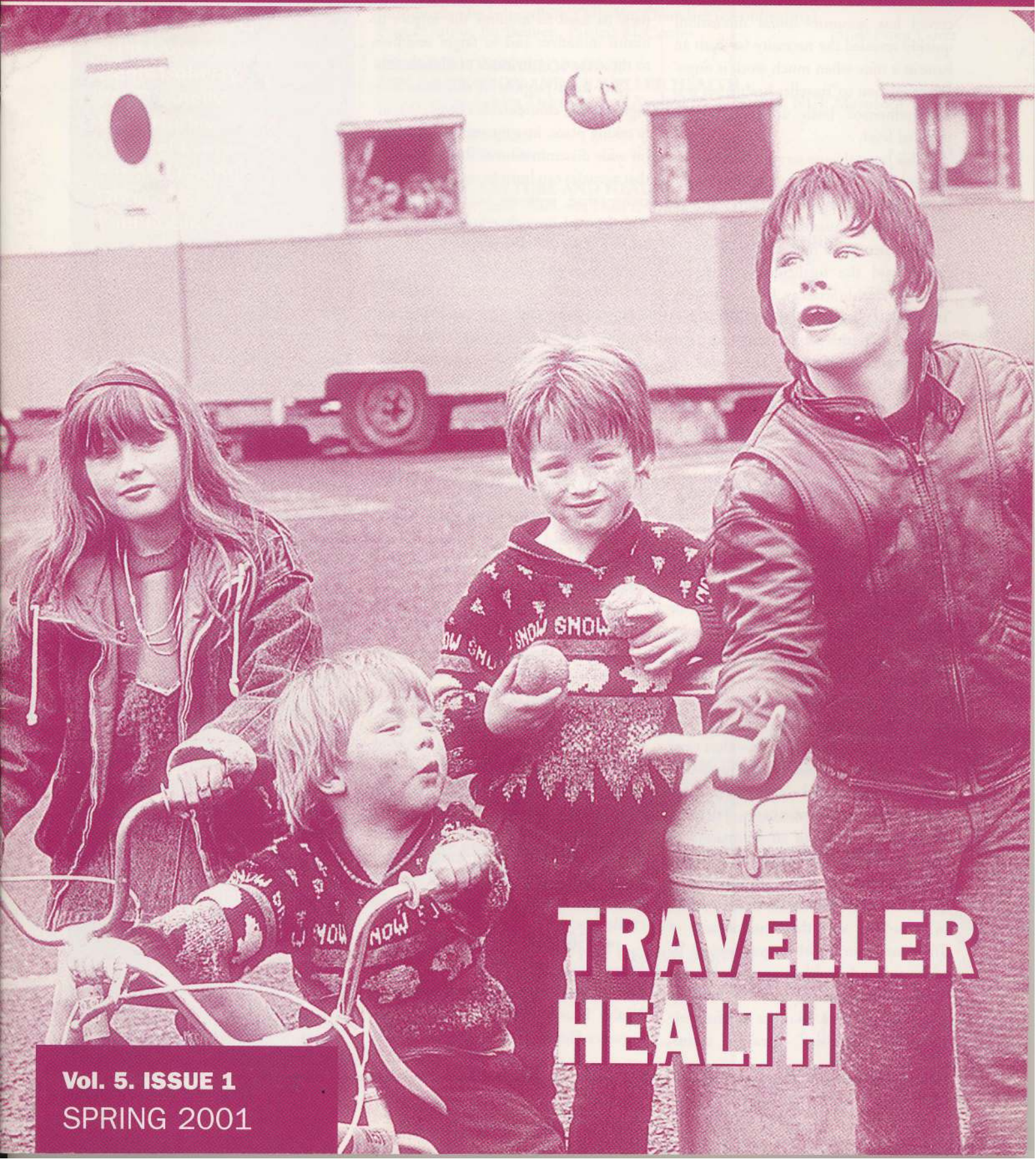


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TRAVELLER HEALTH

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TRAVELLER HEALTH

Introduction by issue editors Onja Van Doorslaer (co-ordinating)

Brigid Quirke, Pat Bennett, Patricia McCarthy

The idea for an issue of the Journal of Health Gain on Traveller Health was conceived last autumn. Initial discussions quickly revealed the necessity for such an issue at a time when much work is ongoing in relation to Traveller health, yet it is undocumented both at a local and national level.

This Journal issue serves a first important purpose, as an opportunity to highlight the continuing poor health status of the Traveller population.

New structures that have been established, and the forthcoming National Traveller Health Strategy, is welcomed by Traveller organisations and all those involved in health service provision. The initiatives currently being developed by the Health Boards and particularly those being developed in partnership with Traveller organisations, are beginning to create conditions for change on the ground. But the reality is that a real and tangible impact on Traveller health status will take more time, commitment and prioritisation of Travellers' health to respond to the urgency that still exists.

A second useful purpose is to focus on how or whether health service use or access for Travellers can be investigated; what sources of information exist? A health service that challenges racism at the individual and the institutional level will ensure that Travellers have visibility within planning and provision. Providers need to be sensitive to issues of discrimination and their impact, and to the potential for their service to discriminate. Provision needs to be rooted in an affirmation of Traveller identity and seek to contribute to improving the wider context within which Travellers live. If one defines health in a holistic way the determinants of Travellers' poor health status need to be addressed and health professionals need to take on a role of advocates to challenge these determinants. In order to effectively monitor Travellers' health status,

Travellers' ethnicity needs to be identified on all health record systems. Data can then be used to monitor the impact of health initiatives and to target resources to the areas or individuals at highest risk.

The third purpose of this issue is to highlight the considerable efforts currently taking place, in a forum, which allows for wide dissemination of the materials so that agencies can learn from and build on, rather than replicate, current actions. This Journal issue therefore aims to present ongoing initiatives and also a broad range of issues that relate directly to Travellers and to Traveller health. Issues of culture, ethnicity and equality are explored as well as the more immediately obvious concerns such as accommodation. This issue considers access to and use of the health services. It also provides the opportunity to report on many of the initiatives relating to Traveller health, including research, which are taking place. These involve Department of Health and Children, specific Health Board and Non-Governmental Organisation initiatives taking place all over the county.

THE ISSUE EDITORS

Onja van Doorslaer is an anthropologist and research officer with the Health Services Research Centre (HSRC), Department of Psychology in the Royal College of Surgeons in Ireland. Established in 1997, the HSRC aims to promote quality healthcare delivery in the Irish system through research, training and policy evaluation. Its approach is multidisciplinary and collaborative. HSRC is thus a resource that can facilitate inter-agency work on key health service challenges.

Pat Bennett is Assistant Chief Executive Officer of Planning & Development in the South Western Area Health Board. He is Chairman of the Traveller Health Unit, which was initially

set up under the auspices of the Eastern Health Board in 1998. Pat strongly supports the ongoing development of the Traveller Health Unit approach in providing an opportunity for Travellers, Voluntary Organisations and Health Professionals to come together as equals and share experiences and make practical suggestions about creating greater health equality for the Traveller Community.

Patricia McCarthy M.A. in Social Science, has wide experience in, and has published a large number of reports on, social research. Patricia works with Community Technical Aid's Social Research Unit. The Unit aims to support communities in carrying out their own issue-based research, evaluation and local advocacy, combining the experience of community activists and social researchers working as a team. All services are carried out on a participative basis.

Brigid Quirke is the Health Co-ordinator in Pavee Point, which is committed to human rights for Travellers. This voluntary organisation comprises of Travellers and members of the majority population working together in partnership to address the needs of Travellers as a minority group which experiences exclusion and marginalisation. Brigid was involved in the development of the Primary Health Care for Travellers Project which is outlined in this issue and which acts as a model for further initiatives being developed for Traveller Health nationally. Brigid also represents the National Traveller Women's Forum on the National Travellers Health Advisory Committee and works as a resource person to the Traveller Health Unit in the Eastern Region.

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COMMUNITY DEVELOPMENT, DISCRIMINATION AND TRAVELLER HEALTH

by Anastasia Crickley, Department of Applied Social Studies, NUI Maynooth

INTRODUCTION

In 1958 the World Health Organisation defined health as "A state of complete physical, mental and social well being and not merely the absence of disease or infirmity". This definition which has been affirmed at many global conferences since then, points towards the usefulness of a multi-dimensional approach in addressing health concerns, rather than reliance on a traditional medical model. Such an approach is arguably all the more important where the intersections between racism, discrimination and cultural validation impact on health status as with Travellers.

COMMUNITY DEVELOPMENT

Addressing racism and promoting interculturalism in health care and health promotion requires an inclusive approach. Community development is both inclusive and collective. In this approach individuals become subjects, participants rather than objects of the exercise. The concern is with collective change in the health status and empowerment of the group as well as addressing the problems of individuals.

The principles which inform community development have to do with participation; empowerment, choice, a belief in people's capacities to make rational decisions in the circumstances that face them; equality and a rights based approach. Particular priority is given to the most marginalized areas and groups. All is underpinned by objectives which are collective, and work which is collective in its planning, in its implementation and in its overall outcome. A community development approach to health work with Travellers therefore, essentially involves Travellers as participants in its planning, its implementation and its evaluation.

PARTICIPATION AND PARTNERSHIP

Participation in the process goes far beyond the well worn traditions of consultation which leaves the power and decision making firmly in the hands of the service providers. Priorities are negoti-

ated and set with those being targeted by the services rather than for them. This does not mean a negation of verifiable expert analysis but does involve matching that analysis with day to day felt experience. In effect, a community development approach to health care and health promotion for Travellers involves a real partnership between Traveller organisations and all involved in the planning, management, delivery and evaluation of health provision.

Such an approach as is discussed elsewhere in this edition was piloted by Pavee Point in partnership with the Eastern Health Board and the Department of Health through the Pavee Point Primary Health Care Programme. This has been a ground breaking initiative, and all involved are to be congratulated on their foresight and commitment to working together. It has been replicated in a number of other areas.

Key to the ongoing success in this partnership will be the actions of partners in getting beyond the language and rhetoric of partnership and participation. This means in particular responding to the challenge of doing things differently, setting new priorities and treating people differently. Such a challenge obviously involves real power sharing. This in itself constitutes a major challenge for health professions with a traditional pyramid shape power hierarchy which although changing, continues to have considerable currency.

It also means uncovering and addressing the racism which inevitably lurks beneath the surface in institutions of the dominant ethnic group in any society.

RACISM

By racism I mean that combination of prejudice, power and belief which validates bad treatment and discrimination of another ethnic group. It can operate on an individual or institutional level, is understood and condemned when attacks in the street are involved but is often at its most insidious when those involved are unconscious that the outcomes of their

best efforts may be racist for those they strive to serve. By this I mean that while the overworked doctor or nurse, or the cash strapped Health Board are feeling that they are doing the best they can, they may actually be discriminating against a minority ethnic group or its members. The 'best' may not include any respect for another culture and may push the ways of the dominant ethnic group as right. The racism and discrimination experienced by Travellers is again discussed elsewhere in this issue. Suffice it to underline again that this discrimination often has an unconscious assimilationist underpinning, concerned to totally eradicate Travellers' way of life and wholly assimilate them into our more proper mores. In this thinking, special initiatives and special programmes are commendable but are best understood as staging posts towards the nirvana of settled society.

This form of racism cannot be addressed by reading the odd article, attending the odd lecture, or adding a paragraph on diversity to the strategic plan. It requires incorporation into pre and in service training for all staff, mainstreaming and proofing of all policies and plans, openness to change and direct engagement with those discriminated against as outlined above, monitoring of what happens and commitment from all involved. Prerequisites include acknowledging that we all belong to ethnic groups. Some are the majority and dominant, which usually means that the group becomes 'natural', normal and the only way to do things, and can only wholly identify and own its ethnicity when it becomes the minority; like being Irish in Britain. Others are the minority and subordinate groups. Also very important I suggest, is getting beyond an almost voyeuristic concern with internal oppression. By this I mean recognising for example that the prior concern for Travellers is dealing with the day to day discrimination that hits them in the face from settled people and settled peoples' institutions. They recognise and feel the realities of internal oppression, as women from

men, or as powerless from the powerful in their own group; but their very survival as a group is dependent on dealing with the outside realities. As *Beverly Bryan* put it for black women,

"We do have to deal with things like rape and domestic violence, and black men are as sexist as the next man ... but if you are a black woman, you've got to begin with racism' it's not a choice, it's a necessity".

Quite clearly this means that those working in solidarity with Travellers need to prioritise dealing with external oppression and their own role in it. This does not mean that internal issues should be ignored, or that for example Traveller women should not be encouraged and supported to address the internal oppression they experience. But it must be done on their own terms by them in their own time as settled women do for ourselves. This way of working may be frustrating but it has the capacity to be both effective and respectful in the long run. A community development approach is an essential part of empowering people, promoting equality and believing in people's rights.

CONCLUSION

In conclusion I am suggesting that a community development approach, which I recognise is not the only valid method, has much to offer in the provision of health services for Travellers, as is verified in the work of the Pavee Point programmes and other initiatives outlined in this issue. A community development approach can both help progress towards the state of health outlined in the WHO definition of health and help towards health provision which is non-discriminatory and which addresses its own capacities for racism. To do so it requires real partnership and power sharing at all levels.

This approach towards work with other groups in an increasingly multi-cultural Ireland could also put health services in the vanguard of helping to create an intercultural society, where difference can be seen as an asset to be encouraged. And where better to start than with the health services which are increasingly relying on professionals from many cultures to deliver their remit.

*References available from:
The Office For Health Gain.*

IRISH TRAVELLERS

Compiled by Pavee Point

"Being a Traveller is the feeling of belonging to a group of people. Knowing through thick or thin they are there for you, having the support of family systems. Having an identity,"

Michael McDonagh.

Travellers are a small indigenous minority, documented as being part of Irish society for centuries. Travellers have a long shared history and value system which make them a distinct group. They have their own language, customs and traditions.

The distinctive Traveller lifestyle and culture, based on a nomadic tradition, sets Travellers apart from the sedentary population or "settled people".

While Irish Travellers are native to Ireland, they have much in common with European Travellers and Gypsies. For example, European Gypsies also have to resist attempts to absorb them into the settled population, in order to retain their identity.

There were 4,978 Traveller families living in Ireland in 1998; this is based on the count carried out annually by the local authorities and published by the Department of the Environment. This can be broken down by Health Board region as follows: Eastern region 1,316 families (26%); Midland region 494 families (10%); Mid-Western region 486 families (10%); North-Eastern region 464 families (9%); North-Western region 189 families (4%); South-Eastern region 633 families (13%); Southern region 643 families (13%); Western region 753 families (15%).

80% of Travellers are under the age of 25 and over 50% are under 15 years of age (CSO, 1996)¹

DISCRIMINATION

The widespread negative stereotypes of Travellers, combined with notions of innate inferiority, are used to legitimise discrimination. Examples would include Residents Associations organising against the provision of Traveller accommodation; the daily experience of service refusal by a range of providers; the denial of one's own identity to secure employment and the fear that should it be discovered one will lose the job; the design and delivery

of a range of public services that assumes there is only one culture and in effect, therefore, excludes minority ethnic groups.

The Employment Equality Act 1998 (EEA) and the Equal Status Act in 2000 cover discrimination and equality issues in employment and the provision of goods and services, respectively. The grounds of 'race' and membership of the Traveller community are amongst the nine grounds covered by these two pieces of law.

Under the EEA the Equality Authority and the office of the Director of Equality Investigation were established. The Equality Authority's role includes the provision of advice and information; the promotion of equality; and the monitoring of equality laws. The Office of the Director of Equality Investigation will investigate and mediate on complaints made to it by members of the public on any of the nine grounds.

TRAVELLER CULTURE

Travellers and Traveller culture have been marginalised and rejected over the centuries. This continues to be the prevailing climate affecting Travellers in Ireland today. Accepting, resourcing and celebrating Traveller identity, culture and heritage is a central element in any strategy to counter this situation and improve the circumstances of Travellers.

Moving from one place to another has given rise to a distinct Traveller way of looking at the world. Nomadism is often described as a state of mind. Even where Travellers occupy houses they regard accommodation as essentially temporary in nature - as do other nomadic peoples around the world. A Traveller living in a house is still a Traveller - just as an Irish person living in Britain is still Irish.

Historically, Travellers played a role as bearers of culture - music and storytelling. They brought songs and stories from parish to parish and developed unique styles of singing, playing music and storytelling. This has influenced many musicians of today who openly acknowledge their debt to these Traveller musicians of the past.

Travellers inhabit two worlds - the

Settled world and the Traveller world. Traveller culture reflects this. Although little spoken today, an important part of Traveller heritage is their own language – Cant.

The Traveller Cultural Heritage Centre at Pavee Point has been in existence since 1990. Its aims are to: research and document Traveller history which has previously gone unrecorded; to promote Travellers' positive identity as an ethnic group through cultural action; to resource the traditional skills of Travellers and to improve knowledge and appreciation of Interculturalism in Ireland.

TRAVELLER HEALTH

As Travellers are a distinct cultural group they have distinctive health needs and require special consideration in the health service.

The only national health data available on Travellers' health is the Travellers' Health Status Study, which was published in 1987 by the Health Research Board², which shows:

- ❖ Traveller infant mortality is 3 times greater than the national average.
- ❖ Settled men have a life expectancy of 75 years – Traveller men have a life expectancy of 65 years.
- ❖ Settled women have a life expectancy of 78 years - Traveller women have a life expectancy of 65 years.
- ❖ Travellers have higher death rates for all causes of death than the settled community.
- ❖ In a 5 year period, for every settled child that died of a cot death – 10 Traveller children died of a cot death. (Irish Sudden Infant Death Association 1998.)

In 1995, the Traveller Task Force Report recommended that a National and Regional structure be devised to facilitate Traveller participation in the health service.

Today, there is a National Traveller Health Advisory Committee at the Department of Health and Children. Their first priority is to publish a National Traveller Health Strategy.

As part of that strategy, Pavee Point says all health data systems should include a question on ethnic group. This would facilitate data collection and proper health planning for all ethnic minorities, including Travellers.

Each Health Board in the country also has a regional Traveller Health Unit,

which now receives a special allocation of money at each Government Budget.

However, these structures and mechanisms have yet to result in significant improvements in Traveller health.

EDUCATION

From the 1960's to the 1980s, education was officially viewed as a tool of settlement or to put it starkly, a way of taking the Traveller out of the Traveller child. However, partly because of hostility from parents and teachers from the majority population, provision tended to be characterised by segregation, with most Travellers who attended schools being in "special" all-Traveller classes.

In recent years this approach has been largely abandoned. Many schools now have Resource Teachers for Travellers. There are some concerns about how this system works as it operates largely on a system of withdrawal of Travellers from mainstream classes for parts of the day. Unfortunately, this risks stigmatising Traveller children in a similar way as "special" all-Traveller classes did.

At policy level there is now recognition of the need for an intercultural curriculum and for other measures that take as a starting point the acceptance of cultural diversity. A National Advisory Committee on Traveller Education has been established and the Visiting Teacher Service has been expanded. Traveller parents are also becoming more aware of education issues for their children.

The Task Force on the Traveller Community identified a comprehensive range of recommendations, but despite progress on some of these, the major recommendations have yet to be implemented (e.g. a Traveller Education Service and the development of an intercultural curriculum).

ACCOMMODATION

The Traveller accommodation crisis has been highlighted in Government and other reports over the years. Despite this, many Travellers still live on the roadside in appalling conditions without access to the most basic services including – water, toilets and electricity. Many other Travellers live in official accommodation that is poorly serviced and maintained and often situated in unhealthy or dangerous locations.

As well as the obvious direct negative effect this has on quality of life, it also has

a negative effect on how Travellers can access healthcare, education, social welfare and other services.

Much of the thinking behind the provision of Traveller accommodation, particularly at local level, continues to be based on assimilationist approaches. This approach wrongly identifies the existence of Travellers as the problem and sees the settlement and absorption of Travellers as the solution.

- ❖ In 1995, the Task Force Report on Travellers recommended that 3,100 units of accommodation be provided for Travellers by the year 2000. Only 127 new units were provided in that time.
- ❖ According to figures from the Department of the Environment there are currently 1,207 Traveller families living on the roadside with no facilities. This is higher than it was in the 1960s when the number was 1,100 families.

The most recent Government initiative on Traveller accommodation is the Housing (Traveller Accommodation) Act 1998 which obliged local authorities to draw up 5-year Traveller accommodation plans. It established the National Traveller Accommodation Consultative Committee and local Traveller Accommodation Consultative Committees.

The local committees, where established, advise local authorities when drawing up their plans and are made up of Traveller representatives, local councillors and local authority officials. However, the legislation contains no sanctions should these accommodation plans not be implemented.

For Travellers to be accommodated successfully, key features of Traveller culture must be respected:

- ❖ The extended family lives together
- ❖ Traveller families tend to be larger in number than the national average
- ❖ Living space and work space tend to be one and the same
- ❖ Travellers practice varying degrees of nomadism – from occasional to regular journeying

THE TRAVELLER ECONOMY

The 'Traveller economy' is the term used to describe economic activities Travellers initiate themselves. Scrap metal recycling, market trading and horse dealing would be examples of this type of work. The

most important point to note about the Traveller economy is how the work is organised, regardless of the actual activity, and this includes:

- ❖ nomadism i.e. where mobility makes marginal activity viable;
- ❖ a focus on income generation rather than job creation;
- ❖ self-employment as the preferred option;
- ❖ the family as the basic economic unit;
- ❖ home base and work base as one and the same;
- ❖ flexibility, often in response to market demand.

There are a number of barriers and challenges facing the Traveller economy. Many of these stem from the lack of recognition of the Traveller economy; both in terms of the skills acquired through this work and its contribution to the mainstream economy, which have major implications for its development and sustainability.

Ireland's unemployment statistics have improved greatly over the past number of years and as a result more Travellers have gained access to the mainstream labour market.

However, the reality is that long-term unemployment amongst the Traveller community is still very high. Why? The reality of discrimination in the labour market.

This has been particularly evident in the 'Celtic Tiger' economy whereby the improvement in employment levels to the point of reported labour shortages has not translated into a similar improvement in access for Travellers, due in part to;

- ❖ the lack of access to appropriate education and training opportunities. This situation has particular implications for Travellers' access to better paid and potentially more sustainable employment;
- ❖ the preference amongst many Travellers for self-employment - yet which rarely translates into self-sufficiency or indeed access to the necessary support mechanisms to explore this possibility.

Traveller organisations and other locally based initiatives have also developed employment opportunities for Travellers within their own work and within the delivery of some services to which Travellers should have access. The work developed in this way has included: youth and community work; childcare

and classroom assistance; and primary health care. Traditionally in the Traveller community, responsibilities have been divided by gender, which was common practice in Irish society. The men are responsible for the economic activity and the choice of accommodation for the family and the women are responsible for childcare, and the domestic chores. This is slowly beginning to change with women beginning to access training courses and income generating activities, which helps to augment the family income.

TRAVELLER CHILDREN

Traveller children are a minority within a minority, suffering all the ill effects of inadequate accommodation, poor living standards and discrimination experienced by their parents.

This leads to restricted opportunities in society and has a detrimental effect on self-esteem and on pride in Traveller culture.

In addition, Traveller children are especially vulnerable to ill health and poor physical development and are subject to disadvantages in emotional and cognitive development.

Traditionally, Traveller children were cared for by the extended family if the parent was in training or employment. Extended family care is not always available today and Traveller parents are now looking beyond their family for childcare. Culturally appropriate crèche provision of a quality standard is needed, nationally, for Traveller children.

As in other professional areas, there are virtually no Travellers working in Early Education. Not having these role models is unhelpful to young Travellers in developing a positive outlook and healthy self-esteem.

Traveller children do not usually enjoy safe access to safe play areas on halting sites. When drawing up plans for the development of safe sites, safe play areas for children should be a priority.

Pavee Point is currently developing an anti-bias approach for incorporation into Early Years training courses and for service providers working with Travellers and the majority population.

TRAVELLER WOMEN

Traveller Women play an important role in their immediate family and the wider Traveller community. They have respon-

sibility for the home, family and children. On behalf of their families, they broker with service providers and often take on leadership roles in acting as spokespeople for the community.

The issues which affect the Traveller community, such as racism and social exclusion, have a particular impact on Traveller women. For example:

- ❖ Lack of access to basic facilities has a direct negative impact on Traveller women because of their domestic role.
- ❖ There is much opportunity for direct discrimination when women, on behalf of their families, broker with settled service providers.

Like women from other minority ethnic groups Traveller women experience both racism and sexism. The Task Force on Travellers highlights the difficulties for Traveller women in addressing this issue:

"Black and minority group women have extensively documented the interplay between, and contradictions of addressing gender oppression and racism in their lives. This can involve women in invidious choices between raising the issue of sexism within their own community and being in solidarity with their own community in resisting external oppression"

Traveller women have played key roles in the Traveller movement throughout Ireland and articulate the issues for the Traveller Community and the particular experience of Traveller women in a variety of arenas at local, national and international level.

The National Traveller Women's Forum has been operating since 1988. The Forum is a partnership organisation of Travellers and settled women from all over Ireland who meet to discuss issues and share experiences and information. This helps women develop greater solidarity, explore gender issues, challenge sexism and take action on the situation.

This article is based on resource material compiled by and available from Pavee Point.

ETHNICITY, CULTURE & HEALTH

by Ronnie Fay, Pavee Point and Niall Crowley

INTRODUCTION

Ethnic diversity has, over recent years, become an increasingly visible feature of Irish society. A diversity of cultures generates benefit to society. It enhances a sense of identity, it contributes to dynamism and growth in each culture, and it heightens a society's capacity to solve problems and to innovate. Unfortunately, the benefits of this diversity are all too often diminished through racism. Minority ethnic groups are impoverished or excluded or placed in physical danger by racism. Racism has also, over recent years, become an increasingly visible feature of Irish society.

Ethnic diversity is not a new phenomenon in Ireland. Travellers have a long history as an indigenous minority ethnic group in Ireland. Neither is racism a new phenomenon. Travellers have been experiencing racism long before it became a focus for national attention.

Ethnic diversity, culture and the context of racism have important health implications. They are central to how a society defines health. They impact on the health status of any particular ethnic group. They are determining factors in the design and delivery of health services.

CULTURE

The Task Force on the Travelling Community devoted a chapter of its report to the topic of culture. It stated that:-

"Everybody has a culture. It is the package of customs, traditions, symbols, values, phrases and other forms of communication by which we can belong to a community. The belonging is in understanding the meanings of these cultural forms and in sharing values and identity. Culture is the way we learn to think, behave and do things".

This provides a challenging framework within which to define the relevance of Traveller culture to the design and delivery of health services. Traveller culture has both tangible and intangible elements. The tangible elements are associated with behaviour and tradition. They can be seen in Traveller nomadism, in the

way Travellers organise their economic activity and in the family structures within the Traveller community. The intangible elements are associated with values and beliefs. These are less visible and harder to define at any particular moment. Yet they are the more fundamental because they are at the root of different behaviours and they are key as to how issues are perceived or responded to.

It is important to acknowledge the dynamic nature of culture. This presents a further challenge to health provision. Culture is not static. It evolves to respond to new contexts, challenges and possibilities. Traveller nomadism provides evidence of this as it takes new forms to avail of advances in technology and to respond to obstacles in this context. Today, although other forms co-exist, Traveller nomadism is often centred on a fixed base or involves remaining in one location for a long period and then moving on.

Culture and identity has significance for people that cannot be underestimated. It can be equated with physical wants and needs. However, identity can be multidimensional. In affirming a Traveller identity it is important to allow Travellers a space to operate out of other identities, as Traveller women for example or as Travellers with a disability. The value in this was signalled by the Task Force in devoting a chapter each to Traveller women and to Travellers with a disability.

Traveller culture and identity has therefore, a relevance to health policy and provision in that:-

- ❖ It shapes Travellers' definition of health, perceptions of illness and responses to illness.
- ❖ It influences the manner in which Travellers take up health services.
- ❖ It challenges health policy and provision to be accessible and culturally appropriate to Travellers if equitable health status outcomes are to be achieved.

RACISM

The Irish National Committee for the 1997 European Year Against Racism

highlighted that "One of the more visible forms of racism is that experienced by the Traveller community, based on their distinct culture and identity which is rooted in a tradition of nomadism". The Task Force placed particular emphasis on this issue by devoting a chapter to discrimination. A hostile context of racist discrimination has a health impact and has relevance for health provision.

The Task Force identified this discrimination as happening at both the individual or interpersonal level and at the institutional level. At the level of the individual, racism can involve verbal and physical abuse and exclusion from particular services, events or places. At the level of the institution, the Task Force highlights three potential means by which discrimination can occur:-

- (1) Where "procedures and practices can reflect a lack of acceptance of Travellers' culture and identity"
- (2) Where "Travellers can be segregated in the provision of various services". (In this it is important to note that the Task Force distinguishes between segregation, which is an imposed setting apart of a group, and provision, which is designed to respond to the specific needs of Travellers where participation is by choice).
- (3) Where "legislation, policy making and provision can be developed without account being taken of their potential impact on a minority cultural group such as the Travellers".

This institutional level discrimination often happens without intent. It can thus be invisible and the only tangible evidence is in the outcomes from the provisions of a particular institution. Where outcomes for a minority ethnic group are significantly poorer than for the majority group, the problem of racism is suggested and requires investigation.

The context of racism experienced by Travellers has therefore a relevance to health policy and provision in that:

- ❖ Racism introduces a stress and a crisis into the lives of Travellers that is detrimental to their health and sense of well being.

- ❖ Health status outcomes for Travellers are significantly worse than for the majority population.
- ❖ Institutions charged with health policy making and health service provision need to take action to guard against any potential for discrimination in the manner of their operation.

AN INTERCULTURAL HEALTH SERVICE

The Task Force emphasises the importance of intercultural approaches to making service provision for the Traveller community. This is an ongoing challenge to all service providers including the health service. Intercultural provision involves:-

- ❖ Acknowledging cultural difference.
- ❖ Taking account of cultural difference.
- ❖ Challenging racism at the individual and the institutional levels.

Acknowledging and taking account of cultural difference requires a focus on the tangible and the intangible elements of the Traveller culture.

The Task Force describes Traveller nomadism as one *"tangible marker of the distinct Traveller culture"*. It stated that *"Traveller nomadism, as with its counterparts across Europe, takes a range of forms. It includes those who are constantly on the move, those who move out from a fixed base for a part of any year, and those who are sedentary for many years and then move on"*. This has implications for the provision of health services, in particular for:

- ❖ Medical records and the need for patient held records and improved systems for transferring records.
- ❖ Correspondence with patients and the need for agreed channels of communication.
- ❖ Medical cards and the need for extended validity, simplified application procedures and simplified procedures to enable access to General Practitioners for Travellers moving into or through an area.
- ❖ Traveller specific outreach services to complement and improve access to mainstream services.

Another tangible marker is the role of the extended family in Traveller society. This has implications for visiting arrangements for Traveller patients, for families accompanying patients as well as for organising appointments on a family basis.

Further tangible markers are also evident in the manner in which Travellers organise what they do. This was traced

out by the Task Force in relation to the Traveller economy. Equally, it applies to the manner in which Travellers organise their activities of daily living. This has implications for the timing of appointments and the localisation of provision. A focus on the intangible elements in taking account of cultural difference emphasises the importance of values, beliefs and perceptions. Being intangible, these are hard to define at any particular moment. The challenge they pose to a health service lies in:-

❖ Channels of communication

Communication across a cultural divide cannot be taken for granted, particularly where one side of the divide is a small minority experiencing extensive discrimination. It is a skilled process and one where members of the minority group have a particular contribution to make. The challenge in this area is not only about the provision of information about health services but also about empowerment and supporting the minority group to take control of their own situation. Peer-led initiatives and Traveller organisations have a particular contribution to make in this regard.

❖ Relationships

Values, beliefs and perceptions are also important in terms of the management and organisation of relationships. Where approaches pursued by service providers differ from expectations of the consumer, unnecessary tensions can arise which ultimately impact negatively on the quality and effectiveness of the service.

❖ Beliefs and Priorities

Particular perspectives on illnesses and response to illness are evident in any culture. Cures and spiritual healing have a particular status in the Traveller community. This should be seen as being of value and as complementary to mainstream service provision.

A health service that challenges racism at the individual and the institutional level will ensure that Travellers have a visibility within planning and provision. Providers will be sensitive to issues of discrimination and their impact, and to the potential for their service to discriminate. Provision will be rooted in an affirmation of Traveller identity and will seek to contribute to improving the wider context within which Travellers live.

CONCLUSION

The Task Force recommended that *"Traveller culture and identity be recognised and taken into account"*. On the basis of the above analysis, the implementation of this recommendation involves a Traveller health strategy built on the following elements:-

1. Data collection that traces Travellers disease pattern; take-up of services and outcomes from services and that is applied in all planning and decision making processes.
2. A dual strategy whereby mainstream services are designed to allow for Traveller access and to secure benefit to Travellers and whereby these are accompanied by Traveller specific services.
3. Traveller specific services are provided with a view to enhancing Traveller access to mainstream services, to addressing needs particular to the Traveller community, and to redressing current inequities and past discrimination.
4. The maintenance of an ethos within health institutions that affirms the Traveller identity and culture and that precludes discrimination. Such an ethos will be based on the preparation of equal status policies and the delivery of in-service training within health institutions.
5. The pursuit of equal partnership with Traveller organisations which will inform policy making, the design of provision, the analysis of data, and the provision of in-service training.
6. The development of new roles for Travellers within the health service as planners, service providers and health promoters.
7. Within a wider affirmation of Traveller identity, the development of responses taking account in particular of the needs of Traveller women and Travellers with a disability.
8. The pursuit of working relationships with other statutory providers adequate to ensuring a wider context, affirming the Traveller culture and identity, and providing for Travellers in a manner aimed at securing their well being.
9. The allocation of budgets in a manner that secures equitable health outcomes for Travellers.

NEWLY ESTABLISHED TRAVELLER HEALTH STRUCTURES

by Brigid Quirke, National Traveller Health Advisory Committee
and Pat Bennett, Chairman, Traveller Health Unit, Eastern Region

The Task Force Report in 1995 recommended the establishment of new Traveller health structures to address the particular health needs of the Traveller community and support the development and implementation of a National Travellers' Health Strategy. The two structures were the National Travellers Health Advisory Committee at the Department of Health and Children and the Traveller Health Units at regional health board level. The following is an outline of the Terms of Reference of, and an update on the work of, the National Travellers Health Advisory Committee and an introduction to the Traveller Health Units now established in each Health Board region.

NATIONAL TRAVELLER HEALTH ADVISORY COMMITTEE

The following is the recommendation of the Task Force on the Traveller Community 1995, on the appointment of a National Traveller Health Advisory Committee.

"The Task Force note the Minister for Health's commitment, as stated in the National Health Strategy (1994), to addressing the particular health needs of the Traveller community. It recommends that 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 Traveller 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 the various divisions in the Department of Health, representatives of the Traveller 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 role to the Minister".

The National Traveller Health Advisory Committee (NTHAC) was set up by the Department of Health in 1998 and held its first meeting in November 1998.

The NTHAC has twelve members plus the Chairperson. There are two representatives from each of the three national Traveller organisations i.e. the National Traveller Women's Forum, The Irish Travellers Movement and Pavee Point. There are three representatives from the Health Boards with the highest population of Travellers i.e. the Eastern Region, the Western Health Board and the Southern Health Board. The Department of Health has three representatives plus the Chairperson of the committee.

The work of the NTHAC to date has focused on the development of a National Travellers Health Strategy document to improve the health status of the Traveller community. This strategy responds to one of the key recommendations of the Task Force on the Travelling Community, which highlighted the serious disparity that exists between Travellers' health status and that of the Settled population and which identified the provision of health services, and in particular questions associated with access to, and utilization of those services, as a major concern to the Traveller Community.

The development of this strategy has involved the employment of a Consultant to prepare an outline draft which has further been developed through consultation and the work of the members of the committee.

The Strategy is presented in two parts. The first part describes what is known about the health status of Travellers and

the extent to which the health services at present provide for the health needs of Travellers. The second part is in the form of an action plan, detailing the framework and the service areas where changes and new developments will take place. The final draft was submitted to the Department of Health and Children in December 2000 and once it is approved by the Minister it will be launched nationally. It is envisaged that within six months of publication of the strategy each regional health board will be required to submit a regional action plan for their area.

Since 1998 additional funding has been released to the health boards to develop initiatives for Travellers Health. By 2001, £3.3 million will have been allocated; this funding is divided pro-rata to regional health boards, based on the population of Travellers in their area. This funding is channeled through the regional Traveller Health Units and has facilitated the development of special initiatives for Traveller Health.

TRAVELLER HEALTH UNITS

Traveller Health Units have been set up under each Health Board.

The brief of the Traveller Health Unit includes:

- ❖ Monitoring the delivery of health services to Travellers and setting 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 service providers in terms of their understanding and relationship with Travellers.
- ❖ Supporting the development of Traveller specific services, either directly by the Health Board, or indirectly through funding appropriate

HEALTH PROMOTION NEEDS OF THE TRAVELLING COMMUNITY

by Martina Queally, Health Promotion Manager,
South Western Area Health Board

INTRODUCTION

Inequalities in health have been well documented in reports and research papers over the last 30 years. Despite improvements in health care and social welfare supports, inequalities persist. Mackenbach & Kunst (1999)¹ clearly document the inequalities in health in several European countries. Bobak (1998)² states that socio-economic differences in health are universal and consideration of relative deprivation rather than absolute poverty is essential in understanding European health inequality. Here in Ireland the disparities in health status between the Traveller community and the settled population were clearly documented in the Traveller Health Status Study (1987)³. This study demonstrated that Travellers have more than double the national rate of stillbirth and that infant mortality among in Travelling Community is three times the national average. Traveller men live on average 10 years less than settled men do while Traveller women live on average 12 years less than settled women do. Nolan (1997)⁴ suggests that differences in ill health and life expectancy constitute a basic yardstick by which underlying social inequalities may be measured.

ADDRESSING THE HEALTH PROMOTION NEEDS OF THE TRAVELLING COMMUNITY

In order to consider meaningful ways of addressing the health needs of Travellers, it is important to understand some of the challenges facing the Traveller community.

Linking health and life style without exploring and understanding the determinants of ill health, such as social and environmental circumstances, is fundamentally flawed and unethical (Tones & Tillford 1994)⁵. Emphasising individual life style change may constitute a transfer of blame to the victims of the social and environmental circumstances which create unhealthy circumstance and nurture disease. Mackenbach & Kunst (1999)¹ differentiate between "downstream causal

factors" such as smoking and increased alcohol consumption and "upstream causal factors". For Travellers the upstream causal factors include poverty, discrimination, poor living conditions and social exclusion. It is important to consider health promotion initiatives in the context of peoples' lives so that the diversity of human experience within which health choices are made may be fully understood.

The Task Force on the Travelling Community (1995)⁶ emphasised the importance of recognising the Traveller culture and argued for the participation of Travellers in the development of Traveller Specific Health Services. Effective health promotion interventions for Travellers must take account of this social and cultural interconnectivity and work at a number of levels to build the capacity of individuals and communities to participate in the planning, delivery and evaluation of health promotion initiatives.

The World Health Organisation concept of health promotion is informed by a sociological perspective such as this and links health and life style to the broader determinants of health such as social, environmental and economic factors

The Ottawa Charter for Health Promotion (1986)⁷ emphasises that Health Promotion works through concrete and effective community action. It defines health promotion as "*the process of enabling people to exert control over the determinants of health and thereby improve their health*". It outlines five key elements:

1. Building Healthy Public Policy
2. Creation of Supportive Environments
3. Strengthening Community Action
4. Developing Personal Skills
5. Reorienting Health Services

At the heart of this process is the empowerment and participation of individuals and communities. Farrant (1997)⁸ states that endorsement of this principle implies acknowledgement of inequalities in power, challenging professional control, and validation of community incentives, which seek to redistribute power. Yet "the

community" and "the public" are often referred to as a homogenous group without acknowledgement of the power relations within and between communities and without any attempt at analysis of such power relations. Understanding and exploring such power relations is essential to understanding the experience of Travellers

The Primary Health Care for Travellers Project, which is a partnership project between the Northern Area Health Board and Pavee Point, aims to establish a model of Traveller Participation in the Promotion of Health. This project aims to develop the skills and capacity of Traveller women to provide community based health services. Through this project the Traveller women employed as community health workers facilitate their families and communities to identify their health needs. Then in partnership with health service providers appropriate responses are developed to address these identified needs.

This initiative empowers Travellers to participate at local level and also supports and develops the capacity of Travellers to represent their communities at meso and macro levels e.g. at health board level on Traveller Health Unit and at national level on the Traveller Health Advisory Committee.

The Traveller Community Health Workers have the ability to communicate across a cultural divide where communication is often 'taken-for-granted' by the settled community. (Pavee Point/Eastern Health Board 1996)⁹. The partnership between health service providers and the Traveller organisation facilitates real Traveller inclusion and participation. The result is the development of education strategies where the images and methodologies are acceptable and appropriate to Travellers and where the potential to strengthen community action by encouraging Travellers to act as advocates of and for their communities is fostered. It has been suggested that social capital is as important a health indicator as income

differential, social capital being features of social organisation that facilitate co-operation. (Steward Brown 1998)¹⁰. This being the case, action which supports a minority group to take control over the factors that influence their health is indeed health promoting.

CONCLUSION

'A healthy nation is one which has equitable distribution of resources and has active empowered communities which are vigorously involved in creating the conditions necessary for a healthy people.' (HEA 1995:38)¹¹.

Kawachi (1997)¹² in a study on social capital, income inequality and mortality found that income inequality was strongly correlated to lack of social trust

and increased mortality. Kawachi suggests that the growing gap between rich and poor affects the social organisation of communities and the resulting damage may have a profound impact on public health.

The issues facing the Travelling community are not just about income disparity but also about discrimination and social exclusion. It is important that health promotion strategies affirm the right to a Traveller identity. Community development approaches are powerful tools for improving equality in health within the context of economic, social and human development. However health promotion must also address macro environmental factors such as housing, working conditions, access to

services and the provision of essential facilities. Black (2000)¹³ points out that equality in health is impossible to separate from other issues that do not ostensibly have a health focus. Therefore effective health promotion needs to concentrate on health inequalities and on the development of multi-agency initiatives which address the broader determinants of health.

*References available from:
The Office For Health Gain.*

Pavee Point

Pavee Point is a voluntary organisation whose aim is to contribute to improvement in the quality of life and living circumstances of Irish Travellers, through working for social justice, solidarity, socio-economic development and human rights. Pavee Point operates at local, national and international levels. Programmes consists of:

- Direct work with Travellers and Traveller organisations .
- Networking with and supporting individuals and organisations working with Travellers and other marginalised groups.
- Formulating and making submissions to influence policies.
 - Researching, evaluating and publishing.

Pavee Point also acts as a resource centre for people seeking information on Travellers. We have fact sheets on Travellers and a resource list of our publications and other relevant publications.

We are contactable at:

46 North Great Charles Street, Dublin 1.

Tel 01-8780255; Fax: 01 8742626; E-mail: pavee@iol.ie

Website <http://homepages.iol.ie/~pavee/>

THE EQUAL STATUS ACT 2000 AND THE IMPLICATIONS FOR HEALTH SERVICE PROVISION.

by Niall Crowley, Chief Executive, The Equality Authority

The Equal Status Act 2000 will have significant implications for individuals and groups, in relation to the provision of health services.

- ❖ firstly for individuals - the Act prohibits discrimination on the discriminatory grounds.
- ❖ secondly for groups - the Act provides for the promotion of equality of opportunity.

The Act prohibits discrimination in the provision of services on the discriminatory grounds. The discriminatory grounds are gender, marital status, family status, sexual orientation, religion, age, disability, race and the Traveller community ground. "Traveller community" is defined in the Act as meaning the:

"Community of people who are commonly called Travellers and who are identified (both by themselves and others) as people with a shared history, culture and traditions including, historically, a nomadic way of life on the island of Ireland".

SERVICES

The Equal Status Act applies to the provision of services. Service means a service or facility of any nature which is available to the public generally (whether provided free of charge or not). The definition of service includes access to and the use of any place.

The Minister for Justice has stated in the Dail that the Act applies to services provided by the State. It therefore should apply to the main health services including hospitals, doctors and services provided by the health boards.

EXEMPTION

There is an exemption in Section 14 which provides that the Equal Status Act does not prohibit anything done by way of statute or court order. For example, the actual rates of health board payments are laid down every year by the Social Welfare Acts and these could not be challenged.

DISCRETIONARY POWERS

This exemption only applies to actions which the statutory bodies are obliged to carry out. The exemption does not apply to areas where the statutory bodies have a discretion. Even where services may be exempt under Section 14, the public/statutory bodies are obliged not to discriminate in the delivery of the service. The exemption would not apply to how officials deal with members of the public.

Significant parts of the Health Acts are enabling rather than mandatory. This means that the health boards have a large element of discretion in the type of services that they provide and the manner in which they provide them, and therefore cannot discriminate on the discriminatory grounds in these discretionary services and cannot discriminate in the delivery of the mandated services (unless specifically required to do so by statute).

DISCRIMINATION

The definition is broad and includes direct discrimination, indirect discrimination, discrimination based on association, and discrimination based on past, future or imputed characteristics.

DIRECT DISCRIMINATION

This occurs where a person is treated less favourably on any of the discriminatory grounds (which exist now, in the past, in the future or which is imputed to the person), for example, if a person who is a member of the Traveller community (or is thought to be) receives less favourable treatment than someone who is not. It also occurs where a person receives less favourable treatment by virtue of being associated with another person, (and similar treatment of that other person on any of the discriminatory grounds would constitute discrimination), for example, if someone was denied access to a service

because they were in the company of members of the Traveller community who were also denied access.

INDIRECT DISCRIMINATION

This occurs where there is an unreasonable practice or requirement which has a disproportionately adverse effect on a particular category of persons, for example an unreasonable residency requirement would have a disproportionately adverse effect on members of the Traveller community.

POSITIVE ACTION

There are enabling provisions for equality of opportunity of "disadvantaged" persons and also provisions in relation to the special needs of persons. These provisions are quite broad and provide for quite a range of positive discrimination.

The Act allows for:

Preferential treatment or the taking of positive measures which are *bonafide* intended:

- (i) to promote equality of opportunity for persons who are, in relation to other persons, disadvantaged or who have been or are likely to be unable to avail themselves of the same opportunities as those other persons, or
- (ii) to cater for the special needs of persons, or a category of persons, who, because of their circumstances, may require facilities, arrangements services or assistance not required by persons who do not have those special needs".

These provisions would allow e.g., for Health Boards to have outreach programmes for Travellers. These provisions are not mandatory but they do allow for a broad range of positive discrimination for "disadvantaged" groups or those with "special needs"

PRIMARY HEALTH CARE FOR TRAVELLERS PROJECT

by Brigid Quirke, Pavee Point, based on work by
The Primary Health Care for Travellers Project Team.

BACKGROUND:

Pavee Point is a non-governmental organisation committed to the attainment of human rights for Travellers. Pavee Point has been involved in direct work with Travellers since 1985. Innovation has been a key feature of the work done from its starting point based on a community development approach, on an inter-cultural model and on a Traveller/settled community partnership. The group seeks to combine local action with national resourcing, and direct work with research and policy formulation.

In 1992 a group of Traveller women who were involved in a personal development course in Pavee Point identified health as a priority area that they wanted to tackle to improve the health status of Travellers through further information and training, particularly on the cause and prevention of illness among their community. To facilitate the development of an appropriate response to this request and the serious health needs of Travellers, Primary Health Care was identified as an approach that could be piloted to facilitate Traveller participation in health.

RATIONALE:

Travellers require special consideration in health care because:

- ❖ They are a distinct cultural group with different perceptions of health, disease and care needs.
- ❖ The Health Status Study 1987 has shown that Travellers have different health and disease problems to settled people. Infectious disease control, accident prevention, ante-natal care and child spacing, genetic counselling, health behaviour and health service utilisation are all priorities that must be addressed.
- ❖ These distinct characteristics imply that innovative approaches to service organisation, content and delivery are required if health conditions are to improve.

WHAT IS PRIMARY HEALTH CARE AND HOW DOES IT APPLY TO THE PROJECT?

Primary Health Care has been identified and used as an innovative approach to

health care in the developing world. In the last decade there has been a growing interest in and demand for such a service in the developed world as evidence from studies indicate that the expanding marginalised populations here are suffering disproportionately from poor health and have less access to health care services.

The concept of Primary Health Care was established at the joint WHO/UNICEF conference in Alma-Ata in 1978. It acknowledged the need to reform the conventional health systems. Health was no longer regarded as a matter for health bureaucrats but the concern of society as a whole.

"Primary Health Care (PHC) is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community, through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.

It is the first level of contact of individuals, the family and community with the national system, bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process"

Alma Ata Declaration 1978

Primary Health Care is a statement of health philosophy, it is not a package, or a complete defined methodology. It is a flexible system which can be adapted to the health problems, the culture, the way of life and the stage of development reached by the community.

Primary Health Care in communities means enabling individuals and organisations to improve health through informed health care, self help and mutual aid. It means encouraging and supporting local initiatives for health.

Successful primary health care projects have emphasised a process that values empowerment, partnership and advocacy when designing and implementing health care interventions. This allows the partners to highlight inequity and negotiate solutions with their relevant partners. Community participation and intersec-

toral collaboration, are key requisites for the success of Primary Health Care. The following is the application of these principles in the context of the 'PHC for Travellers Project'

COMMUNITY PARTICIPATION

"This is a unique project in that it is a partnership between Travellers, Pavee Point and the Eastern Health Board. It's good to see Traveller organisations taking on a health agenda and it's important that they continue to have resources to develop this work"

Mr. Michael Noonan T.D., Minister for Health, at the launch of the Primary Healthcare for Travellers Report on 12th June, 1996

The approach inherent in the project is to work 'with' the Traveller community in order to develop a Primary Health Care project based on the Traveller Community's own values and perceptions and that will have long term positive outcomes.

In the context of the Primary Health Care for Travellers Project, community participation is viewed as a process through which Travellers will gain greater control over the social, political, economic and environmental factors that determine their health.

The Traveller community must participate in every stage of the project, from the initial assessment of the situation; defining the main health problems/issues; setting priorities for the project; implementing the activities; and monitoring and evaluating the results.

INTERSECTORAL COLLABORATION:

For Primary Health Care to be effective, there must be close collaboration between the Traveller community, health workers, the health sector, the local authorities and a range of other statutory and voluntary agencies. Our project was a partnership project between Pavee Point and the Health Board. This is innovative in that it brings together different strengths and resources of Travellers, Traveller culture and a community development approach on one side, with resources, health skills, health services and health knowledge on

the other. This combination is essential for the effective implementation of a Primary Health Care approach to the provision of health services

THE PRIMARY HEALTH CARE FOR TRAVELLERS PROJECT

"There are no simple and obvious solutions to the health situation of Travellers but it is a situation which calls for a creative and innovative approach. I believe such an approach has been found with the Primary Health Care for Travellers Project, which is a joint initiative between the Eastern Health Board and Pavee Point."

Mr. Brian Cowen T.D., Minister for Health, on presentation of certificates to the Community Health workers in Pavee Point on 8th May 1998.

The Primary Health Care for Travellers Project (PHCTP) was established as a joint partnership initiative with the Eastern Health Board (EHB) and Pavee Point (PP), with ongoing technical assistance been provided from the Department of Community Health and General Practice (DCHGP), Trinity College, Dublin. The project began as a pilot initiative in October 1994 in the Finglas/Dunsink areas of Community Care Area 6, with funding from the Eastern Health Board. It had the following objectives:

1. Establish a model of Traveller participation in the promotion of health.
2. Develop the skills of Traveller women in providing community based health services
3. Liaise and assist in creating dialogue between Travellers and health service providers
4. Highlight gaps in health service delivery to Travellers and work towards reducing inequalities that exist in established services.

PARTNERSHIP:

Partnership between Pavee Point and the Eastern Health Board:

"This project was carried out on a partnership basis between the Travellers, Pavee Point and the Eastern Health Board, it is the first of its kind in the country ... this project has facilitated significant consultation between service providers and the Traveller community, greater information collection and sharing and improved access and utilisation of services ... it is developing as a model of good practice which could inspire further initiatives of this type."

Mr. K. J. Hickey, Chief Executive Officer, Eastern Health Board, at the launch of the Primary Health Care for Travellers Report by Mr. Michael

Noonan, T.D., Minister for Health. 12th June 1996

The value of this partnership between Pavee Point and the Eastern Health Board, has demonstrated that it is an effective model and is impacting positively on the health condition of Travellers in the pilot working area, of Community Care Area 6. The different strengths and resources of the statutory and voluntary sector brought together in a constructive way on an agreed agenda has to date, we believe, had more impact than if either operated in isolation. Each partner brings different skills to the project; Pavee Point provides the channel of communication and established trust with Travellers; an arena for Traveller participation and a community development approach to working with Travellers; the Health Board provides the funding, the health knowledge and the health professionals.

APPLICATION OF PARTNERSHIP MODEL IN THE PROJECT

The partnership model of working between Pavee Point and the Eastern Health Board was reflected particularly in the coordination and management structure of the project.

Co-ordinators:

A public health nurse was assigned to the project by the Eastern Health Board and a community worker by Pavee Point. The range of skills and expertise which the co-ordinators brought to the project contributed to its success. A balance between health and community development approach was reflected in the staff backgrounds and is particularly appropriate in the development of a Primary Health Care approach to health issues. The Co-ordinators were jointly responsible for the co-ordination and delivery of the project on a day-to-day basis and they were responsible for convening and resourcing steering group meetings.

Management structure:

The project was managed by a steering group which included representatives of the Eastern Health Board, Pavee Point, plus the Co-ordinators. The Traveller Community Health Workers had two positions, one permanent and the other rotating.

A crucial ingredient for this partnership has been a willingness to dialogue, as equals, while respecting each others roles, responsibilities and ethos.

OUTCOMES FROM THE PROJECT:

"I think it is safe to say this project has been a resounding success ... I realise the excellent work done, so far, in this area is only a start and much more needs to be done."

However, the success of the project to date, points the way forward and provides a model for action throughout the country"

Mr. Brian Cowen T.D., Minister for Health, on presentation of certificates to the Community Health workers in Pavee Point on 8th May 1998.

WHO AWARD

"For achievement worthy of international recognition, this WHO 50th anniversary commemorative certificate for a national community-based health project that promotes Health for All values of equity, solidarity, participation, intersectoral approaches and partnership is awarded to the 'Primary Health Care for Travellers Project, Dublin, Ireland'."

Jo E. Asvall, M.D. Regional Director, WHO Regional Office for Europe September 1998.

The project included a training course which concentrated on skills development, capacity building and the empowerment of Travellers. This confidence and skill allowed the Community Health Workers (CHW's) to go out and conduct a baseline survey to identify and articulate Travellers' health needs. This was the first time that Travellers were involved in this process; in the past their needs were assumed. The results of the survey were fed back to the community and they prioritised their needs and suggested changes to the health services which would facilitate their access and utilisation. The results were also fed back to the health service providers; then a joint workshop took place between the Traveller community and the health providers where an agreed set of priorities and interventions was drawn up. The Community Health Workers then set about implementing these interventions. This was a very effective process as it facilitated the participation of the community in defining needs, setting priorities and outlining interventions and it provided baseline data on the current access to and use of services. The Traveller Community and the CHW's felt it empowered them as they now feel they have control over what is happening to them, as they are involved in an ongoing process which they can feed into. This process has been critical to the success of the project as people are engaging and are confident to articulate their needs. One of the findings of the survey was the lack of appropriate health information on What services existed and How? Where? and Why you needed to access them. This has been addressed through the project, and has led to an increased uptake of the health services.

Interventions and outcomes of the project to date:

- ❖ Greater awareness has been created about the needs and entitlements and possibilities in the health services as well as the difficulties in accessing services that should be available.
- ❖ Sixteen Traveller women have received accredited training as Community Health Workers and are currently employed on the project, funded by the Eastern Health Board, and now by the new Northern Area Health Board.
- ❖ Planning and implementing interventions in:
 - Public health nursing
 - Oral health
 - Nutrition
 - Environmental health
- ❖ Culturally appropriate health education materials have been designed by the Project. To date posters have been produced covering topics such as Travellers health status; breast feeding; care of burns; immunisation; nutrition and oral health. These posters give key health messages in a culturally appropriate way; they increase Traveller visibility in education materials and can be displayed in surgeries and clinics.
- ❖ Research on Traveller women's reproductive health and production of a training video and accompanying information booklet.
- ❖ Organising well-woman clinics, specifically targeted at Traveller women. These clinics have facilitated access for the first time for Traveller women to cancer screening and family planning facilities. These special clinics will be supported on an interim basis, while the Traveller women build up confidence and knowledge of the service. During this period the project will also be lobbying for the provision of this level of service in the local area.
- ❖ Networking with Traveller organisations at national and local levels to pass on information and resources on the health issues facing Travellers and to outline the process and outcomes from the project.
- ❖ Providing in-service training to a range of health professionals which aims to encourage health personnel to offer a more culturally appropriate service and work towards an increase in the utilisation of essential services.
- ❖ The process of facilitating community participation in the project, has resulted in the empowerment of Travellers and led to them taking more control of their health situation. Their atti-

tudes to the health system have changed through the provision of information, training and resources, which in turn has brought about a change in their ability to access the system. They are making greater demands on health services and have greater expectations for the health services to be provided in culturally appropriate ways.

- ❖ Organising health education sessions on-site, delivered by the CHW's, has made health information more accessible and culturally appropriate and addresses the language and culture gaps that exist.
- ❖ Advocacy and lobbying are core actions of the PHC project. In order to lobby for the policy changes needed to promote the recognition of the special needs of Travellers and their inclusion in all mainstream provision, a number of submissions to relevant Government policy papers and reports were prepared by the project.
- ❖ Representation and participation by the project on a range of national and regional advisory committees and working groups, including the Eastern Health Board Traveller Unit, the National Health Network and the National Traveller Health Advisory Committee.
- ❖ Organising regular seminars and conferences with health service providers to highlight the situation of Travellers health and to create space to discuss challenges and mechanisms to address these issues with a view to increasing equality of outcome for Travellers in relation to their health status.

OUTCOMES FROM THE HEALTH BOARD'S PERSPECTIVE:

"The clearest signal of the project's success is the fact that it is being replicated in other areas of the country" Stated by an Eastern Health Board representative in an evaluation report on the project.

The project has facilitated significant consultation between service providers and the Travelling community, greater information collection and sharing and improved access to services. A number of designated clinics have been provided. These clinics complement mainstream services and facilitate Traveller access to particular services. One example is the provision of designated dental clinics, which are run in the evening time and see whole families together as suggested by Travellers; this initiative has been very successful. Another welcome change is the appointment of a number of specialised health personnel e.g. Public

Health Nurses with a special brief to work with Travellers (as recommended in the Task Force on the Travelling Community Report 1995). Health service personnel have been open to, and participated in, in-service training to provide culturally appropriate health services to Travellers.

OUTCOMES FROM THE TRAVELLERS' PERSPECTIVE:

"This is the first time Travellers have got this type of training and job. We understand our own people and believe that given the proper support and resources we can begin to improve the health of our community. It is no longer acceptable that only 2 out of every 100 Travellers lives to 65 years of age"

Missie Collins, Community Health Worker, at the launch of the Primary Health Care for Travellers Report by Mr. Michael Noonan, T.D., Minister of Health. 12th June 1996

The process of facilitating community participation in the project, has resulted in the empowerment of Travellers and led to them taking more control of their health situation. Their attitudes to the health system have changed through the provision of information, training and resources, which in turn has brought about a change in their ability to access the system. They are making greater demands on health services and have greater expectations for health services to be provided in culturally appropriate ways.

The project has also impacted on the wider Traveller community via Traveller organisations throughout Ireland knowing about the potential of health initiatives among the Traveller community. Greater awareness has been created about needs, entitlements and possibilities in the health services.

CONCLUSION

A programme evaluation will be carried out on the project in 2001. This will compare data collected in the baseline survey which was completed in 1995. This evaluation will be published and disseminated. The ongoing monitoring and data collected demonstrates a big improvement in levels of satisfaction and uptake and utilisation of health services by Travellers in the area.

The Primary Health Care initiative is successfully being replicated in three other areas around the country, and funding has been approved for a further 9 new projects which are to commence this year. It is imperative that a replication strategy is approved to facilitate and support these projects and maintain standards in Community Health Care training.

'THE VOICE OF TRAVELLER WOMEN THROUGH RESEARCH'

A HEALTH NEEDS ASSESSMENT SURVEY OF TRAVELLER WOMEN BY TRAVELLER WOMEN IN THE MIDLAND HEALTH BOARD REGION

by *Ashling Duggan-Jackson, Research Officer, Department of Public Health,
Midland Health Board*

SURVEY BACKGROUND

In 1996 The Action Plan for Health and Social Gain for Travellers, Midland Health Board, identified a health need existing in each of the areas family planning, antenatal services, breastfeeding, immunisation, dental health, safety/accident awareness for Traveller families in the Midland Health Board region.

A specific objective of year one of a Primary Health Care Project for Travellers currently being run in the Midland Health Board region 1998-2002 was to facilitate and carry out a Traveller Health Survey looking at the areas outlined above. Baseline information from this research can be used to plan specific health interventions for the Traveller community.

In order to be able to plan interventions and use the research results in a meaningful and practical way for Travellers, there was a very important learning component to the research. The aim for the Midland Health Board was to understand Traveller interpretative frameworks with regard to health, and how to overcome Traveller identified barriers to usage of health services.

TRAVELLER INVOLVEMENT

Traveller involvement in the whole research process from research design, implementation and comments on final drafts were central to obtaining a Traveller perception of family planning, antenatal services, breastfeeding, immunisation, dental health, safety and accident awareness. In this work Traveller health ideas and health belief systems as espoused by Travellers are recorded through the whole process of the fieldwork and pre and post survey discussion.

A quantitative and qualitative methodology was deemed to be the most information yielding while affording cultural sensitivity. A questionnaire was designed by the Public Health and Health Promotion Departments in the Midland Health Board looking at areas of family

planning/contraception, ante/postnatal care, breastfeeding, immunisation, dental health and accident/safety awareness. This was pre-tested and piloted in consultation with Travellers. Since dealing with a marginalised group such as Travellers really precludes the use of traditional sampling methods due to accessibility issues, a snowball sampling method was deemed to be the most efficient and effective. Questionnaires were self-administered so 100% response rate was achieved. Age categories were considered important so as to gain some insight into how health information is disseminated within the Traveller culture and the effect of generational influences on the uptake of services. Age was divided into the following age categories in the final data analysis 19-24 years, 25-35 years, 36-45 years, 46-55 years and 56-65 years. While age was not a determining factor in securing respondents, efforts were made to ensure all age groups were represented. The questionnaire was administered to 25 families in each of the towns Tullamore, Portlaoise, Longford and Mullingar.

The qualitative component of the research comprised focus groups held in each of the towns under survey on each of the topic areas being surveyed. Facilitation was shared between an appointed Traveller representative (usually local Traveller representative) and the project researcher.

TRAVELLER INTERPRETATIVE HEALTH FRAMEWORK

This study initially outlines a Traveller espoused definition of health as including female health issues, hygienic living conditions, dental health, nutrition, exercise, immunisation, adequate child/general medical care and also encompasses the importance of not smoking. Depression is also included here as put forward by Travellers. This was seen as something to be overcome if full health is to be achieved. A Traveller interpretative health

framework is taken within this study to be the social health reality created by Travellers according to Travellers. For female Traveller women this interpretative framework also includes the issue of non-feminisation of illness. This essentially implies that female health needs, namely those of the mother are relegated behind the day to day needs of the family i.e. the children. This can lead to utilisation of health services in order to receive medical care for children but under-utilisation of medical services in order to receive self-help.

The study also reveals that the majority of respondents are married i.e. 89% with only 3% living with a partner. Younger respondents are more likely to progress through mainstream education i.e. to incomplete secondary education in the sample. There was a very strong polarisation identified between the 19-24 year age group and 56-65 year group with regard to reading and writing status. Portlaoise showed the lowest literacy levels while Longford displayed the highest.

In Longford and Mullingar the majority of Travellers in the survey live in local authority housing estates while in Portlaoise and Tullamore the majority live in trailer accommodation i.e. sites and elsewhere. Generally, respondents living beside a halting site or on the roadside saw their living area as being close to a dangerous/polluted area and the majority of Travellers equated poor living conditions with bad health. A very interesting finding to emerge from this section of the report is the way Travellers equate depression with being housed. This is seen to be due to limitations on the freedom of movement, which epitomises Traveller distinct ethnic status.

FAMILY PLANNING

Since Traveller families are still notably larger than Settled families the whole issue of Traveller perceptions of family planning and contraception in the Midlands was of particular interest in the

research. The high birth rates experienced by the Traveller community resulted in an average household size of 4.9 in 1996 compared with 3.1 for the population as a whole. (CSO 1998)¹. There was a very strong statistical association between age and use of contraception indicating generational difference with regard to family size in the Midlands. What was also interesting is that a greater proportion of those in the younger groups i.e. 19-24 years did not use contraception compared to some of the older groups. This was seen to indicate that it is important to establish a family soon after marriage for Travellers and use of contraception is more acceptable later on once fertility has been established.

The Pill emerged as the most popular type of contraception used by Travellers with 49% of respondents indicating that they use or would use the Pill. Some 17% of those who use the Pill found it an ineffective contraceptive method, as did 60% of those who used the natural method and 11% of those who used various methods.

As established in the statistical analysis section and verified in focus group discussion Traveller women were the main source of contraceptive advice and knowledge for other Traveller women, while the G.P. was cited as the first medical point of contact for information. Given that Traveller women are involved and to an extent are depended on for contraceptive advice by other Traveller women, this essentially highlights the issue of accuracy/inaccuracy of information being disseminated. Focus group discussion also revealed a fear of contraception for Travellers. This was divided thematically into religious based fears and fears of medical complications of certain contraceptives. The former was based on fear of violation of Catholic Church dogma while the latter centred around maternal health problems due to using particular types of contraceptives. Contraception was unanimously agreed by focus group participants to be the domain of women with the male role in the decision of contraception type being passive rather than involved.

ANTE-NATAL CARE

Attendance at hospital clinics while pregnant was high with the lowest levels being displayed in Tullamore. Attendance at antenatal classes was very low i.e. 4%. Focus group discussion revealed that attendance at antenatal classes is not normalised behaviour for Traveller women.

Embarrassment was identified as a motivating factor for non-attendance as well as the 'no relevance' factor. Breast examinations were lowest in Portlaoise and highest in Tullamore while attendance for 6-week check-ups were not seen to be important due to perceived lack of relevance to respondent's health. These were not seen to be important in Traveller health interpretative frameworks with the view that 'if you feel well then you are well'.

Folic acid knowledge varied across the different areas in the study. In Longford knowledge was the highest where 43% of respondents said they knew about taking folic acid in pregnancy.

BREASTFEEDING

One of the strongest findings with regard to breastfeeding to emerge from the research is that there are serious generational differences with regard to uptake of breastfeeding. All of the oldest age groups in the sample breastfed while none of the younger did so. Breastfeeding was deemed to be an appropriate way of feeding children years ago because of the financial benefits of breastfeeding. Present day Travellers are very 'ashamed' to breastfeed mainly due to lack of privacy and other Travellers visiting. These visits are an integral and essential part of socialisation within the Traveller community. This socialisation rather than providing support for breastfeeding actually militates against it.

IMMUNISATION

On the topic of immunisation one of the central findings of the focus group discussion is that vaccinations for Travellers are defined in terms of the 2-in-1 or 3-in-1. Because of this the importance of other vaccinations is unappreciated. In cases where the 2-in-1 was obtained it was preferred over the 3-in-1 due to perceived medical complications associated with the latter. Information gaps identified were no knowledge with regard to what different childhood illnesses actually are, how these illnesses are contracted, who is vulnerable, what symptoms a child will show, what are the long-term complications of contracting measles, mumps rubella etc and how is this weighted against the risks associated with vaccination. In Tullamore a mobile clinic was seen as a way to increase uptake and immunisation appointment reminders were seen as crucial to uptake in Portlaoise.

DENTAL CARE

Some 21% of the sample said they go to the dentist regularly. This definition of 'regular' attendance does not reflect attendance at dentist at set intermittent time intervals but rather on occasion of pain. Of all the areas surveyed, Longford had the highest proportion of 'regular' attendees at the dentist compared to Portlaoise which had the lowest. Dental visits for children were mainly seen to be conducted through the school system. Essentially the research shows that dental care for Traveller is reactive not preventive. This also forms the basis of the parental approach to dental care for children. Travellers identified older Travellers as being especially in need of dental health interventions and gum/health problems were perceived to be more prevalent among Travellers by the Tullamore focus group. The main barriers identified to dental health services were cost/age limitations associated with the Medical Card usage, lack of information about services, perceived lack of follow-up by the health services with regard to appointments. The appointment system itself was perceived as a stumbling block to prompt dental care.

ACCIDENTS

Within the Traveller community in the Midlands the most common accident types identified were broken bones, head injury, cut requiring stitches, bruising and burns. Some 47.5% of accidents among Travellers occur in the 0-5 year age group. Traveller children were seen to be prone to accidents by Travellers because they were children although there was an acknowledgement that living location did increase risk of certain types of accidents.

CURES

In the area of traditional cures there was more knowledge evident in the older age groups indicating a fading out of this Traveller tradition across generations.

RECOMMENDATIONS

A list of recommendations is included with this report compiled through consultation with Travellers in the course of the fieldwork. These look mainly at increasing health knowledge of Travellers in different areas of the Midland Health Board area, raising awareness of available services and improving access to those services.

The full survey report is available from The Department of Public Health, Midland Health Board.

TRAVELLER HEALTH INITIATIVES - HEALTH BOARD REGIONS

THE EASTERN REGION

The Area Health Boards in the Eastern Region strive to raise the health status of the Travelling Community to the national target levels for the population in general by providing accessible and culturally appropriate services developed with Traveller participation. The particular health needs of Travellers as customers are being recognised through their involvement in focus groups, in conferences, the development of health education materials and engagement of Travellers and community health workers alongside our Board's professional staff. Travellers access all services available to the general public. In addition, specific services adapted to the particular needs of Travellers are provided in Traveller's own homes and in the mobile clinic. The Primary Health Care Projects in Finglas and Clondalkin effected an increase in the uptake of health and social services in Travellers. Community health workers from the Travelling community were employed to assist in this project.

The Eastern Region Traveller Health Unit was set up under the former Eastern Health Board and held its first meeting in January 1999. Currently the Traveller Unit provides service on behalf of the three Area Boards in the Eastern Region.

The Traveller Health Unit is comprised of representatives from Travellers, Traveller organisations, as well as a wide range of representatives from the Health Board, the major Teaching Hospitals, Maternity Hospitals, Children's Hospitals and GP representation.

The initial focus has been on educating the members of the Traveller Health Unit on the needs and culture of Travellers and on informing the Travellers and Traveller organisations of the health services that are available. An initial key development was the decision of the Programme Manager to allocate all development funds for Travellers services to the Traveller Health Unit. This key decision played an important role in the development of the Traveller Health Unit.

The Unit drew up a list of guiding principles for initiatives that could be funded, which included the following:

- will further the recommendations of the Task Force and the National Traveller Health Policy;
- will be culturally appropriate;
- will be developed, implemented and evaluated within a partnership

arrangement involving traveller organisations.

The main emphasis was on the principle that all initiatives would be funded on a partnership type arrangement and that no organisation, whether Health Board or Traveller organisation, would be allocated funding unless agreement was reached by both parties on how services should be developed.

A number of initiatives have been funded by the Traveller Health Unit which include the following:

Trainers training course in primary health care for Community Health Workers.

This course has three main aims:

- i) To provide a critical understanding of the current health status of Travellers and the issues that impact on Travellers' lives.
- ii) To provide knowledge and skills that will facilitate the planning, implementation, monitoring and evaluation of Primary Health Care for Travellers projects.
- iii) To provide basic skills in quantitative and qualitative research for community based health needs.

A video on Traveller children's health.

A number of areas were identified which needed to be addressed in terms of child health. The specific areas highlighted were asthma, sudden infant cot death syndrome, immunisation and child development. It was agreed that the proposed video would provide important information on the specific areas highlighted and would be used within health education settings with Traveller Organisations and by Health Professionals working with Travellers.

Hospital research - use of hospital facilities by the Traveller community.

The decision to set up a hospital research initiative was based on the fact that no information existed on the utilisation of hospital services by Travellers. The proposal for this research highlighted that there has never been a review of Travellers utilisation of hospitals and in order to plan an effective health service, the Traveller Health Unit needs to know the issues that are impacting on Travellers uptake of hospital services. It was proposed that this initiative would allow for identification of the disease pattern, referral pattern and utilisation of hospital services by Travellers.

Research on provision of health ser-

vices to Travellers in the Northern Area Health Board

This research initiative was proposed to document the provision of services to Travellers in a particular area and match that with the needs as identified by Travellers living in the area. It was felt that this exercise would allow the Health Board to identify if needs are due to lack of services, lack of appropriate services or lack of information on services. The Northern Area was chosen because there are established Traveller groups working in the area who have developed working partnerships with the Health Board and have accumulated experience and data on Travellers health needs that could be used as a starting point for the study.

G.P. initiative

Given the poor health status of the Traveller Community the provision of, access to and utilisation of, general practitioner services are a major concern to Travellers. The overall aim of the initiative was to identify ways of improving communication between G.P's and Travellers and thereby facilitate approaches to improving Traveller access to and usage of G.P. services.

Education on Mental Health

Traveller's mental health was viewed as an area of concern in view of the experience of high levels of depression, particularly among Traveller women. A recent study as part of the primary health care project in Community Care Area 6 showed that 36% of Traveller women suffer serious depression compared with 10% of the settled population. The aim of the initiative proposed was to develop a model of education on mental health issues and services which would specifically suit the needs of Travellers.

Traveller men's health initiative in the primary health care Traveller's programme

The Task Force on Travellers noted that male Travellers have over twice the risk of dying at a given age than settled males and also that Travellers are now only reaching the life expectancy that settled people reached in the 1940's. In response to these findings the Traveller Health Unit identified the need for a specific focus on the health status of Traveller men. It was decided to establish an initiative which would explore barriers to Traveller men's participation in their own health care and identify possible pilot initiatives which could address some of these barriers

Consanguinity

In relation to the issue of consanguinity which relates to marriage between second cousins or closer the Traveller Health Unit decided to set up a sub-group to study the issue and to look at the prevalence and incidence of metabolic disorders in the Travelling community so that genetic screening and counselling can be offered to those most at risk.

Rotunda Parent Craft Training Initiative

One small scale but important action implemented as a result of the Unit's work was the setting up of a special Parent Craft class for the Traveller women. A special project programme was designed for a group of four Traveller women. The idea was that these women would be able to pass on general parenting information and advice to other Traveller women.

Conclusion

A number of posts have been funded both for Travellers and Traveller Organisations which include:

- Specialist Nursing Posts
- Community Workers
- Speech and Language Therapists
- Family Support Workers
- Primary Health Care Workers

A recent evaluation of the Unit has shown that all parties representing the Traveller Health Unit have been very satisfied with the progress to date. Particular emphasis was concentrated on the fact that the members feel that a real partnership exists.

Pat Bennett

**Assistant Chief Executive Officer
Planning & Development
South Western Area Health Board**

MIDLAND REGION

Traveller Health Unit established 1998. This is chaired by a specialist in Public Health Medicine and membership includes other Health Board staff, eg Health Promotion Officer, Community Welfare Officers and also Traveller Organisation representation and Traveller representatives from different counties in the region. A full-time Manager for the Traveller Health Unit is currently being recruited.

Primary Health Care Project (Tullamore) 1998-2002

This project is now in its third year. The pre-training phase for the Traveller women involved has already been completed. The project currently involves 6 Traveller women who have participated since the start, plus 4 additional Traveller women being trained as Community Health Workers. This is a partnership involving the Tullamore Traveller

Movement, FAS and the Midland Health Board.

Primary Health Care Project (Longford) 2001-2005

This project is in its start-up phase. Travellers involved in the Tullamore project will give the benefit of their experience and advice to their peers involved in the Longford project.

Dental and Mental Health materials have been developed for use by Travellers when working as Community Health Workers in the local Traveller community on completion of Primary Health Care project.

Health Education Programmes have been organised in various locations in Midland Health Board region. These health education programmes arose out of a recommendation in the needs assessment survey, "*The Voice of Traveller Women Through Research*", reported on elsewhere in this issue. Each health education programme was evaluated.

Staff Awareness Training on Traveller Culture

A total of 28 workshops were held in June 2000 and 266 Midland Health Board staff received training.

This training programme was evaluated and the report "*Intercultural Staff Awareness Training Programme Evaluation Report, December 2000*" is available.

'Change for the Better'

As part of their sensitivity training on Traveller culture, Health Board staff were requested to identify one area in their current workplace or practice where an improvement could be made from a Traveller perspective. An evaluation report has recently been completed.

Two **national Traveller health conferences** held in Midland Health Board region (1998 and 2000)

**Ashling Duggan-Jackson
Public Health Research Officer,
Public Health Department,
Midland Health Board**

MID-WESTERN REGION

OVERALL AIM OF TRAVELLER HEALTH PROGRAMME:

To improve the Health and Social Gain of Travellers in the Mid-West Region.

SOCIO/DEMOGRAPHIC PROFILE.

According to the 1996 Census of population there were 1133 Travellers in the

Mid-Western Health Board region with a breakdown as follows:

Limerick	495 persons
Clare	317 persons
Tipperary	321 persons.

These figures are an underestimate. Figures based on information supplied by Public Health Nurses, Training Workshops, County Council Social Workers and Visiting Teachers for Travellers indicate the following as a more realistic estimation of the population.

Limerick:	1,600
Clare:	600
Tipperary	400
TOTAL:	2,600

Rathkeale Area

- Is unique and requires special initiatives. Approximately 50% of the population of the town are Travellers.
- Approximately 1000 Travellers reside here permanently with approximately 500 transient Travellers returning for occasions.
- Difficulties are experienced by all service providers in this area in attempting to provide an effective service owing to the large number of transient families.

Mid-Western Health Board Traveller Health Unit

The Mid-Western Health Board established a Traveller Health Unit in accordance with the recommendation of the 1995 Task Force Report.

The membership of this Unit includes equal representation of key officers of the Mid-Western Health Board and Travellers or representatives of Traveller organisations. The Traveller Health Unit meets on a monthly basis.

Primary Health Care Worker for Travellers.

The Mid-Western Health Board currently employs a Primary Health Care Worker for Travellers. This person is employed at Senior Public Health Nurse level and has designated responsibility for regional co-ordination of services for Travellers.

Role Involves:

- Co-ordination of services for Travellers within the Board
- Link Person Role
- Training of Health Service Providers and Travellers
- Evaluation of Current Health Services
- Supporting Primary Health Care Initiatives
- Research.

INITIATIVES TO DATE

Primary Health Care for Travellers Initiative.

Development funding received to date has been utilised in the area of pre-devel-

opment training, mainly with Traveller women, as part of health care programmes. Groups within the region are at different stages of development but the ultimate aim of the Traveller Health Unit is the development of a Primary Health Care Programme, which would provide training to Traveller Women to enable them to become Community Health Workers.

Research

Research in the area of Traveller's perceptions and experiences of Maternal and Early Child Health services is currently in progress by the Department of Social Care, N.U.I. Galway. The final report on this project is due in December 2000. In consultation with Travellers and Traveller Organisations, Mental Health has been identified as a priority area requiring research.

As a number of Traveller women have received some training in the research process. It is proposed that further training will be provided to up-skill these women in the next phase, while ultimately adding to the body of knowledge on Traveller health in the Mid-West Region. Such information is essential for future service planning.

Awareness Training

Travellers have acknowledged that health care providers are often unaware of Traveller culture and way of life. Travellers have expressed experiences of discrimination when availing of health services. The Task Force Report recommends the provision of inter-cultural and anti-discrimination training to all front-line staff in the Health Service. Such training has commenced in each Community Care Area and evaluation of same is currently underway.

Limerick City

- Pre-Development Training of 16 Traveller women as initial phase of Primary Health Care Programme to commence in Jan. 2001.
- Funding provided for two part-time women Development Workers (of which 1 is a Traveller)
- Funding towards Playbus. This initiative has the potential for outreach services such as meeting room/or service provision.

Limerick County

- Pre-Development Training of 21 Traveller women in the Newcastlewest area – initial phase of Primary Health Care Training.
- Development of a women's group in Abbeyfeale.
- Special initiatives required for Rathkeale.

County Clare

- Two women's groups divided according to age. Modules covered include personal development, nutrition, child care, first-aid.
- The older group carried out research on Traditional Cures and Remedies.
- The younger group produced a video on the life of a Traveller in Clare.

Tipperary

Difficulties have been identified in co-ordinating and developing services for Travellers in the Tipperary area. Monies were allocated from the 1999 development funding for the appointment of a Community Development Worker with a specific brief around Traveller health. This worker has recently been appointed. This worker will assist existing groups to develop, and improve communication and co-operation between groups in Tipperary.

Roscrea 2000

Roscrea 2000 is an A.D.M. funded Local Development Programme. In 1998, once-off funding was allocated for the development of a laundry service, work with a Traveller men's' group and pre-development training with a Travellers women's' group. Roscrea 2000 provided an extensive activity programme for Traveller children to coincide with the adult training programmes.

Further funding was allocated to Roscrea 2000 from Development funds for the development of a Traveller Women's Health Programme. Owing to the broad nature of Roscrea 2000, this funding will be used to employ an Outreach/Group Support Worker to co-ordinate such a programme and ensure effective development of services for the Travellers in the Roscrea area. This work commenced in August 2000.

Nenagh Community Network

Nenagh Community Network is funded through an A.D.M. operational programme for local, urban and rural development. Once-off funding was provided in 1998 for pre-development training for Primary Health Care for Traveller women. Additional funding has been allocated for further development of the programme initiated and the development of a Traveller men's' health programme.

Thurles:

Unlike the other areas there is no Partnership Company or Local Development Programme in Thurles. This has inhibited development of a co-ordinated response to Traveller issues. Work is being carried out through

Thurles Social Services, Thurles Youth Service and the Frank Dwan Training Centre. Funding has been allocated for personal development with women and young people. It is anticipated that greater integration will occur between the different elements involved in service delivery in the coming year.

Dr Kevin Kelleher,
Director of Public Health and
Chairperson, Traveller Health Unit
Ms Alice McGinley,
Primary Healthcare Worker for
Travellers

NORTH EASTERN REGION

In line with other Boards, the NEHB established an Advisory Committee to consult with Travellers and advise the CEO on the Health and Health Care needs of the Travelling population in the North Eastern Health Board region.

In September 1998 recommendations were made in relation to the establishment of Advisory Committees and key actions identified to address the inequalities in Health Status of Travellers in the North East which are mirrored elsewhere. The recommendations can be summarised as follows;

- Regional and Local Advisory Committees to be established
- A named Traveller Liaison person should be available in each Health Discipline
- Peer-led initiatives to be developed
- Specific Health Education Programmes to be developed
- Additional Foster Carers to be recruited from the Travelling Community
- Outreach or Mobile Clinics to be made available in certain areas
- Additional Pre-school places should be made available for Traveller Children

Progress has been made on all of the above recommendations. A pilot peer-led initiative was set up in Louth, which trained 10 Traveller women to work as Community Health Care Workers, providing peer education to other Traveller women.

The Primary Care Project

- Ten Traveller Women were trained over one year and continue to receive ongoing training. A baseline Survey was conducted by the NEHB Department of Public Health involving 108 Traveller women. From this survey a range of key target areas emerged which formed the basis of the programme for the next two years. The project will be evaluated this year.

Areas of work included:

- Nutrition, Infant Nutrition, 'Cook It' Programmes

- Physical Activity Programmes
- Immunisations
- Women's Health
- Safety in the Home
- Fire Prevention
- Meningitis
- Dental Health

Links with the Childhood Accident Prevention Programme and Community Parents Programme were developed together with a wide range of relevant Community Groups.

Throughout the North East the profile of Traveller Health has been raised and each Community Care area has a Senior Public Health Nurse or Community Development Worker working specifically with Travellers. Additional Funding for Pre-schools has been provided and Foster Carers from the Travelling Community have been successfully recruited.

Local Consultative groups have also been set up to advise on Traveller Health

In 2001 we aim to;

- Roll out the Primary Care Project to other areas
- Extend After School, Day Fostering and Early Intervention Services
- Improve links with Maternity Services with a view to increasing uptake of Ante Natal Services by the Travelling Community
- The Child Abuse Prevention Programme will be extended to all Traveller Children under five in Louth Community Care Area
- The potential for recruitment of further Community Health Care Workers will be explored.

**Ann Coyle, General Manager,
Louth Community Services.**

NORTH WESTERN REGION

- ❖ The Board seeks to provide high quality services that will address the needs of the Traveller community through active partnership and consultation with Travellers themselves. The Board considers that it is well positioned to advocate for the health and social needs of Travellers that can be impacted by the actions of other agencies, particularly the Local Authorities, Department of Social, Community and Family Affairs and the Department of Education and Science.
- ❖ While it is difficult to get a precise **census of the Traveller population** in the North West region, information from the Local Authorities indicate that there are approximately 208 Traveller families resident here.
- ❖ The regional **Traveller Health Unit**

has been operational since May 2000, chaired by the Assistant Chief Executive Officer for Community Services, and comprises a good mix of Travellers, representatives from Traveller Organisations and Health Board Staff. The Unit members attended a day on racism and discrimination facilitated by Pavee Point in September 2000. The Traveller Health Unit will be responsible for developing a regional Travellers' Health Strategy in liaison with the National Travellers Health Advisory Group.

- ❖ Training in **Traveller culture** and issues for Health Board staff has been initiated. This has involved a cross-section of staff who have direct contact with Travellers and other staff who have an interest in raising their awareness. Over 60 staff have participated in training to date. Community Care General Management, with the support of the Board's Training Department, will continue to provide a training programme on Traveller culture, equality, racism and discrimination. In 2001, training will be provided for 250 Health Board staff, inclusive of managers and will this year also facilitate the provision of such a programme within Donegal County Council.
- ❖ No detailed information is available yet on the **health status of the Traveller Community** in the Board's region and it is hoped that the planned National research into Traveller Health status will rectify this. In May 1999, a study into the uptake of immunisation of Traveller children in Letterkenny showed that the percentage of Traveller children not fully immunised was 41%. Particular attention will be given in 2001 to improving the immunisation uptake among Traveller children.
- ❖ Contracted **General Practitioner services** and the **Board's Public Health Nursing service** provide primary health care for Travellers. There are designated PHNs within each Community Care area focussing on the particular health needs of Travellers. In 2001, it is planned to double this designated service input. This development is in line with the forthcoming National Traveller Health Strategy and these staff should be in place shortly.
- ❖ A **Primary Health Care Project** has been developed as part of the broader based Donegal Travellers' Project (DTP). A Primary Health Care Co-ordinator, employed by DTP is fund-

ed by the Health Board and is involved in:

- co-ordinating training of 12 Community Health Workers,
- co-ordinating health research, eg. Travellers' health perceptions,
- organising work placements for Community Health Worker trainees,
- supporting Primary Health Care Steering Group
- identifying suitable employment opportunities for the Community Health Workers
- building the capacity of all the Traveller representatives on the Regional Traveller Health Unit

A Primary Health Care Co-ordinator

will be appointed in Sligo/Leitrim in 2001 and a model similar to the Donegal Primary Health Care Project will be implemented.

- ❖ Approximately 35 travellers are participating in the healthy eating programme "**Eat Well and Be Well**" with support from the Board's Health Promotion Unit.
- ❖ A high level of **inter-agency collaboration** takes place between North Western Health Board staff and Local Authority staff with a view to improving the living and social conditions of Travellers. At present, it is assessed that approximately 40% of travellers have satisfactory accommodation standards, with the remainder often living in non-permanent accommodation without access to the basic facilities of piped water, sanitation or electricity. This forms the basis for a priority action agenda between the Board and the Local Authorities.
- ❖ Initiatives aimed at improving the health and social well being of Travellers are mainly dealt with in the following **forums**:
 - Meetings between management and staff at all levels in both agencies, including direct contact between the Board's Public Health Nursing, Environmental Health and Community Welfare Staff
 - Management participation in the three County Development Boards in the North West Region
 - Submission to the Travellers' Accommodation Programme 2000-2004
- ❖ **Traveller crèches**, catering for approximately 50 children, and financially supported by the Health Board, provide a vital resource, particularly to Travellers engaged in training programmes. With the exception of the Crèche Co-ordinators, the crèches are staffed by Travellers. Child Care

Training (NCVA level 1) is being provided for Traveller women, including members of the crèche team, who are being supported to work towards professional child care qualifications. Traveller women are also participating in personal development programmes and leadership training as part of this initiative. During 2001, additional Traveller creches will be established in south Donegal and south Sligo.

- ❖ **An anti-racist code of practice** is currently being prepared which will be considered by the Regional Traveller Health Unit prior to submission to the Board.
- ❖ **A Citizen Traveller Donegal Campaign** is being planned at present on an inter-agency basis with the help of those involved in the National Campaign. This is aimed at challenging negative attitudes and promoting positive images of Travellers in the County.
- ❖ All of the above will be informed by the full **participation of Travellers** in the regional Traveller Health Unit.

Tom Kelly
Assistant Chief Executive Officer -
Community Services
North Western Health Board

SOUTH EASTERN REGION

The primary objective of the South Eastern Health Board is to improve the health status of Travellers by providing accessible and acceptable health services designed to meet their specific needs. The co-ordination of services is done mainly through five Public Health Nurses across the community care areas with specific responsibility for Traveller issues.

Besides the ongoing Traveller specific support programmes the Board has identified a number of **key priorities** to which it will give particular focus during 2001. These include

- Interagency intercultural training for service providers particularly around issues concerning Traveller awareness and working with a difference.
- Targeted training to staff in statutory and voluntary agencies
- To conduct awareness programmes around Traveller men's health, their development and their work opportunities
- Community Youth Workers to develop parenting and engagement programmes
- Additional pre-school places
- Travellers Primary Health Care Initiatives

Both Wexford and Tipperary community care areas have developed **Primary Health Care Projects** specifically for the

Traveller community similar to that provided in Tullamore and Galway.

The **overall aims of the projects** are to establish a model of Traveller participation in the promotion of health and to develop the skills of Traveller women in providing a community based care resource.

The **objectives of the projects** are to improve Traveller awareness and knowledge of health issues through talks and training courses and to develop health education material appropriate to the literacy levels of Travellers.

The projects involve the participation and training of eighteen Traveller women in each of two community care areas.

The programme is built around these women and is based on the needs assessment carried out.

The projects will run for a period of three years and consist of three phases

1. Project preparation
2. Recruitment and training of the Traveller women
3. Delivery of a Primary Health Care Project which involves
 - Ongoing training and development of skills
 - The community health workers (Traveller women) beginning to develop outreach skills
 - Sharing information and experiences with other groups and networks
 - Priorities identified and actions targeted which inform the work of the projects on an ongoing basis

The projects are managed by a **multi-agency steering committee** (one in each community care area) made up of representatives from FÁS: Local Authorities: Health Board: Area Partnerships: Travellers and Voluntary Organisations.

They are core funded by the statutory agencies such as the Health Board, FÁS and the Area Partnerships.

A final **evaluation** of the projects will be carried out on their completion when it is expected that eighteen Traveller women in each community care area will be trained and available to deliver a primary health service to their Traveller community

Con Pierce, General Manager, Community Services, Wexford.

SOUTHERN REGION

The Southern Health Board Traveller Health Unit has been in existence since 1998.

Co-ordinator for Traveller Health

In November 1999 a full-time Co-ordinator was appointed to work with the Unit

Committee in the preparation of a Development Plan for Traveller Health Services within the Board's area and to liaise with service providers within the Board and Traveller groups in relation to the provision of services to Travellers within mainstream services.

This post was initially piloted for one year and has been deemed very successful by all key players. As a result, the post is being established on a permanent basis.

Workshops

Two workshops were held in 2000 and focused on:

- Building partnership between Traveller groups and health service providers
- Identifying areas of work under the Traveller Health Unit's Terms of Reference
- Exploring models of Traveller specific services which might be appropriate to this region
- Identifying the potential role of Primary Health Care projects/workers in the region.

The Professor of General Practice from UCC made a contribution to one of these workshops which was extremely valuable. It is hoped that feedback from these workshops, which is currently being collated, will help in the planning of projects for the coming year.

Development of Traveller Specific Materials

Thirteen Traveller Group representatives were trained as Tutors for the 'Being Well' Health Promotion Programme over the Winter 1999/2000. Inaccessibility of suitable course materials was identified as a major need and following an application to the Department of Health, the Southern Health Board Health Promotion Department was invited to take a lead role in a Steering Committee which is developing health promotion materials which will be Traveller friendly. The membership of this committee comprises of representatives from Department of Health and Children, Southern Health Board, Mid-Western Health Board, Southern Health Network, Cork and Kerry VEC/Adult Literacy Schemes and Pavee Point.

Research Initiatives

Prior to the establishment of the Traveller Health Unit some research was carried out by the Southern Health Board in 1995 as a response to the National Health Strategy and as part of the development of an Action Plan for Traveller Health 1997-2000. This research took the form of:

- Questionnaire to Health Service professionals, e.g. GPs, AMOs, SCWOs,

Community Workers, Supt. PHNs and Hospital Matrons.

- Visits to Halting Sites, Group Housing Schemes and Schools
- Workshop for groups working with the Travelling Community in Cork City.

The Traveller Health Unit has established a Research Sub-group. In the past year this group carried out a Qualitative Research Study on the experiences of Travellers using the health services. The research was undertaken by means of focus group meetings with existing Traveller Women's groups throughout the region.

Traveller Awareness Training Programme

Lack of understanding of Traveller culture was identified as an issue from the workshops/discussions with Travellers on their use of existing services. In light of this the Traveller Health Unit decided to develop a Traveller Awareness Programme, which will be delivered to front line staff during the coming months. A pilot programme of ten sessions has been developed and will be jointly facilitated by local Traveller groups and the Board's Health Education Officers.

**Mary Murphy, General Manager
Community Services & Chairperson,
Traveller Health Unit
Margaret O'Donovan
Traveller Health Co-Ordinator**

WESTERN REGION

1995: Senior Public Health Nurse appointed with a regional remit to co-ordinate and develop Traveller Health Services.

1996: Traveller Health Unit established – Chairperson, Mary Syron

1996 – 2000 Initiatives in the region to date:

- ❖ In the period 1996 / 97 a seminar was held in each community care area – Galway, Mayo, Roscommon focusing on "Co-ordination issues in the provision of health care to members of the Travelling community". A report has been compiled for Galway and Mayo (copies available).
- ❖ Research: "Public Health Nursing and Health Service Provision to the Travelling Community" – an evaluation of antenatal care, post natal care and child health services – M Syron, October 1997.
- ❖ 1998/99 – **Traveller Friendly Service Programme** – an intercultural training programme devised in partnership with Galway Travellers Support Group for health board staff and voluntary bodies with the objective of making our health services more Traveller friendly was delivered. The

Dept of Public Health (October 1999) undertook an evaluation of this.

This project was the Irish winner of the European Health Promotion Award 2000.

The training programme for the training of facilitators has been written up and is available for others who wish to use it.

The second phase of this programme is now finished. This time around staff attend a 2-day training programme. Three members of the Travelling community acted as facilitators alongside health care personnel.

- ❖ **Two policy issues** were ratified by the Board of the Western Health Board in 1998:

1. The identification of Travellers on health records in order to improve the monitoring of health service utilisation.

2. The implementation of hand held records to improve continuity of care.

- ❖ In 1998 research was undertaken by the **Speech and Language Therapists** with children in the 3-5 year age group, who were in attendance at Traveller pre-schools in the region (52 children were assessed). The objective of the study was to determine if existing tests were suitable and to provide a profile of the Speech and Language of Traveller children in this age group.

As a result of this initiative, a designated Speech and Language Therapist was appointed to the region (July 2000) to undertake clinical work with Traveller families in Tuam, Co Galway and to implement a language stimulation programme in pre-schools in the region.

- ❖ An **information leaflet on intermarriage** was prepared and an information day was held with the objective of increasing awareness on this issue among personnel working with Travellers. This is a highly sensitive area. The small group of personnel who developed this liaises with the Disability Co-ordinator within the Board who is developing a strategic Plan for persons with disabilities within the region.

- ❖ In January 2000 a **Primary Health Care Training Programme** got under way in Galway City. Sixteen women are in attendance. The programme is run on a partnership basis with Galway Travellers Support Group and FAS.

The "Training for the Trainers" accredited programmes to take place at University College Dublin and the Public Health Nurse and Community Development

Worker involved in this programme are supported by the Board.

- ❖ In 2000, training was provided by the Health Education Department, for members of the Travelling community who wish to work as health education facilitators.
- ❖ Health education classes are provided by Public Health Nurses at various locations in the region. They also link with other educational programmes in the region, which are funded on a multi-agency basis.
- ❖ **The Board is in the initial stages of developing a Strategic Plan for Traveller Health for the Western Health Board region.** This process will be largely consultative involving members of the Travelling community, especially those providing front-line services to Travellers.
- ❖ A sub-committee of the Regional Planning Committee on Violence Against Women has begun to work with the Traveller Health Unit to provide education and awareness on this issue among Travellers.
- ❖ The Traveller Health Unit continues to maintain linkages with Local Authorities and other statutory and voluntary agencies in the region.
- ❖ Health care personnel are now members of the Management Teams at 3 of the Traveller Training Centres in County Galway.
- ❖ The Board has funded a part-time Youth Worker to support a drug awareness programme with Galway Travellers Support Group.
- ❖ Funding has been provided to support the employment of a Resource Worker and the establishment of a Traveller Resource Centre in County Roscommon. This initiative will provide for the start-up phase of an independent Traveller Support Group for the county.
- ❖ Training for Traveller representatives to work in the Traveller Health Unit is currently under way.
- ❖ Links have been established with the Prefasti project in Brittany, France, which is aimed at creating a professional training model for women of the Gypsy and Travelling communities. This is part of the Leonardo De Vinci programme.

**Mary Syron, Chairperson,
Traveller Health Unit,
Western Health Board**

TRAVELLER FRIENDLY SERVICES: THE WESTERN HEALTH BOARD EXPERIENCE

by Dr David S. Evans, Department of Public Health, Western Health Board

INTRODUCTION

Travellers are a distinct community within Ireland who are particularly disadvantaged compared to the general population in terms of their health status. They die at a younger age and suffer from diseases that are more characteristic of the developing world. The Traveller community are also disadvantaged in that they have experienced racism and discrimination from the settled community. In a survey of 200 Travellers throughout Ireland (O'Donovan et al, 1995)¹ it was reported that 35% of Travellers have ever felt discriminated by someone in the health services because they were a Traveller.

In an attempt to address the issue of poor health status, racism, and discrimination, a Government Task Force on the Travelling Community was established in 1995. One of the recommendations of the Task Force (Department of Health, 1995)² was that:

"All health professionals should receive training on the circumstances, culture of, and discrimination practised against Travellers, as part of their training. Service providers in frequent contact with Travellers should receive more in-depth training in intercultural and anti-discrimination practices. This training should also include a focus on Travellers' perspectives on health and illness. Travellers and Traveller organisations should play an active role in this training and education."

DEVELOPMENT OF TRAINING PROGRAMME

Following the Task Force Report, the Western Health Board set up a Traveller Health Unit. A key element of the Unit's terms of reference was to identify appropriate training for health service providers in order to improve their understanding of Traveller issues. Subsequently, a one day training programme was devised by Galway Traveller Support Group and the Department of Health Promotion, Western Health Board. The training programme was designed to improve negative attitudes towards the Traveller community and to make services more Traveller friendly. A total of 245 staff

from both the health board and voluntary bodies attended the training programme. The objectives of the training programmes were that participants would:

- ❖ Identify the main barriers to accessing services experienced by Travellers
- ❖ Identify the ways in which fear and prejudice can affect the way services are delivered
- ❖ Improve knowledge in relation to the health status of Travellers
- ❖ Identify one worthwhile way of making their particular service more Traveller friendly (a quality initiative for implementation on return to the workplace)

EVALUATION

The evaluation was undertaken by the Department of Public Health, Western Health Board. It intended to ensure that the training programme was fulfilling its objectives. It comprised a series of surveys in addition to group discussions. The following represents some of the key issues arising out of the evaluation:

1. Assessment of the Need and Relevance of the Course

Over half those attending the course had regular contact with Travellers and three quarters thought the training was applicable to their work environment. This, combined with the fact that half experienced difficulties dealing with Travellers, and a minority possessed inappropriate attitudes and beliefs towards Travellers demonstrated the relevance and need for the training programme.

2. Impact on Knowledge and Awareness of Travellers

The workshop has led to increased knowledge and awareness levels, both for the participants and the trainers. The vast majority of those attending the workshop had a better understanding of the barriers that Travellers experience and the effects of poverty on accessing services (72-80%). Over half believed that since attending the workshop they had become more sensitive to the needs of Travellers. Some

of the trainers commented that the workshop had also made them more aware of Traveller difficulties. This positive impact on knowledge and awareness can only be beneficial in the future delivery of services to Travellers.

3. Impact of Training on Beliefs/Attitudes

Although there was a tendency for participants to possess a more 'appropriate' attitude towards Travellers on undertaking the training, these changes were only slight and there did appear to be scope for further improvement. It must be noted however that the workshop only lasted for one day, and to expect dramatic changes in beliefs/attitudes may be unrealistic.

4. Quality Initiatives

The development and implementation of quality initiatives was a key element of the workshops as it was a means by which change could be initiated into the workplace towards a more 'Traveller friendly' service. On returning to the workplace, 40% of those attending the course were able to implement a quality initiative (e.g. the development of a strategy to encourage Travellers to attend appointments by giving options and emphasising the need for punctuality). Although it was hoped that more initiatives would have been implemented, it is worth noting that a third of those who did not implement initiatives had not been dealing with Travellers, and almost one quarter planned to shortly start their initiative. This suggests that more may be implemented in the future. In addition, it must be pointed out that at least 57 initiatives currently appear to be in place covering a wide variety of different areas. If successful, these in themselves may more than justify the time, money, and effort spent devising, planning, and implementing the workshops.

5. Perceptions of Key Elements of the Workshop

Each element of the workshop was viewed favourably by the majority of

participants. Additional comments received from the trainers and the participants gave a positive feedback with constructive suggestions for improvement.

Overall, the evaluation concluded that the training programme designed was a success, although a number of recommendations were suggested to enhance and further develop future training programmes. In the light of the evaluation, the training programme has now been extended to two days, which provides more time to develop quality initiatives. In addition, quality initiatives are now followed up to facilitate their implementation and Travellers are involved in the delivery of the workshops (which allows a greater insight into their culture).

RECOGNITION OF TRAINING PROGRAMME

Since the successful development and application of the training programme, a number of other health boards have used the training programme as a basis upon which to develop their own training programme. It is hoped that this will significantly enhance the friendliness of services for Travellers nationally. The success of the training programme has also been recognised by its selection as one of only two health promotion projects to represent Ireland in the European Commissions second European Health Promotion Awards. The awards aimed to encourage the exchange of experiences in health promotion throughout Europe. A summary of all award finalists was published and a website developed containing details of the projects (www.adesr.asso.fr/).

CONCLUSION

The Traveller friendly training programme is but one example of a range of initiatives currently being undertaken by the Traveller Health Unit of the Western Health Board. Other initiatives include a primary health care training scheme for Travellers, a survey of Traveller needs and service utilisation, and the development of a Traveller Health Strategy for the Western Health Board. It is hoped that such initiatives in addition to the development of a national strategy for Travellers will contribute to enhancing health and well-being of Travellers in the future.

*References available from
The Office For Health Gain*

POOR ACCOMMODATION AND ITS IMPACT ON TRAVELLERS HEALTH

A CASE STUDY BY CLONDALKIN TRAVELLERS DEVELOPMENT GROUP

by Teresa Howley, Clondalkin Primary Health Care Project

Clondalkin Travellers Development Group (C.T.D.G) was established in 1989 to address the needs of Travellers in the Clondalkin area. C.T.D.G is a partnership between Travellers and non-Travellers working to promote the rights of Travellers as a nomadic ethnic group within Irish society.

Clondalkin has a large population of Travellers, approximately 150-200 families at different times throughout the year. Travellers in the Clondalkin area face similar issues as those experienced at a national level.

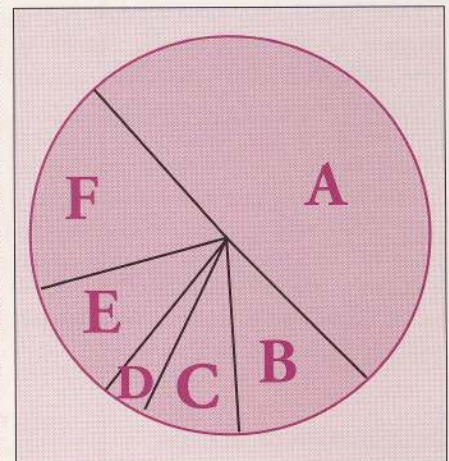
One of the main issues facing Travellers in Clondalkin is the lack of quality permanent accommodation, with many of the existing sites having poor or no basic facilities provided. This lack of basic facilities impacts on Travellers' health, access to health services and education facilities as well as access to employment opportunities.

Travellers in Clondalkin live in a range of different types of accommodation, including standard housing, group housing, permanent halting sites, temporary halting sites and unofficial roadside camps. Conditions and facilities provided in these different types of accommodation vary from no basic facilities at all to a full complement of facilities. Temporary halting sites are sites provided by the local authority; these sites were only seen as temporary measures but the reality is that many Traveller families have spent years on a temporary site. Also the facilities on many of these temporary sites are very limited, with at times only a cold-water tap and no shower or washing facilities.

As part of C.T.D.G's overall accommodation strategy an accommodation survey was carried out with Traveller families by the C.T.D.G accommodation worker in 1999.

139 families participated in the survey, many of whom have a long history of living in the Clondalkin area. (see diagram below for participants' current accommodation status.)

- A = 46% living in temporary halting site
- B = 12% living in permanent halting site
- C = 9% living in group housing scheme
- D = 4% living in standard housing
- E = 12% living in roadside camps
- F = 18% are transient families on roadside



It is important at this stage to give a snapshot of the current quality of provision for Travellers in Clondalkin. A summary of the conditions at the time of the study is striking:

The statistics highlight the fact that many Travellers are living without basic facilities. This has a direct effect on their health as without proper clean water, good sanitation facilities or regular refuse collection it is hard to imagine how a person can remain healthy under these conditions.

Under the Housing (Traveller Accommodation) Act 1998 all local authorities were legally required to adopt and implement a Traveller Accommodation Plan 2000-2004 for their local authority area. The plan is to address the sub-standard living conditions that many Travellers are presently living in. South Dublin County Council in their accommodation plan were to provide 240 permanent units of Traveller specific accommodation in South Dublin. South Dublin County Council are responsible for providing any permanent accommodation in their local authority area. This lack of permanent accommodation for travellers leads to further deterioration in their general health.

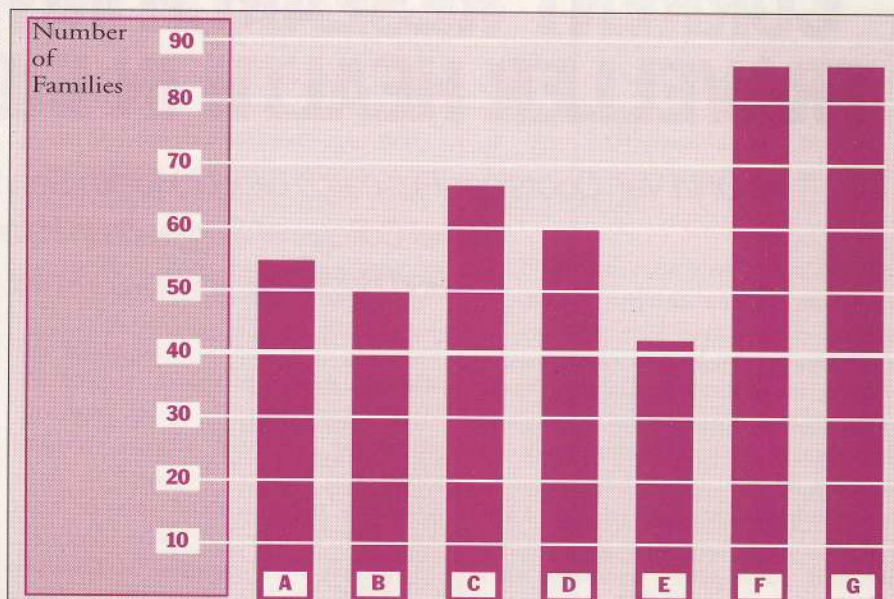
Surveys have been carried out in Ireland in order to establish the link between poor accommodation and its effect on health. The poor health status of Travellers' relative to the settled population has been well documented in recent years. *The Traveller Health Status Study (HRB, 1987)* reported some alarming statistics; these statistics have already been highlighted previously in this journal.

C.T.D.G carries out a Primary Health Care Initiative with Traveller women in the Clondalkin area. This Initiative trains Traveller women as Community Health Care Workers.

As part of this initiative the participants on the programme under took a project to establish the links between poor accommodation and its effect on health. The participants carried out an environmental health profile in the area. This involved a number of aspects:

- ❖ A case study was carried out on a local authority halting site, exploring living conditions, environmental conditions and distances to health services. The participants spoke with residents on the sites who highlighted the fact that rat infestation was a major problem as well as toilets broken or showers not working properly and other maintenance issues. This site was at least 3-4 miles from a local health centre.
- ❖ A survey was conducted with a number GPs in the area and the specialist Public Health Nurse to gather information on the types of illnesses Travellers are presenting with and linking these with poor living conditions. All of the health professionals interviewed felt that illnesses Travellers were presenting with can be

SUMMARY OF CURRENT CONDITIONS



- A - Families without access to Water
- B - Families without access to working Toilets
- C - Families without access to Showers
- D - Families without access to Washing Machine
- E - Families without Refuse Collection
- F - Families without Fire Safety Precautions
- G - Families without a Domestic Telephone

directly related to poor living conditions and little or no access to basic facilities such as water, toilets, and electricity or rubbish collection.

- ❖ Health statistics from Cherry Orchard hospital showed that in the year 1998 79 Traveller children (not all from the Clondalkin area) were admitted to the hospital with a range of illnesses such as Gastro-enteritis, Bronchitis, Upper Respiratory Tract Infections. Of these 79 children, 41 had re-admissions to the hospital for similar health problems.

It is difficult to know how many Travellers access health services or hospitals locally as there is no formal process of data collection on Travellers (in the context of their ethnicity) using health services.

Another cause of concern for Travellers' health is the location of these sites. Many county council halting sites (not just in Clondalkin) are built near canals, dumps or huge electricity pylons. Many sites are located away from any services, whether health or other services. This further reduces Travellers accessing local health services, as sites may not be on a public transport route thus making it difficult to keep hospital appointments, have follow-up treatment or access preventive services.

From the statistics above regarding the current living situation in Clondalkin 30% of Traveller families are living on the roadside in unofficial sites. A common feature of life for Travellers on the roadside is one of evictions and for some, of repeated evictions. A staggering majority of Travellers in Clondalkin (55%) indicated that at some point their family had been evicted or moved on from where they were parked with 32% having experienced evictions repeatedly. All these families indicated that an eviction is a severely traumatic experience for their family and can have emotional and psychological effects. It also means an interruption in education for children, an inability to keep health appointments and leads to stress and depression in some family members.

The accommodation situation and its impact on Travellers health cited above is a case study of Clondalkin. Through networking with other Travellers organisations nationally this experience, unfortunately, is similar for most Traveller families in Ireland today. The lack of permanent Traveller specific accommodation around the country needs to be addressed immediately if Travellers health is to improve in any significant way.

CURRENT RESEARCH INITIATIVES ON TRAVELLER HEALTH IN IRELAND, 2000

by Onja Van Doorslaer, Research Officer Health Services Research Centre,
Royal College of Surgeons in Ireland
and Brigid Quirke, Pavee Point

Much research has been conducted and is ongoing in relation to Traveller health issues. Many organisations throughout the country with a central focus on Traveller Health issues have commissioned independent studies to date. There is an increasing trend to use more qualitative and participatory methods when gathering information on Traveller issues. Many groups and organisations are now training Travellers to carry out research in partnership with statutory bodies on a wide range of issues. However, it has been recognised that it is necessary to co-ordinate the research that is being commissioned throughout the country to avoid the duplication of studies. This would also ensure that information gathered is made available to all those working in the area and thus put to constructive use in policy and project planning.

This article provides two examples of research that has recently been completed in relation to Traveller Health. Following that is a list of recently completed and ongoing studies throughout the country.

1. THE TALLAGHT HOSPITAL STUDY*

In 1999, research was commissioned by the Traveller Health Unit in the Eastern Health Board region, to examine the use of hospital services by the Traveller community. The hospital in question was the Adelaide and Meath Hospital Dublin, Incorporating the National Children's Hospital (AMINCH). The aim of this study was to provide an assessment of the uptake, utilisation and disease pattern of Travellers using acute adult and children's hospital services. This study also aimed to explore the opinions and experiences of Travellers in relation to the utilisation of hospital services.

The methodology of this study was divided into two phases:

Medical record audit with Traveller Patients

A questionnaire was used to examine medical records consisting of 6 sections

including demographic data (gender, age, address), pattern of use of hospital services, disease pattern, use of inpatient, outpatient and A&E services. Medical charts and hospital databases on those Travellers using hospital services from June 1998 to June 1999 were identified. 182 people were identified as Travellers on the hospital databases. Information was collected for 135 people and was representative of 74% of the overall sample. The sample consisted of 79 children (84% of all Traveller children using hospitals services from June 1998 to June 1999) and 56 adults (64% of all adult Traveller using hospital services during the above time period). Further research has been commissioned to support these findings with national comparison data.

FOCUS GROUP DISCUSSIONS WITH TRAVELLERS

As part of the research, focus groups were held with Travellers in Tallaght and Clondalkin. The aim of these focus groups was to explore the opinions and experiences of Travellers in relation to the appropriateness and utilisation of the hospital services. Although the Tallaght hospital was involved in the research, the information gathered during the qualitative phase of the research referred to Travellers experience of other hospitals in the Dublin area, as the first case study, in particular, highlights.

In the course of these focus groups the women spoke about their own experiences of using hospitals, and the general access and experience of health care. A number of women experiences were described in more detail and as a result, some individual cases studies emerged from the focus groups.

** This research was carried out by two independent researchers. The quantitative section was completed by Kathryn McCarthy, Health Services Research Centre, Department of Psychology, Royal College of Surgeons in Ireland. The qualitative section*

was completed by Deirdre McCarthy, Social Research Unit, Community Technical Aid. The report on this research when published, will be available from the Traveller Health Unit in the Eastern region.

2. BASELINE HEALTH SURVEY TO IDENTIFY THE HEALTH NEEDS OF TRAVELLERS BY TRAVELLERS FOR THE PRIMARY HEALTH CARE FOR TRAVELLERS PROJECT IN COMMUNITY CARE AREA 6 IN NORTH DUBLIN*

The Traveller Community Health Workers (TCHW's) undertook training on skill development, capacity building and community development as part of the PHC for Travellers project. These skills allowed the TCHW's to design and carry out their own baseline needs assessment which identified and articulated the health needs of Travellers in their area. A needs assessment of the health problems of Travellers in the project area was essential if appropriate prioritisation of activities was to occur. The following objectives were identified for the survey:

- To facilitate the community to participate in the planning, identification and prioritisation process.
- Provide a baseline of information about Travellers (i.e. to give a baseline of disease pattern and utilisation of service at the time before starting the programme).
- Inform policy making at all levels of the Eastern Health Board (now the Northern Area Health Board).
- Ensure the development of culturally appropriate and sensitive health services for Travellers.
- Inform the Traveller community of the findings regarding their health and illness experience.

METHODOLOGY

On completion of their skills training course the TCHW's designed a needs assessment which included quantitative

and qualitative methodologies i.e. questionnaire; focus groups to identify the needs, views and opinions of their community and semi-structured interviews to elicit the views of the health service providers in the area.

Piloting of the questionnaire was done with nine Travellers, who were attending training at Pavee Point, and were from outside the selected target areas. Two issues were identified: the need to stress confidentiality and to give Travellers permission to refuse to participate in the questionnaire.

THE SURVEY

The TCHW's visited the site and held meetings with the community in advance of the survey to let the residents know of the intended visit and set appropriate times to visit. Often they would call the evening preceding the visit to remind them to expect the community health workers next morning. The sites were surveyed simultaneously between 11.00 am - 2.00pm or else in the evenings after 7.00pm to facilitate Traveller women with domestic and child-rearing duties.

A community health worker asked the survey question and another person recorded the answer. Invariably the respondents were women, usually a mother or a grandmother. The majority of the TCHW's had no literacy skills but asked the questions in a conversational format and recording the answers creatively. Each interview took an average of 40 minutes to complete. The completion of the baseline survey by the Traveller community health workers was important because the participatory process was facilitated and was one of the first steps towards Traveller community involvement in the primary health care project. This self-survey by the Travellers also afforded them with the opportunity to reflect on their own health experience and to share it with each other. The baseline survey also helped the community health workers to practice some of the skills acquired during the training (e.g. interview technique, listening skills etc.)

FOCUS GROUPS

The purpose of the focus group was to explore, through informal discussion the perceptions held by Travellers of the barriers to accessing health services and how to overcome them.

This was the first time Travellers were involved in this process; in the past their

needs were assumed or identified by health professionals. The results of the survey (some of which are outlined below) were fed back to the community and they prioritised their needs and suggested changes to the health services, which would facilitate their access and utilisation by Travellers. The results were also fed back to the health service providers, and then a joint workshop took place between the Traveller community and the health providers where an agreed set of priorities and interventions were drawn up. The health workers then set about implementing these interventions. This was a very effective exercise as it facilitated the participation of the community in defining needs, setting priorities and outlining the interventions and it provided baseline data on the current access and use of services by Travellers. This process has been critical to the success of the project as people are engaging and are confident to articulate their needs and participate in the process in an ongoing way.

RESULTS

A total of 89 families were identified on the five sites to participate in the survey. Only one woman refused to answer the questionnaire, giving a total of 88 completed questionnaires, all the five sites were surveyed simultaneously. The total population was 427 and the average family size was 5 persons, the range was 1-14 person. The majority of respondents (58) had a partner and 54 had children living with them at the time of the survey. The total number of children was 214. In addition, twelve respondents reported that they shared the bay/yard with them.

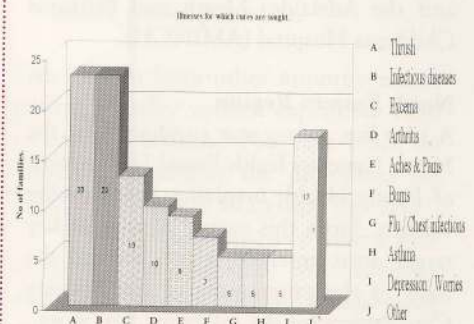
Accommodation

The majority of respondents' (55) lived in trailers, and the remaining respondents lived in group housing schemes. Over half of the trailer dwellers (37) each lived in one trailer and the average number of persons in each trailer was 5.3. Furthermore, 15 respondents had two trailers each with an average number of 7.5 persons per two trailers and 3 respondents had three trailers each with an average number of 10 persons per three trailers. Thirty eight per cent had lived in the same site/accommodation for 1-5 years and twenty-three per cent lived in the same place for less than 1 year. Of the 88 families surveyed, 2 had other relatives living with them apart from grandparents and children. One family had a grandson living with them

and the other had a grandson, sister and daughter-in-law.

Illness

71 of the 88 families surveyed attributed living conditions as responsible for Travellers having more illness than others; 11 families attributed it to the fact that they lived beside dumps. The vast majority of Travellers (81%) said they use healers. This is an important finding given the proposed intervention by community health workers. The tendency for Travellers to seek cures is already known. Illnesses for which cures are commonly sought are shown in Table 1

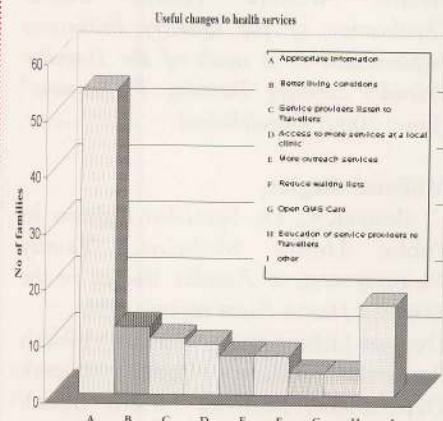


As will be seen from the Table cures are most commonly sought for thrush, or infectious diseases or other illnesses such as exema.

Issues relating to use of Health Services

The most common reason given for not understanding their entitlements within the health services, was a lack of information on how to use the service - this reason was given by 76 of the respondents. Other reasons given included; a lack of information on the need for a check-up; literacy difficulties; being unable to wash in order to prepare themselves for an appointment.

The respondents were asked to suggest changes to the health services which they thought would be useful. The responses are shown in Table 2



It will be seen from the Table that appropriate information was considered by the families to be the most useful change to the health services.

**This survey was conducted by the Primary Health Care for Travellers Project – which is now a partnership between Pavee point and the Northern Area Health Board.*

SOME RESEARCH PROJECTS RECENTLY COMPLETED OR ONGOING.

Eastern Region

'The use of hospital services by the Travelling community' commissioned by the Eastern region Traveller Health Unit and the Adelaide, Meath and National Childrens Hospital (AMINCH).

North Eastern Region

A base line survey was conducted by the North Eastern Health Board Department of Public Health involving 108 Traveller women. From this survey a range of key target areas emerged which formed the basis of the programme of the Primary Care Project for the following two years.

Western Region

O'Nuallain S. and Forde M. *"Changing Needs of Irish Travellers: Health, Education, and Social Issues"*. Woodlands Centre, Galway, 1992.

Western Health Board. Report of Service Planning Group on *'Travellers Health'* (1996) Unpublished.

Syron M Western Health Board. *"Public Health Nursing and Health Service Provision to the Travelling Community"* - an evaluation of antenatal care, post natal care and child health services. (October 1997) unpublished.

Evans. D Department of Public Health, Western Health Board. *"Evaluation of Traveller Friendly Services Training Programme of the Western Health Board"*. (October 1999)

Haughey D Department of Public Health, Western Health Board. *"Evaluation of the Quality Initiatives Implemented as a result of the Traveller Friendly Services Training Programme"* (June, 2000) Unpublished.

Midland Region

Bonner, C, Dr. Specialist registrar in Public Health Medicine. *'Family Planning needs of Traveller Women in the Midland Health Board region'*. 1996

Duggan-Jackson, A. Public Health Research Officer, Public Health Department, Midland Health Board.

'The voice of Traveller Women through research' A health needs assessment Survey of Traveller Women by Traveller Women in the Midland Health Board region, 2000.

Brennan, Carmel, Research Officer, Public Health Department, Midland Health Board *'Intercultural Staff Awareness Training Programme Evaluation Report'*. 2000

Mid-Western Region

Ryan, W. *'Our Home Town'*. A study of Rathkeale's Travelling Community 1990 - Unpublished, available from Limerick County Council.

'The Health and Welfare Status of the Travelling Community in the Mid-West Region': A Discussion Document. 1995 - Available from the Mid-Western Health Board.

'Different but equal' - a study of the unmet needs of Travellers in Limerick City and environs. Limerick Traveller Development Group (1997)

'Listening to Travellers' - a report of the Travellers needs in the West Limerick area. West Limerick Resources Ltd. (1998)

'Travellers perceptions and experiences of maternity and early child care services'. This research was carried out by The Centre for Health Promotion studies, N.U.I. Galway and was due to be published in December 2000.

As a number of Traveller women have received some training in the research process, it is proposed that further training will be provided to up skill these women in the next phase, while ultimately adding to the body of knowledge on Traveller Health in the Mid-West region. In consultation with Travellers and Traveller organisations, mental health has been identified as a priority area requiring research.

North Western Region

Research has been undertaken in the North Western region on:

- Population profile of Travellers,
- Living conditions and health impacts,
- Travellers' perceptions of the health service, Health Board and Local Authority.

Southern Region

Prior to the establishment of the Traveller Health Unit some research was carried out by the Southern Health Board in

1995 as a response the National Health Strategy and as part of the development of and Action Plan for Traveller Health 1997-2000. This research involved questionnaires to Health Service professionals e.g. GPs, AMOs, SCWOs, Community Workers, Supt. PHNs and Hospital Matrons.

The Traveller Health Unit has established a Research Sub-group. In the past year this group has carried out a qualitative research study on the experiences of Travellers using the health services. The research involved focus groups with Traveller Womens groups throughout the region.

RESEARCH BY TRAVELLER ORGANISATIONS

Traveller organisations have also commissioned or conducted their own research and reports on Travellers Health.

Pavee Point

'The Health of Traveller Women' - research commissioned by Pavee Point and the Eastern Health Board and carried out by Niamh O'Reilly - December 1997

'Drugs and the Traveller Community' research commissioned by Pavee Point and carried out by Louise Hurley - August 1999

'Traveller Women and Male Domestic Violence' - research commissioned by Pavee Point will be available by April 2001. An article based on the project has been published by the Community Workers Co-operative.

'Pavee Children' - A Study on the Childcare Issue for Travellers (current context, Travellers' own views on childcare and the requirements for the provision of childcare facilities for Travellers.)

Baseline studies have also been conducted on the health needs of Travellers by the Traveller community health workers in Blanchardstown and Finglas, as part of the Primary Health care for Travellers Project which is a partnership project between Pavee Point and the Northern Area Health Board. Selected results are already outlined in this issue.

Primary Health Care for Travellers Project (Project Report 1995)

Primary Health Care for Travellers Project - Implementation Report 1996-1999.

These reports are available from Pavee Point or the Eastern Region Traveller Health Unit

Northside Travellers Support Group

Travellers' Health and Accommodation Status in the Coolock Area. Published by Northside Travellers' Support Group in 1994

Finglas Travellers Movement

Travellers in Finglas *A Community Profile and Needs Analysis of Travellers in the Finglas Area*. A report commissioned by the Finglas Traveller Movement and carried out by Paul Quinn in 1998

Research Commissioned for the preparation of the Health Chapter in the Task Force Report on the Travelling Community 1995

Patricia McCarthy and Associates and the Centre for Health Promotion Studies, UCG, *Health Service Provision for the Travelling Community in Ireland*: Dublin, 1995.

RESEARCH ONGOING

Pavee Beoirs Breaking the Silence: Racism and Violence Against Women commissioned by Pavee Point.

The Donegal Travellers' Project are currently carrying out qualitative research on Traveller perceptions of the health services and identifying key factors affecting

Traveller health. This research will be completed by the end of March 2001.

RESEARCH DUE TO COMMENCE

Phase two of the Tallaght Hospital study is due to commence in April, 2001 and aims to source comparative data with which to compare the findings of the medical record audit already carried out. This piece of research has been commissioned by the Eastern region Traveller Health Unit and will be carried out by the Health Services Research Centre, Department of Psychology, Royal College of Surgeons in Ireland.

The Eastern region Traveller Health Unit has also commissioned a piece of research that will look at the current perspectives held by health service providers towards the Travelling community. The findings of this will be compiled with baseline data from the Travellers survey on health service use in Community Care Areas 8, 7 and 6 in Dublin. This study commences in June, 2001 and will be carried out by the Health Services Research Centre, Department of Psychology, Royal College of Surgeons in Ireland in conjunction with Traveller researchers from Pavee Point.

OTHER RESEARCH REPORTS

Barry Joseph, Herity Bernadette and Solan Joseph; *The Traveller's Health Status Study*; Vital Statistics of Travelling People (1987) Health Research Board: Dublin 1989.

Ginnety P, *The Health of Travellers*; Based on a Research Study with Travellers in Belfast; Eastern Health and Social Services Board, Belfast, 1993

Conclusion

In an attempt to regularise and co-ordinate the research that is currently being carried out in relation to Traveller health issues, the National Traveller Health Advisory Committee and the Department of Health and Children have requested that independent research be put on hold until the National Travellers' Health Strategy is adopted.

One of the recommendations under consideration is the establishment of a national Working Group on Traveller Ethics and Research.

Supporting Better Relations between Travellers and Settled People through Mediation

In Ireland the relationship between the Traveller community and the majority population is one which is often characterised by hostility, prejudice, discrimination and conflict.

The Report of the Task Force on the Travelling People (1995) underlined the need to improve the relationship between Travellers and settled people in the context of respect for cultural diversity. In response to the recommendations of the Task Force, a Mediation Service was established under the auspices of

Pavee Point Travellers' Centre in September 1999.

The Mediation Service aims to support better relations between Travellers and settled people by encouraging these two culturally diverse communities to develop creative responses to conflict through dialogue and to find new ways of living with difference.

For further information on the Mediation Service, please contact Caroline Keane at Pavee Point (telephone 01-8780255, fax 01-8742626, email: mediation@pavee.iol.ie)

MAINSTREAMING EQUALITY: TRAVELLERS ACCESS TO THE HEALTH SERVICES CHALLENGES AND RECOMMENDATIONS

by: Ronnie Fay and Brigíd Quirke, Pavee Point.

CHALLENGES AND RECOMMENDATIONS

"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"

Task Force on the Travelling
Community 1995

THE CHALLENGES

1.1 The provision of culturally appropriate health care for Travellers.

The Task force on the Travelling Community devoted a chapter of its report to the topic of culture, thus underlining the importance of taking Traveller Culture into account in service provision.

As such, culturally appropriate provision needs to take on board both the tangible and intangible dimensions to culture. It must accommodate not only what people do, but also, their values or what they think and perceive. It must also take account of discrimination at both individual and institutional levels. The Task Force identifies discrimination at these levels in the following terms:

"discrimination at the individual level is most common when a Traveller seeks access to any of a range of goods, services and facilities, to which access is denied purely on the basis of their identity as Travellers."

And:

"at the institutional level three mechanisms are identifiable whereby discrimination against Travellers may occur:"

- *Procedures and practices can reflect a lack of acceptance of Travellers' culture and identity* e.g. GMS (General Medical Services) Card i.e. the medical card, which has to re-applied for in each health board region (this can take approx. six months, from date of acceptance by a local GP, this procedure does not allow for Traveller nomadism.

- *Travellers can be segregated in the provision of various services* e.g. the centralised supplementary welfare system at Castle Street, Dublin
- *Legislation, policy making and provision can be developed without account being taken of their potential impact on a minority cultural group such as the Travellers*, e.g. the decision that immunisations be administered by G.P.'s may impact negatively on Travellers being targeted for the service and on their receiving adequate follow-up because G.P.'s don't have an outreach capacity, and also, Travellers may not be registered with a G.P. due to nomadism.

The Task Force also states that discrimination at the institutional level is more often *"indirect and without intent"*. Indirect discrimination is defined as being visible in policies or practices that produce outcomes that adversely affect a significantly higher proportion of Travellers than settled people e.g. the differential health status of Travellers.

Health Services need to be flexible in their delivery to respond to the needs of Travellers, but the criticism is made that the provision of culturally appropriate services is expensive and requires additional resources. In the main it may be just about using available resources in a different way to increase the impact of the services. Additional resources may be necessary in the short term to set up the services but once established they are more effective and should reduce cost in the long term.

1.2 Participation of Travellers and Traveller organisations in health policy, planning and services.

The Task Force on Travellers acknowledged the important role that Traveller organisations play: *"They have made a significant contribution to creating the conditions needed for new initiatives to be developed in response to the situation of the*

Travellers". According to the Task Force they also contribute to *"creating a forum where Travellers, with the support of settled people, can come together to formulate their interests and needs and to define a policy agenda that reflects these."*

Facilitating the participation of Travellers in the planning process will address the assumptions that are made about people's equality of access to health services. The current planning structure treats everybody equally and this responds to the needs of a certain proportion of the population. But it assumes that all segments of the population are equal and have equal levels of literacy; language; education; information; and physical and financial access to services; therefore it excludes special needs groups. Health services need to be challenged to be flexible in the delivery of services to respond to the needs of these groups. This can be done by facilitating the participation of Travellers and Traveller organisations in the planning process.

Traveller organisations should be acknowledged as key channels of communication at a policy level. Traveller and Traveller organisation participation needs to take place at a number of levels:

- ❖ in policy development and health advocacy
- ❖ in health planning;
- ❖ in service delivery;
- ❖ in prioritisation of resources;
- ❖ in monitoring and evaluation;
- ❖ as employees of the health service - whether as primary health care workers, nurses, or doctors. There is a need to develop appropriate training channels to make this possible and there is also a need for affirmative action programmes such as identified positions for Travellers, as recommended by the Task force, to be developed.

It is important to acknowledge that effective participation by Travellers and Traveller organisations at all levels from

needs assessment to evaluation, will require additional resources. These resources may be used to employ community workers, fund capacity building training, primary care projects and administration costs. The Report on 'Equality Proofing' commissioned by the Partnership 2000 Working Group, acknowledged the crucial role Non Governmental Organisations can play in policy development and the need to facilitate their participation. They stated that:

"Valuable time and resources can be saved if the concerns of affected interest groups are integrated into all stages of the policy process Ensuring greater participation by target groups would require changes in existing mechanisms for consultation and decision-making. Greater consideration must be given to the measures required to encourage and to enable participation by target groups in all stages of planning, implementation, monitoring and evaluation."

1.3 The provision of targeted and mainstream health responses

Given the poor health status of Travellers a combination of both targeted and mainstream health responses is essential. These strategies are not mutually exclusive and a combination of both is essential at this point in time

Affirmative action:

The Task Force clarifies the difference between segregation ("an imposed setting apart of a group") and provision which is designed to advance positive resourcing and affirmative action policies ("where participation is by choice").

"Targeting" or affirmative action is required in addressing the health of Travellers to counter past disadvantage (in terms of services, resources and opportunities). Targeting is also required in terms of capacity building where Travellers can develop their analysis and understanding of health issues and develop more control over their own health agenda. Targeting is also required in developing services that perhaps only Travellers need.

Models of affirmative action can be seen within the Primary Health Care for Travellers Project², where a number of designated clinics have been provided. These clinics complement mainstream services and facilitate Traveller access to particular services. One example is the provision of designated dental clinics,

which are run in the evening time and see whole families together as suggested by Travellers. This initiative has been very successful. Another welcome change is the appointment of a number of specialised health personnel e.g. Public health nurses with a special brief to work with Travellers.

However, targeting, should be accompanied by the naming of Travellers as a focus for mainstream provision. It is impossible to mainstream without having some targeting initiatives. Targeting creates the conditions for mainstreaming through developing information awareness, analysis and policy positions. Mainstreaming is an essential part of the solution for Travellers health status. However mainstreaming does not mean integration into existing services, it means that services change so they are relevant and accessible to both Travellers and other minority ethnic groups as well as the majority population. It means we have ethnic pluralism in health where health provision is intercultural.

1.4 To change the status of Travellers in Irish society.

Changing the health status of Travellers requires not just a health care strategy. A much broader ranging strategy is essential. Issues of citizenship and participation; education and employment; poor accommodation and inadequate services; racism, sexism and other forms of discrimination have all to be addressed. Health strategies need to impact on these issues and be co-ordinated and integrated with them. It requires co-ordination, information sharing, dialogue and co-operation between a variety of actors and sectors. Multidimensional strategies are required to address the health status of Travellers in a manner that addresses and removes root cause or current inequality.

1.5 To recognise that Travellers are not a homogenous group.

Travellers have a lot in common with each other. They share cultural values, beliefs and behaviours. This has to be central to addressing their health needs.

However, there is a need to acknowledge different needs and priorities for different groups of Travellers. Too often different interests within the Traveller community are ignored. There is an expectation that all Travellers have the same experiences, needs and desires. We need to

move beyond viewing different needs of Travellers by their accommodation status and recognise rather the different interests of young and old Travellers; of Traveller men and Traveller women; of Travellers with a disability or other special needs. We need to focus on what implications their different perspectives and interests have for health responses. It is important that there are affirmative action initiatives within the Traveller community, for example it is essential that specific policies and resources are targeted at Traveller women and Travellers with a disability.

1.6 To acknowledge the need for the identification, collection and collation of desegregated data for Travellers in the health services, including health education and training.

Currently, due to the lack of desegregated data it is very difficult to plan provision of health services effectively or to measure equality of access, participation or outcome for Travellers health. In the Task Force Report it was pointed out in the various sections that the planning process of services was being seriously hampered by this lack of accurate data. The report recommended the putting into place of mechanisms to identify, collate, and analyse data on the access and outcomes for Travellers of the various services including health, education and training, taking cognisance of the data protection implications.

Since the Task Force Report was published, Pavee Point has developed initiatives in this area of need. Our Integra project, in partnership with the Department of Education and Science and FAS, piloted the development of administrative procedures, including ethnic monitoring and tracking mechanisms. Our health programme has been working on the piloting of an ethnic question to identify Travellers on the RICHHS (Child Health Record System) with the Eastern Regional Health Authority.

Pavee Point believe these systems have the potential to contribute significantly to the improvement of outcomes for Travellers in the health services. However, it has to be done within a framework of overall ethnic monitoring as part of a strategy to achieve equality through mainstream service provision.

RECOMMENDATION TO RESPOND TO THE CHALLENGES:

❖ **Ethnic Equality monitoring:**

The Department of Health and Children should devise a system of identifying Travellers on all health record systems within the context of Ethnic equality monitoring. These figures alongside information from census data can be used assist in planning services and identifying gaps in provision of health services to Travellers.

❖ **Supporting targeted initiatives.**

These should include; Traveller health advocates or community health workers; mobile clinics; specialist public health nurses and Traveller health advisors providing resource in appropriate ways. A dimension of this targeting should include partnership between community organisations and the statutory sector.

❖ **Mainstreaming Travellers and Traveller issues**

into all policies and services. This will involve introducing a Traveller proofing mechanism into all dimensions of the health service. Policy development and the implementation of services should be assessed for their ability to include Travellers and respond appropriately to their needs. Travellers must be named in all documents relating to health policy. The explicit naming of Travellers as a specific group with specific needs and concerns will go some way to ensuring that they are included in all strategic plans. This recommendation is based on the principle that where Travellers are not named, their distinct needs remain unmet.

❖ **Initiatives to address the specific needs of particular groups of Travellers.**

This should include a focus on women; older Travellers; youth; Travellers with a disability

❖ **Facilitating the employment of Travellers in health services.**

This should include the use of identified positions as recommended by the Task Force with special access criteria applied to certain jobs serving the Traveller community to increase the chances of Travellers taking these posts e.g. child-care workers; refuge staff; community health workers. Affirmative action programmes are also required in creating training channels where it would be possible

for Travellers to be employed as nurses, doctors or in other health professions. These would include having reserved places on courses; special bursaries; awards for training institutions and other incentive strategies.

❖ **Effective Participation of Travellers and Traveller organisations in policy development and the prioritisation and application of resources.**

This would involve partnership in the activities of health institutions. It would mean adequately resourcing Travellers and Traveller organisations to participate meaningfully at all levels i.e. needs assessment and prioritisation; planning and design; implementation and evaluation. It means creating additional positions for Traveller organisations on regional and national committees, so support can be provided for Traveller representatives to engage effectively in the process, while acknowledging the imbalance in the power relationships. It is only in this way that a truly responsive health service will be achieved, that is a service which is based upon and led by health service user needs.

❖ **Health advocacy needs to be identified as a role for health institutions.**

As demonstrated earlier in this issue, the living conditions and economic circumstances of Travellers particularly affect their health status. A key priority and principle of any Traveller health strategy must be to recognise the role of health institutions as health advocates. This would require a commitment to ensure that the Department of the Environment, and the local authorities have a role in developing health/safety standards for the design of Traveller sites.

❖ **In-service training should be resourced and prioritised.**

All health professionals as part of their vocational training should have an introduction to Travellers culture and issues. The focus for this training should ensure the development of the skills necessary to provide an inter-cultural service and ensure an anti-racist context.

Specific on going training modules should be developed and supported for health personnel working with Travellers.

Local Traveller groups - supporting/ resourcing/informing their involvement in developing partnerships and encouraging their participation also requires training.

CONCLUSION

There are currently very positive indicators and opportunities for change that the statutory and Traveller organisations have to exploit. There is the changing context in relation to the new equality legislation and the establishment of the Equality Authority. In the area of Travellers health there is a growing commitment at all levels to address the health status of Travellers, with the establishment of the National Traveller Health Advisory Committee and the Traveller Health Units at regional level. Since 1998 additional resources, specifically targeted for Travellers health have been realised from the Department of Health and Children, and a National Policy on Travellers health is being prepared by the national committee. New understandings, new commitments and new approaches have taken time to develop. Efforts and commitment can only be maintained if concrete change for Travellers materialises in the very short term. However, the task is to ensure these mechanisms are working effectively to create change and not to underestimate the needs, the urgency and the challenges.

Meningitis C

The national immunisation programme launched by the Minister for Health and Children is now well under way

PRIMARY SCHOOLCHILDREN

The next age groups being immunised are:

- 5 to 6 year olds
- and most other primary schoolchildren.
- this is taking place between now and the end of June.
- some children will be immunised in schools, others by their GP.
- immunisation is free.
- each Health Board is advising parents by letter about the arrangements in their area

Pre-school children up to 4 years of age and 15 to 18 year olds have already been offered vaccination in the first phase of the programme.

For anyone in these groups not yet immunised, their GP or student health service should be contacted immediately for vaccination.

If you have any doubts or require further information, phone your Health Board helpline.

EASTERN REGION:

East Coast Area
Health Board
1800 77 77 37

Northern Area
Health Board
1800 77 77 37

South Western Area
Health Board
1800 77 77 37

North Eastern
Health Board
1800 77 55 44

North Western
Health Board
1800 28 23 82

Midland
Health Board
1800 72 72 82

Mid Western
Health Board
1800 22 50 25

South Eastern
Health Board
1800 49 49 50

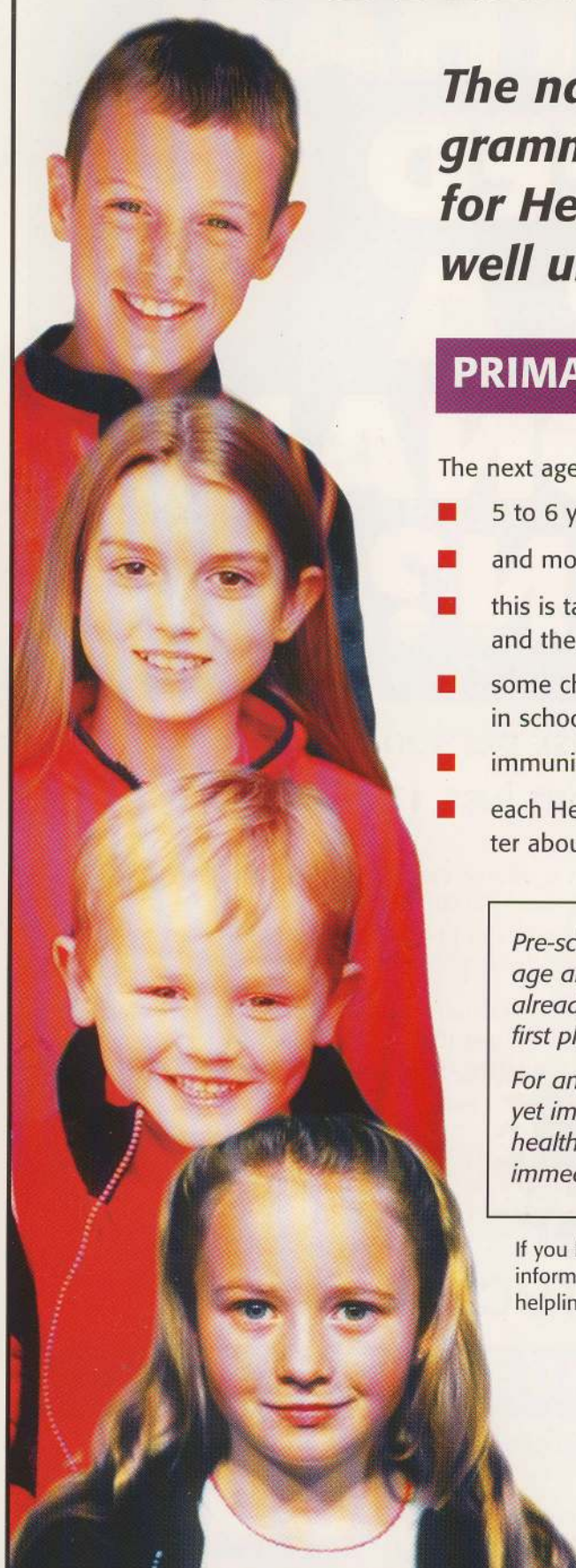
Southern
Health Board
1800 74 27 46

Western
Health Board
1800 62 22 11



A message from your
Health Board through
THE OFFICE FOR
Health Gain

www.meningitis.ie



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£10,000	5 YEARS	£213.30

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