

PROPOSALS FOR

# Traveller Inclusion in the Development of Primary Care Teams



Pavee Point  
Travellers Centre

**TRAVELLER HEALTH**

## Policy Context

Over the last number of years, we have been working to realise our vision for primary care services whereby the health of the population is managed, as far as possible, within a primary care setting, with population very rarely requiring admission to a hospital, those with additional or complex needs having care plans developed with their local Primary Care Team (PCT) who coordinate all care required with specialist services in the community and, for hospital attendance, through integrated care pathways. The PCT is the central point for service delivery which actively engages to address the medical and social needs of the community.



According to the HSE's National Strategy for Service User Involvement in the Irish Health Service: 2008-2013, the service user should be central to their own care and to the design and delivery of health and personal social services; resulting in more appropriate services of a higher quality with increased service user compliance and satisfaction.

A Joint Community Participation in Primary Care Funding Initiative was established in 2008 by the Combat Poverty Agency and the HSE to enable community based projects to demonstrate how community participation can be of benefit to the development of PCTs. 19 projects were funded and one of these was based in Pavee Point Traveller and Roma Centre.

Primary Health Care for Travellers Projects (PHCTPs) established a model for Traveller participation in the development of health services. Travellers work as Community Health Workers, allowing primary health care to be developed based on the Traveller community's own values and perceptions to achieve positive outcomes with long-term effects.

The strategic direction of Traveller health care is outlined in the National Traveller Health Strategy 2002-2005 [[http://www.paveepoint.ie/temp/site3/wp-content/uploads/2011/03/traveller\\_health.pdf](http://www.paveepoint.ie/temp/site3/wp-content/uploads/2011/03/traveller_health.pdf)] and the National Intercultural Health Strategy 2007-2012 [<http://www.paveepoint.ie/temp/site3/wp-content/uploads/2011/03/Intercultural-Health-Strategy.pdf>].

The HSE has also developed an Intercultural Guide for staff to help them deliver care to people from diverse religious and cultural backgrounds, including Travellers.

## **IMPORTANCE OF INCLUDING TRAVELLERS IN PRIMARY CARE TEAMS**

Travellers are particularly disadvantaged in terms of health status and access to health services. Generally speaking, they suffer poor health on a level which compares so unfavourably with the settled community that it would probably be unacceptable to any section thereof.

The following are some key findings from Our Geels: The All Ireland Traveller Health Study (2010).

Traveller women are expected to live on average 11 years less than women in the general population and Traveller men are expected to live on average 15 years less than men in the general population.

The infant mortality rate for Travellers is 14.1 per 1,000 live births compared to the national average of 3.9 per 1,000.

Flush toilets were reported in 60.2% (ROI) and 52.2% (NI) of trailer/mobile home or caravan site

1 in 3 Irish Traveller household living in a caravan or mobile had no sewerage facilities (866 Travellers)

1 in 5 Irish Traveller household living in a caravan or mobile had no piped water (566 Travellers)

Among the most important factors contributing to Travellers' health status are social exclusion, the influence of a harsh living environment and racism.

There are issues in relation to GPs, including reported refusal by some GPs to register Travellers, lack of referrals to secondary services, and over-prescribing of medication.

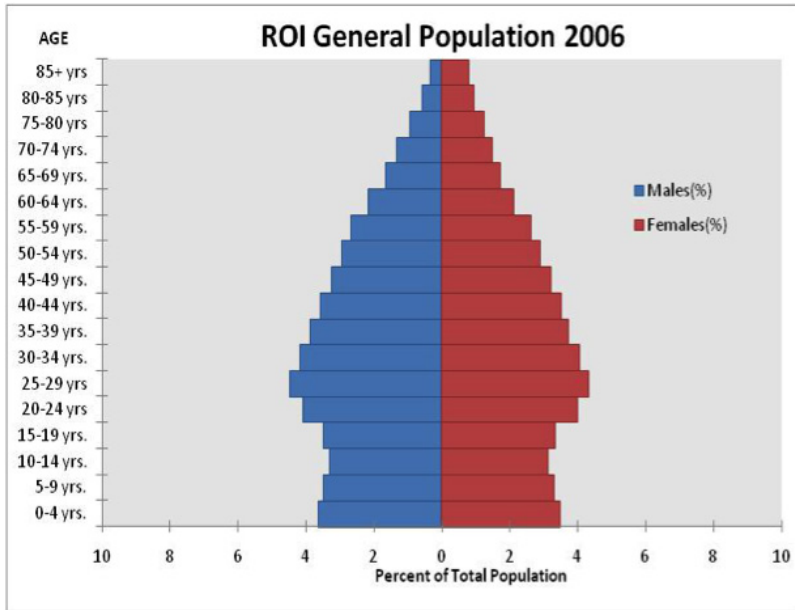
It was found that there was a failure by some GPs and nurses to visit Traveller sites.

There are difficulties relating to suitable appointment times and access to health care.

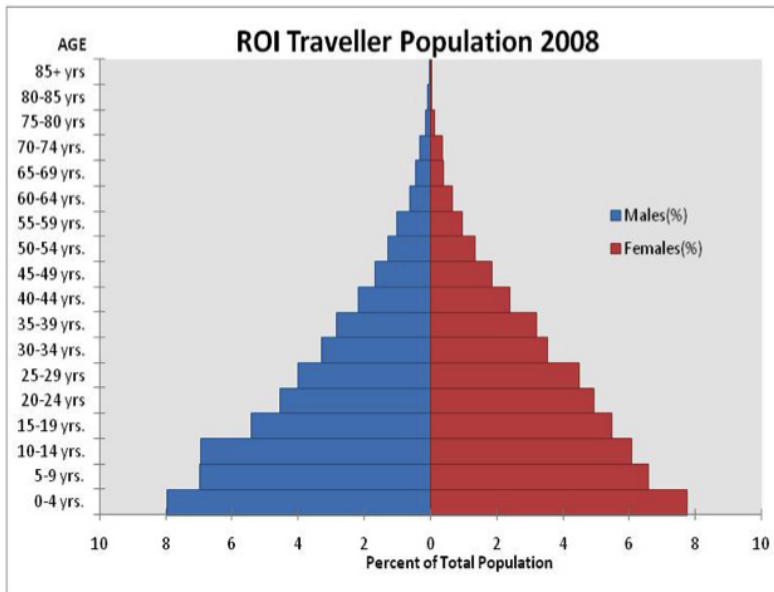
Areas requiring particular attention included drugs, mental health and violence against women; whilst understanding the sensitivities associated with many of these issues.

There is a lack of health literacy among Travellers and a need for suitable materials, for example in relation to health promotion.

## Irish Population Pyramid by Age and Sex



## Traveller Population Pyramid by Age and Sex



## **RECOMMENDATIONS FOR TRAVELLER INCLUSION IN PRIMARY CARE**

### **Participation and Cooperation**

Many of the above strategies and policies refer to the importance of including service users and communities in developing and delivering successful primary health care.

Given the particular disadvantage faced by the Traveller community, the inequality in health outcomes they experience, their unique social and cultural identity and specific health needs, it is essential that Travellers are involved in the set-up, implementation and evaluation stages of PCTs.

For example, under the Joint Community Participation in Primary Care Funding Initiative, community consultations were carried out and some Community Health Forums were set up, with a view to representatives from the forums being invited to PCT meetings. It is essential that Traveller representation in such structures is supported.

Participation by Traveller representative organisations should be both national, to ensure Traveller inclusion at a strategic level, and local to ensure local needs are taken into account.

Much ground work has already been done by Primary Health Care for Travellers Projects (PHCTPs), expertise has been developed, Community Health Workers have been trained, and trust has been built up with the Traveller community. Whilst there is a need for PHCTPs to continue to fulfill their specific role, it is important that links are established between PHCTPs and PCTs so that PCTs can benefit from this expertise.

Given the link between living conditions and health status, it is important that a holistic approach to Traveller health is taken and that links are established by the HSE and PCTs with other relevant authorities at both national and local level.

## **RECOMMENDATIONS FOR TRAVELLER INCLUSION IN PRIMARY CARE**

### **Training and Communication**

It is recognised that training for health care professionals is required for a number of reasons:

Culturally competent health services that are respectful of, and responsive to, the cultural and ethnic diversity of service users is intrinsic to quality, effective services;

Taking account of specific needs; for example, there can be prevalence of specific conditions disproportionately affecting minority ethnic communities;

There has been a focus on training for staff who come into direct contact with Travellers, however, to ensure strategies, policies and budgets reflect the importance of including Travellers, management also need cultural awareness training and support.

By establishing links between PHCTPs and PCTs, two-way training can take place, where Community Health Workers receive training from PCTs, or are included in general health training taking place; and PCTs receive support from Community Health Workers.

Cost-effective training solutions such as standardised, web-based training can be considered.

Suitable health promotion materials and information on PCTs should be developed for Travellers (e.g. posters and videos). Some promotional material on PHCTPs has already been developed and should be made available to PCTs.

## **BENEFITS**

The personal, social and economic costs of health inequalities are substantial. Inequality-related health losses amount to more than 700,000 deaths per year and 33 million cases of ill health in the European Union and it is estimated that these losses account for 20% of the total costs of health care and 15% of the total costs of social security benefits.

The PCT approach is recognised as being cost-effective; however, for this benefit to be realised, Travellers must also be included. For example, some Travellers have gone to hospital Accident and Emergency (A&E) as a result of GPs' refusal to register or to carry out a home visit. This is neither a good service for Travellers, nor optimal use of resources.

Travellers have specific health needs to be met by PCTs. It is important that these needs are addressed in a holistic and culturally appropriate way with the objective of achieving better health outcomes for Travellers and addressing current health inequalities.

## **ABOUT TRAVELLERS**

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.

## **ABOUT PAVEE POINT**

Pavee Point is a partnership of Irish Travellers and settled people working together to improve the lives of Irish Travellers through working towards social justice, solidarity, socio-economic development and human rights.



**PAVEE POINT**  
TRAVELLER AND ROMA CENTRE

Pavee Point Traveller and Roma Centre  
46 North Great Charles Street  
Dublin 1  
Telephone: [353] | 8780255  
Fax: [353] | 8742626  
Website: [www.paveepoint.ie](http://www.paveepoint.ie)  
Email: [info@pavee.ie](mailto:info@pavee.ie)