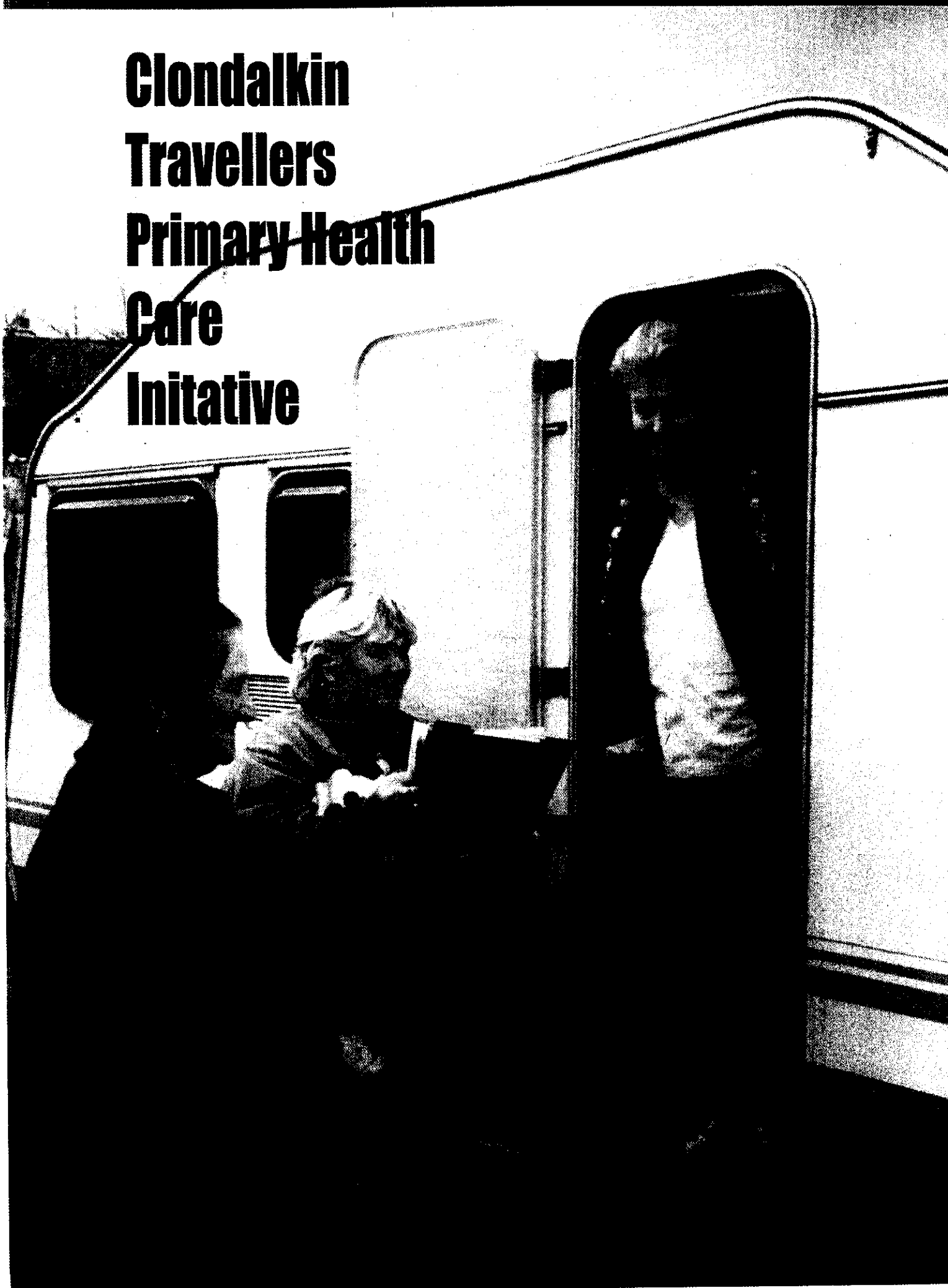
Clondalkin Travellers Primary Health Care Initative



Acknowledgments

Clondalkin Travellers Primary Health Care Initiative wish to acknowledge the following for their support:

- The Traveller community in Clondalkin who participated in the survey and Focus Group Discussions.
- Participants of the Primary Health Care Initiative who carried out this innovative baseline health survey.
- Deirdre McCarthy for her guidance, support and technical expertise, in the analysis of the data.

Clondalkin Travellers Development Group (C.T.D.G.) was established in 1989 to address the needs of Travellers in the Clondalkin area. C.T.D.G. is a partnership between Travellers and non-Travellers working to promote the rights of Travellers as a nomadic group within Irish society. Clondalkin has a large population of Travellers, approximately 150 – 200 families at different times throughout the year. Travellers in the Clondalkin area face similar issues as those experienced at national level. C.T.D.G. is a mechanism through which Travellers can collectively address the issues that are affecting their community. In the early stages, the focus of the project was education and training with Traveller women to develop leadership skills and confidence building. This focus was then broadened to address a range of issues affecting the Traveller community in the Clondalkin area, and linking local strategies to the broader work-taking place within the Traveller community at national level.

Clondalkin Travellers Development Group aims to promote the social, economic, civil, political and cultural rights of Travellers as a nomadic group within Irish society. In striving to achieve this, C.T.D.G. has identified the following strategic goals:

- To promote the equality of Travellers and facilitate their struggle towards self-determination;

- To promote solidarity among Travellers, and between Travellers and other groups experiencing inequality;

- To challenge policies and practices which seek to threaten Travellers' way of life.

C.T.D.G runs a range of developmental programmes and activities including community development and leadership training for Travellers men and women, youth activities, after-school projects, awareness-raising, networking, lobbying and campaigning on Travellers issues such as accommodation, discrimination, health among others.

1. Introduction:
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    - Clondalkin Travellers Primary Health Care Initiative

2. Profile of Travellers in Clondalkin

3. Baseline Health Survey
    - Aims and objectives
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    - Findings.
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Appendix

In recent times, there has been a welcome shift in government policy with regard to addressing Traveller health issues. In 1994, the *National Health Strategy* made a commitment to the implementation of a special programme to address the particular health needs and concerns of the Traveller community. In 1995, *The Report of the Task Force on the Travelling Community* recommended key strategies to eliminate the physical and cultural barriers that exist for Travellers in accessing health services and to develop peer-led services.

It is these shifts in policy, which have created the context for the development of the Clondalkin Travellers Primary Health Care Initiative.

"Primary Health Care in communities means enabling individuals and organisations to improve health through informed health care, self-help and mutual aid. It means encouraging and supporting spontaneous local initiatives for health". (Primary Health Care Course, Pavee Point)

In 1987, *The National Traveller Health Status Study* highlighted the poor health status of Travellers and reported significant differences for Travellers, for example in life expectancy and infant mortality, relative to the settled population. The study also highlighted the fact that health issues facing Travellers differ to those facing the settled community.
This study reported some alarming statistics:-

- Traveller men live on average 10 years less than settled men.
- Traveller women live on average 12 years less than their settled peers.
- Infant mortality rate is 18.1 per 1,000 live births while the national figure is 7.4 per 1,000 live births.
- Travellers have more than twice the national rate of stillbirths.
- Travellers are only now reaching the life expectancy that settled Irish people reached in the 1940s.

Clondalkin has the second highest population of Travellers in the Dublin region. A survey undertaken in Clondalkin in 1995 indicated the extent of unmet need and low uptake of health services by Travellers in the area and the barriers they experience in accessing services. The impact of poor living conditions on the health of Travellers was also highlighted. All of these factors formed the basis of the Clondalkin Travellers PHC Initiative.

Clondalkin Travellers Primary Health Care Initiative is an innovative programme developed to address the health needs of Travellers in Clondalkin. The Initiative is a partnership between Clondalkin Travellers Development Group (CDTG) and the South Western Area Health Board and implemented in co-operation with FÁS and the Department of Social, Community and Family Affairs.

The aims of the Clondalkin Travellers PHC Initiative are:

- To contribute to the improvement of Travellers' health through informed health care, self-care and mutual aid
- To develop an outreach and localised service where primary health care workers are of the same culture as the recipients of care
- To work towards the elimination of the barriers of access to health services that exist
- To liase and assist in creating dialogue between Travellers and health service providers in the area
- To develop the skills of Traveller women in providing community based health services
- To impact on health policy development at local and national level.

The Clondalkin Travellers PHC Initiative was based on the Primary Health Care for Travellers programme piloted by Pavee Point and the Eastern Health Board.

Clondalkin is a large urban area with a population approaching 50,000 in the south west area of Dublin City, within the local authority area of South Dublin County Council. There are approximately 150 - 160 Traveller families, most of who have been living in the Clondalkin area for many years. During the summer months, there is a strong tradition of Travellers from other parts of Ireland and further afield coming to Clondalkin, and therefore, the population would generally increase to approximately 230 - 250 Traveller families during the summer months.

Travellers in Clondalkin live in a range of different types of accommodation: including standard housing, group housing, permanent halting sites, temporary halting sites and unofficial roadside camps.

Traveller accommodation is detailed as follows:

Oldcastle Park	50 families	Temporary site completed in 1998 – South Dublin County Council
Lynches Lane	24 families	Temporary halting site - South Dublin County Council
Kishogue	10 families	Permanent halting site - South Dublin County Council
Ballyowen Lane	10 families	Permanent halting site - South Dublin County Council
Oldcastle Drive	14 families	Group housing scheme, extended to 14 units from 8 units in 1998 - South Dublin County Council
St. Oliver's Park	24 families	Combination of group housing and halting site - Dublin Corporation
Standard Housing	Definite figure unknown	A number of Traveller families are living in standard local authority housing throughout Clondalkin.
Unofficial Roadside Camps	Fonthill Rd. Liffey Valley Balgaddy Road Nangor Rd. Coldcut Rd. Other locations around Clondalkin	The location of families on unofficial camps varies due to ongoing eviction of families from one roadside location to another.

The purpose of this research was:

- To give a baseline of present utilisation of health services by Travellers
- To obtain information on the health of Travellers and their perceptions of the quality and accessibility of health services.
- To use the information as a basis for any future health interventions
- To ensure Traveller participation in policy development and future planning of health services.

The research method was developed with two aims in mind; the focus was as much on the method and process of gathering the information as the information itself.

The first stage of the research was to carry out training in research skills with the Primary Health Care participants. In order to do this a researcher worked with the participants, carrying out some training on basic research methods.

Training included, looking the pros and cons of qualitative and quantitative research, examining a variety of research methods, confidentiality, listening skills, facilitating focus groups and interview techniques.

As part of this training the participants worked with the researcher to design a questionnaire. The basic model of the questionnaire was taken from a similar baseline health survey carried out by Pavee Point.

The participants on the Primary Health Care Initiative in Clondalkin mapped the area to be surveyed. Based on an estimated size of the local Traveller population of 175 families[1], the 103 surveys covered 58.9% of the families in the area. Attempts were made to ensure that the families who were interviewed corresponded to the number of families living in a variety of accommodation.

At an early stage it was decided to target women for the survey. There were three central reasons for this;

1) Women are in general acknowledged to be the primary providers and seekers of health care for their families,
2) Traveller women are the main carers and have the main responsibility for raising their children therefore they are in the best position to respond to questions re the health of their family and access to health care services,
2) A section of the survey also concentrated on women's health and therefore required women to answer the questions.

[1] *Information from Clondalkin Travellers Development Group*

When the mapping of the sites and survey was developed the participants piloted the survey in Labre Park halting site, Ballyfermot. In all 15 pilot surveys were carried out. The questionnaire did not include any reference to the names of the respondents. Final questionnaire included the following areas:-

- Family details
- Accommodation details
- Details of facilities; water, toilets, bath/shower and rubbish collection
- Health service provision
- Health service take up
- Difficulties with the health services
- Areas where the respondents would like to see changes
- Family health
- Women's health

The survey was carried out between October 2000 and March 2001. Interviewing was carried out in pairs. While the participants were carrying out the survey they were supported by the staff of the Primary Health Care Initiative.

Focus Groups

When half of the interviews had been completed and some of the emerging issues drawn out from the questionnaires, the participants carried out three focus groups with Traveller women in the area. The aim of the focus groups was to get more detailed information in relation to the issues emerging to date.

Data Analysis and Report Completion

When the questionnaires had been completed they were returned to the researcher to analyse, along with the documented focus groups discussions. The quantitative questions were analysed using the computer package Data Desk. The survey results were analysed by the researcher and rewritten up.

103 questionnaires were completed.

- 101 of those who completed questionnaires were women,
- 81 of these were married/living with partners.
- 2 men, who completed interviews, were not living with partners/wives.

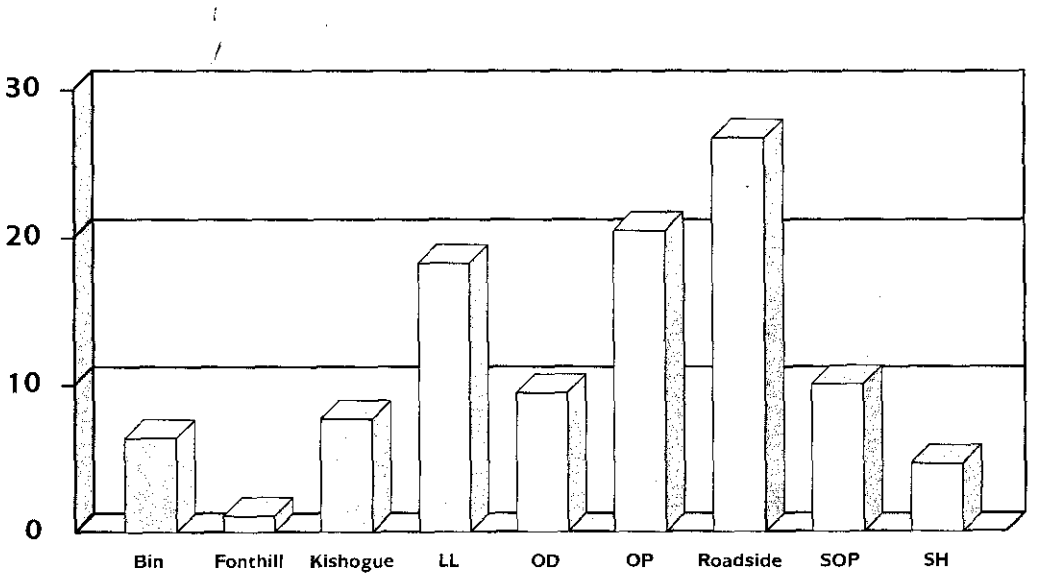
The average size of the family unit that the interviewees were living in was 5.3, with family sizes ranging from those living alone to a family of 14.

95 (92%) of the interviewees had children, of those 87 (84%) were living with some or all of their children, 14 (14%) were parenting children under the age of 18 alone.

The average number of children, of those who had children and answered the question, was 4.3. The national average is 1.8. (Central Statistics Office, 1996)

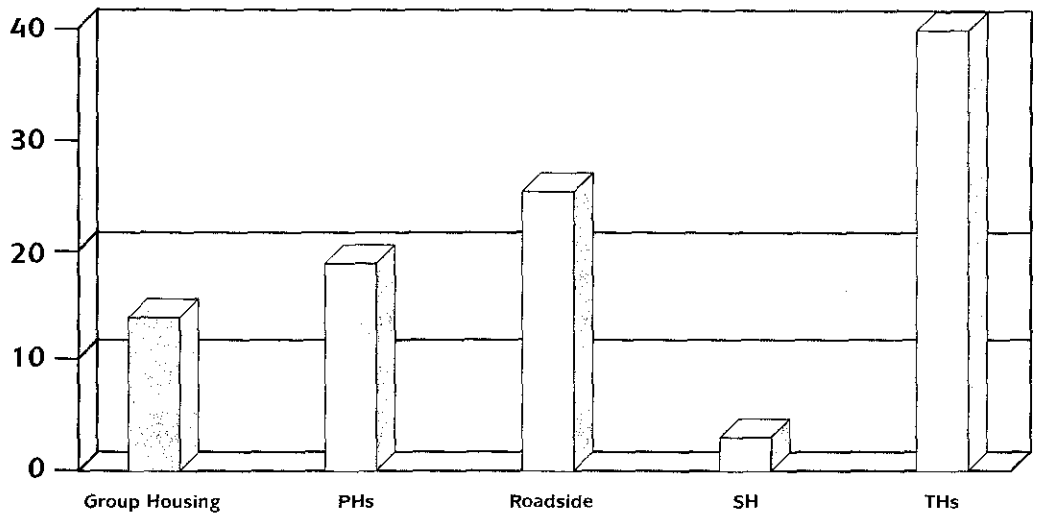
In total the interviewees had 319 children 18yrs and under.
The children range in age from small babies to adults.
117 children aged 5yrs and under.
93 children aged 6-10years
109 children aged 11-18yrs

The families were from a variety of sites, roadside and standard housing in the Clondalkin area.



Total answers 103

Group	Count	%	Group	Count	%
(Bln) Ballyowen	6	(6%)	**(OP)** Oldcastle Park	21	(20%)
Fonthill	1	(1%)	Roadside	26	(25%)
Kishogue	8	(8%)	**(SOP)** St Oliver's Park	9	(9%)
(LL) Lynches Lane	18	(18%)	**(SH)** Standard Housing	4	(4%)
(OD) Oldcastle Drive	10	(10%)			



Total answers 103

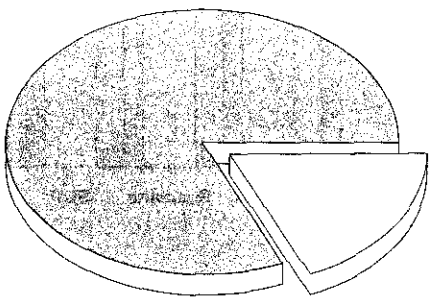
Group	Count	%	Group	Count	%
Group Housing	14	(14%)	Standard Housing	4	(4%)
Permanent Halting site	19	(17%)	Temporary Halting site	40	(40%)
Roadside	26	(25%)			

85 of the respondents answered the question about how many trailers that their families live in (remaining 18 live in housing). The majority of those who live in trailers, live in one trailer.

1 trailer	48	72%2
2 trailers	12	18%
3 trailers	4	6%
4 trailers	3	5%.

The respondents were asked questions about the variety of facilities that they have access to; water, toilets, showers and rubbish.

Water Yes/No



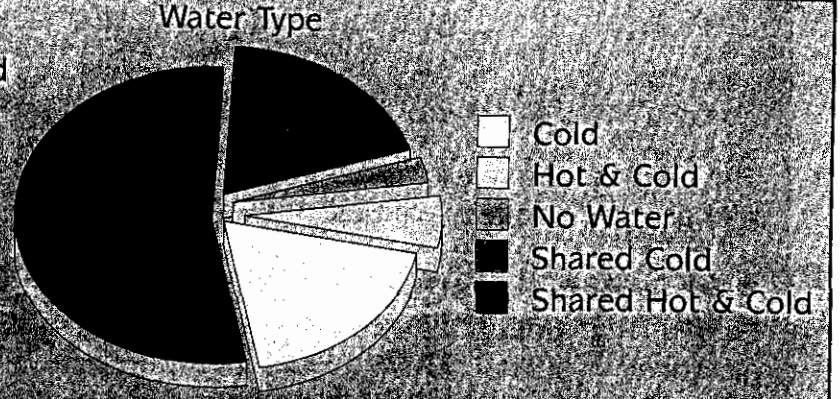
The majority of respondents do have access to some sort of water supply.

Total Answers 103

Group	Count/%
No Water	20 (19%)
Yes Water	83 (81%)

[2]In some cases not all the respondents answered the question. In these cases the number who responded is given. The percentage is calculated using the number of respondents who answered the particular question, to exclude answers we do not know or those that maybe irrelevant.

Of the 83 respondents who had access to water supply, only 69% had their own hot and cold water supply.



Total answers 101

Group	Count	%
Cold	20	(20%)
Hot & Cold	57	(56%)
No Water	20	(20%)
Shared Cold	1	(1%)
Shared Hot & Cold	3	(3%)

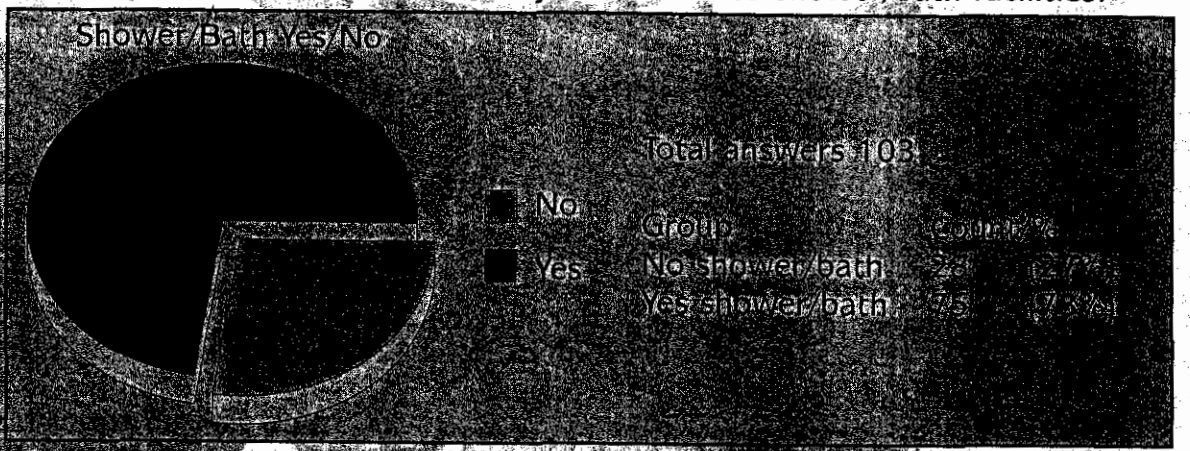
- **19% have no access to water**
- **47% of those with access to water have difficulties**

The respondents were asked about the condition of their water supply. Of the 83 (81%) of respondents who have water, 39 (47%) of those with water are not happy with the condition of their water supply. The difficulties with the water supply centre on the areas outlined below, for some of the respondents they had more than one difficulty listing a variety of problems. In some cases the respondents did not specify the difficulties with the water supply.

- Only have a cold water supply
- The water is dirty/tastes bad
- Poor conditions of the taps/units
- The hot water cannot be controlled
- Hot water is very expensive to heat

Shower/Bath

The respondents were asked if they had access to shower/bath facilities.



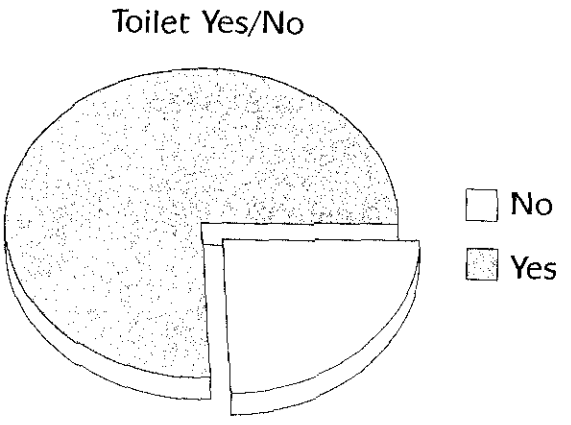
Again, as with the water supply the respondents were asked if they had any problems with their shower/bath. Of those who have shower/bath facilities 43 (57%) have problems.

- Problems with the temperature of the water
- Units have no heat
- Not working
- Leaks/floods/damp

- **27% of the respondents had no access to shower/bath facilities**
- **57% of those with access to shower/bath had difficulties with them**

The respondents were asked if they had access to toilet facilities

Total answers	103	
Group	Count/%	
No toilet	28	(27%)
Yes toilet	75	(73%)



- 5 families with toilets are using portaloos, 2 families shared their portaloo with other families.
- 3 families who have flush toilets share the facilities between families.

The respondents were asked if they had any difficulties with the toilet facilities, 14 (19%) families who have access to toilets have difficulties with them.

The problems include:

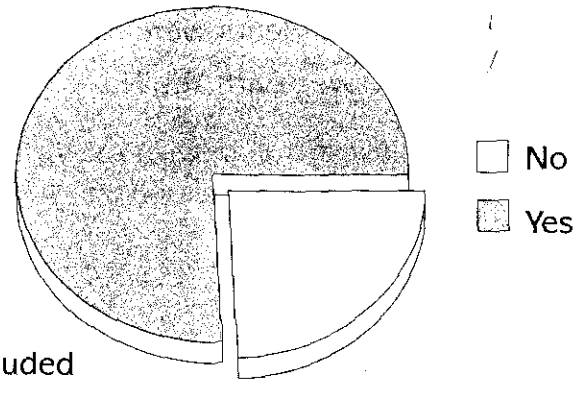
- Toilets not working
- Cold units/steel toilets
- Blocked

- **27% had no toilets**
- **19% of those with toilets had difficulties with them**

The respondents were asked if they had access to rubbish collections.

Total answers 103

Group	Count/%
No rubbish collection	25 (24%)
Yes rubbish collection	78 (76%)



Types of rubbish collection included

Total answers	73
Own bin collection	28 (38%)
Regular skip collection	40 (55%)
Irregular skip collection	5 (7%)

- **24% had no rubbish supply**
- **22% who had a rubbish supply had difficulties with it.**

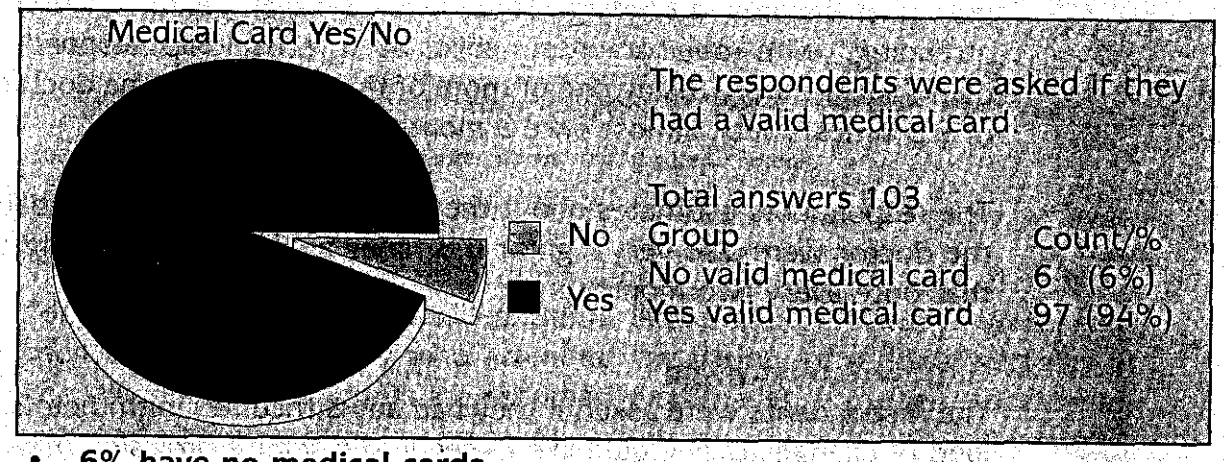
17 (22%) of the respondents had difficulties with the rubbish collection including:

- Rubbish not collected often enough resulting in overflowing skips & rat infestation
- Others dumping in the skips/ 'fly tipping.'
- Expensive wheelie bins

Health Services

This section of the survey asked questions about the respondent's access to medical services and the quality of the service provision.

Medical Card



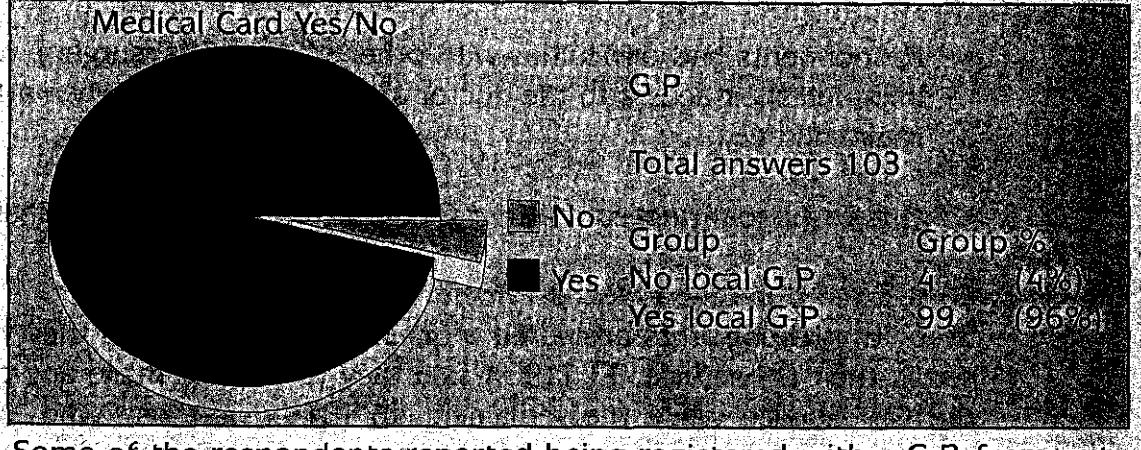
- **6% have no medical cards**
- **22% of those with medical cards have difficulties with them**

The vast majority of the respondents have medical cards, but some 21 have had difficulties with medical cards. These include;

- No current card - postal problems
- Delay receiving new card/difficulties renewing cards
- Some things not covered by the medical card
- Difficulties with foster children re medical card
- Difficulty getting a GP to accept a medical card holder
- Doctor/clinic hold the medical card causing problems when using other health services

G.P Services

The respondents were asked if they were registered with a local G.P.



Some of the respondents reported being registered with a G.P. from outside the area.

G.P. Visits for the respondent and family members

There is a huge variety between the respondents re the number of times that they attended the GP in the last 12 months. The numbers of times for individual respondents ranged from no attendance in the last year, to 50 times in the last 12 months due to ongoing illness. The average number of times that the respondents themselves attended the doctor was 6.4 times, which works out at slightly more that once every two months.

The respondents also estimated how many times their immediate family had attended the doctor in the last year. The respondents' primarily referred to their children and partners, in this case exclusively husbands. In relation to the children it is difficult to estimate figures on how regularly the children attended as many of the respondents referred to the children attending, but not the numbers of individual children attending. Therefore, the average for children is families attending, with one or more child at a time. The respondents in this questionnaire were taking one or more of their children to the doctor an average of 9.3 times a year, almost once a month.

The respondents estimates about the number of times their husbands went to the doctor were also very high at 6.8 times a year, again working out at more that once every two months.

The respondents were asked if they had any difficulties with their G.P. and what kind of changes they would like to see in the service provision from their GPs.

62 respondents answered the question about difficulties with their G.P. 26 (42%) of these had no problems with their GPs, the remaining 36 (58%) expressed a variety of difficulties, some referring to more than one problem.

- Respondents had difficulties with the manner of their doctor not listening to them, not interested in them, or treating them badly/poorly.

  "always rushing and not listening."

- Respondents felt that they received poor medical treatment, often referred to as not being examined.

  "he won't examine the children, he rushes you."[3]

- Respondents had difficulties with other staff in GPs' surgery, who they felt impeded their access to the doctor and had difficulties when attending with their children.

- One respondent noted that her GPs' surgery was not wheelchair accessible.

57 of the respondents answered a question about changes they would like to see in their GP service. 11 (19%) said they would not make any changes with the G.P. service while the remaining 46 (81%) of those who answered the question had some ideas of changes that they would like to make. The respondents expressed the changes in a variety of ways, but they centre on a number of common themes following on from these difficulties, in some cases the respondents had a number of suggestions. Some of these suggestions are outlined below;

Respondents had difficulties with the 'attitude,' or social manner of their doctor, feeling that doctors should develop their communication skills.

[3]These comments came from the questionnaires where the respondents expanded upon their answers.

Simply and most often expressed is the desire for the doctor to be friendlier.

"be more friendly and helpful, more approachable."

"more helpful, they don't even smile, it would be nice to have a woman."

Respondents wanted more female doctors to be available.

Respondents felt that doctors should know more about Travellers.

Respondents were unhappy with the medical treatment that they received from their doctor.

"he doesn't do immunisations for children or ante-natal care or smears."

The respondents were asked about attending a variety of medical services for themselves and their families. Below is the number of respondents and members of their family who attended the variety of medical services in the last year. These figures are necessarily estimates from the respondents.

SERVICE	FAMILY MEMBERS WHO HAVE ATTENDED THE SERVICE
Hospital	Children from 26 families, attending 83 times, an average 3.2 times in a year. Respondents from 24 families, attending 70 times an average of 2.9 times.
A&E	Children from 25 families, attending 65 times, an average 2.6 times a year. Respondents from 8 families, attending 14 times, an average of 1.75 times a year. Husband from 2 families, attending 6 times, an average of 3 times a year. Grandchild from 1 family, attending 2, an average of 2 a year.
Dentist	Children from 22 families, attending 53 times, an average 2.4 times a year. Respondents from 10 families, attending 29 times, an average of 2.9 times a year. Husband from 4 families, attending 5 times, an average of 1.25 times a year.
Mobile Clinic	30 respondents had used the mobile clinic mainly for child health.

A quarter of the families use the services of the A&E regularly for their children, another quarter (which would include an over lap) use hospital services regularly for their children. Respondents themselves also use hospital services regularly, with almost a quarter attending an average of three times a year. These services are generally curative, with treatment being sought for an existing illness/accident.

These figures suggest a high use of curative treatment while preventive services such dental treatment remains low, less that 10% of the respondents had attended the dentist for themselves.

The respondents used the services of chemists very regularly using them to fill prescriptions, get over the counter medication and obtain advice.

Although a number of the respondents did refer to poor treatment at the chemists, they were valued as an easy access point for medication and advice.

As with the questions relating to the GP provision the respondents were asked about the difficulties that they have with the above, or other medical services and what kind of changes they would like to improve the quality of the services.

56 respondents answered this question. 28 (50%) of the respondents who answered the question said that they did have difficulties with the above services. Some of the respondents referred to more than one difficulty. Difficulties that emerged are listed below;

- Waiting time/Delays (including appointments)
- Poor social treatment, no clear explanations given, not listened to, unfriendly etc.
- Difficulties accessing services
- Transport problems

"I don't understand and am too embarrassed to ask questions"

"haven't seen the mobile clinic in three months"

The changes that the respondents would like to see in the services reflect the difficulties that they have. 57 respondents suggested service changes. Interestingly there were more suggestions made than difficulties raised. This reflects the fact that in some cases it is easier to suggest changes than to critise or raise difficulties with agencies that are providing vital services.

Again, some respondents made more than one suggestion re the changes that they would like to see, including;

- Improvement in the social treatment of Travellers/Friendlier
- More understanding of difficulties facing Travellers
- More information/clearer explanations
- Closer services/transport
- Outreach to sites
- More mental health services

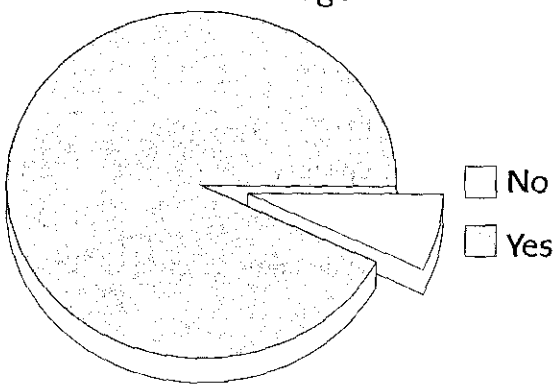
"closer to site, services available on site"

"friendlier, more understanding and awareness of Travellers and issues facing Travellers"

"information for Travellers who cannot read and write"

The respondents were asked if they knew about the services that were listed on the questionnaire.

Service Knowledge



Service knowledge

97 respondents answered the question

No	7	(7%)
Yes	90	(93%)

While 90% stated they were aware of the existence of services it was clear that they were not aware of the variety of services provided in local health services. 35 (62%) said they had not used the services for the following reasons;

- No information re services
- Fear
- Transport problems
- Mobile clinic/PHN doesn't come
- No female staff in services
- Access to services difficult

The respondents want the services to be more friendly.

The respondents were asked what would encourage them to use the services. The responses link to the difficulties identified, these include;

- More information
- Friendlier services
- Transport
- Female GPs
- Better understanding of Travellers health needs

The respondents were asked if anyone of the family had any ongoing health problems. 39 (38%) of the respondents referred to ongoing family health problems. These breakdown into a variety of types of illness/diseases, including;

- Asthma/Bronchitis
- Mental health/Depression
- Chronic illness, such as heart disease
- Mental/Physical disability

Nearly 40% of the families have family members with an ongoing illnesses.

19 (48%) lived on temporary or roadside accommodation.

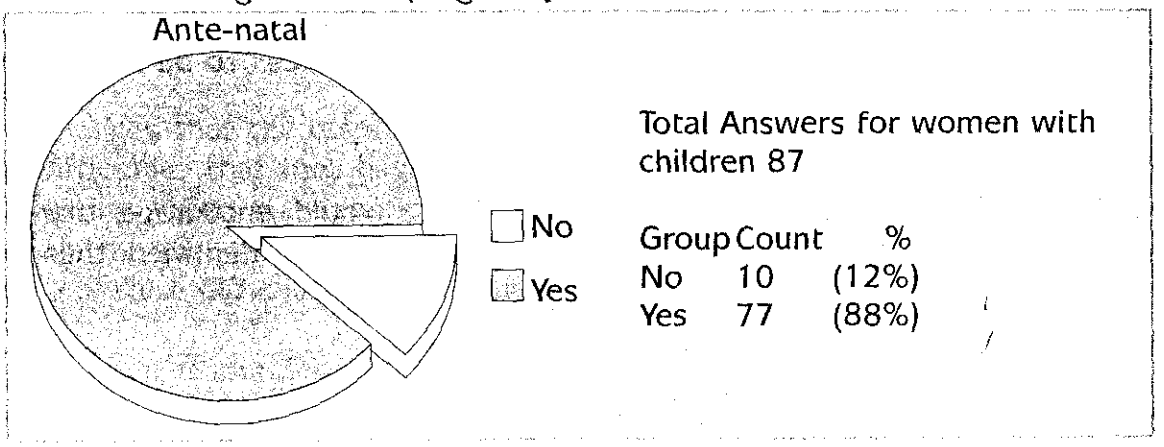
The family members referred to include;

Child(ren)	18
Husband	2
Respondent	4

Illness	Number of family members	Illness	Number of family members
Chest Infections	74 (71%)	Stomach Ulcers	17 (17%)
Colds/Runny Nose	64 (62%)	Arthritis	15 (15%)
Throat Infections	61 (59%)	Speech	9 (9%)
Kidney Infection	38 (38%)	Diabetic	7 (7%)
Bronchitis	30 (29%)	Epilepsy	6 (6%)
Depression	28 (27%)	Incontinence	3 (3%)
Asthma	22 (21%)	Addiction	3 (3%)
Enuresis	20 (19%)	Stroke	2 (2%)
Hearing	19 (18%)		

Respondents also listed a number of other illnesses that the family had suffered from over the previous year, these include; high blood pressure, the flu, sight problems and tiredness.

The respondents, (those with children) were asked if they had attended ante-natal care during their last pregnancy.



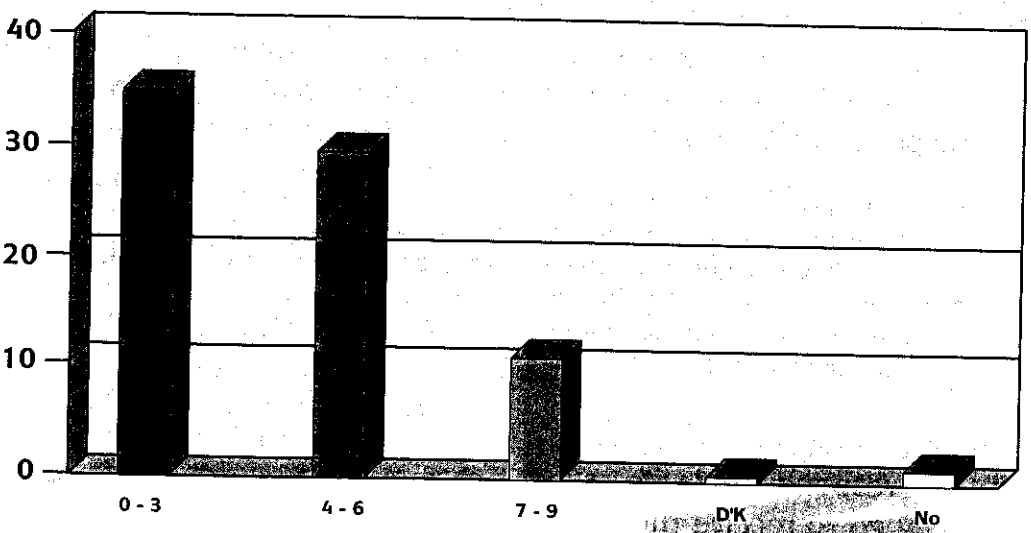
The respondents who had attended ante-natal care were asked where they attended. The majority of the respondents had received their ante-natal care in maternity hospital, 63 (72%), 12 of these had also used other services.

Total Answers	77	
Group	Count	%
G.P. Services	12	(14%)
Maternity hospital	51	(58%)
GP & Maternity hospital	11	(13%)
GP & Health centre	1	(1%)
Maternity & Health centre	1	(1%)
Health centre	1	(1%)

12% of the women who had children received no ante-natal care before the child was born.

The women were asked how many months pregnant they were on their first ante-natal visit. These responses range from attending early in the pregnancy, between 0-3 months and not attending any ante natal care.

First Visit



Total answers 77

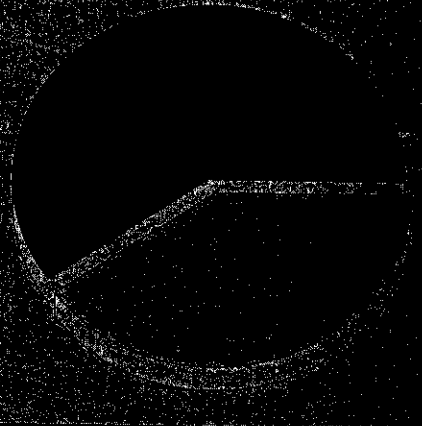
Group	Count/%
0-3	35 (45%)
4-6	29 (37%)
7-9	11 (14%)
No	2 (3%)

The respondents were also asked had they attended for post-natal care.

Total answers 87

Post-natal

Group	Count/%
No	35 (40%)
Yes	52 (60%)



40% of women who have had children did not attend post-natal care.

The women were asked how old they were when they had their first child; the results are summarised below;

- The range of age for having first child goes from 15 to 26.
- The average age of the women having their first child was 19.4 years old.
- The most common age for first child was 19 years old.

The women were also asked what was the gap between their last two children. These were calculated in months and the results are again outlined below;

- Range of gap between the last two children goes from 10 months to 90 months (7.5 years)
- The average gap between the last two children was 29 months (2.4 years)
- The most common gap between the children 24 months (2 years)

Family Planning

The respondents were asked where they go for family planning advice and prescriptions. 86 answered this question. 5 gave more than one answer, 9 did not specify where they received their family planning. Therefore, the respondents cannot be given in percentages;

- 25 respondents had never received any family planning
- 32 used the service of their GP for family planning
- 13 of the respondents used a family planning clinic
- 8 received family planning from maternity hospitals
- 2 respondents received family planning advise from the Public Health Nurse.

25 (29%) respondents had never received any family planning

Smear Test

The respondents were asked if they ever had a smear test and if so where they go to receive this treatment.

93 answers

Group	Count/%	
Hospital	17	(18%)
G.P	32	(34%)
Family planning clinic	9	(10%)
Yes (not specified where)	13	(14%)
Never had a smear test	22	(24%)

22 (24%) of the women have never had a smear test

Breast Examination

The respondents were also asked if they had ever had a breast exam, and where they had received this procedure.

86 of the respondents answered this question, of those who had a breast exam, they had received them from a variety of the places; such as GPs, family planning clinic and hospitals, but crucially, 57 (67%) of the respondents had never had a breast exam.

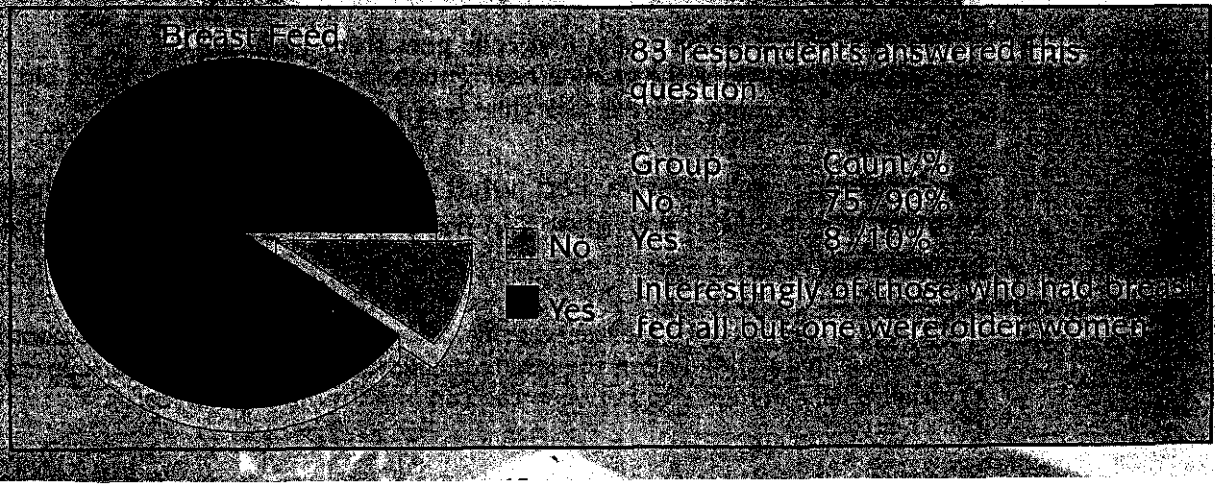
67% of the women who responded have never had a breast exam

Dental care while pregnant

Only ten of the respondents had received dental care while they were pregnant again highlighting the low uptake of preventive services.

Breast feeding

The respondents were asked if they had breast-fed any of their children. 83 respondents answered this question.



Changes in Health Services

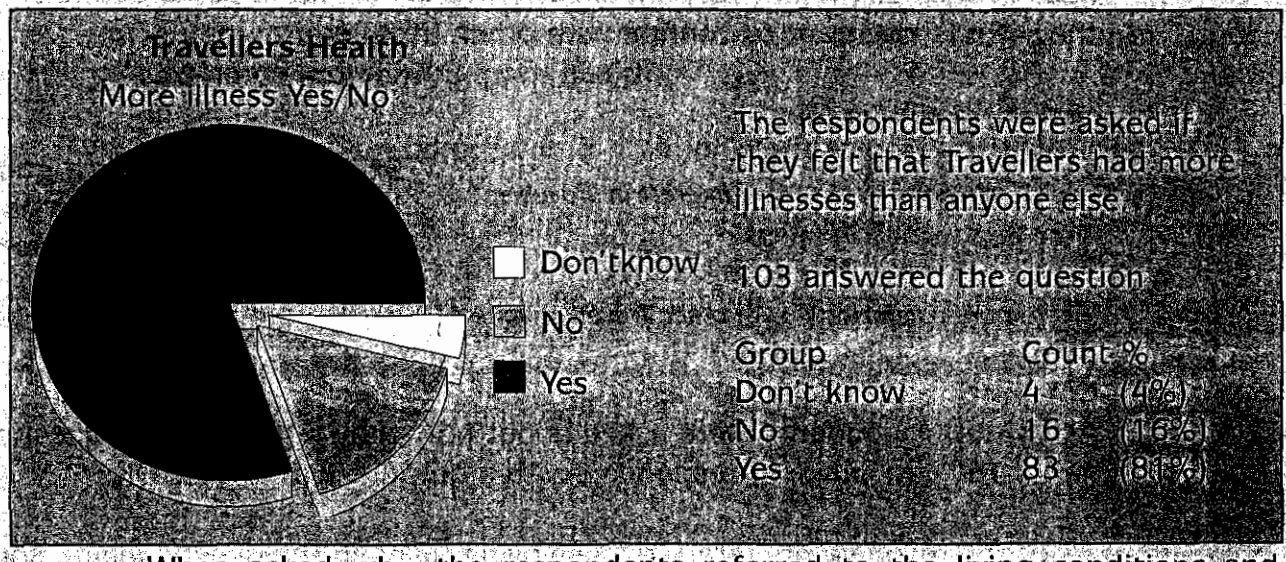
Having almost completed the questionnaires the respondents were asked what kind of changes that they would like to see in the overall health services in order to improve the services for Travellers. 79 of the respondents answered this question giving a variety of answers. These answers again mirror the responses given earlier in the questionnaire in relation to changes for specifically identified services. Again some of the respondents gave more than one answer;

- Service that are nearer/outreach services/home visits
- More women staff/female GPs
- More family planning/women's health services
- More information for Travellers
- Friendlier services & more understanding by health providers of Travellers health needs & living circumstances.

"More info on women's health, information should take into account that not everyone can read, more images of Travellers"

"Better attitude, they should listen to you and be near transport"
"friendlier services and PHN visit more"

"I would like a female doctor"



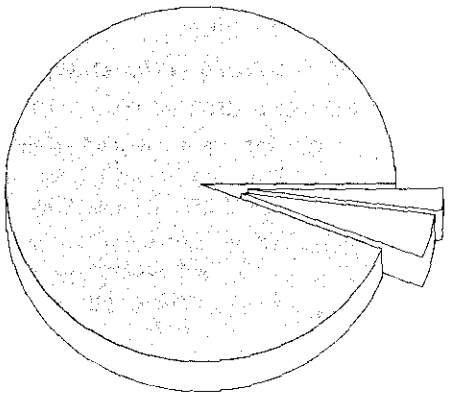
When asked why, the respondents referred to the living conditions and accommodation problems that Travellers experience.

- Poor living conditions/accommodation
- Lack of information
- Travellers have a harder life
- Changes in Travellers lives (not Travelling)

81% feel that Travellers suffer from more illnesses.

93% of these blamed poor accommodation for Travellers poor health.

More illness Yes/No



The respondents were asked whether they thought it was a good idea for Travellers to work as Community Health Workers.

	Total answers	99
		Count/%
Don't know	1	(1%)
No	3	(3%)
Yes	95	(96%)

The respondents were asked why they thought it would be a good/bad idea for Travellers to work as Primary Health Care Workers.

The majority of the respondents who felt it was a good idea felt it was because Travellers knew about the issues that affect Travellers, they have experienced them themselves, they have more interest in Travellers, they can get the confidence of Travellers and that it is a good idea for Travellers to help Travellers. The one respondent who felt it was not a good idea felt that they would not want to confide with other Travellers.

"Travellers know Travellers"

"Travellers take more interest in Travellers"

"Travellers helping Travellers"

96% think that it is a good idea to have Travellers as community health workers

"Feel more comfortable with other Traveller women"

All of the respondents were asked about how they felt about the questionnaire. The vast majority responded with a quick, it was fine or OK.

15 of the respondents referred to enjoying filling in the questionnaire, some stating how much they had enjoyed the opportunity to talk to someone and find out some information.

"I liked it and needed the chat"

"It is nice to find out what is out there"

Only one of those who responded referred to any difficulties,

"a bit uncomfortable, found some of the questions difficult and personal"

Three focus groups were held in the Clondalkin area where some of the preliminary findings from the questionnaires were raised for further discussion with the women who attended.

All of those who attended the focus groups were women, in total 25 attended, ranging in age from young unmarried women with no children, in the mid to late teens to older women who had raised their families. Each focus group lasted about one and half hours.

Within each focus group a variety of issues were raised. These included the relationship between accommodation and health, including issues re facilities, the Public Health Nurse Service, the mobile clinic, GP services, the medial card system, hospitals, Travellers' health, women's health and changes that could be made to health and related services to the improve them and improve Travellers health status.

One focus group in particular discussed the issue of accommodation and health. The women agreed that poor accommodation leads to poor health, specifically in this discussion the issue of facilities on site, particularly rubbish collection. The women felt that the site that a family lives on fundamentally affects Travellers' health, with families with poor accommodation having poor health.

"Accommodation is a major block to being healthy."

The women described health problems that directly relate to their living conditions and follow on from the findings of the survey. The main problems were chest infections, diarrhoea/vomiting, stomach problems, sores, skin infections and kidney infections.

For these women the link between poor accommodation and poor health was logical, to articulate this point the women described one site.
The water tastes bad leading the women to worry about how clean it is, and the poor and irregular rubbish collection has lead rat infestation on the site. Rat infestation is so bad on this site there is nowhere safe for children to play and people are afraid to use their toilets at night.

"The bays are eaten with rats, you see them running on the walls at night *and when the electricity is off at night you would be afraid to go out to the toilet at night."*

The electricity supply is dangerous and erratic, a potential fire hazard. Coupled with the dangerous electricity the site is described as hidden, so that when a fire brigade is called it would have/has difficulties finding it. When a fire brigade does manage to find the site they would be unable to get in because like many of the sites, it has a height barrier that would prevent the fire engine from entering. Families on the site do not have access to keys that would open the barrier.

"If there was a trailer on fire with small children in it, by the time they got here and then cut the barrier the children would be burnt."

Another difficulty referred to was with the postal service. Travellers without an address do not have a postal service, while even those living on official sites have had difficulties receiving post. This means that they do not get information about appointments, which can delay medical treatment and medical card renewal.

In one focus group it was raised that doctors do not see trailers as a proper home, and this is the cause of Travellers health problems rather than the conditions that Travellers are forced to live in.

Specific Health Services

Most Travellers have medical cards but some difficulties remain. In some cases the G.P or mobile clinic hold the card, resulting in Travellers not having the card if they need to access another service. This is particularly difficult if the mobile clinic has not been to the site in some time. Some of the women also expressed the view that when the clinic or the doctors want to hold the medical card, they feel like they are considered an "idiot," incapable of looking after their own medical card.

In some cases, as stated above, Travellers have difficulties renewing medical cards; one of the causes of this is the postal problems.

When discussing the GP service the focus groups all concurred with the findings of the survey. Travellers do not feel that they are treated the same as other patients. The women felt that children are not properly examined, they are not listened to, they are left waiting longer than others and that they are some how blamed for their own ill health. There was also frustration because doctors will not visit sites.

Similar issues emerge when discussing the services of hospitals. In this case the women described more direct ill treatment. Travellers being watch by security guards, not allowed to visit their families and when they bring a child in for treatment there is a feeling that the first assumption made by the doctor is that the injury is not the result of an accident.

Again, the women felt that Travellers are blamed for their own illness, directly (the assumption of violence) or indirectly (Travellers chose to live in the conditions they live in).

A child having been brought to the doctor after an accident where he fell was asked, *"Who hit you?"* repeatedly.

Some difficulties with the mobile health clinic which the women pointed out centred on when and how often the clinic comes around. The service is described as erratic with many of the women not knowing when it was due to their site. Also, the clinic concentrates on the health of children, whereas the women felt that many adults need the support of the clinic.

Women's Health

The issues raised by the women in relation to women's health focuses on three main areas, lack of information, access to services, and fear & embarrassment.

The women argued that they do not prioritise their own health and as a result do not take up many preventative services. There is also an issue here that women may not go for check up for a fear of what might be found.

With the exception of family planning, the women primarily accessed reproductive health services via maternity hospitals. The women would be very reluctant to go to a man for any reproductive health matters.

One group felt there is a need to develop and improve culturally appropriate sex education. Young Traveller women were getting married and pregnant without any family planning information and advice. In this area the Primary Health Initiative was seen as having a role, with Traveller women providing and developing health information for other Traveller women.

"They don't know what they are meant to do when they are pregnant, like taking folic acid, or the need for check ups in the first few months of pregnancy."

On a very practical level the women pointed out that they often do not have the time or someone to mind the children to go for appointments for themselves, particularly when services can be at a distance.

One area, which came up in the survey and expanded upon in two of the three focus groups, was that of depression. The women felt that Travellers suffer from a lot of depression because of discrimination, poor accommodation and poor health. The groups felt that this was especially true for Traveller women who can feel particularly isolated. The women argued that it is women who come face to face with discrimination more often because they have to deal with the services that discriminate against Travellers, including the health services.

"Traveller women suffer more from depression than Traveller men as they meet and face discrimination more often then the men in every day lives."

Due to problems with GP services and the stigma attached to mental health problems, few Travellers seek treatment for depression.

A priority as identified by the women to improve the health of Travellers and their access to health services is improving Travellers living conditions. Better living conditions will mean that Travellers will not get sick as often, but will also improve Travellers access to the medical services, improving their postal service, improving their ability to access information and services.

The focus groups felt that the medical services have a responsibility to treat Travellers with more dignity and to have an understanding of their experiences and their culture. All health service providers should receive training in Traveller culture as well as anti-racist training. This was seen as an area the Primary Health Initiative could become involved in. This training needs to

include needs to include Traveller culture and information on the conditions that Travellers live in, particularly highlighting the differences between the two.

The services offered by the mobile clinic should be expanded while the clinic itself should establish regular times to visit sites and stick to them. The clinic should not, as a policy, hold onto the medical cards of Travellers.

The women identified a need for improved education and information for Traveller women re sexual and reproductive health. This education and information should be provided by Traveller women, such as the women from the Primary Health Care Initiative, in a way that the women understand and feel comfortable with.

- The complementary research methods of survey and focus group discussions gave a baseline of present utilisation of health services by Travellers and their perceptions of the quality and accessibility of health services. It also provided information, which will be used as a basis for any future health initiatives in the area.

- Traveller families, it is evident from this research, are larger than the average Irish family and are living in sometimes appalling conditions. 47% of the respondents lived with no water or poor quality water service; some families live on sites that are rat infested and where the very basic of facilities are not provided. The women in the focus group clearly linked these poor conditions to the amount of ill health Travellers experience, as did 80% of those who completed the survey. But it is the survey results themselves that highlight the level of ill health among the families who responded. Mothers were attending the doctor on average once a month with one or more of their children. Adults were attending the doctor for their own health needs every two months, while families are using hospital services on average of almost six times a year for children.

- In accessing services, particularly for adults, it is clear that services are accessed on a curative rather than on a preventative basis. Adults are seeking treatment for existing illnesses rather than accessing services to maintain good health. This is evidenced by the use of A&E and women's health services.

- Family health, as described over the previous year, revealed some very high levels of environmentally related illnesses, 71% of the families had chest infections, 62% had colds/runny noses and 59% throat infections and 21% of families with an asthma sufferer. One alarming figure, also raised by the women in the focus group is the high level of depression, with 27% of the families referring to depression. The isolation, poor living conditions, poor health and discrimination would lend to the conclusion that depression is also environmentally related.

- The respondent's physical access to services is still a problem. Some referred to transport problems and problems with the outreach based services such as the mobile clinic and PHN not coming to the sites with any regularity. But the issue that kept being raised as a difficulty with the services and as something the respondents felt, if it was dealt with, would improve services is the manner in which Travellers are treated. The non-medical quality of the services is poor. The respondents felt that Travellers are not properly examined, some medical staff are rude, information is not provided; in essence the services are not friendly. The poor non-medical aspect of services (such as the attitude of medical staff, the lack of communication) results in a poor medical service. Information may not be understood, services users are intimidated, and the experience is unpleasant. The focus groups also raised the point

that they felt that Travellers are blamed for their own illnesses, directly (the assumption of violence) or indirectly (Travellers chose to live in the conditions they live in).

- The research highlighted clear barriers and gaps in the provision of health services such as can only be benignly described as unfriendly service provision, to anti-Traveller attitudes within the medical services. The importance of environmental factors to Traveller health is also clear. The poor accommodation status of Travellers leads directly to their ill health. Travellers are more likely to get sick and less likely to receive good health care.

- Centrally, the survey and focus groups found that Travellers suffer poor health, received poor treatment and are given the impression that they only have themselves to blame.

1. The Clondalkin Travellers Primary Health Care Initiative is only in its initial stages and it is only over the next few years that the aims of the Initiative will be realised and start to have on impact on the health of Travellers in Clondalkin. The work of the Initiative therefore must be supported for the next 5yrs subject to annual reviews and evaluation.

2. Environmental & accommodation conditions have been identified as having a major impact on the health of Travellers. There is an urgent need for intersectional collaboration between all the stakeholders especially the health board, environmental health officers, and local authorities to address the accommodation issues arising from the survey.

3. The need to improve communication and dialogue between Travellers and health service providers was apparent throughout the survey. There is a need for in-service training on Traveller culture and anti-racism for all health board staff in community care area 5.

4. Ongoing consultation and participation of Travellers in the decision-making process and policy development regarding all aspects of health care needs to continue.

5. The development of specific health interventions to be targeted by the community health workers in conjunction with health service providers in Clondalkin should include areas such as:

- Women's health
- Family health
- Mental health
- Medical cards and GP services
- Mobile clinic
- Health education and promotion.
- Environment Health

6. Funding to be made available to support the development of the specific health interventions, which have been identified through the baseline health survey.

Summary of the main points of the findings
103 questionnaires were completed.

- The average number of children is 4.3.
- 46 (44%) of the families had children aged 5 and under.
- 58 (56%) of the families had children aged 10 and under.

- 19% have no access to water.
- 47% of those with access to water have difficulties.
- 27% of the respondents had no access to shower/bath facilities.
- 57% of those with access to shower/bath had difficulties with them
- 27% had no toilets.
- 19% of those with toilets had difficulties with them.
- 24% had no rubbish supply.
- 22% who had a rubbish supply had difficulties with it.

- 6% have no medical cards.
- 22% of those with medical cards have difficulties with them.
- The average number of times that the respondents themselves attended the doctor was 6.4 times, which works out at slightly more that once every two months.
- The respondents in this questionnaire were taking one or more of their children to the doctor an average of 9.3 times a year, almost once a month.
- 58% expresses a variety of difficulties with their G.P.
- The respondents want the services to be friendlier.

- The average age of the women having their first child was 19%.
- The average gap between the last two children was 29 months (2.4 years).
- The average age of the women having their last child was 30.2 years.
- 25 respondents had never received any family planning.
- 13 of the respondents used a family planning clinic.
- 32 used the service of their GP for family planning.
- 67% had never had a smear test.
- 75 (80%) had not breast feed any of their children.
- Only ten of the respondents had received dental care while they were pregnant.

- 83 (81%) of the respondents felt that Travellers have more health problems that every one else.
- The majority of reasons given for the poor health status of Travellers, 70 (93%), has been the poor living conditions/accommodation of Travellers.
- 95 (96%) of the respondents who answered this question felt that it would be a good idea to have Travellers working as primary health care workers.
- Nearly 40% of the families have family members with ongoing illnesses.

- A central area for the women to improve the health of Travellers and their access to health services is improving Travellers living conditions.
- The focus groups felt that the medical services have a responsibility to treat Travellers with more dignity and to have an understanding of their experiences and their culture. All health service providers should receive training in Traveller culture as well as anti-racist training.
- The services offered by the mobile clinic should be expanded while the clinic itself should establish regular times to visit sites and stick to them.
- Improved education and information for Traveller women re sexual and reproductive health.

Questionnaire

How many are in your family? (include person answering questions) _____

Who is in your family?

Mother ❒ Father
Boys ❒ How many? _____
Girls ❒ How many? _____

Ages of Boys _____

Ages of Girl _____

Any other relatives living with you? _____

Group housing ❒ Transient halting site ❒
Temporary halting site ❒ Standard housing ❒
Permanent halting site ❒ Roadside halting site ❒
Field site ❒
Other _____

How many trailers does your family live in? No. _____

Sites/Group housing

St. Olivers Park ❒
Lynches Lane ❒
Kissogue ❒
Oldcastle Park ❒
Ballyowen ❒
Oldcastle Drive ❒
Standard housing ❒
Roadside/field ❒

Water

Do you have any running water Yes ❒ No ❒

Do you have own hot and cold water supply:
Individual cold water supply ❒
Shared cold water supply ❒
Shared hot and cold water supply ❒
Is it in good or bad condition ❒
Describe condition (include how long) _____

Have you got a shower or bath? Yes ❒ No ❒
Your own shower or bath? ❒
Shared shower or bath? ❒
No shower or bath? ❒

Does it work? Yes ❒ No ❒

Are there problems about using it? _____

Do you have a toilet? Yes ❒ No ❒
Your own flush toilet ❒
Your own portaloo ❒
Shared portaloo ❒
Use of share toilets ❒
No toilet ❒
Does it work Yes ❒ No ❒ Sometimes ❒

If no describe _____

Is the portaloo emptied regularly Yes ❒ No ❒ Not at all ❒

If no, how often _____

Is there a rubbish collection? Yes ❒ No ❒

Your own bin collection ❒
Regular skip collection ❒
Irregular skip collection ❒
No rubbish collection ❒

Have you got a current medical card Yes ❒ No ❒

If no, when did it run out? _____

Why did the medical card run out? _____

Any other difficulties with the medical card? _____

Are you registered with a local G.P.? Yes ❒ No ❒

If no, why? _____

How often do you / your family use your G.P. (in the last year)?

Yourself _____ Family members _____

Have you had any problems with your G.P. (feel welcome, helpful, care, listen, explanation)?

_____

What changes are needed in G.P.'s service? _____

Have you or your family used any other health services in the last year?

	Who used service	No. of times used	Which service
(in-patient/out-patient)			
(immunisation/ Child development/baby food/ speech therapist/ advice & info)			
(clinic) - (child development)			
(immunisations/baby check-up/medical card arrange appointment/advice & information)			
(on-site/clinic/child health/womens health)			
(Pre-natal/fertility/miscarriages/post-natal menopause/delivery/child chick-up/mother & child)			
(Depression/referral/counselling/in-patient drop-in/addiction)			

Other _____

Have you had any difficulties with any of the services you have used?(access/info/helpful)

_____

What changes are needed to improved the services you have used?

_____

Did you know about all of the above services? Yes ❒ No ❒

Apart from information, are there any other reasons why you haven't used the other services? (distance/transport/wheelchair access/fear/discrimination/literacy)

_____

What would encourage you to use the other services? _____

Has anyone in the family had/have a long term/ongoing illness or health problem?

Family member _____

Description _____

What are the main health problems/accidents experienced?

Chest infections	❒	Bronchitis	❒
Stomach Ulcers	❒	Gastro-enteritis (diarrhoea & vomiting)	❒
Kidney infections	❒	Incontinence(wetting oneself)	❒
Enuresis(bedwetting)	❒	Ear infections	❒
Throat infections	❒	Runny nose	❒
Hearing	❒	Speech	❒
Epilepsy	❒	Stroke	❒
Arthritis	❒	Depression	❒
Addiction(problem with alcohol/tablets)	❒	Asthma	❒

Other(specify) _____

Do you attend for ante-natal pregnancy check ups? Yes ❒ No ❒

If no, why not? _____

If Yes, which of the following do you attend for your ante-natal care?

Doctor (G.P.) ❒
Maternity Hospital ❒
Both ❒

On your last pregnancy, how many months pregnant were you at your first visit?

0 – 3 months ❒
4 – 6 months ❒
7 – 9 months ❒
no ante-natal care ❒

Did you go for a post-natal check-up Yes ❒ No ❒

What age were you when your first child was born? _____ years old.

What space is there between your last two children? _____

What age were you when your last child was born? _____ years old.

Total number of children in your family? _____

Where would you go for the following health services?

Family planning _____

Smear Tests _____

Screening for Breast Cancer _____

Dental service (while pregnant) _____

Any other women's health needs (specify) _____

Did you breast feed any of your children? Yes ❒ No ❒

What changes would you most like to see put into the health service to make it more useful to you?

_____

Do you think Travellers have more illnesses than others? Yes ❒ No ❒

If yes, say why _____

Do you think that Travellers working as primary health care workers is a good idea?

Yes ❒ No ❒

How did you feel about the questionnaire / being surveyed? _____


South Western Area Health Board
Bord Sláinte an Limistéir Thiar Theas