues:

- Flooding caused by the Camac River
- Erection of pylons on adjoining site
- Consultation process around plans for proposed new housing on the site

Appendix 2. Case Example: Belgard Road, Tallaght

The Belgard Road site in Tallaght is approximately 18 years old, and comprises six trailer bays and one house (and nine families live on the site). It is also a case where living conditions for residents are affected by adjoining land use: it is located between land owned by Institute of Technology, Tallaght and that owned by Eircom. South Dublin County Council have attempted to arrange a land swap with the Council to accommodate a move, which was not successful, and while some additional land will be accessed by the Council, the anticipated move will not take place.

While this site was one of the first official permanent sites to be built and won an award at the time, there are a number of safety and health concerns of residents on this site. These are as follows:

- Proximity of three masts on the Eircom site;
- Proximity of a Gas mains to the site (there was one incident of a gas leak, which necessitated the evacuation of residents);
- Lack of emergency exit provision in the house on the site, which is located against the site's perimeter wall. In addition, the level of the site is below street level and therefore the wall is not scaleable in the case of an emergency. The windows of the house (except for one set which have been modified by the residents themselves) are too small to allow a person to climb through;
- Outside toilets and shower facilities are uninsulated and too cold to use in winter
- Lack of equipped common play area for children on the site. This is exacerbated by the fact that the site is located alongside a busy road and children are confined to the site. There are 22 children living on the site and the only common area is a triangle of tarmac in one corner of the site.

Illnesses Reported by Belgard Road Residents:

- Leukaemia (including mortality)
- Tiredness and fatigue, especially in children
- Headaches
- Earaches



Appendix 3. Models of practice – example of agencies established to promote environmental health

The Food Safety Authority of Ireland

The Food Safety Authority of Ireland was established under the *Food Safety Authority of Ireland Act, 1998* and came into effect on 1 January 1999. Its principle function is to take all reasonable steps to ensure that food produced, distributed or marketed in the state meets the highest standards of food safety and hygiene reasonable available and to ensure that food complies with legal requirements, or where appropriate with recognised codes of good practice.

The authority is a statutory, independent and science based body, dedicated to protecting public health and consumer interests in the area of food safety and hygiene.

As with the OEE, the role of the food safety authority is advisory and enforcement, and setting best practice standards of food safety.

Its key functions are:

- Promoting consumer interests first and foremost
- Providing advice to Ministers, regulators, the food industry and consumers on food safety issues
- Ensuring the co-ordinated and seamless delivery of food safety services to an agreed high standard by the various state agencies involved
- Ensuring that food complies with legal requirements, or where appropriate, with recognised codes of good practice
- Working with the food industry to gain their commitment in the production of safe food
- Setting food standards based on sound science and risk assessment
- Risk management in association with frontline agencies and the food sector, and communicating risks to consumers, public health professionals and the food industry

The enforcement functions are:

- **Improvement Notice** – an improvement issue is issued, following consultation with a designated officer, when an authorised officer is of the opinion that a premises or practice is of such a nature that if it persists, it will or is likely to pose a risk to public health. An improvement notice will specify the timeframe in which changes must be made
- **Improvement order** – this is issued by the District Court if an improvement notice is not complied with. An improvement notice is issued and remains on the website of the Food Safety Authority for 3 months. The improvement order specifies the timeframe in which changes must be made
- **Closure order** – it is issued if in the opinion of the authorised officer, there is or there is likely to be a grave and immediate danger to public health at/or in the food premises. Closure orders can refer to the immediate closure of all or part of the food premises, or all or some of its activities. The orders may be lifted when the premises has improved to the satisfaction of the authorities officer. Closure orders will be issued if an improvement order has not been complied with, or if the view of the officer is such that the conditions are so grave, immediate closure is called for. Closure orders remain on the website of the Food Safety Authority for a period of three months from the date that the order was lifted.
- **Prohibition Order** – this is issued if the activities (handling, processing, disposal, manufacturing, storage, distribution or selling food) involve or are likely to involve a serious risk to public health from a particular product, class, batch or item of food. The effect is to prohibit the sale of the product, either temporarily or permanently. Prohibition orders remain on the website of the Food Safety Authority for a period of one month from the date the order was lifted.

The organisational structure of the Food Safety Authority comprises a board of Directors with 9 members and 1 chairperson. 4 of the members of the Board are Minister Appointees. There are also two advisory committees

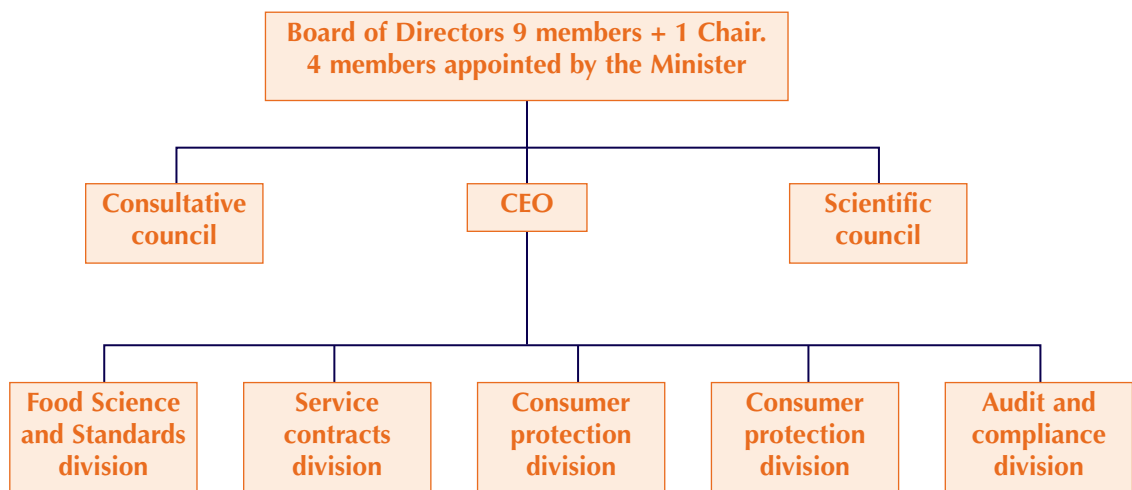
Scientific Committee

The Scientific Committee of the FSAI is composed of scientists from a range of disciplines working in a voluntary capacity. Their role is to assist and advise the FSAI Board on scientific matters.

Consultative Committee

The importance of gauging the current thinking on food safety issues and areas of consumer concern has been addressed by the FSAI in its appointment of the it's new Consultative Council. The Council acts as a forum for debate on Food Safety issues and provides advice to the FSAI Board on areas of relevance. It comprises 22 Members representing a broad range of interests drawn from various sectors of the food industry and consumers. It represents the key stakeholders in Ireland in relation to food production and consumption, and is a positive mechanism for consumers and the food sector to debate issues and provide input to the agenda of the Authority.

Food Safety Authority of Ireland Organisational Structure



The Office of Environmental Enforcement (OEE)

The OEE is the section of the Environment Protection Agency (EPA) dedicated to the implementation and enforcement of environmental legislation in Ireland. Its parent department is the Dept of Environment, Heritage and Local Government. Its establishment

- Gives a necessary extra focus to enforcement of licenses issued by the EPA for waste, industrial and other activities by bringing together, for the first time in a single office, all the major enforcement activities of the EPA
- Gives greater attention and priority to supervising the environmental performance of local authorities
- Links with the granting of significant additional enforcement powers to the EPA to underpin a strong and effective OEE

It exercises a supervisory role in respect of the environmental protection activities of local authorities, through auditing their performance, providing advice and guidance, and, in appropriate cases, giving binding directions. In this regard the OEE acts as a resource to members of the public who have exhausted all other avenues of complaint.

The OEE operates under legislation such as the Local Government (Water Pollution) Acts 1977 and 1990; the Air Pollution Act 1987; The Environmental Protection Agency Act 1992 and the Waste Management Act, 1996. This legislation provides the OEE with its enforcement powers.

These powers include:

- Fines, allied to a requirement for the courts to have regard to any environmental remediation required in deciding the fines
- Powers for the EPA to gather and use evidence for prosecutions
- Requirement for a license applicant to be a fit and proper person
- Provisions for the revocation or suspension of licenses
- Power to seek a court order where an activity is being carried on in contravention of IPPC or waste licensing

Appendix 4. A note on Health Impact Assessments

According to the Institute of Public Health (Health Impact Assessment, An Introductory Paper, 2001¹²), Health Impact Assessments (HIA) *is increasingly referred to as a way of bringing together partners from the community, voluntary, state and private sectors, to identify and address how initiatives developed and implemented in these sectors affect the determinants of health.* The Institute describes it as *a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population and the distribution of those effects within the population.*

The term is used interchangeably with 'health proofing'.

The stages of HIA includes:

Screening – a preliminary assessment to see:

- If a project is likely to pose any significant health problems
- If a HIA is therefore required
- What 'depth' of HIA is required

Scoping – setting the boundaries of the assessment by broadly outlining the context for the HIA, including management arrangements, possible hazards and benefits – their nature, size and measurability – at different stages of the initiative, and the questions and issues to be addressed in the assessment process

Appraisal – assessment of the nature and magnitude of hazards and benefits, as evidenced by all stakeholders

Decision-making – choosing whether to proceed, and if so, with any health protecting and/or enhancing modifications to the proposal

Monitoring and evaluating the process – evaluation needs to involve all stakeholders, and monitoring needs to include observing effects over a long time line

Implementation of recommendations – acting fully on the decisions

HIA invariably have a policy oriented focus as well as measuring qualitative and quantitative impacts of programmes and policies, and could have be a useful tool for examining policies and practices of environmental health monitoring and to develop best practices in developing new practices.



Appendix 5. Individuals and groups consulted as part of this research (2004)

Ms Sue Codd	A/Senior Environmental Health Officer, Northern Area Health Board
Ms Aisling Kenna	Environmental Health Officer, South Western Area Health Board
Mr Paul Harrington	Principal Environmental Health Officer, South Western Area Health Board
Mr Stephen Ryan	Environmental Health Officer, South Western Area Health Board
Ms Catherine Gavin	Senior Environmental Health Officer, South Western Area Health Board
Ms Antoin Mullen	Senior Environmental Health Officer, South Western Area Health Board
Ms Jackie Kelly	Principal Environmental Health Officer, Northern Area Health Board
Ms Orla Holden	Environmental Health Officer, Fingal County Council
Mr Kieran Carberry	Principal Environmental Health Officer, East Coast Area Health Board
Mr Martin Rogan	South Western Area Health Board
Mr Martin Collins	Pavee Point
Ms Ronnie Fay	Pavee Point
Ms Orla Mc Caffrey	Tallaght Travellers Development Group
Ms Terese Howley	Clondalkin Travellers Development Group
Mr Barney Joyce	Clondalkin Travellers Development Group
Ms Paula Madden	Ballyfermot Traveller Action Project
Mr Tom Reilly	Resident, Lynche's Lane Halting Site
Ms Bridget O Donnelly	Resident, Lynche's Lane Halting Site
Ms Brid Berry	Resident, Labre Park Halting Site
Ms Nan McDonagh	Resident, Belgard Road Halting Site
Mr Michael McSharry	Social Worker, Kildare County Council
Ms Carmel Donovan	Social Worker, Dun Laoghaire/Rathdown County Council
Mr Colm Ward	Senior Staff Officer, South Dublin County Council
Mr Eddie Matthews	Social Inclusion Director, Northern Area Health Board Eastern Region Traveller Health Network

Consultations comprised of semi-structured interviews of the above individuals or focus group interviews with the individuals identified above.