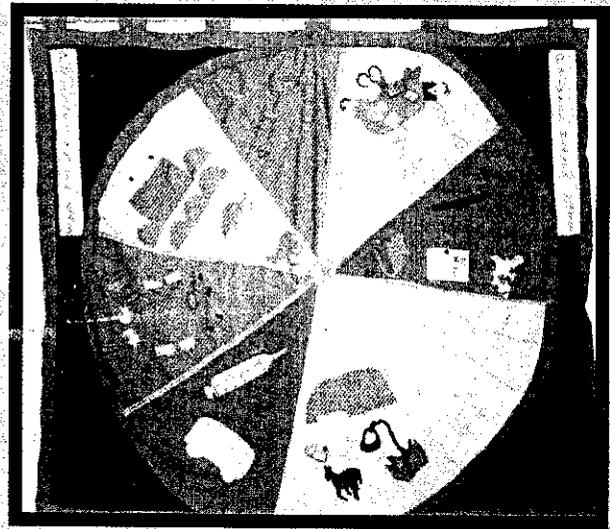


# Clondalkin Travellers

# Primary Health Care Initiative



## Report of the First Phase

A Partnership Project between  
Eastern Health Board  
and  
Clondalkin Travellers Development Group  
Supported by FÁS



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- Members of the **Steering Committee**, for their ongoing support and commitment to the Initiative.
- **Eastern Health Board**, for the ongoing funding and commitment to the partnership ethos of the Initiative.
- **FAS**, for financial support and technical assistance.
- **Clondalkin Travellers Development Group**, for the much appreciated guidance and support.
- **Pavee Point** for their guidance and especially **Brigid Quirke** for her ongoing technical advice and support.
- And above all, to the **Traveller women** who are the cornerstone of this initiative.

## *Clondalkin Travellers Development Group*

Clondalkin Travellers Development Group was established in 1989 to address the needs of Travellers in the area. The project is a partnership between Travellers and settled people working with Travellers. Initially, the main 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 the issues affecting the Traveller community in the Clondalkin area, and networking, where appropriate, with groups addressing similar issues at a national level.

The overall aim of C.T.D.G. is to promote the social, economic, educational and cultural interests of Travellers as a nomadic ethnic group within Irish society.

In meeting the overall aim, the group seeks:

- to promote the equality of Travellers and facilitate their struggle towards self-determination,
- to improve the position of Travellers and promote solidarity among them,
- to challenge racist policies and practices that seek to threaten and undermine Travellers' way of life.

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

## **Foreword**

### **Eastern Health Board**

*In November 1995, the Area Committee for Travellers in Community Care Area 5 produced an excellent document, which highlighted the needs of the Travellers in this Community Care Area. One section of this report dealt with aspects of Travellers health and specifically concentrated on issues relating to the health of children under three years of age and to the health of Traveller women.*

*Uptake of Health services in the Area was also addressed. This survey provided information about certain aspects of Travellers health and their uptake of Health services offered by the Eastern Health Board.*

*In response to this survey and other research, Clondalkin Travellers Development Group approached the Eastern Health Board with a proposal for a Primary Health Care Programme for Travellers in the Clondalkin Area, in March 1996. Since then, Clondalkin Travellers Development Group and the Eastern Health Board have truly worked in partnership with the Traveller women involved in the project to bring the project to its present stage. The enthusiasm and commitment shown by all concerned in the project has ensured the successful completion of the first phase of the project.*

**Dr. Ailis Quinlan**  
**Senior Area Medical Officer - C.C.A. 5**

### **Clondalkin Travellers Development Group**

*This report documents the first 18 months of the Clondalkin Travellers Primary Health Care Initiative developed in partnership with Clondalkin Travellers Development Group and the Eastern Health Board. The development of this project we believe is extremely important as it has facilitated the development of new working relationships between Travellers and health providers and the formation of a partnership approach in tackling issues affecting Travellers. The project is based on a pilot initiative undertaken by Pavee Point and the Eastern Health Board which has been hugely beneficial in terms of the support and learning it has offered us in Clondalkin in developing our own project.*

*This phase of the project has been vital in facilitating us in designing an initiative, which is specifically tailored to address some of the health issues facing Travellers in Clondalkin. As has been well documented by the Report of the Task Force on the Travelling Community and elsewhere there are large discrepancies between Travellers health and that of the settled community. In order to address this many responses to the issues are needed and this project is only one response to addressing the poor health status of Travellers in Clondalkin. Yet is a significant one as it emphasises the importance of Traveller participation in the design and delivery of their own initiatives and the importance of the role of Traveller organisation in facilitating this process.*

**Grainne O'Toole**  
**Co-ordinator C.T.D.G.**

# **1. Clondalkin Travellers Primary Health Care Initiative**

## **1.0 Introduction:**

Clondalkin Travellers Primary Health Care Initiative is an innovative programme developed to address the health needs of Travellers in the Clondalkin area. This report documents the origin and development of the Initiative, and outlines the first phase of the programme since its establishment in November 1997.

The Initiative is a partnership between Clondalkin Travellers Development Group (C.T.D.G.) and the Eastern Health Board (E.H.B.), delivered in co-operation with FAS and the Department of Social, Community and Family Affairs. It draws on the experience of the Primary Health Care for Travellers, piloted by Pavee Point and the EHB, and is being developed to meet the specific needs of Travellers in Clondalkin.

## **1.1 Context:**

The poor health status of Travellers' relative to the settled population is well documented in recent years. The *Traveller Health Status Study, 1987* reported some alarming statistics. For example,

- 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.

The study also highlighted that the health issues facing Travellers differ to those facing the settled community. This is an issue which must be prioritised.

In more 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 an outreach and localised service where the primary health care workers are of the same culture as the recipients of care.

It is these shifts in policy which have created the context for the development of the Clondalkin Travellers Primary Health Care Initiative in order to address the health issues affecting Travellers in this area.

## **1.2 Phase One of the Initiative:**

The first phase of the Initiative involved establishing appropriate structures for the operation of the overall programme. Key actions undertaken included the establishment of a Steering Group to manage the Initiative; the recruitment of staff to co-ordinate the programme; and the development and implementation of a pre-training programme for Traveller women participating in the Initiative. To-date the pre-training programme has fulfilled a preparatory rôle to facilitate full participation in the second phase of the programme. *This initial phase enabled the participants to identify a Traveller health strategy in Clondalkin; and provided the necessary supports for Traveller women to design and develop this strategy at a local level.*

This report serves to document the aims and objectives of Clondalkin Travellers Primary Health Care Initiative; the structures put in place to manage the Initiative; and the implementation of the pre-training programme. Significantly, this report highlights the progress achieved throughout the first phase of the Primary Health Care Initiative. The next stage of the Initiative will commence in September 1999.

## **2. Aims & Objectives of the Clondalkin Travellers Primary Health Care Initiative**

### **2.0 Introduction:**

In keeping with the partnership ethos of the Initiative, the partner organisations involved in the Clondalkin Travellers Primary Health Care Initiative together identified a number of key aims. In order to meet these aims the partners subsequently drew up specific objectives to facilitate working towards each aim. These aims and objectives are detailed below.

### **2.1 Aims:**

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

### **2.2 Objectives:**

The specific objectives relating to each aim are set out as follows:

**Aim 1: To contribute to the improvement of Travellers health through informed health care, self-help and mutual aid.**

#### **Objectives:**

To implement programmes with Traveller women....

- to ensure a base knowledge of health issues
- to develop an understanding of the concept of primary health care
- to explore the practical implementation of primary health care in the community.

**Aim 2: To develop an outreach and localised service where the primary health care workers are of the same culture as the recipients of care.**

#### **Objectives:**

- to develop the skills of participants to work within their own community.
- to involve the wider Traveller community through workshops, surveys and feedback of surveys.
- to identify the health needs of the Traveller community.

**Aim 3: To work towards the elimination of the barriers of access to health services that exist.**

**Objectives:**

- to identify the barriers of access to health services.
- to liaise with health providers to identify ways to address these barriers.

**Aim 4: To liaise and assist in creating dialogue between Travellers and health service providers in the area.**

**Objectives:**

- to raise awareness among health service providers of Traveller health needs.
- to raise the profile of the Primary Health Care Initiative among health service providers.
- to provide in-service training to health service providers on Traveller culture and health needs.
- to provide participants with relevant information on the structures and policies of the health services.

**Aim 5: To develop the skills of Traveller women in providing community based health services.**

**Objectives:**

- to provide ongoing training on health care issues.
- to develop the skills needed to engage in outreach work
- to organise and facilitate workshops within the Traveller community on health issues.

**Aim 6: To impact on health policy development at a local and national level.**

**Objectives:**

- to support Traveller women to participate in policy fora at local, regional and national level.
- to prepare a health profile of Travellers in the Clondalkin area.
- to facilitate Travellers to identify strategies and systems to eliminate present barriers.
- to participate in the formation of health policy for Travellers locally and nationally.

**2.3 Actions for the First Phase:**

Once the overall aims and objectives of the Primary Health Care Initiative were clearly agreed, two key actions were identified to form the basis of the first eighteen month period of the Initiative. These actions were set out as firstly, developing structures for a Primary Health Care Initiative; and secondly, developing and implementing a pre-training programme in consultation and partnership with participants ensuring that Travellers were involved in all dimensions of the Primary Health Care Initiative.

### **3. Structures of the Initiative**

#### **3.0 Introduction:**

In the early months of establishing the Primary Health Care Initiative, two core actions were undertaken to put structures in place to manage the development of the Initiative. These involved...

- i) setting up a Steering Committee to co-ordinate and manage the project; and
- ii) identifying staff and resources to facilitate the implementation of the Initiative.

#### **3.1 Steering Committee:**

In June 1996, Clondalkin Travellers Development Group and the Eastern Health Board came together in partnership to consolidate the Primary Health Care Initiative by drawing up a clear proposal and securing resources to implement the Initiative. A Steering Committee was then established to co-ordinate and manage the Initiative. The partnership approach of the Initiative has proved to be very successful to date, and this is reflected in both the make-up of the Steering Committee and the consensus based decision-making process of the Committee. The partnership has facilitated a real process of learning and effective co-operation. Travellers are developing a greater understanding of the structures and services of the Eastern Health Board, and the Eastern Health Board is learning directly of Travellers experience of health services, and broader issues affecting Travellers' health.

The Steering Committee comprises health professionals, community development workers and Travellers participating in the Initiative, as follows;

Dr. Ailis Quinlan - Director Community Care/Medical Officer of Health, C.C.A.5;  
Ms. Patsy Curtin - Area Administrator, C.C.A.5;  
Ms. Stasia Cody - Supt. Public Health Nurse, C.C.A.5;  
Dr. Maureen O'Leary - Area Medical Officer, C.C.A.5;  
Ms. Grainne O'Toole - Co-ordinator of CTDG;  
Ms. Sandra Mullen - Community Development Worker, CTDG;  
Ms. Ann O'Neill - PHC Project co-ordinator, C.C.A.5;  
Ms. Therese Howley - PHC Project co-ordinator, CTDG;  
Ms. Kathleen McDonagh - permanent participant representative; and  
One other participant attends on a rotation system.

The role of the Steering Committee is:

- (a) to be responsible for the overall management, co-ordination and implementation of the Initiative;
- (b) to monitor, support, direct and review the programme on an ongoing basis;
- (c) to monitor financial procedures, and be responsible for the overall evaluation of the Initiative.

The Steering Committee meets on a regular basis to review the progress of the programme. These meetings are structured to facilitate on-going presentations by the project co-ordinators and the participants in order to outline how the objectives of the Initiative are being met through the work and programmes undertaken by participants.

### **3.2 Staffing:**

#### **Project Co-ordinators**

The training programme is planned and delivered by two co-ordinators; a community development worker employed by Clondalkin Travellers Development Group, whose position is funded by the Eastern Health Board; and a Public Health Nurse (P.H.N) seconded full time by the Eastern Health Board. The employment of two co-ordinators has facilitated the combination of two disciplines. It has been the experience to date that the successful combination of a community development and a health approach has provided a multi-disciplinary base from both the statutory and community sectors. This base reflects the partnership of the programme, which is central to the Primary Health Care Initiative.

The Eastern Health Board and Clondalkin Travellers Development Group are responsible for the employment, and conditions of employment, of the P.H.N and the community development worker respectively. Each co-ordinator is accountable to the structures within their respective organisations.

The key areas of work of the Primary Health Care Initiative co-ordinators are as follows;

1. To be responsible for the selection and ongoing support of programme participants.
2. To be responsible for the day-to-day direction, implementation and financial management of the training programme.
3. To document the content of the training programme, and the process of its development.
4. To report to the Steering Committee regarding the plans and progress of the training programme.
5. To liaise and work with other relevant statutory and voluntary organisations, as appropriate.
6. To develop dialogue and a working relationship between Travellers, local health service providers, and policy makers in respect of the long term scope and quality of health policies and the Primary Health Care Programme.

The successful implementation of the first phase of the training programme of the Initiative is attributable to the approach adopted by the project co-ordinators in developing the programme. This approach involved ongoing collaboration with participants and tutors in the development and delivery of the curriculum, constant review of programme content to ensure the programme is reflective of Traveller culture and experience, and ongoing analysis of the direction of the programme.

## **4. Pre-Training Programme**

### **4.0 Introduction:**

Once the appropriate structures to manage the Primary Health Care Initiative were put in place, and staff to co-ordinate the training programme were identified, the Initiative moved into the stage of developing and implementing a pre-training programme for participants. This involved:

- i) identifying and recruiting Traveller women to participate in the Initiative;
- ii) developing a pre-training curriculum to facilitate skills development;
- iii) delivering the pre-training programme;
- iv) evaluating the pre-training programme.

### **4.1 Rationale for Pre-training:**

Reflective of Traveller experience at a national level, some of the participants had not received any previous training. It was, therefore, identified that a pre-training programme would be crucial to ensure maximum participation of participants in the overall development and implementation of the Initiative throughout its lifespan. The rationale for a pre-training programme is as follows:

1. Pre-training facilitates the development of the skills, and ultimately enables full participation in the Primary Health Care Programme in the later stages.
2. Pre-training allows participants to develop an understanding of the concept of primary health care principles from a community development perspective.
3. Pre-training focuses on capacity and team building, personal development, communication skills, presentation skills and social analysis; skills which are crucial in community health care.

### **4.2 Recruitment of Participants:**

Through on-site work and on-going contact, Traveller women from all areas in Clondalkin were invited to an information morning. This information morning gave Traveller women an opportunity to find out more about the programme and enabled them to assess the programme. The morning examined the initial content of the training programme and highlighted the level of commitment that would be involved on the part of the participants. In selecting participants the following points were considered:

- level of pre-training work previously undertaken
- involvement in initiatives in the area.
- geographical balance.
- age range.

Following the information session, an interview process took place which identified sixteen Traveller women to participate in the training programme of the Clondalkin Travellers Primary Health Care Initiative.

### **4.3 Pre-training Programme Curriculum:**

There was a wide range of modules delivered in the pre-training phase of the programme. Throughout this term, learning was geared towards experiential and participatory learning. These are as follows:

#### **Personal Development/Group Dynamics and Team-building**

The aim of this module was to start the process of group/personal development and to provide participants with a forum to enhance their participation skills. Methods employed to deliver this module were small group discussions, role-plays, music and art work.

#### **Health Module**

The health module aimed at providing participants with an understanding of the principles and practices of Primary Health Care. This included exploring the relationship between health and accommodation, health and the environment and Travellers' access to health services. It also provided information on a number of health topics.

#### **Work Placements and Outreach Work**

Work placements and outreach work are an important part of the learning process to familiarise participants with both the statutory and voluntary services in the Clondalkin area, and also to raise the profile of the Initiative. Throughout the first phase, participants completed sixteen days on work placement in locally based health or community services. Work placements have a number of functions:

- 1) The development of communication, presentation and interpersonal skills.
- 2) The exchange of ideas and information to learn about local services and inform services of the long-term aims and objectives of the Primary Health Care Initiative.
- 3) The exploration of Travellers' access and use of these services, and to develop links with these services.

#### **First Aid Course**

A First Aid course was organised and facilitated by the Order of Malta. This module provided the participants with the basic skills of first aid in a participative and practical way. All participants and co-ordinators successfully completed the course and received a certificate of qualification.

#### **Social Analysis**

The aim of this module is for the participants to critically analyse societal structures in order to facilitate Travellers in bringing about social change. In order to impact and propose changes to any systems or structures, knowledge of existing structures is vital. This module also provided participants with the skills and knowledge to impact on policy at both local and national level.

## **Literacy**

Training in literacy skills is a vital component in tackling the social exclusion experienced by Travellers. Clondalkin Partnership funded a literacy programme which commenced in January 1998. Some participants successfully completed the examination for Foundation Level Junior Certificate in June '99.

## **Creative Arts**

Participatory creative arts were used to complement all modules. Participants produced a quilt to represent the links between poor living conditions and poor health in a creative way. This quilt was presented at the National Traveller Women's Forum Annual Day '98, the theme of which was Human Rights. The quilt won second prize on the day.

## **4.4 Project related actions:**

### **4.4.1) Developing links with health services in the area:**

- **Outreach work and meeting with service providers** in the area is a vital part of the programme, as it will assist participants in the following work:
  - compiling an inventory of local services;
  - determining the level of Travellers' use of these services;
  - identifying gaps/barriers to Travellers accessing existing health services; and
  - identifying actions and interventions which can be implemented to improve services for Travellers locally.

Outreach work also raises the profile of the Initiative with health services and health service providers.

- **Workshops**

The participants attended and participated in a variety of workshops locally throughout the pre-training period; the purpose of which was twofold:

1. To develop the communication, facilitation and presentation skills of the participants.
2. To share information on a variety of health issues with other women's groups, at a local and national level.

- **Work Experience Placements**

As mentioned earlier, work placements are a very practical and experiential way of learning and developing skills. Work placements are an important part of the learning process to familiarise participants with both the statutory and voluntary services in the Clondalkin area. The participants have completed sixteen days on work placement in locally based health or community services.

- **Health Education Materials**

The lack of culturally appropriate health education materials for Travellers has emerged as a key issue in Traveller health. In addressing this, Eastern Health Board funding has been allocated to the Initiative to develop culturally appropriate materials. The participants have commenced work on developing a health education poster, which will continue over the next year.

#### **4.4.2) Liaising with Travellers locally, regionally and nationally:**

It is important to liaise and develop solidarity with other Travellers and Traveller organisations in order to impact on policy development and engage collectively in campaigning for changes at government policy level.

- **Irish Traveller Movement**

Participants attended regional and national meetings of the Irish Traveller Movement (I.T.M). These meetings focus on developing a collective approach on a national basis, whereby Travellers from around the country meet to discuss issues affecting them. Through these links Travellers design strategies and draw up policy documents, which are used as tools to lobby for changes in existing services to ensure an improvement in Travellers situation in Irish society.

- **National Traveller Women's Forum**

This Forum provides an opportunity for Traveller women to come together to develop responses to issues affecting Traveller women specifically. Representatives of the Primary Health Care Initiative have attended these meetings throughout the year, and the group made a valuable contribution to the Annual Forum Day.

- **Pavee Point**

Primary Health Care participants in Clondalkin met with other Traveller women who are employed as community health workers with the Eastern Health Board having successfully completed health care training with Pavee Point. These meetings enabled Clondalkin participants to discuss their concerns and apprehensions through peer support and shared learning. Furthermore, Pavee Point has provided on-going support throughout the first phase of the Initiative in Clondalkin, by exchanging information and providing technical assistance. This shared learning contributed significantly to the success of the first phase in Clondalkin.

- **Limerick Travellers Development Group (LTDG)**

The participants developed links with other Travellers by meeting with LTDG's women's group to exchange information and ideas. The Limerick group is in the process of setting up a Primary Health Care Initiative and wanted to meet other participants for advice and support.

### **4.5 Development of a Health Policy:**

One of the main aims of the programme is to improve and impact on the health of Travellers locally. To achieve this the training initiative has taken progressive steps to develop a local health policy reflecting the needs of Travellers in the area.

#### **4.5.1) Identifying issues and gaps in the health services:**

During the pre-training programme the participants identified and prioritised a number of health issues (by carrying out a mini-health profile) for inclusion in the health policy. Issues identified include the following:

#### **a) GMS /GP Services**

- Difficulties with medical cards due to poor postal service.
- Lack of awareness of entitlements on the medical card.
- Difficulty in accessing GP services.
- Difficulty with acceptance GPs lists of medical cardholders.
- Unwelcoming nature of surgeries and clinics.
- Lack of site visits by GPs.

#### **b) Hospitals**

- Access to, and use of, hospitals.
- Lack of understanding and awareness of the needs of Travellers by health service providers in hospitals.
- Lack of understanding of Traveller culture and way of life by health services providers.

#### **c) Women's Health**

- Lack of female GPs in the Clondalkin area.
- Lack of access to women's health clinics by Traveller women.
- Lack of Well Woman Clinic in the Clondalkin area.
- Limited cytology clinics available in the Clondalkin area.

#### **4.5.2) Impacting on health service delivery:**

In order to impact on health service delivery the actions outlined below were prioritised in the first phase.

#### **General Medical Card Service**

In response to the difficulties experienced by Travellers in the area regarding medical cards, the participants developed a leaflet highlighting key information regarding the medical card services from a Traveller perspective. This process involved

- gathering information on the existing medical card system,
- meeting officials from the medical card section of the local hospital in Cherry Orchard,
- designing a culturally appropriate information leaflet on the medical card.

The leaflet was distributed to local Travellers, GP surgeries, Cherry Orchard hospital, local health centres, the mobile clinic and other community centres and services. Participants facilitated and presented workshops with a number of Traveller groups on medical card information, and launched the medical card information leaflet designed by the group (see appendix 1).

#### **Tallaght Hospital**

Representatives of the Initiative met with the Chief Executive Officer of Tallaght hospital to develop awareness of the Primary Health Care Initiative. The representatives outlined the aims and objectives of the Initiative, the long-term implications of the programme and highlighted issues in relation to Travellers' access to hospital services.

### **Public Health Nursing Service**

The specialist Public Health Nurse assigned to Travellers in C.C.A.5 met with participants a number of times throughout the first phase. These meetings served to clarify the role of the PHN, gather information regarding services available, explore the unmet health needs of Travellers, and determine ways to improve the local services from a Traveller perspective.

### **4.5.3) Impacting on Travellers health in Clondalkin:**

It was a priority of the training to meet with Travellers locally to exchange information, and look at Travellers' views of local services. A number of different means were adopted to undertake this.

### **Environmental Health Profile**

An issue which emerged repeatedly throughout the first phase of the Initiative, is that poor living conditions lead to poor health. In order to investigate this further, five of the participants on the programme carried out an environmental health profile. The profile involved a number of aspects:

- On-site visits exploring living conditions.
- Survey with GPs in the area and the PHN to gather information on the types of diseases Travellers are presenting with and linking these with poor living conditions.
- Hospital information on the number of Traveller children admitted with gastro-enteritis over a given period.

### **On-site Work: mini-health profile**

Participants carried out a mini-health profile on sites in Clondalkin; the aim of which was to determine Travellers' awareness of services available in local health centres, and Travellers' use of these services.

A number of issues emerged:

- Poor uptake of health services by Travellers, especially by Traveller women regarding their own health needs.
- Limited knowledge of services provided in local health centres.
- Limited awareness of entitlements through the medical card.

The participants followed up on a number of the issues emerging from the mini profile throughout the course of the pre-training phase.

### **Workshops**

A number of workshops were organised and facilitated by the participants throughout the year on a variety of themes. The first workshop examined the changing role of Traveller women, and looked at the concept of Traveller women as leaders and community health workers. The participants undertook a series of sessions regarding immunisations and meningitis in the pre-training programme. Due to the seriousness of meningitis, the participants conducted a second workshop with other Traveller women in the area providing information about this issue.

#### **4.5.4) Impacting on Regional and National Policy:**

The development of an overall health policy for the Clondalkin area will be a vital tool in lobbying for change in the present health care structure to address Travellers health status. This work will take place at two levels; firstly, this will be addressed by participants within the programme, and secondly, this will be addressed through other structures such as the Traveller Health Unit, the National Traveller Health Advisory Group, Traveller Health Network and the Local Traveller Accommodation Consultative Committee.

#### **Traveller Health Unit**

A Traveller Health Unit has been established in the Eastern Health Board region involving representatives of Travellers organisations, Travellers and health board officials. Two participants from the Clondalkin Primary Health Care Initiative are representatives on this Unit and have received training to facilitate full participation in the formulation of appropriate health services for Travellers. An important aspect of this structure is linking poor living conditions and poor health, and lobbying the Traveller Health Unit to address the accommodation crisis as a key factor in addressing Travellers' health status.

#### **National Traveller Health Advisory Group**

The remit of the National Traveller Health Advisory Group is to develop policy which will impact on the health of Travellers at a national level. Clondalkin Travellers Development Group has contributed to this Advisory Group by submitting recommendations for actions and strategies to improve Travellers access and use of health services. The recommendations are drawn from the broad experiences of Travellers in Clondalkin, from the policy development of the Primary Health Care Initiative and the current health situation in the area.

#### **Traveller Health Network**

Traveller Health Network is a network of Traveller organisations throughout Ireland who come together to respond to issues affecting Travellers' health. The Network works collectively to identify strategies to further the implementation of health recommendations contained in the *Task Force Report on the Travelling Community*. The Network also provides support to Traveller organisations involved in Primary Health Care Initiatives and to those interested in setting up similar initiatives. Clondalkin Travellers Primary Health Care Initiative links into this forum to ensure that issues in Clondalkin are raised in the Traveller sector at a national level.

#### **Local Traveller Accommodation Consultative Committee**

The role of the Local Traveller Accommodation Consultative Committee is to advise on the drawing up a five-year Traveller Accommodation Programme for this local authority area. The Committee comprises local authority officials, local councillors and representatives of Travellers and Traveller organisations. One Initiative participant is a representative on this Local Traveller Accommodation Consultative Committee, and has received specific representation and negotiation skills training through the Irish Traveller Movement for this purpose. In order to address the health status of Travellers in the Clondalkin area, the Primary Health Care Initiative will play a pro-active role in the next phase by making submissions to the Accommodation Programme from a health perspective.

## **5. Evaluation and Assessment**

Overall accreditation of the Primary Health Care Initiative will be carried out on completion of the programme, and will be based on assessments carried out throughout the programme. To this end, a number of evaluation and assessment mechanisms have already been put in place during the pre-training phase of the Initiative. An external assessor from Pavee Point provided technical support in the area of evaluation. This involved carrying out external assessments of the participants throughout the first phase of the Initiative, while also providing advice with regard to the evaluation of the overall Initiative over the next two years.

Group and individual assessments have taken the following shape:

- The project co-ordinators have carried out individual assessments of participants, and have developed a portfolio to document the progress and performance of each participant.
- Co-ordinator of Clondalkin Travellers Development Group conducted evaluations each term to assess the skills development of individual participants, as well as assessing the participants' development as a team.
- An external examiner will carry out group evaluations.
- As the final certificate is awarded on an individual basis, an external examiner will also assess participants on an individual basis.

These mechanisms of assessment and evaluation have been put in place since the beginning of the Initiative. These measures will ensure that participants' development and progress is monitored and documented throughout the course of the Initiative, and will prepare participants for the final assessment.

## **6. Conclusion**

The Clondalkin Travellers Primary Health Care Initiative is an innovative peer-led initiative; with its long-term goal being that of primary health care working within the community, by the community, for the community.

The achievements of the first eighteen-month period highlight the importance of implementing a pre-training phase in the Primary Health Care Initiative. This phase has provided participants with the opportunity to develop their own skills in order to fully participate in community health work training at a later stage. This pre-training is the foundation on which future training and intervention work will be based.

Specific structures have been put in place for ongoing evaluation and review of the Initiative. These mechanisms facilitate the participants to identify weaknesses and strengths within the programme content and structure. Ongoing assessment of participants ensures that the necessary support and encouragement is provided to participants throughout each phase of the Initiative.

### **The next phase:**

As the Primary Health Care Initiative moves into the second phase of the programme, much of the future work will focus on consolidating and further developing work completed to-date. The next phase will involve further training, as well as increased outreach work with the Traveller community locally and with local health services.

Over the next two years it is envisaged that the following actions will be undertaken:

- a) Ongoing training and development of participants' skills, with particular emphasis on presentation skills and outreach work.
- b) A baseline health survey will be designed and carried out by participants looking at issues which affect Travellers' health in the Clondalkin area.
- c) Priority issues will be identified, and appropriate intervention strategies and actions will be identified to address these priorities.
- d) Ongoing evaluation and review of the Primary Health Care Initiative.

The next phase of the Primary Health Care Initiative is an exciting one, as it presents an opportunity to consolidate developments to-date. The first phase has laid the groundwork to ensure full participation of programme participants and the local Traveller community in the formulation of a health policy which will reflect the needs and experiences of Travellers in the area. Developing this policy, and linking with relevant health services to ensure its implementation, will lay the foundations for better health care and health choices for Travellers in the area.

## **7. Poem by the Participants**

On completion of the pre-training phase of the training programme, the participants wrote the following poem to reflect their views of the Primary Health Care Initiative to-date:

"We started a Primary Health Care course in Nov.97.  
16 Traveller women from every site around.  
We did some sessions on women's health and we found it very good,  
to visit the clinics regularly we know that we should.  
We covered all aspects of the body and we learned how to  
keep a healthy heart.

We all worked hard together and we finally made a start to exercise  
and healthy diet  
to keep a healthy heart.

There are 206 bones in your body and if you want to keep them  
strong you have to take lots of calcium and if you don't you know  
you are doing wrong  
and your bones will get brittle, as you go along.

In children's health we did do well,  
to learn how important it is for them to have all their injections,  
to help them have a healthy life and fight off all infections.

To find out you are a diabetic,  
it is an awful shock  
to miss the nice things in your diet  
it is a very big block.

For all we have learned  
we thank Therese and Ann  
and for our First Aid certs.,  
we thank 'Dan the man'."