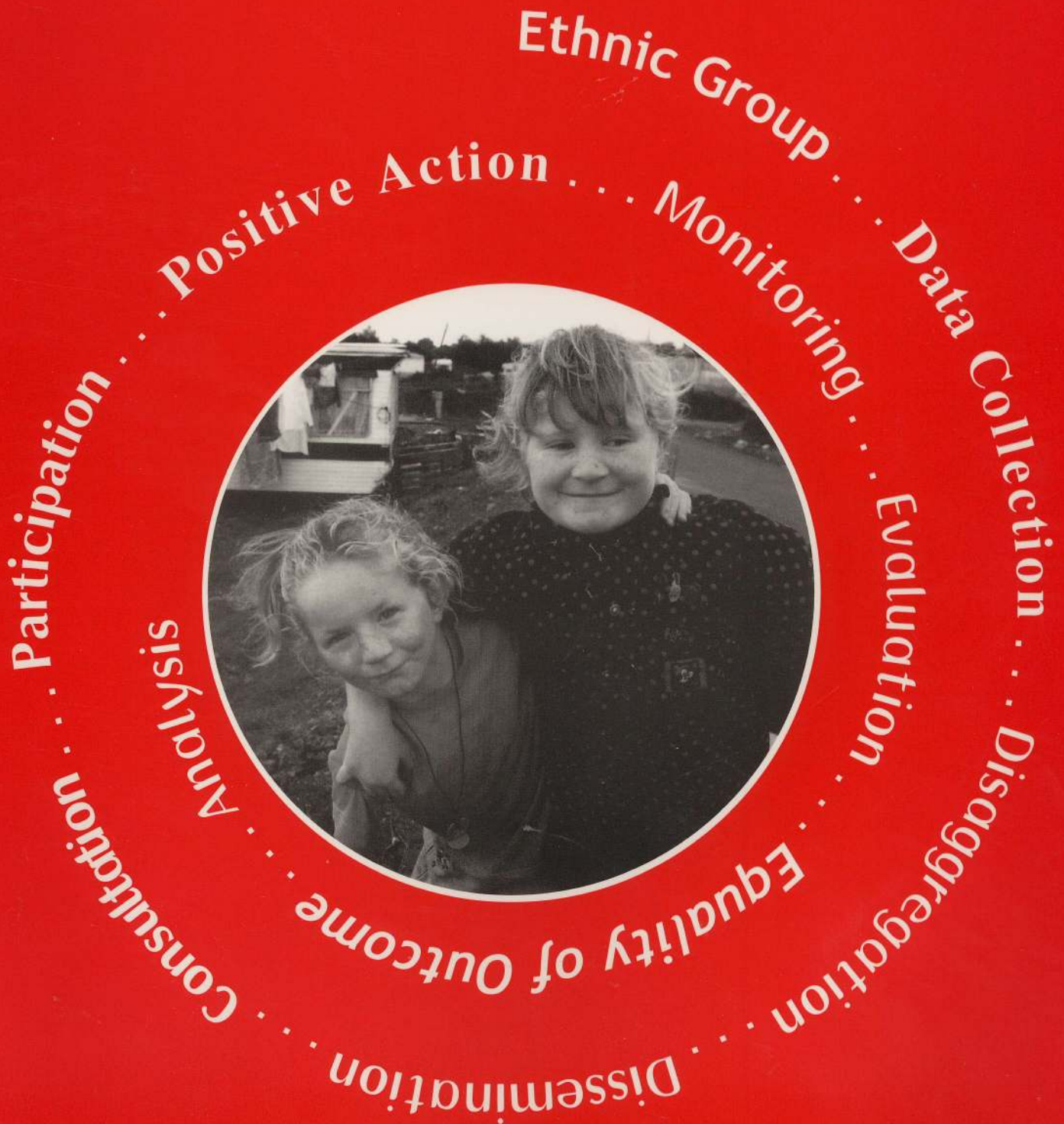


Traveller Proofing - Within an Equality Framework



Ensuring Equality of Outcomes for Minority Ethnic Groups

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Foreword

During the deliberations of the Task Force on the Travelling Community (1993-1995) it became evident that lack of data was a major stumbling block to planning services for Travellers. Since that time Pavee Point has been arguing for the need to collect, collate and analyse data in order to develop and implement policies aimed at improving the situation of Travellers; to evaluate policies and provision; and to combat discrimination. At present in Ireland we either do not collect important socio-economic and demographic data, or even where it is collected, it is not disaggregated in terms of ethnicity or gender or does not take place within a broad equality framework.

Over the past five years we have been lobbying for the introduction of appropriate data collection systems in a range of different fora as well as being involved in piloting a number of initiatives in the area. We felt it was timely to disseminate some of the insights gained and to share the analysis we have developed and to highlight some of the challenges to be confronted. We are hopeful that this short publication can contribute to the current debates.

We are not in favour of crude or inappropriate ways of gathering what is potentially sensitive data and advocate the need for safeguards to be built in at the outset to ensure against inappropriate use of the data collected and to identify and address some of the human rights and ethical issues that may arise. However we recognise the huge contribution that timely data can play in identifying and addressing discrimination.

Articles in this publication address issues of self-identification; for the informed participation of the groups affected; the need for training and codes of practice to be in place in the various institutions or agencies if the data gathering exercises are to be effective. Data needs to be disseminated through regular public reporting and informed by the analysis of the groups affected. On-going reviews and monitoring systems need to be in place and there needs to be baseline data if the architecture for equality is to be built and developed.

The general public and public servants need to be educated about the rationale and role for data collection. Data can be a tool for justice and equality however historically there are instances of data being used as a tool of oppression. As well as safeguards to protect how data is collected and used there needs to be awareness raising initiatives for both the general public and Travellers and other minority ethnic groups to secure their support for the process. This is all the more reason why these data collection exercises need to take place within a broad equality framework where everyone is required to identify their ethnicity otherwise the minority group could rightly be expected to be suspicious as is the case with the Census 2002 where only Travellers are asked to identify their ethnicity. We believe this is an opportunity lost to get a detailed profile of the Irish population, which can in turn inform the way services are planned and delivered and reviewed.

Ronnie Fay.
Director
March 2001.

Overview

Traveller Proofing - Within an Equality Framework

The continuing inequality between different social groups has commanded the attention of policy makers. Legislation outlawing discrimination and measures to promote access, participation and outcomes for a range of groups have been implemented throughout the EU to varying degrees and with different levels of success.

However, public policy is rarely subject to systematic scrutiny in relation to the impact of policies on these different groups. The steps required to implement a system of policy and services appraisal is termed 'equality proofing administrative procedures'. These include data collection analysis and dissemination procedures, mechanisms for consultation and participation by target groups, the establishment of performance indicators and targets and monitoring and evaluation.

Administrative Procedures

In recent times equality has been broadened beyond equality between the sexes to include equality of access, participation and outcomes for minority ethnic groups.

In 1996 the National Economic and Social Forum prepared a paper and stated that 'ways to promote participation should be actively pursued including education programmes, data collection and monitoring of progress'.

The Forum also identified 'administrative procedures' as an important part of any equality proofing strategy and described the procedures as:

- Identification of equality objectives and setting equality targets
- Development of data gathering processes

adequate for monitoring the achievement of these targets

- Establishing the equality implications of any particular policy or practice prior to its implementation
- Development and implementation of strategies to achieve equality targets
- Creation of independent monitoring systems to analyse and review progress
- Regular public reporting on progress

In 1997 the Government's National Committee for the European Year Against Racism committed itself to 'strategic actions at a national level mainstreaming the commitment and expertise to address racism into policy making and administrative procedures of Government'.

Mechanisms

This Committee looked at ways in which equality proofing administrative procedures might be linked into and reinforced by other related initiatives. This Committee also provided a cogent argument that the Government's Strategic

Management Initiative (SMI) and National Anti-Poverty Strategy (NAPS) provided an opportunity and a mechanism through which to insert a focus on racism and the needs of Black and minority ethnic groups into the operation of Government departments, state agencies, semi-state bodies and local authorities.

"They are central initiatives to securing a proofing of Government policy, provision and procedures against racism," according to the Committee.

Today Travellers are a named group in the Equal Status Act 2000 and the Equality Authority has an obligation to promote equality. The Government's ratification of the UN Convention on the Elimination of All Forms of Racial Discrimination commits the Government to ensure its own policies, laws and institutions do not discriminate against Travellers and other ethnic groups and to promote Interculturalism.

Blocks

However, there are blocks to Traveller proofing. The National Economic and





The Control of Horses Act 1996 is an example of how legislation can be passed, which having no regard for the needs of Travellers, has a detrimental impact on Travellers

Social Forum stated in 1996 there was a 'lack of agreed indicators to monitor and measure progress in achieving defined equality objectives'. There has been little movement in this area since then. No specific action has so far been taken to implement commitments on strengthening administrative procedures to promote equality proofing and, within NAPS, the development of administrative procedures has not proceeded at the pace envisaged.

Pavee Point Research

Research carried out by Pavee Point into equality proofing administrative procedures in selected EU states produced central elements of administrative procedures required to implement a Traveller proofing strategy.

The research looked at best practices in equality proofing in Finland, Northern Ireland, Holland and Sweden.

It concluded there should be legislative provisions relating to the target group. Legislation dealing with direct and indirect discrimination was in place in all of the EU member states surveyed.

Legislative provisions relating to the implementation of administrative

procedures, particularly in respect of baseline data, is also required. Section 75 of the Northern Ireland Act 1998 puts a statutory obligation on public authorities to promote equality of opportunity. An Equality Commission for Northern Ireland report on this section of the Act states that statutory duties cannot be effectively carried out unless all qualitative and quantitative data relevant to that Section is available.

Consultation with the target group and its organisations on an ongoing basis is seen as a requisite for success. In Australia, the Aboriginal Educational Policy Task Force noted that initiatives cannot succeed unless the Aboriginal community is fully involved in determining the policies and programmes that are intended to provide appropriate education for their community. Accordingly, the Aboriginal Educational Policy provided explicitly for consultation.

Participation by Travellers and Traveller organisations at particular key points in the design, implementation and review policies and services would also be needed. In Sweden, academic work on gender issues is considered an important tool in equality promoting efforts. The theoretical knowledge is considered a vital element in formulating effective measures to promote equality.

Specific equality targets need to be established and these should include time-specific targets relating to access, participation and outcomes. The Swedish Ministry of Health and Social Affairs states: "The setting of concrete time-specific targets, combined with active work to pursue these targets and making the issue visible, is a method which has worked very well indeed in this field."

The appointment of key personnel to co-ordinate the administrative procedures is seen as critical. In Sweden too administrative structures with identified personnel are established in each of its 24 county administrative boards in relation to equality. An Equality Affairs Division was established to ensure, for example, the terms of reference for Government committees and commissions are analysed and discussed from an equality perspective. There is also an Office of Equal Opportunities, an Equal Opportunities Commission and a Council on Equality.

The design of an appropriate data collection instrument which will capture access, participation and outcome is necessary. In fact according to the Swedish Ministry of Health and Social Affairs - the collection and collation of statistics is considered *the* method of making inequalities visible.

It is also important in terms of data collection that a system is established which will identify who analyses the resulting data and who reacts to that analysis. And, the publication of policy appraisal reports at specified periods is also critical.

Traveller proofing must then ensure two things. Firstly it must ensure that policies, programmes and services do not have a negative impact on Travellers. Secondly it must ensure that equality objectives are pursued and that there are positive outcomes for Travellers.

Roma Rights and Data Collection

In September 2001, the Organisation of Security and Co-Operation in Europe held a conference in Bucharest on "Equal Opportunities for Roma and Sinti: Translating Words into Facts." At that conference the European Roma Rights Centre made a statement on the importance of ethnic data collection. Extracts from that statement are translated here.

"The European Roma Rights Centre (ERRC) has observed, in the course of its regular monitoring of the Roma rights situation, clear patterns emerging from the numerous individual cases: Romani suspects appear more likely to be held in detention than non-Roma for the same offences; Roma are more likely to have their complaints unanswered; Roma are more likely to be beaten at the moment of arrest or in detention; Romani children are more likely to be sent to sub-standard schools for the mentally disabled and Romani residents are more likely to be victims of urban planning projects that would result in their displacement.

We define 'more likely' to mean a probability that reveals a discriminatory effect, whether intended or not, if race-neutral factors fail to account for the disparity.

Of all rights abuses, discrimination is among the most difficult to prove. But without proof, the right to equality of treatment, irrespective of race or ethnicity, cannot be vindicated. Anti-discrimination litigation - especially when challenging systemic inequalities - needs statistics as evidence.

Designing social policies, too, is hazardous without accurate quantitative predictions. How can a budget aimed at compensating structural disadvantages be developed if the number of persons in the disadvantaged category is unknown? But, finding reliable race- or ethnic-coded data has been a frustrating experience. Answers, even by experts, have bordered on statistical agnosticism.

The United Nations Committee on the Elimination of Racial Discrimination and

other international bodies have repeatedly urged governments to provide demographic, economic, health, educational, employment and other data broken down by ethnicity in their reports. But, few governments have been willing to do so in sufficient detail.

Data protection laws are often cited as the main obstacle to collecting ethnic statistics, even though the statistics in question would contain no information about any single individual....

The issue of race statistics is related to three focal human rights issues: the right to access to information; the right to privacy, and the right to equal treatment irrespective of race or ethnicity.

But, it is the ERRC position that the seeming tension between these rights is discursive: defence strategies with a view to these different rights appear as conflicting only at the level of political debate, which is of course historically rooted. Racial profiling has served genocidal purposes. Ethnic statistics have been, and - indeed - continue to be, abused for anti-minority purposes.

But, general data is impersonal, and there are ways to ensure that abuse would not be tolerated. There are even ways to store data in ways that would rule out abuse. It is a matter of laws and regulations of data collection, storage, and use. Despite the political controversy, it is possible, and indeed necessary, to defend these rights simultaneously.

While asserting the right of Roma to be free from discrimination, we at the same time insist their privacy rights should be guaranteed. To enjoy both, the right to obtain information from public bodies should also be codified. Moreover, the right to be free from racial/ethnic discrimination should be interpreted to imply a right to obtain statistical data broken down by ethnicity, if such data would be critical to proving that one has been a victim of indirect discrimination. The issue of race statistics also touches upon the right to cultural/ethnic identity as a matter of free choice, and thus on the

paradox of disadvantaged identity. To challenge anti-Romani prejudice one first has to say he/she is 'Roma'. In order to attack a reality in which there are 'Roma' opposed to 'non-Roma', one has to construct the dichotomy first. Those who want to end the racist distinction, first have to define and measure the racial group, at the risk of reducing a human being to a particular type of human being. It is perhaps an instinctive protest against this reduction that has made many minority activists hostile to racial statistics.

The second and more important reason for the suspicion around ethnic data is the memory of the Holocaust and other historic forms of persecution. People of Jewish and Romani ethnicity have been singled out and destroyed. Understandably, hiding one's ethnicity has become a tool of survival.

In the last Czech census, only 12,000 persons identified themselves as Roma, whereas this number was almost three times higher in 1991. Most estimates put the real number at 250,000. Among the complex reasons for this under-representation is the disadvantage associated with being Roma, the stigma of being Roma as well as the fear of violent assault by skinheads. It is an attempt to avoid the multitude of forms of discrimination across all spheres of life.

ERRC believes that public education projects are needed to raise the awareness of Roma and other minorities as to how racial or ethnic statistics can be a tool of reaching genuine racial equality and justice.

In view of the above, ERRC calls upon all OSCE participating States to base their efforts to combat racial discrimination on reliable statistical data and other quantitative information reflecting as accurately as possible the situation of Roma and other minorities in society.

Such information should be collected in compliance with human rights principles, protected against abuse and only used to reverse racial discrimination and improve the overall situation of the Roma."

Traveller Proofing Health

Brigid Quirke, Co-ordinator of Pavee Point's Primary Health Care Project explains how Equality Proofing mechanisms could lead to an improvement in Travellers' Health.

CONTEXT

"From birth to old age those at the bottom of the scale have much poorer health and quality of life than those at the top. Gender, area of residence and ethnic origin also have a deep impact." (The Black Report, UK 1980).

In 1983, the Travelling People Review Body proposed the regular and systematic collection of data on the health status of Irish Travellers. The publication of the 'Travellers Health Status Study - Census of Travelling People 1986', (Barry and Daly 1988:1) and 'The Travellers Health Status Study - Vital Statistics of the Travelling People' 1987, (Barry et al, 1989:2) gave rise to considerable concern about the health status of the Traveller community. These reports found that:

- Travellers have more than double the national rate of still births.
- Infant mortality rates are 3 times higher than the national rate
- Traveller men live on average 10 years less than settled men
- Travellers are only now reaching the life expectancy that settled people reached in the 1940s.
- Travellers of all ages have very high mortality rates compared to the Irish population. Traveller women live on average 12 years less than their settled peers
- Travellers have higher rates of morbidity for all causes of death

Since 1987, no national studies have been conducted on Travellers health, but some research has been carried out in recent years which would suggest that the health status of Travellers has not improved, and more

alarmingly may have deteriorated. What we do know for certain is that the gap between the health status of Travellers and settled people has widened. This is borne out by the following statistics:

- In the national census conducted in 1996, it found that only 1% of all Travellers were aged over 65 years of age compared to 11% of the settled population.
- In a study on Travellers using Tallaght hospital, it was found that only 2% of all the hospital patients were Travellers aged over 65 years, compared to 34% of hospital patients who were settled people aged 65 years+ .
- The Irish Sudden Infant Death Association in their Annual Report 1999, found that the differential in the rates of Sudden Infant Deaths among Travellers was 12 times the rate among the settled population

About 10 years after these figures were published, the Task Force on The Traveller Community produced its report and as a result there were various initiatives in the area of Traveller health. A National and Regional Structure was devised to facilitate Traveller participation in the health service. A National Traveller Health Advisory Committee was established and each Health Board set up a Regional Traveller Health Unit. These Regional Traveller Health Units each receive a special allocation of money at each Government Budget.

However, it is impossible to see what impact any of these initiatives have had on Traveller health because Travellers are invisible to the data

collection systems of the health service. Ethnic identity is not recorded on any of the systems. This has serious repercussions for all ethnic minorities in the country.

Until we identify Travellers we cannot map the pattern of their health, disease and illness. We cannot discover what is causing them to die at a younger age. We cannot measure whether interventions are having any impact.

ISSUES THAT IMPACT ON TRAVELLER HEALTH

The issues around health are inextricably linked to issues regarding appropriate accommodation provision for Travellers, and further, to the social and economic exclusion of this community within contemporary Irish society. The context of Travellers' lives includes the stress generated by living in a hostile society where discrimination is a constant reality, and this is compounded by frequently enforced changes to their way of life. These factors impact adversely on Traveller health and negatively affect their access to and experience of, health services.

RACISM, DISCRIMINATION AND HEALTH

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.

Discrimination and Health

Discrimination may be direct or indirect. Direct discrimination occurs where a person experiences exclusion or is treated less favourably than another on groups of their membership of a particular group. The grounds on which direct discrimination occurs are listed as gender, marital or parental status, sexual orientation, religion, age, disability, race, colour, nationality, national or ethnic origins including membership of the Travelling



community. This form of discrimination is relatively overt and usually involves intent. The Task Force for the Travelling Community 1995, identifies direct discrimination as follows: "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."

Travellers' experience of racism and discrimination can lead to a feeling of being a social outcast, having low self-esteem, having lack of pride in one's ethnic identity coupled with anxiety about losing one's identity and experiencing feelings of inferiority. Travellers experience discrimination on a daily basis from verbal and physical abuse; being followed around shops and exclusion from particular services. This constant discrimination has a very detrimental effect on the health status of Travellers. The following findings from surveys conducted will illustrate the reality of discrimination and Travellers.

Findings from a survey on attitudes, carried out with 1,002 adults in January 2000. (Citizen Traveller) "In terms of accepting or including Traveller socially or into the community, 36% of Irish people would avoid Travellers. 97% would not accept Travellers as a member of their family with 80% saying they would not accept a Traveller as a friend. 44% would not want Travellers as community members. The main reasons for excluding Travellers are perceptions of their way of life/lifestyle and a feeling that Travellers are in some way not socially acceptable (27%)"

Pavee Point conducted a survey on the Health of Traveller women in 1997. In that study, 71% of the women reported that they experienced verbal abuse because they were Travellers, and 25% of these included physical violence. 34% of Traveller women interviewed suffered from long term depression, compared to an approx. 9% level of depression among settled women.

Indirect discrimination is less visible and does not always involve intent. It is most visible in terms of the outcomes for particular groups in relation to services. Indirect discrimination occurs where policies, practices, terms or conditions apply which are unnecessary and which have a significantly adverse impact on a particular group. In this scenario, it must be demonstrated that the particular group fares worse under the policies, practices, terms or conditions

than other groups, and that these policies, practices, terms or conditions cannot be shown to be necessary. Indirect discrimination refers, therefore, to the differential impact of the same treatment where the differential is not justified.

The clearest example of Indirect discrimination is the stark inequalities in health outcomes for Travellers as outlined above. The health care services treats everybody equally, this responds to the needs of a certain proportion of the population. This assumes that all populations are equal and have equal levels of literacy, language, education, information, and physical and financial access to services. Therefore it excludes Marginalised groups.

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

- Racism introduces stress and 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.

Traveller Accommodation and Living Conditions:

The Traveller accommodation crisis has been highlighted in Government and other reports over the years. Despite this, many Travellers (approx 1,100 families DOE) still live on roadside in appalling conditions without access to the most basic services including - water, sanitation and electricity. Many other Travellers live in official accommodation that is poorly serviced and maintained, and often situated in unhealthy or dangerous locations.

The breadth and complexities of factors, which determine health and inequalities in health for Travellers illustrate the multitude of sectors with whom it is necessary to work if these issues are to be addressed. Health is therefore an issue for all public policies and must be addressed across all government departments not just the Department of Health and Children. The need for multi- sectoral collaboration to tackle the physical, economic, social and cultural determinants of health has been highlighted in the new National Health Strategy.

EQUALITY PROOFING

Equality Proofing

According to a report prepared by the National Economic and Social Forum (NESF), equality proofing involves the development of "an integrated and systematic approach to ensure that discriminated and marginalised groups are provided with the necessary means and resources to participate in society as equal citizens."

Equality proofing is a key strategic component for eliminating inequalities. Equality proofing procedures are intended to create an 'early warning system to alert policy-makers to potential problems arising from the impact of particular laws or policies. Their aim is to replace the reactive approach to problems of inequality that has prevailed to date. They seek to identify the " hidden unrecognised and remarked ways in which systems and structures are basedand to redress the balance" Effective equality proofing can avoid the adoption of policies and programmes that mirror discriminatory practices within society or even exacerbate existing inequalities.

Equality proofing involves placing equality considerations at the centre of decision making. Policy design, planning, implementation and review include a focus on equality of



outcomes whether in the public or private sector. Equality in this context refers to the agenda established in the new equality legislation. This is an agenda that embraces the nine grounds of gender, marital status, family status, age, disability, sexual orientation, religion, race and membership of the Traveller community.

Equality proofing is a mechanism for promoting equality. It is not intended to operate as a checklist to avoid discrimination. Neither is it intended to eliminate or to ignore differences. It is about eliminating the disadvantage and discrimination that individuals and groups suffer on foot of their identity. It is about promoting full and effective equality and ensuring that groups experiencing inequality are provided with the necessary resources to participate in society as full citizens.

The objectives of an equality proofing process can be summarised as follows:

- To promote full and effective equality:
- To eliminate the inequalities that lead to poverty and social exclusion.
- To achieve a society that guarantees the inclusion of all groups and one that values rather than discriminates against differences. Full and effective equality may be understood as comprising the following elements:

Equality of Formal Rights, Opportunities and Access - This is defined in terms of equal rights for all to participate in economic, social, political and cultural life.

Equality of Participation - This objective underlines that actual equality depends not simply on having formal rights to participate but on having the ability and resources to exercise that right. This objective goes beyond rights to enabling and encouraging the participation of the target group involved:

Enabling Participation - Enabling participation means ensuring that the basic material, psychological, educational, and other needs of the target group are met so that they are in a position to participate on equal terms.

Encouraging participation means ensuring that the members of the target group are motivated to participate and are accepted by the others as full participants. This means going beyond the provision of basic

needs to creating participation on equal terms. It also involves proactive policies to promote a greater understanding and to encourage involvement. The supporting strategies involve affirmative action, training and education measures, including those focused on equality issues and the establishment of access programmes.

Equality of Outcome - The achievement of equal rates of success or outcome of target groups is the aim of this objective. Equality of outcome refers to achieving overall equality between marginalised and non-marginalised groups in terms of access to and the distribution of economic, educational, cultural, political and other benefits. The focus of this objective is to ensure overall equality for all groups in terms of distribution of economic, cultural, political and other benefits. To achieve equality of outcomes, strategies are devised which seek to redress inequality, for example "affirmative action" policies which establishes preferential treatment or quotas for target groups.

Policies to promote equality now recognise that while equality of access, opportunity and participation are key goals, the real test is to what extent there is equality of outcomes. Equality statistics are critical to the formulation of policy and the effective monitoring of progress towards greater equality.

A process of equality proofing involves the integration of equality objectives into policy planning, implementation, evaluation and review. A variety of tools or mechanisms can be employed to implement equality proofing:

- Constitutional reform
- Codes of practice
- Sanctions and enforcement procedures
- Equality audit and monitoring systems

- Affirmative action and quota systems
- Legislative reform
- Policy proofing procedures

APPLICATION OF EQUALITY PROOFING MECHANISMS

The following are the actions that need to be developed and implemented immediately to positively impact on Traveller Health.

- **Development of an 'Equality proofing framework'** in co-operation with the Equality Authority, to facilitate equality proofing of all health policies, programme and services. This will lead to an Equality Audit and the development of Equality Action Plans in the health sector involving the setting of equality objectives, targets and timescales in our health services. Action plans should specify arrangements for consulting with target groups, monitoring the impact of policies on agreed equality objectives, reporting and publishing results, training, data gathering and analysis. Local Health Service Plans should be incorporated into the Equality Action Plans.
- **Ethnic Equality Monitoring** - In order to accurately Traveller proof, and develop a full understanding and corresponding policies and strategies to tackle the barriers and problems faced by the Traveller community experiencing discrimination and exclusion, full and accurate information is required. Information needs to be gathered through all stages of involvement within services and structures, including access, participation and outcomes. As part of a full and comprehensive understanding of issues, a system of ethnic equality monitoring needs to be developed and implemented so that information re: ethnic background can be collected, in an appropriate,



sensitive and effective manner. An appropriate way to collect this information is to ensure that it is clearly done within an equality and human rights framework i.e. it should be clear that the data is being collected from all members of society (not just Travellers) for the sole purpose of promoting equality of outcome for all from the service by assisting service providers review equality policies, equality objectives, monitor progress and target resources and within the terms of the Data Protection Act. Travellers need to be identified in the context of ethnicity on all health record systems. This data then needs to be collected, analysed and disseminated and used to inform policy and monitor and evaluate strategies. The data needs to be made available to front line staff and organisations representing target groups on an ongoing basis.

It is only with the collection and collation of information re: ethnicity within an equality framework, that the notion of promoting a human rights culture or tackling issues such as racism and discrimination can be achieved. All agencies and service providers should collect this information, using trained staff and promoting an information strategy re the value and need for such an exercise.

- **Traveller Proofing Health and related public policies.** 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 as to 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. Health Proofing - is a formal mechanism whereby health policies and practices are assessed to judge their impact on the health status of different groups in society eg. Travellers. Health Impact Assessment tools need to be developed as part of a process of

'health proofing' these must be applied across all policy areas that play a significant role in determining the health status of Travellers.

Health Impact Assessments (HIA) -has been defined as '*a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population and the distribution of those effects within the population*' (WHO: 1994)

- **In -service training and Anti-racist codes of Practice**

In order to develop an equality and rights based approach to health care substantial cultural change is needed both at the individual and institutional level. This will require Traveller culture awareness and sensitivity training to health care professionals as part of their vocational training. 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 ongoing training modules should be developed and delivered in partnership with Traveller organisations for health personnel working with Travellers.

Anti-racist codes of practice, written policies and procedures need to be developed and implemented among service providers to commit organisations to challenge discrimination, provide goods, resources and facilities in a culturally appropriate manner and develop culturally appropriate materials and information strategies.

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.

- **Affirmative action:**

The Task Force clarifies that 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. Traveller targeting could include e.g. 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; as 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 etc.

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.

- **Participation of Travellers and Traveller organisations in policy development** - 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.

● **Representation and Participation of Travellers and Traveller organisations:**

Participation in policy design and review is crucial feature of any proofing process. Through facilitating the participation of Travellers and Traveller organisations in the planning process it will also address the assumptions that are made re: Travellers' equality of access to health services. Health services need to be challenged to be flexible in the delivery of services to respond to the needs of these groups.

● **Partnership and Intersectoral Approach**

- In order to ensure the effective, inclusive and equitable development of health related policy to benefit those most in need, a partnership approach should be seen as a fundamental prerequisite. An intersectoral approach, would also be inclusive of the broader definition of health and its social determinants, this is consistent with the new National Health Strategy, which acknowledges inequalities and advocates that all government departments have a role to play in improving the health status of the population. This new strategy recommends the use of 'Health Impact Assessment' on all relevant public policies, this assessment used in conjunction with 'Equality/Traveller Proofing' health policies should facilitate the development of more appropriate health policies for Travellers.

Partnerships are essential at local, regional and national level and should be firmly grounded in an inclusive community development approach. In order to develop such an approach resources will be necessary to build the capacity of all stakeholders to engage in a partnership approach, including service providers, health professionals, community and voluntary sector and the public. This will involve actions to address the cultural change required to develop an understanding of the partnership and community development approach and enable stakeholders to participate as full and equal partners. Barriers to participation that need to be

addressed for all stakeholders include a lack of information, understanding and skills to participate as well as issues such as a lack of transport, resources, child/dependent care.

DISCUSSION

Currently, there is still no system implemented for equality/Traveller proofing or the disaggregation of data, so it is very difficult to plan provision of health services effectively or to measure equality of access, participation or outcome for Travellers' Health.

There have been recommendations and commitments in various policy documents and reports. In the Task Force Report of the Travelling community in 1995, 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 that mechanisms to identify, collate, and analyse data on the access and outcomes for Travellers of the various services including health, education and training be developed urgently.

Since the Task Force Report was published Pavee Point has developed initiatives in this area. 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 RICHES (Child Health Record System) with the Eastern Health Board.

The Pavee Point Primary Health Care for Travellers project piloted a question on ethnic group with Travellers in the RICHES childcare record system in the Dublin area. From our experience on this project a lot of preparation is required both from the technical and training end to ensure a positive response to ethnic questions and to guarantee effective and efficient analysis of the data. To this end the person asking the question needs to receive training on the purpose of the exercise and how to approach people in a culturally sensitive way and the person needs to be able to reassure people that the information being requested is for the benefit of the ethnic group.

Travellers need to receive training and information in advance, be aware they are to self-identify and they need to be

made aware the information is being collected for the benefit of Travellers. It is also important to explain that data protection is in place and that data can only be used for the purposes specified. We also discovered it is important to check computer systems are compatible. We spent two years piloting this system, to discover that most Travellers were registered with the mobile clinic, where the system was incompatible with the RICHES!!

Other outcomes from our experience include:

- Health personnel have a problem asking people to identify their ethnicity
- Health systems brought in from other countries, sometimes inflexible to adding ethnic questions.
- Not all computer systems between and within hospitals and health boards are compatible.
- If and when an ethnic question is included on health record, there is no guarantee that the system has the capacity to analyse this data by groups.
- Data is often not analysed at source, and takes place centrally, so there can be along time gap, between collection and analysis.
- When data is analysed, health personnel not always comfortable with making this information available to front line staff, or representative organisations.

Regular reporting on analysed data is vital. Feedback to Travellers, Traveller organisations, researchers and academics can provide valuable material to, in turn, provide insights on new approaches, new policies and new practices.

- **We would recommend the development of a 'Race Relations Code of Practice in Primary Health Care Services 1992' has been developed in the UK, which we feel could act as a good model.**

Another weakness from our experience in the whole data collection system is the lack of denominator data. It can be misleading if you have no baseline data, as you can't estimate the incidence or prevalence of diseases among Travellers. The reality is we don't know how many Travellers live in Ireland, their breakdown by age, gender etc. Therefore, it is imperative that there is inclusion of an ethnic question in the national Census.

Travellers need to be identified in the context of their ethnicity. This data used in combination with

disaggregated health statistics would allow us to identify whether there is a higher incidence of diseases or disorders among particular ethnic group and allow us to monitor the impact of health initiatives to address these inequalities.

- We recommend the inclusion of development of an ethnic question for inclusion in the national Census and on all health record systems. This will provide baseline data and allow ongoing monitoring.

CHANGING CONTEXT AND NEW DEVELOPMENTS

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.

National Health Strategy 'Quality and Fairness' 2002

'Equity: Everyone should have a fair opportunity to attain full health potential and, more pragmatically, no-one should be disadvantaged from achieving this potential, if it can be avoided. Inequity refers to differences in health which are only unnecessary and avoidable but, in addition, are considered unfair and unjust' (Health 21, WHO) (National Health Strategy 2002 p17)

In the recently launched National Health Strategy 'Quality and Fairness', there is a fundamental shift in vision and policy formulation from the traditional concept of defining health in terms of 'health service delivery' to the acknowledgment of the existence of inequalities; the role of social determinants on health, and a broader definition of health.

This is clearly followed through in the shift in emphasis from secondary care to primary care; in the commitment to Health proofing all relevant public policies and in the inclusion of the targets on National Anti Poverty Strategy (NAPS) and Health.

Travellers' Health - A National Strategy 2002-2005

It is proposed in the new National Travellers' Health Strategy to carry out a health status and health needs assessment for Travellers this assessment will be quantitative and qualitative. The results of this study will give us a picture of the health status of the Traveller community. It will indicate the main causes of

morbidity and mortality and it will highlight the barriers to access and utilisation of health services by Travellers.

This will give us new baseline data, that can be compared with the latest figures to assess the changes in the health status of Travellers. When the results of this study are available, specific targets can be set for Travellers' health with specific interventions to address these targets. This study will also provide the baseline data to enable us to monitor the impact of health interventions for Travellers and their ongoing health status.

Data Monitoring

Travellers are to be identified in the context of their ethnicity in all health record systems. The monitoring system will be piloted initially, but will ultimately be included in the HIPE, Perinatal Statistics etc. This recommendation to disaggregate health statistics is also supported by the findings from the NAPS and Health working group.

Equality Proofing Template

Pavee Point in partnership with the Traveller Health Unit (THU) in the Eastern Region, the Eastern Regional Health Authority and the Equality Authority has set up a sub-group to develop and pilot an 'equality Proofing template'. This will initially be piloted in the annual service plan templates use by the regional health boards.

Through the THU we are also planning to conduct an Equality Audit, in partnership with the Equality Authority on a selected health service. These working groups should be ready to report by 2003.

PPF Commitment to Data Disaggregation

The Programme for Prosperity and Fairness contains an important commitment to Equality Proofing. Reference is made to the report on equality proofing produced as part of the previous Partnership agreement. A commitment is made to developing and resourcing a learning phase for Equality Proofing.

CONCLUSION

Pavee Point is committed as part of its role to advance the health status and human rights for Travellers. Pavee Point is committed to work in partnership with local and regional health institutions and the Equality authority to develop and pilot any of the mechanisms outlined in this article

through our work in Travellers health at the local, regional and national level.

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A Pilot of Traveller Proofing

By Brid O'Brien, Travellers Economic and Social Inclusion Programme, Pavee Point.

The Project

Pavee Point led a consortium funded through the EU Community Initiative INTEGRA, which undertook a project entitled 'Methodological Tools for a Traveller Focus within Mainstream Education and Training: A Traveller Proofing Project'. The other partners in the consortium were the Department of Education and Science and FAS.

This Traveller Proofing project's central aim was the development of mechanisms and procedures which would advance the implementation of Traveller proofing in education, training and work experience situations. Developments in domestic and EU legislation and social policy facilitated an administrative environment more open to exploring such work. However, substantial concerns about how to do things and the implications for systems overload with the introduction of any new dimensions continued to be an issue.

Initially...

The first steps included:

- The gathering of administrative proofing procedures from across a wide number of EU states published as 'Equality Proofing Administrative Procedures'
- A number of symposia for Traveller organisations aimed at raising understanding and capacity for proofing actions and identifying potential pilot areas
- A series of roundtable events with state agencies to discuss and tease out the intricacies of equality proofing

The Pilots...

The second phase of the Project resulted in setting up of five pilot groups. These brought together the key local players in a consortium to initiate

a data gathering procedure and to develop a local equality proofing strategy based on the NESF model. The most advanced of these pilots, in Limerick and Clondalkin-Tallaght, produced and progressed strategies that identified objectives, targets, strategies and monitoring procedures. Other local outcomes included the insertion of a data gathering procedure in County Dublin VEC, and in the FAS registration process in Killarney. Local learning and practice were then fed back into FAS and the Department of Education and Science.

Outcomes...

The final report of the project identified a number of outcomes including:

- The introduction of an ethnic question into the FAS registration form. As the FAS data system is comprehensive, an essential ingredient for equality proofing monitoring is now in place
- The roundtable discussions with key decision makers in the Department of Education and Science and with FAS enabled approaches to be discussed and potential issues to be teased out. Such work is vital to generate the conditions for the introduction of locally relevant and appropriate measures.

At the local level the project acted as a catalyst for the development of local integrated strategies with regard to Traveller focused actions. The wealth of experience arising from the local actions has been crucial in informing the development of national initiatives. The benefits of operating both 'top down' and 'bottom up' are important to both levels. However, it became evident that for further progress to be made - direction from the central/national level will be required.

And so...

In conclusion it is useful to note some of the main recommendations arising from the Project. Firstly, equality proofing procedures should be adopted and promoted by the State within all of its subsidiaries and agencies. A key element of such procedures is the active involvement of the target groups and their representative organisations at all stages of this work. The other crucial components include:

- The introduction of data gathering and tracking procedures within mainstream administrative systems which should be published and made freely available
- The identification of targets that are challenging but realisable, and the development of strategies to achieve these targets
- Establishing the equality implications and all particular policy or practice prior to its implementation
- Putting in place progress indicators and monitoring procedures that will analyse and review progress

Secondly, equality training and awareness raising on ethnicity and Traveller issues should be introduced within all state agencies providing services to Travellers. Where possible this should be undertaken by Traveller organisations or should be implemented under advice from Traveller organisations.

Thirdly, equality proofing should be implemented both locally and nationally. Where possible local and national actions should be synchronised and sequenced. This reflects the learning from INTEGRA, which showed that real benefits derive from simultaneous bottom-up and top-down implementation. To this end a variety of administrative mechanism including Strategic Management Initiative and the National and Local Anti-Poverty Strategies should be used.

Traveller Education, Data Collection and Tracking

Gearoid O'Riain of Pavee Point explains the benefits of ethnic data collection within the Irish education system.

Much attention was given after the publication of Leaving and Junior Certificate results as to how boys and girls did in those exams, relative to each other. Precise percentages were available as to grades achieved by girls in every subject compared to boys. Having the data systems in place to do this type of a break down enables the achievement levels of boys and girls to be compared under a microscope. Collating and disaggregating the national information allows education planners and managers at all levels, down to individual schools, to assess the situation and plan actions to respond to issues that become evident as a result of the data that is published.

This would obviously not be possible if the Department of Education's database for exam results did not identify and distinguish between boys and girls. The fact that it does distinguish means that they can generate disaggregated data on gender

performance in exams. The value of being able to do so is self-evident and has not been questioned by any quarter as being inappropriate. It is, in fact, an example of "gender-proofing" in practice. Gender-proofing is an important tool in developing ways to stitch gender equality into educational policy. In essence it means to examine the differential in impact of policy on boys/girls and men/women with a view to identifying and eliminating inequalities.

The same model is advocated in relation to the broader equality agenda and Pavee Point advocates the development of systems to allow us to generate data on Travellers within a broader equality framework.

As it stands there is no hard data available on how Travellers fare in the education system. We do not know to what level those attending schools are benefiting from the process. We do

not know what they are achieving by participating in the system. We cannot even say, with certainty, how many Travellers attend school. There is a dearth of data on Traveller education, making it very difficult to assess and evaluate Traveller education policy and other measures that are in place to improve Traveller education.

Each year the National Education Officer collates estimates from the Visiting Teacher Service for Travellers. This is certainly a useful indication of numbers enrolled and points to an increasing level of enrolment of Travellers in primary and post-primary schools. The value of this limited information points

"To date the Department of Education's need for hard data on Travellers has been predominantly an administrative one."



to the need to generate a lot more detail so that planners can move from having a vague sketch of the Traveller educational landscape to a detailed map.

To date the Department of Education's need for hard data on Travellers has been predominantly an administrative one. The Department enumerates Travellers in order to process allocation of extra teaching hours and capitation. This also reflects the historical focus of the Department, which emphasised enrolment, and tended to measure progress in Traveller education in terms of numbers enrolled. The use of numbers enrolled as a yardstick in measuring the success of Traveller education policy (access), as opposed to levels of benefit and achievement (outcomes) is understandable in a context in which data on outcomes was not collected or available.

With a growing focus on the broader equality agenda it is timely for the Department to introduce appropriate data collection and tracking systems. However, we are not in favour of crude or inappropriate ways of gathering what is - sensitive data. Best practice in this area requires adherence to the principles of a universal question (everyone is asked to identify the group to which they belong, not just the minorities) and self-identification (the students/parents identify the group not any other party). Therefore past practices that single out Travellers, such as the use of a separate roll book or a special education roll book are inappropriate as is the "head count" by the principal of who fits his/her arbitrary definition of a Traveller.

It would be much more appropriate to situate the collection of such data within a more general educational equality framework. In this framework data would be collected as part of an explicit equality strategy of both individual schools and of the Department. In practice, then, what we advocate is that:

1. All educational establishments would be required to include an Equality section in their registration forms, which clearly states that the information

gathered in that section is to be used for the sole purpose of promoting equality and addressing inequalities. In that section, to be completed only by those registering, they would identify to which ethnic or cultural group they belong.

2. The data generated by this question would be submitted with the other general data to the Department IT section. The relevant databases should include the necessary fields in order to collect, collate and disaggregate this data. (The IT section of the Department is currently working on the establishment of a primary school database. A post-primary database already exists.) This should be done in such a way as to enable tracking of progress through the education and training systems of members of any ethnic group, gender etc. (through use of the Personal Public Service Number, which everyone in the country will soon have).

3. The disaggregated data would be then published regularly and systems put in place to bring the relevant stakeholders together to consult with them, to analyse and review the data, identify and plan actions to address the issues it throws up, set targets and review implementation of actions.

This whole area of data collection has been discussed at length by the National Advisory Committee on Traveller Education and it has been agreed that the Department of Education and Science should establish the mechanisms necessary to collect, collate and publish this data in line with the requirements of the Data Protection Act and in keeping with best international practice in the area. It has been agreed that the relevant existing databases (and future databases) should include the necessary sections in

order to collect, collate and disaggregate this data in such a way as to enable tracking of progress through the education and training systems of members of any ethnic group, gender etc. It now remains to be seen if the Department will take the advice from the committee, establish the systems and train people to use them.

If these systems are put in place we will have a rich source of data, not just on Travellers, but on all groups in society, that will inform education policy, particularly as it relates to the promotion of equality. This would be a major step forward from the current situation where when we ask how are Travellers benefiting from the education system we can be told how much is being spent but not how they are benefiting. The data is simply not there and it is time to stop depending on anecdotal evidence or estimates.

"We are not in favour of crude or inappropriate ways of gathering what is - sensitive data. It would be much more appropriate to situate the collection of such data in a more general educational framework."



Roma Women in Prisons

Daniel Wagman, of Project Barani, Spain explains how ethnic data collection is vital to combating discrimination and how it needs to be properly contextualised to avoid misinterpretation. Project Barani was carried out by a multidisciplinary group of seven Spanish professionals under the direction of Daniel Wagman and Maria Naredo.

In 1998 our research team received an EU grant to carry out a quantitative and qualitative study regarding Roma women and the Spanish Criminal Justice system.¹ This project was born from our grave concern at the evidence of an extreme over representation of Roma women in Spanish prisons. Our evidence of this, at the time, was merely anecdotal.

Our concern grew as we discovered that there were no official figures regarding this phenomenon. There was no official mention of the problem. There wasn't even a perception that an over representation, of probably the most disadvantaged group in Spanish society, should be seen as a grave social failure.

The key to our investigation was the carrying out of an ethnic count. Within our team and in our final report, we discussed some of the important questions and problems with regards to ethnic data gathering. We are convinced, that in this case and in others, ethnic data gathering is a necessary tool in order to reveal subtle process of inequality and discrimination, but at the same time it is important to be aware of the possible dangers regarding this question.

We carried out a statistically valid "ethnic count" in the 14 largest women's prisons and we interviewed almost 300 Roma women inmates. We also investigated the existence of mechanisms of selection and discrimination within the criminal justice system which would contribute to over representation.

These mechanisms of discrimination include, among others: police targeting practices and prejudices, prejudices among prosecutors and judges and discretionary attitudes among prison personnel regarding access to early release. All of these can greatly increase the possibility of Roma women being detained, tried and imprisoned in comparison with other populations.

We found that 25% of Spanish women inmates are Roma - in comparison with their number in the general population of about 1.5%.

One of the major problems is how data on over representation can be misused to reaffirm one of the most damaging stereotypes regarding Roma- that they commit more crimes than the rest of the population. This was a fear shared by many Roma Associations and spokespeople.

For this reason it was of critical importance to demonstrate the existence and workings of discriminatory processes within the

criminal justice system as the major issue at stake. At the same time the dissemination of our findings was done through selected media and journalists in order to ensure that they avoided the easy sensationalist treatment. We tried to ensure that journalists understood that the story is about discrimination not about crime.

Our final report constantly stressed that even with this high over representation the ratio of imprisoned Roma women to Roma women generally was much less than the inmate ratio in the USA. In Spain the figure would be around 250 for every 100,000 Roma women where as in the USA the ratio is about 800 inmates per 100,000 citizens.

Although the ratios are small it does not mean this is a minor problem. The discriminatory dynamics of the criminal justice system, and related criminal stereotyping, affects all Roma people.

We believe these indications of ethnic discrimination must oblige the judicial





system to employ the concept of the reverse burden of proof. This implies that *the judicial system* is responsible for dedicating the necessary resources to demonstrate that this discrimination does not exist. Or, it must discover where, how, and the depth of discriminatory process within the different levels of the system.

The judicial system has a double responsibility here, both as participants in discriminatory practices, and as the institution responsible for ensuring compliance with anti-discrimination laws.

It is a particularly disturbing finding of our investigation that all the members of the criminal justice system, we interviewed, categorically stated that discrimination does not exist within their system.

In some cases, the argument was made that it is impossible that discrimination exists in the judicial system, in that it is prohibited by the constitution. This was the case with the spokesperson for the State prosecutor and the Association Judges for Democracy. Negation of discrimination is a very frequent social phenomenon, and is one of the most important obstacles towards developing antiracist practices.

In the case of over representation of Roma in prison, this negation is an implicit support for the belief that the only explanation for the situation is the high criminality rates among Roma women.

One of the most interesting discoveries in our project was the continued insistence of all criminal justice personnel that ethnic data gathering is prohibited, and is anti-constitutional because it is in itself discriminatory.

This belief was voiced even by the spokespersons of the Ministry of Justice, the State Prosecutor's office, and Director of the Prison system. Upon finishing our investigation we carried out another study specifically on the question of ethnic data gathering in Spain.

We were surprised to find that the data protection law clearly allows for ethnic data gathering under certain limits. It must be voluntary, justified and the databases are to be specially protected. The Data Protection Agency - Memory - reports that there are 85 public databases and 60 private ones, which contain ethnic

data. We have discovered 6 such databases kept by the Madrid regional government.

We do not know what kind of use is made of the ethnic data collected. We have not yet been able to discover the other 79 public databases containing ethnic data. This would involve going through the official bulletins of each of the 17 Spanish Autonomous Regional Governments. Although this is public information, the Data Protection Agency insists that they cannot give us the full list.

As mentioned above, we find it surprising that high-ranking members of the criminal justice system ignore the reality of data gathering laws and practice. We think their sincerity in opposing ethnic data gathering, on the basis of their commitment to opposing discriminatory practices, is questionable. At the same time, the different options of making an ethnic census, maintaining databases with information on ethnicity and ethnic monitoring are all lumped into the same bag and equally rejected.

In fact, Spanish law does contemplate that the national census could gather ethnic data, although only one organization, the NGO Presencia Gitana has seriously proposed that this be done - an idea shared by few Roma organizations.

In our investigation of Roma women in prison we find that lack of ethnic data gathering or databases is no guarantee that people will not be identified as Roma, and consequently treated in a discriminatory way.

One does not need ethnic databases in order to carry out increased surveillance in neighbourhoods with high Roma populations, nor do police

“We also believe that when disadvantaged groups are over represented in negative realities, it must be assumed that prejudice and discrimination are the most important contributing factors to be examined.”

“ Without the ethnic monitoring it is all too easy to simply ignore the problem and deny that discrimination exists. ”

need ethnic databases in order to stop and register Roma people more frequently than the rest of the population. Prosecutors, judges, or prison officials do not need to officially identify someone as Roma in order to treat them more severely.

We frequently heard from criminal justice agents that they usually could identify Roma due to their appearance. This identification does not even have to be visual - arrest reports, addresses and even last names can mean prosecutors and judges often suppose a suspect or detainee is Roma. Obviously many Roma do not fit these identifying characteristics, but those that do are readily categorized as such.

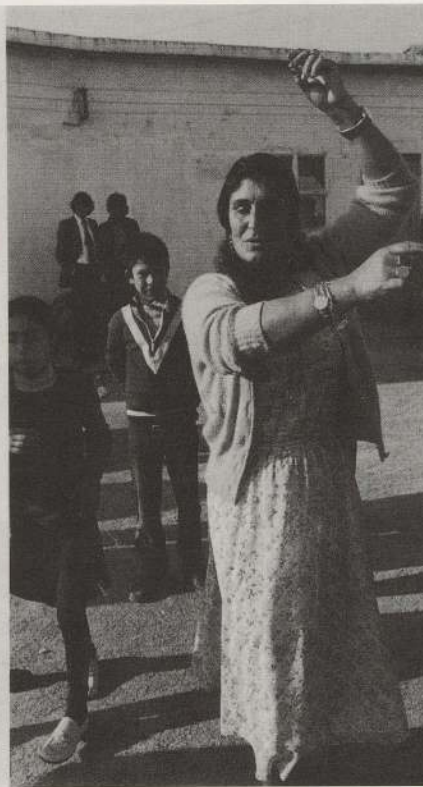
In one prison we visited the director gave us a list of the full names of the 20 Roma women prisoners under his charge. In another prison the director asked one of his assistants to make a count, and in five minutes we had the figure of 23 with one doubtful.

We do not think that in either case prison directors maintain files where this information is explicit, but they know at all times who the Roma inmates are.

In our research we also found examples of ethnic monitoring which, in theory, could be useful for discovering and correcting inequality. The Madrid educational system makes a count of Roma children school by school. It also makes a count of Roma among students in the Special Education Program designed for children with scholastic problems due to social economic disadvantage. This data is generally not made public but does allow us to see

that there is an extremely heavy concentration of Roma children in a very few schools and almost none in private schools with public grants.

It also demonstrates that half of all children in special education are Roma and that almost half of all Roma children are in special education classes. This data, in theory, could be used to develop policies to correct these segregationist dynamics and to introduce equality.



In these two examples of ethnic monitoring- Roma women in the prison and Roma in the schools- we believe that important inequalities are revealed. We also believe that when disadvantaged groups are over represented in negative realities, it must be assumed that prejudice and discrimination are the most important contributing factors to be examined.

Without investigation into the discriminatory dynamic that contribute to these inequalities, there is a danger of simply reinforcing existing stereotypes. The explanation for these statistics will be to blame the

victim- "Roma are more prone to crime"; "Roma children are not suitable for schooling" etc.

However, without the ethnic monitoring it is all too easy to simply ignore the problem and deny that discrimination exists. This leads to spirals of self-fulfilling prophecies. Large numbers of Roma women in prison justifies greater targeting of Roma women, which results in higher imprisonment rates. Massive use of special education categories reinforce the idea that Roma children are problem students, which means that they are treated as problem students, and so experience less success at school.

The fear that many people have regarding the misuse of this type of ethnic data is understandable - particularly when we see so few positive images of Roma culture and people in the media. However, ignoring negative realities that can be demonstrated

through ethnic data gathering, leaves people trapped in these situations - undefended. It does nothing to challenge existing stereotypes and allows the very destructive processes of discrimination to go on without naming them - let alone fighting them.

¹ Mujeres Gitanas y Sistema Penal. Equipo Barañ. Ed. Metyel. Madrid 2001. <http://personales.jet.es/gea21>. The Barañ Project was funded by the Daphne Office of the EU DG of Justice and Home Affairs. Daphne is dedicated to promoting initiatives for preventing violence against women and children.

The Irish in Britain

Chris Myant of the Commission for Racial Equality in the United Kingdom looks at the effects of ethnic data collection on the Irish in Britain.

Last autumn the British Parliament considered significant new steps on the race equality front. The final pieces were put in place for the reform of the Race Relations Act started some two years ago as part of the Government's commitments taken on in the wake of the Stephen Lawrence Murder Inquiry.

In place of a law, which operated in an essentially reactive way, there will be a pro-active, enforceable duty upon public sector bodies to work for race equality outcomes. The Commission for Racial Equality (CRE) will have the job of making sure that the public sector complies.

For the CRE this is 'an historic step forward' which could lay the basis for a fundamental transformation in the way Britain responds to equality challenges.

Essentially, instead of just talking about race equality or, worse, simply ignoring it, public bodies ranging from schools to hospitals, police stations to central Government departments will have to audit what they do, who they employ and who they serve, draw out the implications for racial equality and prepare action schemes to put things right.

However limited the actual actions may be, the principle is firmly established and, backed by the public accountability it entails, should make for some real change.

Alongside the issue of how effective will actual delivery add up to at the

end of the day, there is another question: Will the transformation reflect the full diversity of race equality issues across British society? From the Irish point of view, this change in the approach to race equality in Britain comes at an opportune moment.

For the first time the British Census sought to identify the size of the Irish group in the British population. This reflected the growing understanding that race equality practice in Britain must not focus solely on the white/non-white divide but must explore the full complexity of ethnic and race divisions and inequalities.

The approach to race issues in Britain tends to focus on the more narrow white/non-white divide - in both the public sector and private sector practice continues. However, more than just the Census questions indicates this is changing..

A coalition of Irish community organisations began lobbying the CRE in the mid-80s asking it, among other things to recommend that all ethnic monitoring in Britain include a category for Irish and that it conduct a major research review of discrimination against the Irish in Britain.

It was not until 1995 that the CRE formally agreed to include an Irish category in its model monitoring scheme. It was not until 1997 that the CRE published what has become a seminal work of research and the

foundation for the slow but steady shift in public policy debate and practice in favour of integrating the Irish into race equality practice.

The arguments are simple. There is clear evidence of discrimination against the Irish - there are cases won in our courts of discrimination in the field of employment, housing and health. In some areas the extent of the discrimination is such that if the Irish group is not moved out of the core white group full comparisons between young black men at the hands of the police, for example, and the core white group cannot be made. This comparison, by the way, has nothing to do with the issue of the Prevention of Terrorism Act and the impact of the Northern Ireland Troubles on policing in Britain. It is to do with the relationship between people of Irish background living in Britain, pursuing their normal lives and the local police going about 'ordinary' policing.

To be effective, race equality policy and practice must, therefore, embrace the full diversity of the population, not just picked up bits and pieces of it. So, does it happen?

Pressure from Irish community groups using the evidence from the CRE study has persuaded a significant number of local authorities to adopt an Irish category in their ethnic monitoring, usually of staff and sometimes of services they deliver. An Irish category is also used by a number of social landlords and in parts of the health service. There is

“ What changes there have been are very much due to the activities of Irish community organisations over the past 15 or so years in pressing local authorities, health service bodies and the CRE to take up the issue of Irish ethnicity. ”

“ For the first time the British Census sought to identify the size of the Irish group in the British population.”

an Irish category now in the monitoring system that the Metropolitan Police use when it comes to employing police officers. The Cabinet Office think tank, the Performance and Innovation Unit, is now engaged in the biggest study yet of problems of racial discrimination in the British labour market and while, according to the 'Scoping Study' for the project, 'the main focus will be on Black and Asian ethnic minority groups, the project may include the White Irish wherever this is possible.'

Having a category, though, and generating some figures does not mean that the data is used in anyway to change practice. While a growing number of organisations are collecting data in this way few of them are using it constructively. So, for instance, although the Government requires data be collected on the Irish group for performance monitoring of the local government sector in England and Wales - the statistics are aggregated into a single 'white' group when the data is reported back centrally.

Part of the problem is that until the 2001 Census results are published, in a year's time, there will not be a baseline against which comparisons can be made in relation to the Irish. And, the Census will only work if the category has been taken up and used effectively by those of Irish background in Britain.

There are examples, particularly in local government, where an organisation has put in place a programme of race equality action within which issues affecting the Irish community are addressed as much as those of any other. The north London Borough of Haringey does not have the largest Irish community in London but it has done more than most to



Irish in a Glasgow Pub

meet the needs of that community. The Council's ethnic monitoring of its workforce has long included an Irish category and the Council set itself the target of having an Irish proportion in its workforce to equal that of Irish in the Borough. The same kind of target has been set for other ethnic minority groups.

Haringey Council has also set about making sure that its advertising and other job recruitment activities all have a welcoming feel for the Irish and it has run job fairs targeted at the Irish community. Service delivery is also monitored whether it is, for instance, applications for housing from the homeless or attainment in school. In school Irish boys appear to do somewhat worse than other white boys.

The third area with a specific Irish dimension is community consultation. The Council's Ethnic Minority Consultative Committee has representatives from seven different

communities, including the Irish. Fourthly, the Council has sought to take special steps to meet the particular needs of the community ensuring that public funding goes into the strengthening of a social work and voluntary sector infrastructure. This may mean the provision of a cultural centre, luncheon club for Irish elders or an advice centre capable of providing effective advice, information and social work services.

A combination of the new legislation, the evidence of Irish need from the Census and the continued pressure from Irish community organisations should mean that such an approach becomes the rule rather than the exception.

Ethnic Monitoring in the British National Health Service

A Case Study

By Philip Crowley, Public Health Practitioner

Introduction

Black and Ethnic Minority people have suffered a long history of discrimination and harassment. The health service is not clear of involvement in this legacy. People persist in making generalisations about Black people based on assumptions and stereotypes that are clearly incorrect and this prevents Black people gaining their rights - including the right to equal access to health service provision.

A recent report from the National Health Service (NHS) highlights that health staff see racial harassment as endemic and, as it is to be expected, it is to some extent accepted. The report concludes: "Racial harassment of staff and patients is a long-standing and widespread problem in the NHS. Both staff and patients are perpetrators." (NHS Executive, 1998)

It has been mandatory since 1995 for all NHS in-patient services to monitor patients for their "ethnicity". Progress has been limited and patchy, a point which is further emphasised by the recent Mind regional snapshot survey. It is still not mandatory to collect this data from Primary Care or community settings.

Ethnic monitoring is where people are asked to define their own ethnicity on admission to hospital and then this information should be collated to develop an analysis of ethnic minority access to services.

Health and Race

Four point one per cent of the population of Newcastle come from the Black and Ethnic Minority

communities. This percentage is the highest in the West End where Black and Ethnic Minorities form 21% of the population of Elswick ward. The percentage of 16-24 year olds is 6%.

Ethnic monitoring for all hospital admissions in Newcastle suggest that the Black community is not gaining equal or expected access to hospital services - 1.1% of access according to Freeman Hospital, 1.6% according to Royal Victoria Infirmary (RVI) and 0.8% according to Newcastle General Hospital - as against the local population of 4.1%. This is discriminatory.

Ahmad (1993) in a survey of doctors demonstrated negative attitudes towards minority ethnic communities. He also highlights how most NHS/Department of Health documents fail to mention Ethnic Minority groups. He argues that there should not be separate race policies but that the implications of all policies- for ethnic minorities should be considered.

Ahmad tells how medical science has historically oppressed Black people, how during slavery it coined the phrase "drapetomania" - the irrational and pathological desire of slaves to run away from their masters! He shows how it continues to focus attention on the reasons for Black ill-health on individual/behavioural causes and away from the structural inequalities that Black people suffer in this society. Health research has focused on rare and exotic illnesses suffered by ethnic minorities and not on their common illnesses (the same ones as the white population). People who focus on 'culture' ignore issues of power, deprivation and racism.

A recent national study by the Policy Studies Institute entitled "Ethnic Minorities in Britain" shows that people of Pakistani and Bangladeshi origin have poorer health than any other group in this country. This is partly explained by their socio-economic status and partly by racism, discrimination and their geographical concentration in urban locations.

This major research report also suggests a lower referral rate from Primary to Secondary care for ethnic minority patients. It also shows that more than 4 out of 5 Pakistani and Bangladeshi households are living below the poverty line. Interviews demonstrated that persistence of racial harassment as a major issue in this country and that a majority of Pakistani and Bangladeshi people lack confidence in the police to protect them from harassment.

A study of Asian women's health in Glasgow (Bowes 1993) suggested that the women were not receiving quality GP care, not exercising choice in childbirth and received poor health promotion.

The Newcastle Heart Project is demonstrating tremendously high rates of diabetes (one in three of 55 year olds) and heart disease in South Asians in Newcastle. This is directly related to their socio-economic status. The Health Authority (Newcastle & North Tyneside Health Authority, 1997) have produced health profiles by locality that demonstrate that the West End has the highest levels of heart disease in the district and the lowest rate of access to angiography and bypass surgery!

Ethnic monitoring of hospital admissions for Diabetes and heart disease in Newcastle do not reflect the high rates of disease in the community. Diabetes - Freeman 2.9%, RVI 1.1 % and NGH 2.7%. Heart disease - Freeman 3.3%, RVI 0%5 and NGH 0%. This is further evidence of discrimination.

The NHS ethnic health unit ran a series of focus groups on primary health care for Black and Minority Ethnic people and this highlighted, amongst other things difficulties in being referred on to other services.

A mapping exercise of mental health provision for the Black community in Newcastle and North Tyneside was carried out in 1996. (Crowley, 1996). The results built on a lot of previous work, such as that done by Shamshad Iqbal and Rosie Ahmed, and were not surprising.

The exercise showed there is a much lower level of use of mental health services by the Black community, particularly at community mental health team level than would be expected given the population size.

- Ethnic monitoring is not being done in a systematic fashion and will not produce useful statistics for some time.
- City Health Trusts Newcastle mental health division has 1.5% black workers while North Tyneside has 0%.
- City Health Trust as a whole has a black staff level of 0.8% as compared to a population per cent of 4.1%.
- There is no systematic anti-racist training being done by the Trust

- There were no plans to develop a strategy to meet black mental health needs in the Health Authority or the Trust, although some support had been given to help with the training costs of 2 black counselling students
- There is no mechanism to monitor the quality of mental health services for the Black community
- The voluntary community sector is dealing with a wide range of mental health problems in an under-resourced fashion

The Minister of Health set up a task force on black and ethnic minority health in 1993. This came up with a key recommendation to implement an equal opportunities in service provision and employment demonstrating administrative and



Black and Ethnic Minority people have suffered a long history of discrimination and harassment. The health service is not clear of involvement in this legacy.

senior managerial commitment to overcoming racial discrimination and improving health and health care of Black and Minority Ethnic people.

This is a challenge to all management in the NHS.

The Stephen Lawrence Inquiry Report states: "We all agree that institutional racism affects the Metropolitan Police Service, and Police services elsewhere. Furthermore our conclusions as to the Police Services should not lead to complacency in other institutions and organisations. Collective failure is apparent in many of them. It is incumbent upon every institution to examine their policies and the outcome of their policies and practices to guard against disadvantaging any section of our communities."

Ethnic Monitoring

From the above it is clear that there are significant differences in illness and death suffered by local Ethnic Minority communities and clear evidence of discrimination in access to health services.

The ethnic monitoring figures demonstrate significant numbers of 'not known', which means not recorded or requested. This demonstrates that, four years after it became compulsory, ethnic monitoring is inadequate.

A recent request by myself for cancer services ethnic monitoring figures in the RVI was the first such request that they had received. How long will people collect data that managers show no interest in?

The importance of Ethnic Monitoring:

- To identify current service use and gaps in services.
- To help monitor any response to those gaps.
- To identify prevalence of illness.
- To identify a changing pattern of disease and monitor the effects of

intervention programmes on these.

- To ensure that black and ethnic minority issues are within mainstream planning and policy development.

Lessons to be learned

Pilot studies have shown that most patients are in fact willing to provide this data, particularly if they understand why the information is being sought (Horton 1994).

It is vital to take the step from recording ethnicity to actually monitoring Black use of services. This is a key distinction. In other words, recording the data and not acting on it to investigate and improve access to appropriate services is not useful.

It is considered that the main reason that there have been problems in recording the data systematically has been awkwardness on the part of those who record the data. Unless they are trained and understand that the information will be used to improve health services for these groups, the recording will not improve.

Jeff Chandra has developed some key principles - Ethnic monitoring must be a clear part of a strategy to improve services for ethnic minority groups (Chandra, 1996). Other useful information should be collected such as Religion, language spoken and the need for an interpreter and regular feedback to staff and patients should be provided to demonstrate any new developments arising from the data collection.

Sivanandan (1993) questions ethnic monitoring as leading to the "ethnicisation of health, a ghettoisation of disease". He feels that it must be suspect when it emerges in a racist society and might be used to marginalize Black health issues rather than have them as part of the mainstream health

policy. We must protect against this by involving Black service users. The focus for the interpretation of ethnic monitoring data must be on how the system is not meeting Black and Ethnic Minority health needs.

Areas where some progress has been made: City and Hackney- London, Coventry, Riverside -London, Salford and North Mersey.

Efforts to achieve systematic monitoring have seemed to be dependent on key individuals who when they have moved on, the efforts have broken down. There appears to be a lack of central drive and commitment and it is not part of everyday practice.

In the end of the day how else will current use and access to services for black and ethnic minority communities be assessed other than through monitoring?

Summary and recommendations:

- Black and ethnic minorities suffer worse health, premature death and experience discrimination when trying to access health services.
- Ethnic monitoring must be part of an overall strategy to improve service provision for black and minority ethnic communities that has broad level support.
- Be clear about why you are collecting the data and how it will be used.
- Patient and community groups must advise on the data collection and play a part in interpreting the results and recommending actions in response to the them.
- Ethnic monitoring should take place alongside initiatives to involve local communities in addressing their own health agenda.

Ensuring Equality of Outcomes for Minority Ethnic Groups

Policies to promote equality now recognise that while equality of access, opportunity and participation are key goals that the greater test of equality is to what extent there is equality of outcomes. Applying this to Travellers means not just asking if Travellers are accessing services but asking if the outcomes for Travellers from our service are equal to those of the settled community.

Here we list some of the steps a service provider can take towards raising awareness of equal outcomes for Travellers:

- Ensure that equality policy and codes of practice are in place and implemented.
- Provide in-service training on Travellers, other minorities and on anti-racism.
- Equality proof all decisions to ensure they address rather than aggravate racism.
- Employ a multi-ethnic staff that reflects the multi-ethnic society in which we live.
- Display materials and images that reflect diversity.
- Challenge incidents of racism as they arise. It is important that the equality policy and codes of practice spell out how this will be done.
- Develop services, actions and courses so that they reflect diversity and are culturally appropriate.
- Develop services, actions and courses specific to Travellers and other minorities where this will enhance access to and outcomes from mainstream work or where this will address culturally specific needs and a history of discrimination.
- Track the take-up and outcomes for Travellers and other minorities through the collection of data. The data generated should be used to adapt services to improve outcomes for these groups.
- Put mechanisms in place to consult and work in partnership with minorities and their representative organisations on their needs, how to remove barriers and how to improve service to them.
- Seek and allocate the necessary resources for this work.

A sample question on ethnicity which has been discussed and agreed by Pavee Point Travellers Centre and the National Consultative Committee on Racism and Interculturalism, has been included below as a sample that could be used for monitoring systems.

For the sole purposes of reviewing equality policies, monitoring progress and targeting resources the following information is required:

What is your ethnic group?

Tick one box only.

- 1 White - Irish
- 2. - Traveller
- 3. Black - Irish
- 4. African
- 5. Caribbean
- 6. Asian - Chinese
- 8. - Vietnamese
- 9. Indian
- 10. Other (including mixed)

Write in ETHNIC GROUP

- 11. I do not wish to answer this question

