DRAFT

EASTERN HEALTH BOARD

COMMUNITY CARE PROGRAMME

HEALTH STRATEGY

TASK GROUP ON TRAVELLERS HEALTH

MAY 1995

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Anne O'Connor,
Chairperson.

TERMS OF REFERENCE

The terms of reference were to submit an Action Plan with costings, for the implementation of the National Strategy with reference to Travellers, to the Community Care Programme of the Eastern Health Board

SUMMARY

The Task Group examined the needs of Travellers* in the Eastern Health Board with reference to health; looked at health services as delivered at present and costed same; looked at barriers to both the utilisation of services by Travellers and to the delivery of services by health care personnel; identified main problem areas and prioritised a list of recommendations to solve these problems. Some of these recommendations are aspirational, many are outside the direct control of Community Care and others, summarised here, are issues which, in the view of the Task Group, require urgent implementation. These were put into a time frame for implementation with costing where possible. Because of the time limit in which to produce the report it was not possible to perform as precise an in-depth examination as would have been liked.
It was decided to concentrate on a pragmatic and practical approach to the broad main issues, the associated problems and the proposed solutions. How present resources could best be used and the level of resources which should be made available to achieve the objectives was also examined.
The Task Group kept in mind the key principles underpinning the Health Strategy (1) - equity, quality of service and accountability. It focused on the concepts of health gain and of social gain as of particular importance with regard to this target population.

Background information to the recommendations in the main text is available in the relevant appendices.

*For the purpose of this report a **Traveller** is defined as **"Born A Traveller".**

INTRODUCTION

The report of the Travelling People Review Body in 1993 (2) recommended that information be regularly collected on the health status of travellers and it also stated that there was an urgent need to establish the reasons for the apparently low life expectancy and high infant and childhood mortality rates of travellers. Arising from this the Medico-Social Research Board (now the Health Research Board) undertook a study of the health of The Travelling people in the Republic of Ireland, "The Travellers* Health Status Study" (3), (4).

TRAVELLER HEALTH - HOW IS IT DIFFERENT?

The Traveller population has more than tripled from approximately 6,000 people in 1960 to approximately 16,000 in 1986 (3). The age structure of the Traveller population resembled that of a developing country with a high proportion of children and a small proportion of individuals over the age of 50 years. More than 50% of travellers were less than 15 years of age. •The fertility rate of Travellers was more than double the national average. They had more than double the national rate of stillbirths and infant mortality rates were 3 times higher than the national rate. Traveller men lived an average 10 years less than settled men and Traveller women lived an average 12 years less than their settled peers (4). Travellers of all ages had very high mortality rates compared to the total Irish population. The causes of death were significantly higher from accidents, metabolic disorders in the 0 - 14 year age group, and from respiratory , cardiovascular and genitourinary diseases in Travellers than the settled population. In 1992, 10% of Sudden Infant Death Syndrome (SIDS) in Ireland occurred in Traveller families i.e. 10 times the national average and in 1993, 3% of SIDS occurred in Travellers i.e. 2 1/2 times the national average (5).
Travellers are only now reaching the life expectancy that settled Irish people reached in the 1940s.

CULTURAL DIFFERENCES

Travellers are a small indigenous minority (approx. 0.5% of the national population) who have been part of Irish society for centuries. They have evolved a distinct social and cultural ethos. They have their own language, values, customs, traditions, norms, models and structures and are recognised by themselves and the settled community as a separate group. Their distinctive lifestyle and culture, based on a nomadic tradition, sets them apart from the sedentary population or 'settled people' and make them an identifiable group to themselves and to others.
The submission to the Department of Health by The Dublin Travellers Education and Development Group, (DTEDG), and now known as Pavee Point (6) highlights other areas of difference, the nomadic lifestyle, the material deprivation, cultural marginalisation and exclusion from mainstream society. It also stresses the need for traveller participation at all stages of any proposals for change. Travellers ask that the principles of access, anti discrimination, affirmative action, culture, consultation and choice be adhered to. Illiteracy is barrier to the utilisation of health services and it is a well established fact that education has a profound effect on the stock of health.

ENVIRONMENTAL CONDITIONS

Recent survey findings of Traveller accommodation in the Dublin City and County area (7) show the following statistics:

Total number of families	652
Roadside	173
Group Housing	119
Permanent Services Halting Site	161
Temporary Official Sites	199

(Families in standard housing not included).

Without flush water	231
Without toilets	180
Without electricity	345
Without bath or showers	345
Without refuse collection of any kind	60
Cold water only	345
No water supply	101
No fire precautions	376

It is no great surprise to find therefore that in these deplorable circumstances, Travellers health status is well below the national average. There is no single and simple explanation for inequalities in health and consequently any action which is to make significant improvements in the health status of Travellers must be related to the socio-economic environment in which Travellers live.

ATTITUDES OF SETTLED COMMUNITIES

Attitudes of the settled community towards Travellers has deteriorated between 1972 and 1990 (8). There have been frequent reports of violence being offered by local vigilante groups to Travellers. Their traditional halting sites have been fenced off, or sealed with huge boulders while at the same time totally inadequate provision has been made for them through officially serviced halting sites. Moving large numbers of Traveller families, who often are not compatible with one another, into badly serviced sites contributes to these poor relationships and in turn exacerbates the resistance of other settled communities to accepting traveller halting sites in their immediate neighbourhood.

There is now a vicious circle with mutual mistrust and fear between travellers and the settled population. In order to bring the health and social status of Travellers to an acceptable level in the 1990s it is essential that this vicious circle be broken.

It will be necessary to promote mutual understanding between the two communities. Political commitment, courage and patience and a spirit of co-operation are required.

ROLE OF THE MEDIA

The media have a key role to play in promoting this mutual understanding.
The following extract from the Irish Times (8) demonstrates a responsible and measured comment on the situation while also describing the complex difficultuies faced by politicians and local authorities -

"The approach of summer has led to an upsurge in the level of friction between the settled and traveller communities.... Attitudes of the settled community towards travellers has deteriorated between 1972 and 1990.... There have been frequent reports of violence being offered by local vigilante groups to travellers. Their traditional halting sites have been fenced off, or sealed with huge boulders while at the same time totally inadequate provision has been made for them through officially serviced halting sites.... High infant mortality and early death rates reflects the unnecessarily-arduous lives they are forced to live. An estimated 1,100 families at present camp on the roadside throughout the state, with few or no basic services, and little being done by local authorities to address the problem. An interim report by a government-sponsored task force has recommended that local authorities should retain responsibility for dealing with this sensitive issue but that a national agency should have an overseeing role, addressing the issues of integration; encouraging and supporting those councils which behave in a constructive and enlightened fashion and penalising those which eschew their responsibilities....This is not to underestimate the complexity of the difficulties to be faced because - as in any seriously deprived urban area - deviant behaviour also occurs within the travelling community. But the answer lies not in further discrimination and alienation but in the creation of conditions which allow them to enjoy their separate cultural identity, while reducing friction with settled people.
There is no point in the settled community complaining about dirt, litter and unsocial behaviour when no effort is made by the authorities to introduce those services generally available to ordinary householders. Properly serviced halting sites, with regular refuse collections, is a necessary beginning. Support in skill training is also vital as is the medium-term devolution of responsibility to the travellers for the operation of their own halting sites in consultation with local councils. Respect is the key."

Why do we need a special programme for the delivery of health care services to Travellers?

From the above it is obvious that there are many barriers to the utilisation of health services by travellers. Any attempt to effect a change on and on the health status of Travellers will require removing these barriers. .Many of the barriers to health are outside the control of Community Care services. Nevertheless these issues should be highlighted as important Public Health matters and special arrangements put in place for the delivery of health services to Travellers. Positive discrimination, training of health care workers as to Travellers' special needs and culture, and most importantly consultation with Travellers at all stages as well as a commitment from Travellers themselves to the proposed arrangements is necessary.
Liaison with and the integration of both statutory services and voluntary agencies will also be required.

COMMUNITY CARE SERVICES FOR TRAVELLERS AT PRESENT

A submission to the Department of Health by the Eastern Health Board described services provided by the Board for Travellers (9).
The vast majority of Travellers are holders of medical cards and consequently they are entitled to the same full range of services available under the medical card as the settled population. Primary health care for Travellers is delivered, in the Eastern Health Board (EHB) area through a co-ordinated, multi-disciplinary approach by Public Health Nurses, Area Medical Officers, Community Welfare Officers, Social Workers, General Practitioners and other health professionals as appropriate. Most of these services are part of the normal workload of health professionals and as such cannot be directly costed. However they consume a considerable amount of staff time in areas with large numbers of Travellers.

In spite of the above services being available the health status of Traveller and their utilisation of services compares significantly unfavourably to that of the settled community. While many of the factors, such as poor sanitation and living conditions, which give rise to this problem are outside the direct control of Community Care, there is, nevertheless, considerable scope for improvement in the health status of travellers. The EHB is developing its policy of positive discrimination and special attention to the health needs of Travellers.

Among the initiatives taken by the EHB in relation to the Traveller population, particularly in the areas of promotion of health and prevention of ill-health, are:

Increasing Travellers' access to health services by provision of a Mobile Clinic which attends 37 permanent and temporary sites around the Dublin area.

Development of a computerised child health records system on Travellers attending the Mobile Clinic which facilitates easy exchange of information within the board's area.

Piloting of a simplified procedure for processing medical cards in the Tallaght/ Clondalkin area. Extension of the system to other areas of the board will take place in 1995.

Provision of a range of services, e.g. special foster care programme, assistance towards cost of running pre-schools under Child Care and Family Support Services, (see Table 1)

Development of health promotion material in 1995 in consultation with Travellers.

Further development of liaison and co-ordination arrangements in 1995 with the local authorities in the board's area in order to increase health gain and social gain in Travellers.

Development in 1995 of the role of inter-agency committees which operate at Community Care Area level.

With special funding from the Department of Health, the EHB in association with Pavee Point is piloting a one year peer-led health promotion intervention programme for Travellers on five sites in the Finglas area. Eight Traveller women have been recruited to deliver the programme to sixty Traveller families. The overall aim of the project is to co-ordinate and manage a Traveller Health Promotion service for travellers living in the Finglas/ Dunsink areas of Community Care Area 6

Table 1.

EASTERN HEALTH BOARD

Grants/Subsidies to agencies providing services to Travellers

Area	**Service Activity**	**Annual Cost**
Child Care Services, Park House	*Traveller Families Care*	
	Trudder House - residential unit	£318,000
	Delarossery House residential unit	£252,000
	After Care Project (Shared Rearing Project) - funding from National Lottery	£60,000
	St. Kieran's School for Travelling Children, Bray - child care assistant and other costs	£16,000
	Dublin Committee for Travelling people: Exchange House - Drop in centre/ St. Columba's Day Care Centre	£339,000
	St. Joseph's Special School, Mi 11 town - child care assistant and other costs	£10,000

Table 1 contd.

Area 1	None	
Area 2	*St. Joseph's School, MiIltown* - meals subsidy	£1,500
Area 3	Tir na nOig class, Basin Lane School	£4,000
Area 4	*St. Vincent de Paul* - salaries for two child care assistants in Ballycreagh and Brookfield schools Summer project in Ballycreagh	£8,000 £700
Area 5	*St. Oliver's Park, Rowlagh* ~ meals subsidy	£1,000
Area 6	*St. Bernadette'spreschool,* Blanchardstown - meals subsidy	£700
Area 7	*St. Margaret's preschool, Ballymun* meals subsidy child care assistant	£5,000
Area 8	*St. Francis Junior School, Clonshaugh* child care assistant and other costs *St. Thomas's Special School for Travelling Children* child care assistant meals subsidy	£3,600 £7,000
Area 9	*Newbridge Travellers Association* meals subsidy *Athy Travellers Association* nurse' aide	£2,000 £3,808
Area 10	None	
Total		£1,035,908

MAIN TEXT

The Task Group received submissions from many disciplines. Extracts from these submissions are in the Appendices at the end of the report. The recommendations which emerged are summarised here in the main text of the report. Clarification of the recommendations can be found in the appendices.

A. INFORMATION BASE

Apart from the Traveller Health Status Study (4) there is very little scientific and comprehensive information on traveller health in general and there are few published research studies on specific aspects of this topic.

Recommendations-

(a) That Traveller babies be identified by Public Health Nurses at the first visit after birth and be coded in Regional Interactive Child Health System (RICHS), the computerised child health system in the EHB. This will enable ongoing monitoring of the uptake of health services by Traveller children and continuity of care. It will be necessary to put in place a process whereby mothers who do not go to their home address after delivery can also be followed up. (Time - by October 1995)

(b) That the computerised child health records system on Travellers attending the Mobile Clinic and the designated Traveller General Practices computerised systems as described below be compatible with RICHS. - (to be costed). Implementation will require separate examination following discussion with the GPs concerned and Management Computer Services in the EHB. It should also be possible to link in with other health boards' computer systems.

(c) That the Traveller Census and Health Status Study be repeated in the Eastern Health Board area. This should take place at approximately the same time as the National Census in 1996 to enable valid comparisons as to any change in numbers and health status in the last 10 years. This is important to highlight areas of need for change or otherwise of services. A group should be set up to implement and cost this in this time frame.
(Time - in 1996. Start to plan logistics immediately).

(d) That the possibility of having Hospital In Patient Enquiry (HIPE) identify Travellers as a special group be explored.

(e) That research be encouraged in areas of particular importance with regard to Traveller health - i.e. family planning, ante-natal and post-natal care, childhood morbidity and mortality, immunisation uptake, health promotion, accidents prevention, etc.

(f) that the nomenclature of Traveller accommodation be standardised in all reports to enable meaningful comparisons to be made.

(g) That information acquired from all the Primary Health Care proposals as described below be utilised for effective monitoring of Traveller health and needs and make a major contribution to the epidemiology of Traveller health.

All of the above will contribute to a comprehensive information base about the health of Travellers which is essential to ensure that the concepts of health gain and social gain are achieved.

B. GENERAL PRACTITIONER SERVICES.

Some General Practices have specific problems in providing a primary healthcare service for Travellers, e.g. mobility of patients, poor literacy, lack of health awareness and security problems. Some practices are unwilling to take on Travellers because of specific and perceived difficulties.

Recommendations

(a) Reorganisation

A re-organisation of existing resources and any extra resource should be targeted to the small number of G.M.S. practices in the Eastern Health Board region who cater for the vast majority of travellers. The major infrastructural improvements taking place in the practices providing a special service for Travellers in the Tallaght and Clondalkin should be extended to other practices in the Eastern Health Board region to suit local needs. A targeted grant to those practices should ensure that extra and culturally acceptable consultation/treatments can be provided. It is estimated that six practices with large Traveller populations would qualify for these grants initially.
It is therefore recommended that this be costed by the appropriate Health Board department and report in three months and set up in six months.
This should be reviewed after eighteen months of implementation of the special service. The advice of local Travellers and general practitioners should be sought at an early stage.
The above reorganisation of these specified general practices should not effect any Travellers right to a choice of doctor if they so wish.

(b) In Practice Traveller Health Resource Nurse

In order to initiate and maximise the proposals as outlined below it is proposed that practices with a large Traveller population be invited to apply for a grant towards employing a nurse with public health experience. Her primary role would include-

(i) Liaison with the nurses in the Travellers Mobile Clinic and PHNs

(ii) Liaison with other practices, hospitals and agencies

(iii) Setting up a data-collection system within the practice

(iv) Institution of appropriate action on any deficiencies that the data yields.

(v) Implemention of a health information programme.

(vi) There should be a specific focus on ante natal and post natal care, making easy access a priority. Following consultation with Traveller women a targeted programme should be set up in these special practices.

(vii) Implemention of a comprehensive Family Planning Counselling Programme to include sterilisation referral, where appropriate.

(viii) Monitoring of medication usage, for example, use of tablets, inhalers.

Persons taking up these posts should be appropriately trained.
The costings and logistics of this should be incorporated into the reorganisation process described above.

(c) Family Planning

the Special GP practices should specifically address family planning for Traveller women. Provision of health information, I.U.C.D., depot injections and improved availability of female sterilisation are all services that could easily be provided in practice with the minimum increase in resources and improvement in health service co-ordination.(Minimal cost implications)

(d) Middle Aged Women

The introduction of a health screening programme for obesity, attendant hypertension and chronic medical illness, and education programmes targeted towards the middle aged female Traveller group is recommended. From anecdotal evidence it would appear that if time and resource are given to explaining treatment regimes that this group can be motivated to improve both their lifestyle and their drug compliance. By targeting this group with specific advice and follow-up it would be possible to have a significant impact.

(e) Infant Travellers

A properly resourced in-practice health education programme backed up with the range of extra services could significantly reduce mortality from childhood infections and improve vaccination rates. A co-ordinated approach from all agencies concerned will significantly impact in the area of infant health. The cost implications are incorporated in the reorganisation described above.

(f) Adult Male Travellers

Research should be performed on the consumption of cigarettes and alcohol and appropriate preventive programmes put in place._This group only rarely attend doctors and it is at present difficult to envisage any extra services apart from overall health promotion that will have an impact here. Significant improvements in health awareness and treatments of spouses may be the only way forward in this case.

(g) Processing of Medical Cards

Travellers experience many difficulties in acquiring or renewing medical cards. Amongst others, the reasons include their mobility, difficult access to caravan sites by postmen, illiteracy and difficulty in understanding administrative procedures.

It is recommended that the scheme piloted by the GP Unit in the South West of Co Dublin in February 1994 be extended to all practices with a significant Traveller population. However, in order for it to remain effective :-

(i) the renewal period would need to be extended.

(ii) specific ongoing education of Travellers on the use of the medical card scheme would be required.

(iii) liaison with the Mobile Clinic will need to be improved e.g. the address of the Traveller causes specific difficulties and the address that is most often used is either that of the Mobile Clinic or the practice.

(iv) continued monitoring of the scheme in order to deal with difficulties as they arise.

(h) Medical Record Card

It is proposed that the health records introduced by the Mobile Clinic be modified and expanded to include space for clinical notes recorded by the general practicioner. It is also proposed to>

(i) Make individual G.Ps aware of the existence of same.

(ii) Encourage practice staff to review the records on a regular basis for any deficiencies and institute the appropriate action to correct same.

C. PUBLIC HEALTH NURSING SERVICES

Recommendations

(a) Senior Public Health Nurse Co-ordinator

This appointment is recommended to co-ordinate Nursing Services at Health Board level. Initial assignment would be for 3 years in order to implement the Strategy for Traveller Health and be reviewed then.

Cost Implications/Senior Public Health Nurses Salary

Time frame: To be advertised and put in place by Autumn 1995.

(b) Public Health Nurses

To extend as needs arise the availability of a Public Health Nurse extra to compliment of staffing levels, with specific responsibilities for the delivery of all Health Care Services and Health Promotion programmes in Community Care Areas with a large population of Travellers.

Cost: Public Health Nurses Salary.

(c) Community Mothers Programme

To further develop the Community Mothers Programme to include a Travellers Model delivered by Traveller Community Workers.

Cost to be negotiated i.e. rates comparable to that paid to the Traveller Community Workers.

(d) Mobile Clinic

To research this Complementary Intervention Programme which is in operation since 1985. To look at the possibility of having 2 Mobile Clinics, one for North Dublin; and the second for South Dublin, this to include fringes of Kildare and Wicklow. The development timing and costing of this service to be guided by the research findings.

(e) Computerisation

To further develop Computer Systems - this to include specific coding of the Travelling Community. National Computer link up of travellers is essential in order to monitor their health status.

(f) Peer Led Health Intervention Project

The Eastern Health Board in association with Pavee Point is piloting a peer led health promotion intervention programme for Travellers on five sites in the Finglas area. Eight Traveller women have been recruited and trained to deliver the programme to sixty Traveller families.

Funded by the Department of Health

Cost: £28,157

Time: 1 year.

Following evaluation of this Pilot Project it is recommended that a Model of Travellers participation in the promotion of health be developed. The peer led prevention project designed by a dietician currently being piloted in the Blanchardstown area to be extended to Travellers.

(g) **Health Education Materials**

To develop culturally appropriate materials e.g. videos, posters, slides and booklets suitable for Health Promotion Programmes.

(h) Staff Training

Specific training programmes should be set up in the Eastern Health Board to include a model on travellers culture and health needs. This programme to be similar to the one now being carried out on a multidisciplinary basis in Community Care Area 6.

Time: to be implemented when the Eastern Health Board/Pavee Point Pilot Project is completed.

(i) Safety Precautions

Personal Alarms, Dog Sirens and Mobile Telephones may be required by field workers to ensure a safe working environment especially in the larger temporary helping sites. As part of the Pilot Project in Area 6, Traveller Community Workers will work alongside the Public Health Nurses to improve the relationships between Travellers and Health Care staff.

D. SOCIAL SERVICES

Recommendations

(a) Community Worker

It is recommended that Community Workers be involved in -

(i) Training of Travellers in basic Health Education

(ii) Training of Travellers in Primary Health Care (leading to Travellers becoming Primary Health Workers for the Traveller Community).

(iii) Providing programmes/courses on a variety of topics - personal and group development, parenting, drug awareness, literacy etc.

(iv) Feasibility of using a Travellers Resource Centre at sites should be explored

(iv) Traveller participation at every 'level'

(b) Social Workers

Social work services for Traveller children should be examined taking into consideration the implementation of the Child Care Act in the future. Closer collaboration between Local Authority Social Workers and Health Board Social Workers with clear definition of roles, responsibilities and accountability will be essential, taking into consideration the future reorganisation of the Health Board and the elimination of the DCC post.

(c) Foster Care

The Shared Rearing Project, a Traveller fostering scheme was established in 1991, by the Eastern Health Board and Traveller Families Care, in response to the needs of Traveller children who could not be cared for by their own families. It is recommended that when this pilot project is complete it should be extended so that more Traveller families can be targeted and trained as Foster Parents.

It is recommended that -

(i) regional health boards recruit train and assess families in their own areas for the purpose of providing a pool of shared rearing families.

(ii) each health board area should employ a child care worker to work with children in placement.

(iii) research needs to be carried out on the child care needs of Travellers. This should help determine the real, rather than the perceived needs of Travellers and could result in the formulation of new models of child care which are appropriate to the culture and circumstances of Travellers.

(d) Traveller Team

The Eastern Health Board should consider developing a Traveller team employing mainly Travellers. This team could fulfil a number of useful functions.

(i) liaise with professionals on issues such as child care

(ii) work with young Travellers in foster homes and residential units

(iii) work with families to avoid admission to care and

(iv) work with young Travellers when they leave care

The Shared Rearing Project, Traveller team and any educational projects must have adequate accommodation, administrative and secretarial back-up.

(e) Support Services

The following services would provide a very valuable introduction to the educational system for children whose parents may have had little formal education and who have very little play space or equipment in their homes

(i) Extension of existing Barnardos Bus service to each temporary site on a daily basis.
(ii) Provision of Creche/pre-school facility for each permanent site.

On-going accredited training should be provided for Travellers who have a particular interest in child care. This training could be provided on a similar basis to that which was provided by Barnardos as part of the recent E.U. Horizon Initiative.

The Traveller women who have successfully completed the above course should be employed in positions which are created for work with the Traveller community.

The unique extended family and kinship networks should be used as primary resources for the provision of a range of child care services.

E. ACCIDENTS

The death rate from accidents is significantly higher among travellers than the settled population. There is little information about morbidity form accidents in either child or adult travellers.

Recommendations

(a) the collection of information (i.e. research) on all types of accidents among Travellers in collaboration with the Travelling Community.

(b) Improvement of the environmental conditions of Traveller halting sites to prevent accidents

(c) research into the condition of trailers to look at the development of safe properly insulated trailers and cooking facilities.

(d) all trailers to be fitted with proper electrical sockets and to obtain electricity from an official supply in order to reduce the risk of fires from makeshift electrical leads.

(e) an incentive (e.g. grant) to be provided for Travellers to purchase good quality, safe trailers (in order to reduce the high number of deaths and injury as a result of fires in trailers).

(f) the development of culturally appropriate safety education programmes including -

- (i) Safety in the home with an emphasis on child safety (e.g. presenting of falls, burns and other accidents).
- (ii) Safety in motor vehicles, with an emphasis on the use of safety belts and teaching children road safety.
- (iii) Water safety (e.g. swimming classes for adults and children).

(g) First Aid training, to help deal effectively with accidents on site.

(h) The Mobile Education Unit from the Dublin Fire Brigade to visit Travellers on site to give advice and practical guidance in fire prevention and first aid fire fighting techniques.

(i) the installation of fire fighting equipment on sites with demonstrations as to the use of these facilities to Travellers living there.

(j) the provision of a play area on site for children.

F. ORAL HEALTH

Although very little is known about the oral health status of Travellers base line data indicates that dental attendance represents an important source of contact with the health services. A specially targetted service for Travellers in the Blanchardstown area is very popular with the local Travellers.

Recommendations

(a) There is an urgent need to establish baseline data on the oral health status of Travellers so that Oral Health goals for Travellers can be established.

(b) Oral health within the Traveller community in the Eastern Health Board hould be promoted in the context of integrated primary health care projects in each administrative area.

(c) A Dental Health Educator from each area could act as a liaison person between the Traveller community, the dental service and other areas of the health service.

(d) In order to develop culturally appropriate services it would be essential for all staff engaged in the provision of services to Travellers to participate in an orientation course on traveller culture.

(e) Each area should give priority to the setting up of culturally appropriate oral health promotion programmes for mother and toddler groups from the Traveller community.

(f) Traveller children should be included in the register of special needs children. with appropriate Dental Services and Health Education activities for the children to be organised in consultation with the Traveller community.

(g) Access to tooth brushes and tooth paste will be an essential oral health promoting factor for this age group.

(h) Methods of improving access to care should be explored including outreach screening where facilities are available

G. COMMUNITY WELFARE

By comparison with the settled community Traveller women use emergency accommodation for themselves and their children at an extremely frequent rate to escape domestic violence.

Recommendations

(a) that as part of a general health and welfare promotion for Travellers, the issues of domestic violence and child care be given special attention.

(b) that there should be consideration to determine the most appropriate form of'respite care' including support services, that would be of greater benefit to this client group.

(c) Supplementary Welfare Services for Travellers is being reviewed at present.

H. SPEECH AND LANGUAGE THERAPY

Recommendations

The Speech and Language Therapy Working Party Report 1994 has identified a higher incidence of speech and language problems in the Traveller population and problems with the delivery of services to this community.

It is recommended -

(a) That increased resources be allocated to allow for the development of appropriate services for Travellers.

(b) That certain recommendations of the Speech and Language Therapy Working Party Report be endorsed. This report states that -

(i) Research be performed into the language norms of the Traveller community.
(ii) That culturally and linguistically appropriate therapeutic and assessment materials for Travellers be developed
(iii) Advice be given to the Health Board regarding strategies for service development for Travellers.
(iv) Relevant information be collated and disseminated from and to those providing a speech and language service to Travellers. Collecting information from Traveller groups would be essential.
(v) Speech and Language Therapists (SLTs) to be provided with education and training on the speech and language needs of Travellers and the need for intervention to be culturally appropriate. Target groups would include Speech and Language Therapists and other health professionals, teachers and traveller groups.
(vi) To establish regular liaison with other groups and agencies working with Travellers in the areas of health and education. Liaison with Traveller groups is seen as a priority.
(vii) Services should be delivered where they will be accessible to the agencies and with whom its staff need to liase, for example Barnardos, schools, pre-schools and on sites.

The level of staffing will depend on the target population - to be decided after pilot study and consultation with travellers.

I. COUNSELLING

Services should be readily available for Travellers regarding bereavement, marital difficulties, addiction, violence etc. Travellers should be targeted and professionally trained as Counsellors within their own Community.

Recommendations

That support services in mental health from a multidisciplinary team should include -

(a) counselling for individuals and families
(b) early intervention strategies
(c) crisis counselling to be included in the Traveller Community Workers training
(d) facilitation for women to form support groups
(e) consultation with travellers about mental health services so that the service can better cater for cultural differences and beliefs.
(f) the use of support networks for parents who are having difficulty in parenting.
(g) the provision of a 'safe house' for use by women for emergency short term accommodation.
(h) the development of a framework (cultural and historical) within which problems can be defined and understood from a Traveller perspective.

There needs to be discussion with the Travellers of their own beliefs and values in relation to the concept of illness and mental health. Any strategy to improve their physical and mental health needs to incorporate traditional ways of dealing with ill health such as the use of cures, healers and blessings.

Timing - following the completion of the pilot EHB/Pavee Point project.

CONCLUSION

This Task Group has identified areas where there can be a real health and social gain for Travellers and has made some practical recommendations. These in general advise the redirecting or the focusing of already existing resources. Therefore they have minimal cost implications for a vastly improved delivery of effective health services which are acceptable and accessible to Travellers. Without baseline information on service utilisation it has not been possible to set quantifiable goals or targets for delivery of services or indeed on outcome. Acquiring such baseline data is strongly recommended. However this report sets unquantifiable health and social gain targets while simultaneously proposing research to get the required information.

In general there is a need for a coherent Health Board Plan regarding Health Services provision for Travellers. Structures should be put in place to ensure that an integrated and co-ordinated approach be taken to provide services which are culturally appropriate and effective to improve the health status of Travellers. In particular a formal relationship with the local authorities and the health board should be established to address this specific target population.

A multi-disciplinary area based approach is needed, which should include individuals and groups with knowledge, skills and expertise of working with Travellers. Culturally appropriate delivery of health services should be devised for each area. The success of any area based actions or initiatives will depend on the inclusion of Travellers and Traveller support groups at every level of planning, implementation and evaluation.

Health promotion through education is an important part of any health strategy but will not succeed on its own if issues such as living conditions and the delivery of health services are not also addressed.

Another vital element to any proposed initiative with the Traveller Community is in-service training for staff involved in these initiatives. All staff need to have a knowledge and understanding of Traveller culture and way of life.

It is recommended that a group in the Eastern Health Board be set up immediately to oversee the implementation of these recommendations.

There is a need for commitment from government and the local authorities to remove the barriers to the implementation of these recommendations. Promotion of mutual understanding of Travellers and the settled population of both their cultures will be essential to achieving this end.

The media will have a crucial role to play in addressing this challenge.

REFERENCES

1. Shaping a Healthier Future, A Strategy for Effective Health Care in the 1990s. Department of Health. Dublin, The Stationery Office. 1994

2. Report of the Travelling People Review Body, 1983, Dublin, The Stationery Office, GPSO Molesworth St D 2

3. The Travellers Health Status Study, Census of Travelling People, November 1986. The Health Research Board. Joseph Barry and Leslie Daly

4. The Travellers Health Status Study, Vital Statistics of Travelling People, 1987.. The Health Research Board. Joseph Barry, Bernadette Herity, Joseph Solan.

5. National Sudden Infant Death Register. 1993 Report, Irish Sudden Infant Death Association, Carmichael House, 4 North Brunswick St, D 7.

6. Submission to The Department of Health in Relation to Proposed National Health Strategy From Dublin Travellers Education and Development Group September 1993.

7. Still No Place To Go, The Dublin Accommodation Coalition with Travellers Survey - 1995

8. Editorial. The Irish Times Saturday, 20th May 1995.

9. Submission from the Eastern Health Board to the Department of Health Task Force on Travellers, 1995.

10. A National Aboriginal Health Strategy, 1989.

APPENDICES

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APPENDIX A

1. INFORMATION BASE

Because of the nomadic life style it is difficult to be sure of accurate figures for the number of Travellers in any given area over time. In November 1994 there were 806 families in the EHB compared with 1,073 in 1993. The figures quoted in various reports vary depending on the source. Apart from the Traveller Health Status Study (4) there is very little scientific and comprehensive information on Traveller health in general and there are few published research studies on specific aspects of this topic. The RICHS system is a computerised system in which children in the EHB area are identified at birth by using birth notification forms and can be followed up for immunisation uptake, developmental examinations and other outcomes. However it is not possible to identify Travellers at birth to be put on the RICHS system at present. This has a serious negative impact on the effective delivery of child health services for Traveller children who have the added disadvantage of not living at permanent addresses.

Similarly travellers are not identified as such by HIPE . This leads to a significant gap in our knowledge about traveller morbidity and hospitalisation usage.

All the above baseline information is necessary so that a comprehensive preventative and treatment programme which is both accessible and acceptable to travellers can be put in place.

The definition of sites and accommodation varies in different reports and are not comparable - e.g. "standard local authority housing, group housing, chalets in sites, trailers on sites, roadside - transient or indigenous, temporary official halting sites, official sites, unauthorised sites, etc.". There is a need to standardise nomenclature of sites in order to make comparisons.

Recommendations-

That Traveller babies be identified by Public Health Nurses at the first visit and be coded in RICHS so as to enable ongoing monitoring of the uptake of health services by Traveller children and continuity of care. (No added cost)

That the computerised child health records system on Travellers attending the Mobile Clinic and the designated Traveller General Practices computerised systems as described below be compatible with RICHS

That the above systems be compatible with other health boards' computerised systems.

That the Traveller Health Status Study be repeated in the Eastern Health Board area and that the Census be repeated at the same time as the National Census in 1996 to make valid comparisons as to any change in numbers and health status in the last 10 years. This is important to highlight areas of need for change or otherwise of services. (Cost to be worked out)

That information acquired from all the Primary Health Care proposals as described below be utilised for effective monitoring of Traveller health and needs and make a major contribution to the epidemiology of Traveller health.

That the possibility of having HIPE identify Travellers as a special group be explored.

That research be performed on areas of particular importance with regard to Traveller health - i.e. fertility, maternal health, childhood morbidity and mortality, immunisation uptake, health promotion and accident prevention.

That the definition of accommodation be standardised to enable comparisons to be made between reports.

APPENDIX B

GENERAL PRACTITIONER SERVICES

Proposals to achieve the goals as outlined in the Health Strategy within the primary healthcare setting by improving the utilisation of existing resources and targeting extra resources in the most cost-effective manner.

There is a number of G.M.S. practices in the Eastern Health Board region which cater for the vast majority of the Traveller community. In order to achieve any measurable improvements in morbidity and mortality in this community at primary healthcare level a re-organisation of existing resources and any extra resources should be targeted at these practices in the main. It is encouraging to report that all of these practices are willing to increase and improve their range of services to Travellers if they are given the appropriate support and resource.

General Practices have, however, specific problems in providing a primary healthcare service in this area because of mobility of patients, poor literacy, lack of health awareness and security problems. Some practices are unwilling to take on Travellers because of specific and perceived difficulties.

It must be accepted by the Board that it is almost impossible to provide an out-of-hours domiciliary visiting service to Travellers, particularly in unauthorised sites. The reasons for this are mainly logistic, for example finding the correct caravan, and security. Secondly, many Travellers present with little, if any, up to date medical records or indeed in many cases without an up to date medical card. These two reasons are the most common ones given by G.Ps for not accepting Travellers onto their lists. Provision of emergency and out-of-hours healthcare will, in the main, continue to rest with the Accident and Emergency Departments of hospitals.

Designated in-practice personnel

In order to initiate and maximise the proposals as outlined below it is proposed that practices with a large Traveller population be invited to apply for a grant towards employing a nurse with public health experience. Her primary role would include-

1. Setting up a data-collection system within the practice

2. Instituting appropriate action on any deficiencies that the data yields.

3. Liaising with the nurses in the Travellers' Mobile Clinic

4. Liaising with other practices, hospitals and agencies

5. Implementing a health information programme.

6. Implementing a comprehensive Family Planning /Counselling Programme to include sterilisation referral, where appropriate.

7. Implementing an ante natal programme.

8. Monitoring medication usage, for example, use of tablets, inhalers.

Family Planning

There is a major deficit in the provision of family planning services to Travellers. There is anecdotal evidence to suggest that attitudes amongst Traveller women towards family planning are undergoing fundamental change. This is one of the areas where, as outlined elsewhere in this report, we need to find out from the Travellers themselves their own ideas and needs.

However, provision of health information, I.U.C.D., depot injections and improved availability of female sterilisation are all services that could easily be provided in practice with the minimum increase in resources and improvement in health service co-ordination.(Minimal cost implications)

Middle-aged Traveller Women

This group would appear to have an increase in obesity, attendant hypertension and other chronic medical illness. This may in part be attributed to numerous pregnancies and self-neglect while looking after large families and may also significantly contribute to the higher mortality rates. We advocate the introduction of a health screening and education programme targeted towards the over 40 year old female age group.

There tends to be a great deal of confusion over medication and general health advice given to Travellers. By targeting this group with specific advice and follow-up it would be possible to have a significant impact, as once again from anecdotal evidence it would appear that if time and resource are given to explaining treatment regimes that this group can be motivated to improve both their lifestyle and their drug compliance.

Infant Travellers

Mortality rates in the 0-4 year old age group are twice that in the settled population:-

	Travellers		Total Population
Stillbirth rate	19.5	v	6.9
Perinatal mortality rate	28.3	v	9.9
Infant mortality rate	18.1	v	7.4

The actual cause of the increase is unclear but factors likely to contribute are:-

poor maternal health
poor utilisation of ante natal care
increased incidence of metabolic diseases and congenital problems
increase in childhood infections
poor nutrition
low vaccination rates
environmental conditions

A co-ordinated approach from all the agencies is necessary to make any significant impact in this area. A properly resourced in-practice health education programme backed up with the range of extra services could significantly reduce mortality from childhood infections and improve vaccination rates.

Adult Male Travellers

There is an impression of high consumption of alcohol and cigarettes amongst this age group. Certainly it would appear that the alcohol intake would account for most of the excess in accidents in this group with heavy smoking contributing to overall increase in mortality. However this may only be a perception on the part of settled people as Travellers are frequently excluded from pubs or hotels and live in a more open environment. Therefore any excesses are more visible than for the settled community. Research is required - both into the consumption of, and into the incidence of diseases caused by, cigarettes and alcohol in Travellers.
This group only rarely attend doctors and it is at present difficult to envisage that any extra services, apart from overall health promotion, will have an impact here. Significant improvements in health awareness and treatments of spouses may be the only way forward in this case.

Improvement in Primary Health Care Facilities

There are already major infrastructural improvements taking place to most of the practices providing a service in the Tallaght and Clondalkin area. This needs to be extended to other practices in the Eastern Health Board region by a targeted grant to those practices so that extra consultation/treatment areas can be provided. It is estimated that six practices with large traveller populations would qualify for these grants initially.

PROCESSING OF MEDICAL CARDS

Travellers experience many difficulties in acquiring or renewing medical cards. Amongst others, the reasons include their mobility, difficult access to caravan sites by postmen, illiteracy and difficulty in understanding administrative procedures..

In February 1994, the Eastern Health Board's G.P. Unit introduced a scheme whereby all necessary details could be entered on a specifically designed application form and forwarded and processed centrally. This scheme has been successful and the G.Ps who have piloted it have found it helpful. To date it has been used by 4 large practices and has been used to register 720 patients.

We advocate extending this scheme to all practices with a significant Traveller population. However, in order for it to remain effective:-

(i) all applications would need to be processed centrally in one Community Care Office.

(ii) specific ongoing guidance in how to use the scheme would be required.

(iii) extra assistance in practice administration.

(iv) liaison with the Mobile Clinic will need to be improved e.g. the address of the Traveller causes specific difficulties and the address that is most often used is either that of the Mobile Clinic or the practice.

(v) continued monitoring of the scheme in order to deal with difficulties as they arise.

MEDICAL RECORD CARD

The Mobile Clinic introduced a Family Health Record and a Child Health Record some years ago. These are very useful but there is lack of awareness amongst G.Ps that they are generally available. The Child Health Record is particularly useful as it records the vaccination history and can be used to identify any deficiencies in this area. It is important that Travellers keep their own health records as they move from one district or country to another quite frequently.
It is proposed that these health records be modified and expanded to include space for clinical notes recorded by the practice. It is also proposed to:-

(a) make individual G.Ps aware of the existence of same.

(b) Encourage practice staff to review the records on a regular basis for any deficiencies and institute the appropriate action to correct same.

APPENDIX C

PUBLIC HEALTH NURSING SERVICES

The Public Health Nurse delivers a broad comprehensive Health Care Service and Health Promotion Programme to the Travelling Community. Some difficulties are experienced with the delivery of services due to their transient lifestyle, lack of health awareness, poor literacy, bad environmental conditions and security problems. Measures are further required to maximise existing resources and target extra resources in the most cost effective way.

To achieve this there is a need for a Senior Public Health nurse to co-ordinate these services at Health Board level. The Senior Public Health Nurses duties to include the following

1. To co-ordinate assessment of nursing service needs of overall traveller population in the Eastern Health Board.

2. To liaise with relevant statutory/voluntary bodies involved in service provision.

3. To target nursing manpower resources in line with movement in traveller spread.

4. Co-ordination of health related data arising from Public Health Nurses returns of service delivery. This would assist in the development of an up to date epidemiological profile of the health status of the Travelling population

5. Assisting in an ongoing strategically planned approach to service provision.

6. Co-ordinate and develop ongoing appropriate training programmes.

7. Co-ordination of Public Health Nurses in traveller services to include - support/team building, staff development/ongoing education/inculturation.

8. Report to appropriate Superintendent Public Health Nurse.

Public Health Nurse - Service Delivery

At present the mode of delivery of the Public Health Nurses programme is via one of the following models.

1. As part of their overall geographical caseload:- some difficulties may be experienced with this model due to the very large caseloads of clinical sick nursing, geriatrics and child welfare programmes, leaving little time to develop appropriate health promotion programmes.

2. Public Health Nurse with specific responsibilities for the Travelling Community within that Community Care Area. This model is favoured by the Public Health Nurse allowing time for in-depth home visiting and greater scope for developing health promotion programmes and better relationship with their clients.

3. ***Community Mothers Programme***

This programme is in operation in all of the Community Care Areas. It is co-ordinated at Area level by a Family Development Nurse working with Community mothers. A recent study of this programme with 40 travelling families is in the process of being evaluated. Preliminary results show this programme is acceptable to the Travellers. Since 1992 to date 70 families have availed of the professional model delivered by the Family Development Nurse.

4. ***Mobile Clinic***

This Complementary Intervention Programme is in operation since 1985 and is very acceptable to the Travellers. Staffed by two Public Health Nurses, a sessional doctor and a driver, it services most of the halting sites both official and unofficial. The Mobile Clinic staff provide a broad preventative and health education programmes. The introduction of opportunistic immunisation programmes by the two Public Health Nurses has improved the uptake of Immunisations. The purpose of this unit is to bring primary preventative health services to Travellers who do not live in settled houses or who might not avail of services provided through the health centres.

5. *Computerisation*

In December 1993, Eastern Health Board introduced Computerisation of the Family Health record for Travellers attending the Mobile Clinic, this includes Immunisations, Developmental Assessments, G.M.S. Statistics etc. It is essential that this system is extended to include input from General Practitioners and Public Health Nurses to ensure a comprehensive up to date record of Travellers health status. This facility would enhance efficiency in both treatment and health care planning.

6. Primary Health Care

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

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

Community participation is a process through which Travellers will gain greater control over the social, political, economic and environmental factors that determine their health.

For Primary Health Care to be effective there must be close collaboration between the Traveller community, health workers, the health sector, the local authorities and a range of other statutory and voluntary agencies in relation to the development of an appropriate Primary Health Care programme for Travellers.

Travellers have identified Primary Health Care as a model where their health status can be improved over time and where there is the space for real Traveller participation and potential employment.

A project in Primary Health Care for Travellers is currently being piloted by the Eastern Health Board and Pavee Point. The project commenced in October 1994 and employs eight Traveller women. To date the project has been warmly received by Travellers and health service providers. There is a recognition of the need for the ongoing development of this type of approach. A number of priorities and actions have been identified during this needs assessment period. These actions are specific in focus and can consolidate the work which has only just begun otherwise gains made to date will be lost.

This approach has already been implemented in Australia where separate Aboriginal Health Services are provided throughout the country. The Aboriginal Health Service ***"is acceptable to the community it services; provides culturally acceptable staff; has apriority commitment to raising the health status of the people it serves up; offers training, education and employment to Aboriginal people"*** **(10).**

Likewise in an Irish context Travellers employed as community health workers will have similar effects. They have the ability to translate health care advice into a practical health plan that is culturally appropriate.

Traveller community health workers are acceptable within their own community and are very clear about the direct links between environmental and living conditions and the impact on the health of their community.

The approach inherent in the project is to work "with" the Traveller community at individual, local, regional and national levels in order to develop a Primary Health Care project based on the Traveller communities own values and perception and that will have long term positive outcomes.

APPENDIX D

SOCIAL SERVICES

Community Worker

It is recommended that Community Workers be involved in -

- Training of Travellers in basic Health Education
- Training of Travellers in Primary Health Care (leading to Travellers becoming Primary Health Workers for the Traveller Community).
- Providing programmes/courses on a variety of topics - personal and group development, parenting, drug awareness, literacy etc.
- Establishing and developing a Travellers Resource Centre
- Providing resources to develop skills which will increase Traveller participation at every 'level'

This project should work closely with existing services.
It should be piloted for a period of time to estimate the number of Community Workers required per Traveller population. It is recommended that some of these Community Workers would be from the Traveller community.

Social Work Service

The impact of the implementation of the Child Care Act specifically on social work services for Traveller children should be examined. Closer collaboration between Local Authority Social Workers and Health Board Social Workers must be ensured with clear definition of roles, responsibilities and accountability. This is of particular importance because of the future organisational changes in the Health Board and the elimination of the DCC post.

Foster Care (Shared Rearing Project)

The Shared Rearing Project - a Traveller fostering scheme - was established in 1991 by the Eastern Health Board and Traveller Families Care, in response to the needs of Traveller children who could not be cared for by their own families.

There are 13 families (April 1995) involved in the project. Seven are approved as Shared Rearing families by the Eastern Health Board fostering placement committee. The remainder are being assessed. The families offer day care, respite, holiday and weekend contact, short-term and long-term care to children from birth to 15.

Twenty three children have been placed so far.

In the period March 1993 to April 1995, 45 enquiries were made to the project regarding the possible placement of 104 children.

In view of the obvious need for Shared Rearing families, and the potential within the Traveller community, it was proposed, and agreed in March 1994 that the regional health boards would recruit, train and assess families in their own areas. Families around the country would be a resource to all health boards in considering placements for Traveller children.

Traveller Team

The Eastern Health Board has agreed (April 1995) to the employment of a Traveller as a project worker to develop the service amongst E.H.B. Travellers. They have also agreed to the employment of a child care worker to work with children in placement.

Presently the project employs one full time social worker. In addition to the training, assessment and support of families, this worker attempts to deal with concerns expressed by professionals regarding appropriate and acceptable child care practices within the Travelling community.

The Eastern Health Board should consider developing a Traveller team employing mainly Travellers. This team could fulfil a number of useful functions.

(i) liaison with professionals on issues such as child care

(ii) working with young Travellers in foster homes and residential units

(iii) working with families to avoid admission to care and

(iv) working with young Travellers when they leave care

In order to achieve this the Health Board will need to continue its commitment to educate Travellers as to the responsibilities and services of the Board, and to listen to feedback from Travellers concerning appropriate services and methods of delivery. Projects such as the Primary Health Care project should be encouraged and extended to include child care.
The Shared Rearing project, Traveller team and any educational projects must have adequate accommodation, administrative and secretarial back-up.

The existing Shared Rearing project should be extended to enable more Traveller families to be targeted and trained as foster parents. On-going work with both children and foster parents is needed and should be resourced adequately. This could be done by employing a Child Care Worker to carry out specific work with families.

The extended family and kinship networks have always been the primary resources for the provision of a range of child care services and this work should be resourced also.

In addition to the above, research needs to be carried out on the child care needs of Travellers. This should help determine the real, rather than the perceived child care needs of Travellers

and could result in the formulation of new models of child care which are appropriate to the culture and circumstances of Travellers.

Residential Care

Where the above measures fail, consideration should be given to providing emergency accommodation for Traveller children who experience difficulties in the home or who become homeless. An Aftercare programme should also be provided to ensure adequate 'follow-up' is provided when children return home.
Research is required to estimate the resource implications. Gradual implementation on a phased basis after piloting is recommended.

Support Services

Barnardos services are very well received by the Traveller community and make a valuable contribution.
It is strongly recommended that

> Existing Barnardos Bus service be extended to temporary sites on a daily basis.
> Creche/pre-school facility be provided for each permanent site.

These services would provide a very valuable introduction to the educational system for children whose parents may have had little formal education and who have very little play space or equipment in their homes. Discussion with Barnardos will be required.
It is recommended that on-going accredited training be provided for Travellers who have a particular interest in child care. This training could be provided on a similar basis to that which was provided by Barnardos as part of the recent E.U. Horizon Initiative. A number of Traveller women successfully completed the above course and should be employed in any positions which are created for work with the Traveller community.

APPENDIX E

ACCIDENTS

The rate of deaths caused by accidents is significantly higher for Travellers than the settled population. (4)

Road Traffic Accidents

There is a perception that the rate of deaths of Travellers in road traffic accidents (RTAs) is higher than for the general population, but there is no hard data available on this as it is not routinely collected. RTAs are an everyday risk for Travellers both while on the move or on site. Adults are more at risk in the former while children are more likely to be victims of RTAs near the sites.

Home Accidents

Home Accidents are a hazard for Travellers since they have to use a variety of appliances to cook and heat their trailers. A large number of trailers, (the exact number is unknown, as no study of Irish Travellers has ever focused on this) are over-crowded, have poor ventilation and dangerous stores and cooking facilities.
The absence of electricity means that candles are often used in trailers which may also prove to be a fire hazard, especially with children.
The appalling environmental conditions in many sites is a major contributory factor in many traveller accidents.

Strategies for Prevention

(a) the collection of information (research) on all types of accidents among Travellers in collaboration with the Travelling Community.

(b) research into the condition of trailers to look at the development of safe properly insulated trailers and cooking facilities.

(c) the development of culturally appropriate safety education programmes including -

(i) Safety in the home with an emphasis on child safety (e.g. presenting of falls, (burns and other accidents).
(ii) Safety in motor vehicles, with an emphasis on the use of safety belts and teaching children road safety.

(iii) Water safety (e.g. swimming classes for adults and children).

(d) First Aid training, to help deal effectively with accidents on site.

(e) The Mobile Education Unit from the Dublin Fire Brigade to visit Travellers on site to give advice and practical guidance in fire prevention and first aid fire fighting techniques.

(f) the installation of fire fighting equipment on sites with demonstrations as to the use of these facilities to Travellers living there.

(g) Improving the physical condition of sites (see environment chapter)
all trailers to be fitted with proper electrical sockets and to obtain electricity from an official supply in order to reduce the risk of fires from makeshift electrical leads.

(h) an incentive (e.g. grant) to be provided for Travellers to purchase good quality, safe trailers (in order to reduce the high number of deaths and injury as a result of fires in trailers).

(i) the provision of a play area on site for children.

APPENDIX F

Travellers' Oral Health

Background

The Traveller community represent an important special-needs target group for the Health Board salaried Dental Service. Although very little is known about the Oral Health Status of Travellers, baseline data on one group indicates that dental attendance represents an important source of contact with the health services. Anecdotal evidence suggests that most contacts relate to symptomatic attendance for the relief of pain. There is an urgent need to establish baseline data on the oral health status of Travellers so that Oral Health goals for Travellers can be established.

A great opportunity exists for promoting oral health within the Traveller community in the Eastern Health Board. This should be done in the context of integrated primary health care projects in each administrative area. A Dental Health Educator from each area could act as a liaison person between the Traveller community, the dental service and other areas of the health service. In order to develop culturally appropriate services it would be essential for all staff engaged in the provision of services to travellers to participate in an orientation course on Traveller culture.

Oral Health Programmes

Pre-school children

Each area should give priority to the setting up of culturally appropriate oral health promotion programmes for mother and toddler groups from the Traveller community.

School children

Traveller children should be included in the register of special needs children. Appropriate Dental Services and Health Education activities for the children should be organised in consultation with the Traveller community. Access to tooth brushes and tooth paste will be an essential oral health promoting factor for this age group.

Methods of improving access to care should be explored including outreach screening where facilities are available and group transport to dental clinics where transport is available.

APPENDIX G

COMMUNITY WELFARE

By comparison with the settled community, Traveller women use emergency accommodation, for themselves and their children at an extremely frequent rate. They tend to use it for very short periods and it is almost always required to escape domestic violence or trouble on the site. Indeed the way in which they use emergency accommodation could be described as a form of respite from the home/site. This issue should be considered for a two pronged remedial approach.

(i) that as part of a general health and welfare promotion for Travellers, the issues of domestic violence and child care be given special attention.

(ii) that there should be consideration to determine the most appropriate form of'respite care' including support services, that are more acceptable to Travellers that would be of greater benefit to this client group.

The issue of Travellers' children begging on the streets has received attention on many occasions over the past decade, but has never been resolved. It is recommended that a committee be formed to examine ways by which the matter might be dealt with.

Whereas the Community Welfare Service for Travellers has been designed to respond to and target the unique needs of members of the Traveller community, we should now examine ways by which we can achieve a broad 'social gain' within the community as a whole and devise methods of measuring this gain. Proposals to modify the services so that it can be almost completely delivered on sites are being considered. Steps whereby the service can be targeted proactively at needy families and sites in addition to the traditional practice of responding to requests for support, are also being developed.

Supplementary Welfare Services for Travellers is being reviewed at present.

APPENDIX H

Speech and Language Therapy Services for Travellers

There is no standard policy across areas or within areas for speech and language therapy services for Travellers. Work is mainly carried out by teachers in school or visiting teacher. There is little education of pre-school staff dealing with Traveller children.

Problems include-

- Lack of parents understanding of speech and language therapists' role
- Poor attendance at clinics
- Lack of culturally suited assessment/ therapy materials
- Lack of resources to deal adequately with Travellers.
- Recognition of the enormity of ENT problems within this population.

Though no norms are available, it would appear that there is a higher incidence **of** speech and language problems in the Traveller population.

Recommendations -

(i) increased resources to allow for development of appropriate services for travellers.

(ii) endorsement of recommendations of SLT Working Party report 1994 which stated that

> "We recommend that Speech and Language Therapy Services should be included in all future discussions concerning Travellers health care.
>
> We recommend that the Department of Health should establish a Specialist Speech and Language Therapy Unit to investigate and service the specific speech and language needs of Travellers.

Role

We strongly recommend that this unit should work in a collaborative manner with Travellers.

The role of this unit should include:

1. Research into the language norms of the Traveller community.

2. Developing culturally and linguistically appropriate therapeutic and assessment materials for Travellers.

3. Advising both the Department and local Health Boards regarding strategies for service development for Travellers.

4. Collating and dissemination of relevant information from and to those providing a speech and language service to Travellers. Collecting information from Traveller groups would be essential.

5. Acting as an advisory service to Therapists in front-line services i.e. community clinics, voluntary agencies.

6. Providing education and training on the speech and language needs of Travellers and the need for intervention to be culturally appropriate. Target groups would include Speech and Language Therapists and other health professionals, teachers and Traveller groups.

7. Establishing regular liaison with other groups and agencies working with Travellers and/or providing or developing speech and language services, in the areas of health and education. Liaison with Traveller groups is seen as a priority.
   Target groups include:

   - Association of Teachers of Travelling People
   - Pavee Point
   - Irish Traveller Movement
   - National Federation of Irish Travelling People
   - National Traveller Women's Forum
   - Public Health Nurses (Mobile Clinic)
   - School of Clinical Speech and Language Studies Trinity College Dublin
   - Services for people with language difficulties
   - Social Workers
   - Visiting Teacher service

     Other Community Care Area Staff

Structure

1. The unit should be established for a fixed term of 3 years.

2. The unit staff should consist of:

   (i) two full-time permanent Speech and Language Therapists
   (ii) one Research Assistant, with a background in speech and language therapy, employed on a fixed term contract of 2 years.

3. The unit should be sited where it will be accessible to the agencies and groups with whom its staff need to liaise."

APPENDIX I

Counselling

The Traveller submission to the Department of Health (6) stated that
"The cultural stress induced by racist attitudes and policies and the total negation of the minority culture results in high levels of personal stress and anxiety which in turn is reflected in high rates of accidental death, alcoholism and generally dysfunctional behaviour....
The context of Travellers' lives includes the stress and loss of self-esteem generated by living in a hostile society where discrimination and racism are daily facts of life. Traveller children grow up in such an atmosphere witnessing eviction, harassment, institutionalised segregation at school and in the welfare system, being refused service on the basis of their ethnic identity and being made to feel very much marginalised. These experiences create enormous personal stress and anxiety and adversely affect health and self-esteem.".

There are many pressures that affect the lives and mental health of Travellers including the change of lifestyle, current living conditions, poverty, overt and covert discrimination and low attainment in education.

Change of Lifestyle

The barriers to and subsequent demise of the nomadic life style may be one of the causes of poor mental health among Travellers. Travellers use mobility to fulfil a number of functions, one of which is to resolve conflict and thereby relieve social sources of stress. When mobility is made difficult this creates additional stress for this community.

Also travelling as a family group fulfilled a social function, in that people were never alone. Living on one site has taken its toll on Travellers' social life and older people now complain of loneliness and isolation from extended families.

Domestic Violence and Mental Health

Domestic violence which is frequently associated with alcohol consumption cannot be attributed to any one cause. Domestic violence may have its roots in loss of role, loss of parental and role models, low self esteem and alienation.

Strategies

Services should be readily available for Travellers regarding bereavement, marital difficulties, addiction, violence etc. Travellers should be targeted and professionally trained as Counsellors within their own community.

It is recommended that

- support services in mental health from a multidisciplinary team should include

  counselling for individuals and families
  early intervention strategies
  crisis counselling to be included in the Community Health Workers training
  facilitation for women to form support groups
  ensuring that Travellers are consulted in mental health services so that the service can better cater for cultural differences and beliefs.
  the use of support networks for parents who are having difficulty in parenting (e.g. the Shared Rearing Project).
  the provision of a 'safe house' for use by women for emergency short term accommodation.
  the development of a framework (cultural and historical) within which problems can be defined and understood from a Traveller perspective.

There needs to be discussion with the Travellers of their own beliefs and values in relation to the concept of illness and mental health. Any strategy to improve their physical and mental health needs to incorporate traditional ways of dealing with ill health such as the use of cures, healers and blessings.

APPENDIX J

Environment - Accommodation and Living Conditions

It must be acknowledged that there is an intrinsic link between health and environment. Therefore suitable and satisfactory accommodation is a vital and a g basic requirement for the improvement of health/social gain of Travellers.

The very poor living conditions endured by many Travellers have been referred to a number of times. Specific problems include the use of temporary sites with minimum facilities and the large numbers of families in these sites.

The impact on health of unsuitable sites is often a result of everyday risks including risks from road vehicles, pathogens and toxic substances. Most of the environmental problems arise from the lack of sewage connections or other systems to dispose of human waste hygienically and the lack of suitable refuse collection. These factors combined with a limited access to a water supply can result in the occurrence of preventable diseases becoming endemic on the traveller sites i.e. Diarrhoea, Intestinal Parasites and Food Poisoning cases. Failure to collect refuse on a regular basis allows it to accumulate on site with the resulting problems of offensive odours, insect and rodent infestation.

Existing temporary sites do not have individual electricity supplies thus necessitating the use of candles and gas cylinders which are potential fire hazards and in conjunction with poor lighting the risk of accidents in the home and on the site is increased.

It is common practise to build sites for Travellers in environmentally dangerous areas close to railway tracks, canals, motor ways, dumps, electricity pylons etc. and these locations increase the risk of accidents due to the large number of children in Traveller families. Inclement weather can make sites even more hazardous with soil accumulations and ponding adjacent to living accommodation.

A high proportion of children and teenagers live in areas with no provision for the public space and facilities they need to play or enjoy sport or other social activities.

In many areas relationships between Travellers and the settled population have deteriorated because of the conditions of these sites. Moving large numbers of families into badly services ghettos also contributes to these poor relationships.

Many of these issues can only be solved by Government and local authorities as part of the decision making process. In order to achieve this it will be necessary to promote a better understanding and acceptance of the needs and cultures of Travellers by politicians, the general settled population and others to promote and allow suitable accommodation to fit the cultural needs of Travellers.

Recommendations

1. An input from the Environmental Health Officers (EHOs) and Traveller groups into the design of sites and layout of facilities, sanitary accommodation and water supply, is needed. A flexible approach is required for the planning of both permanent and transient sites. Better design will reduce conflict. This will also control access.

2. Much of the environmental problems involving refuse and skips revolve around responsibility. Travellers should be made aware of their duties as well as their rights with regard to cleanliness, sanitary accommodation/fittings etc.

3. EHOs also visit camps to investigate a complaints and have a statutory obligation to enforce the law. This can give rise to mistrust and suspicion. Little enforcement would be needed if the barriers to a cleaner environment were removed. EHOs objectives include a resolve to improve the lot of Travellers, to give advice and to facilitate problem solving. Travellers should be made aware of this.

4. The provision of incentives may be helpful in improving maintenance of sites. The introduction of tidy garden and halting site competitions with prizes provided and supported by local authorities could generate some form of pride in site appearance.

5. Scrap metal is part of the Traveller culture. The provision of scrap metal areas by the Local Authorities is recommended. Scrap metal partnerships would best be operated on a family basis. An informal rather than formal approach to employment is recommended.