



# **Working in Partnership**

**A Report on the Activities  
of the  
Traveller Health Unit  
in the  
Eastern Region  
to 2004**



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## Foreword

As the Irish Health Services embark on a journey of reform the Minister for Health and Children has promised greater public representation, equity and empowered decision making at local level.

The Traveller Health Unit in the Eastern Region embodies these principles and in this report we encourage readers to use our Unit as a model of good practice in providing equitable healthcare for minority ethnic groups.

The Traveller Health Unit is designed to deliver equitable outcomes in health for the most marginalised group in Irish society - Irish Travellers - and to do so in the most sustainable and efficient manner. In doing this the Traveller Health Unit makes the best use of the central contribution Travellers have to make to ongoing health and well-being in the Traveller community.

A strong family support structure and ability to work collectively means Travellers can maximise the benefits to themselves of an improved health service - once enabled to fully participate.

We detail here how the representation of Travellers on the Unit is vital to our overall effectiveness. Our commitment to partnership is real - a Traveller representative is employed as co-ordinator of the Unit and a Traveller organisation has been given the role of providing all necessary support to the Unit. Placing the **lived experience** at the core has proven to be the essential factor in the success of the Traveller Health Unit.

By having genuine Traveller involvement we are able to provide invaluable support to health board staff and facilitate them in deciding how best to deliver their service to the Traveller community. We provide opportunities for discussion and exchange of information and, where necessary, for expert advice and guidance.

The Unit also helps develop policies and practices that promote the work of the health services among the Traveller community in a positive and inclusive way.

The future format of the Traveller Health Unit is a pertinent question, given the current climate of change, and the importance of developing the role of the Unit is highlighted towards the end of the report.

I would like to take this opportunity to thank both Traveller and health board personnel for their commitment and contribution to making ours a successful and effective Unit. I would also like to thank my predecessor Pat Bennett, now with the Family Support Agency, for his invaluable contribution to the work of the Unit.

And I look forward to continuing this work which helps to deliver long-awaited equity of service to the Traveller community.

Martin Rogan,  
Chairperson,  
Traveller Health Unit in the Eastern Region

## Traveller Health - The Hard Facts

The poor health status of Irish Travellers was first highlighted in a 1987 Health Research Board Survey which showed that Travellers were only then reaching the life expectancy that the majority population reached in the 1940s.

Figures showed that, for that year, Traveller women lived 12 years less than women of the majority population and that Traveller men lived 10 years less.

Census 2002 showed that a similar gap in life expectancy still exists between Travellers and the majority population.

It shows that just 3.3% of the Traveller population are over 65 compared to 11% of the majority population.

Other Census figures on population structure show that the age profile of the Traveller community is similar to that of populations in developing countries. This means there is a higher percentage of Travellers dying at every age compared to the majority population.

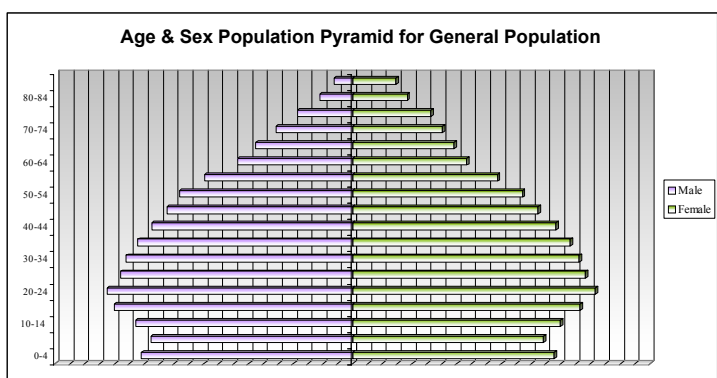
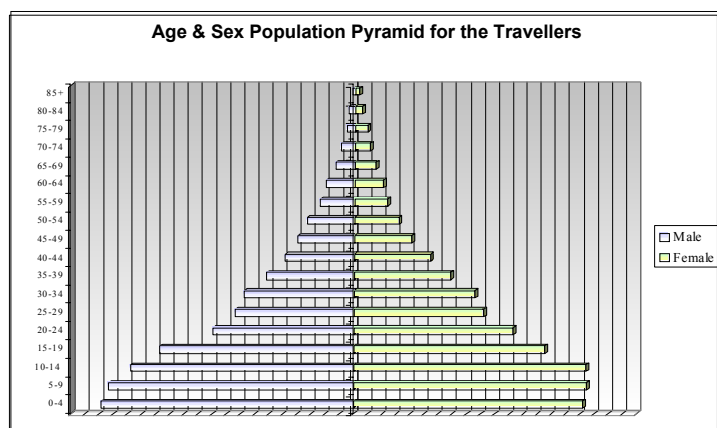
The age profile among the majority population shows that only when the population reaches a particular age do mortality rates become significant.

In other words Travellers represent a 'Third World' demographic profile in a 'First World' country.

The differential in the occurrence of sudden infant death among Traveller families in 1999 was 12 times the national figure (8.8 vs 0.7 per 1000 live births), according to a longitudinal study by the Sudden Infant Death Society.

The Traveller Health Unit in the Eastern Region covers the counties Dublin, Wicklow and Kildare and accounts for almost a quarter of the total Traveller population. According to Census 2002, there are a total of 6,676 Travellers living in these counties. There is almost an even split between men and women with the Census recording 3,267 men and 3,399 women.

Census figures do not tell us the age profile of Travellers in any particular area so it can only be assumed that the general age pattern in the Eastern Region reflects that throughout the country.



## The Need for the Traveller Health Unit

The 1995 Government Task Force Report on the Traveller Community was the first to acknowledge that the health service had not met the needs of Travellers. It highlighted the unacceptable gap that exists between the health status of Travellers and that of the majority population.

Significantly, it recognised the need for specific health programmes to address and target the needs of Travellers, if this gap was to be bridged.

To this end it recommended the setting up of special committees - Traveller Health Units - within each health board to promote Traveller health within the work of the health board and to monitor and evaluate services to Travellers.

The Task Force Report also recognised the need for collaboration and partnership between health service providers and representatives of the Traveller community for Traveller Health Units to improve Traveller health. The ability to allocate funding was also identified as vital to any future success of Traveller Health Units. In 1998 Traveller Health Units began to be funded and what is now the Traveller Health Unit in the Eastern Region was established late that year.

In its first years, the Traveller Health Unit in the Eastern Region took its lead from Task Force recommendations which focused on monitoring and evaluation of health board services to Travellers. In order to do this, research projects were identified and established to help evaluate services.

The Unit also began to raise awareness within the health service of the importance of taking Travellers' specific needs into account and, at the same time, to build capacity in the Traveller community to work with the health board.

The need for Traveller Health Units was reinforced when Census 2000 figures showed no improvement in the status of Traveller health in the last twenty years.



*Missie Collins of Pavee Point Primary Health Care for Travellers Programme with the then Minister for Health and Children, Micheál Martin, TD at the launch of the National Traveller Health Strategy 2002 - 2005.*

*Photographer: Derek Speirs ©*

In 2002, the first ever National Traveller Health Strategy 2002-2005 was launched by the then Minister for Health and Children, Micheal Martin, TD.

This represented a milestone in health policy and provides the framework for the current work of the Traveller Health Unit in the Eastern Region.

The Strategy strengthens the role of the Traveller Health Units in planning, monitoring and prioritising Traveller health within health boards.

It takes 'achieving equity' as its core principle within healthcare service provision and recognises the need to respect and acknowledge the distinct culture and identity of Travellers. It recognises that 'equity' means not only equal access to services but also 'equality of outcomes' for all sectors of the community.

In order to achieve 'equality of outcome', the Strategy recommends an innovative approach so that the particular needs of Travellers can be met and outlines the role for Traveller Health Units in this approach.

It stresses the importance of Traveller participation in the Units and recommends that each Unit should build Traveller capacity to work with the Units.

It proposes Traveller Health Units facilitate the development of similar partnership models at local level and identifies these as Primary Health Care for Traveller Projects. These local projects, based on the principle of partnership and Traveller participation, have been credited with bringing 'real and substantial' benefits.

The Strategy also recognises the impact racial discrimination has on Traveller health and the difficulties this creates within the health service and highlights a role for Traveller Health Units in promoting in-service training on Traveller culture for health service staff.



Lack of data on Traveller health is also identified the Strategy, which recommends how a question on ethnicity can be asked when collecting data.

In the meantime it makes provision for a national study on Traveller health. It identifies a role for Traveller Health Units in accommodating this study, with the help of Travellers and Traveller organisations.

Overall, the Strategy reinforces Traveller Health Units as an integral part of a structure that is needed to deliver effective, equitable and sustainable health care to Travellers.

## Our Set Up - Working in Partnership

The Traveller Health Unit in the Eastern Region was the first Traveller Health Unit to be established in what was then the Eastern Health Board.



*Kathleen Joyce of the Traveller Health Unit in the Eastern Region at the launch of the Unit's first report in 2000.*

*Photographer: Derek Speirs ©*

Critical to the success of the Unit is a partnership approach which had been in development for some years previously. This approach has been spearheaded by Pavee Point Travellers' Centre, a national Traveller organisation, which had worked with the Eastern Health Board in setting up the first Primary Health Care for Travellers Project in the early nineties.

The outcomes from this approach proved highly positive and the Traveller Health Unit built on this approach and developed it to a regional level.

This approach translated into equal representation of health board personnel and Travellers on the Traveller Health Unit in the Eastern Region. And, Travellers were to be involved at every level of the Unit's work including management and allocation of Health Unit funding.

Having experience in developing this type of structure, Pavee Point Travellers' Centre provided technical support during the establishment of the Unit. This contribution from a Traveller organisation is seen as critical.

Traveller representatives were appointed to the Unit from a Traveller network. This meant that Travellers could resource their representative and the Traveller representative could report back to the Network on the work of the Unit.

A similar representative role was encouraged among the professions represented on the Unit from among health board personnel.



*The launch of the first report of the Traveller Health Unit in the Eastern Region.*

*Photographer: Derek Speirs ©*

Terms of reference were drawn up which emphasised the importance of partnership and Traveller participation and helped to ensure all members were clear on their own particular roles and the role of the Unit in general.

A process of in-service training was then begun. This consisted of a series of workshops where health board representatives spoke to Travellers on the work of health boards and Travellers spoke to health board personnel on health issues impacting on Travellers. In this way an understanding of the issues and a way of working was developed and a series of priority actions were identified.

A commitment to partnership continues to be a priority for the Unit. Pavee Point Travellers' Centre currently resources the co-ordination of the Unit and a representative of Pavee Point is employed as co-ordinator of the Unit.

This ensures Traveller involvement at management level and means the Unit is effective in helping to meet the needs of the Traveller community in a sustainable, co-ordinated and cost effective manner.

Following the publication of the National Traveller Health Strategy, the Department of Health & Children undertook a review of Traveller Health Units. A questionnaire was completed by each Unit and follow up meetings took place between the Units and the Department.

The Traveller Health Unit in the Eastern Region received positive feedback from the Department of Health & Children on its work to date. The Department acknowledged that our agreed principles of partnership and Traveller participation had been honoured and that our decision making process was clear and effective.

## Regional Action Plan

As part of the National Traveller Health Strategy, Traveller Health Units were asked by the Department of Health and Children to draw up regional action plans for the implementation of the National Traveller Health Strategy.

The Traveller Health Unit in the Eastern Region made presentations on the National Traveller Health Strategy in the 10 Community Care Areas in its remit. Community Care Areas were then asked to look at implementing the Strategy in their own locales.

The Unit then drew together the various local plans and forged a plan for the region. Five priorities were identified and submitted to the Department of Health & Children for approval.

Number one priority is to support local initiatives - the development and mainstreaming of Primary Health Care for Traveller Projects.

Linked to this is support for the development of Traveller Implementation Groups at Community Care Area level. This involves capacity building for Traveller groups and raising awareness on Traveller health issues with health board personnel.

Other priorities include:

- Support for the development and implementation of the National Traveller Health Status and Needs Assessment Study
- Improving access to Primary Care Services for Travellers
- Developing models of anti-racism training in partnership with health boards and other minority groups for undergraduate and in-service training

## Local Initiatives

### Primary Health Care for Traveller Projects

*'Primary Health Care for Travellers Projects will be developed in conjunction with Traveller organisations in all Health Board areas where there is a significant Traveller population', National Traveller Health Strategy 2002-2005.*



*Pavee Point Primary Health Care for Travellers Project.*

*Photographer: Derek Speirs ©*

Primary Health Care has been identified and used as an innovative approach to health care in the developing world. In the last decade there has been a growing interest and demand for such a service in the developed world as studies indicate that marginalised populations, such as Travellers, suffer disproportionately from poor health and have less access to health care services.

Primary Health Care in communities values empowerment, partnership and advocacy and allows the partners to highlight inequity and negotiate mutually acceptable solutions. Community participation and intersectoral collaboration are key requisites for success.

## Development

Pavee Point Travellers' Centre was the first to develop a Primary Health Care for Traveller Project, in partnership with the then Eastern Health Board. This Project is the model on which all others are based.

Pavee Point spearheaded a particular partnership structure and process between health service providers and Traveller organisations.

A Primary Health Care for Traveller Project is co-ordinated, jointly, by a relevant health professional and a community worker - creating a balance between health skills and community development.

The work of the Project is guided by a Steering Committee made up of representatives of both partners.



*Traveller Community Health Workers with Pavee Point Primary Health Care for Travellers Project.*

*Photographer: Derek Speirs ©*

The first stage of a project is to recruit and train Traveller women to become Community Health Workers. Primary Health Care training courses concentrate on skills development, capacity building and empowerment of Travellers.

Once it has its team of Traveller Community Health Workers, the role of the Project is to identify local health needs within the Traveller community and to develop an agreed set of priorities and interventions with local health providers.

Working with local health providers - Traveller Community Health Workers have been responsible for remarkable improvements in Traveller access to, and outcomes from health services.

The Pavee Point project began in 1994 and ten years later has resulted in a significant uptake of services in child health services, including immunisation, women's health services, family planning and oral/dental health services.

Community Health Workers act as an essential link where otherwise there would be little or no contact between the Traveller community and the health providers.

Traveller Community Health Workers organise regular Traveller clinics in children's and women's health and raise awareness among the Traveller community on the importance and availability of health clinics.

Raising awareness on the specific health needs of Travellers is a major work of such a project.

The Pavee Point Project, for example, has delivered cultural awareness training at Dublin's three teaching hospitals and at the Royal College of Surgeons.

In this way, health providers develop a rapport with Travellers and can deliver their service in a culturally appropriate way.

## **Funded Projects**

There are currently 6 Primary Health Care Projects funded by the Traveller Health Unit in the Eastern Region. These projects are at varying stages of development.

Health Unit funding often takes the form staff salaries, running and administration costs and specific initiatives within Projects. Often, training within the projects is funded by FÁS , the national training authority.



## Tallaght Travellers Primary Health Care Programme

The Tallaght Project was established in November 2001 and is a partnership between the Tallaght Travellers Community Development Project and the South Western Area Health Board.



*Members of the Tallaght Travellers Primary Health Care Programme.*

*Photographer: Derek Speirs ©*

Following three years of training, nine Traveller women qualified as Community Health Workers in July 2004.

A holistic approach to health is promoted in Traveller Primary Health Care projects as is preventative care. The Tallaght Project, along with the Irish Cancer Society, undertook a course exploring myths, attitudes and knowledge about cancer. This course has enabled the Project to develop a pilot programme of cancer awareness, prevention and early detection for use as a training tool with Traveller women.

Health as a human right is also promoted in Primary Health Care for Traveller Projects. And, the Tallaght project undertook its own fundraising for a study trip to South Africa. The group visited South Africa in March 2004 and were received by the Irish Ambassador and the Irish South African Association. During the trip the participants engaged with South Africans working in the areas of accommodation, anti-racism, care for those with HIV and AIDS and herbal medicine.



## TravAct Primary Health Care Programme

TravAct operates in the Coolock area of Dublin and is a partnership between what was formerly known as Northside Travellers Support Group and the Northern Area Health Board. The Project currently consists of five Traveller Community Health Workers who graduated in July 2004 and a total of 14 trainees at two different stages of training.

Having completed three years of training the Community Health Workers are important role models for other trainees and are involved in delivering training to other Traveller women in the Project.



*TravAct Community Health Workers at the launch of their training booklet on nutrition.*

Traveller Community Health Workers have identified areas of nutrition as a particular concern of Travellers in the area and have been working with the health board Dietician on diabetes, osteoporosis and healthy eating.

Together they have been able to focus on topics that have particular relevance for the target group and maximised the benefits of their work by developing Traveller specific health promotion materials.

A series of flip charts and a nutrition booklet were developed and launched in June 2004 and are being made available to other health professionals and Traveller groups.

## Co-Operation Fingal Primary Health Care Programme

This Project is a partnership between Co-Operation Fingal Traveller Programme and the Northern Area Health Board.



*Training for the Co-Operation Fingal Primary Health Care Programme.*

*Photographer: Derek Speirs ©*

Ten Traveller women are currently participating in training on the Primary Health Care Programme and five are due to qualify as Community Health Workers early in 2005.

So far training has been undertaken in the areas of cancer, child development, personal development, nutrition, oral hygiene, child development, health services and palliative care, diabetes, immunisation, family planning, mental health, stress management and schizophrenia. Specific health training is complemented by community development initiatives such as the design and production of textiles on Traveller identity and the design and production of parish vestments for the Parish of the Travelling People.

The Programme also undertook 10 weeks of training in drugs and substance abuse with Crosscare. There is a growing awareness that drug abuse is an issue within the Traveller community. As in other communities, drug abuse can cause stress, financial strain and destroy family life. However, many Traveller families have not benefited from drug awareness programmes available to the majority population and are at a loss as to getting expert help and treatment for drug abusers.

In raising awareness, and linking into local Drugs Task Forces, Primary Health Care Projects are unique in targeting Travellers in terms of drugs and substance abuse.

## Southside Travellers Action Group (STAG)

STAG Primary Health Care Project is a partnership between STAG and the East Coast Area Health Board with 6 Traveller Community Health Workers.



*STAG Primary Health Care Project conducted a survey on the health needs of Travellers in the area.*

*Photograph by Ger Fitzgerald*

One of the first actions of the Project was to conduct a survey on the health needs of Travellers in the area. Community Health Workers presented the results of their survey and worked with public health nurses to arrange site visits.

It is clear that without this link mechanism the work of public health nurses in the area would be less inclusive. Nurses in the area are now much more au fait with Traveller health issues and have developed good relationships with Traveller families.

In their survey the Community Health Workers identified families who had not registered for their entitlements under the medical card scheme.

By working together the Community Health Workers and the public health nurse have ensured these families have been able to register under the medical card scheme.

As one Traveller Community Health Worker put it: 'The good things about the programme are that more Traveller women are starting to care more about their health. The people at the meetings are starting to listen more to the Community Health Workers. We are helping people more and we are getting to know people. We would never have met only for the programme.'

## St. Margaret's Travellers Community Association

This project is a partnership between St. Margaret's Travellers Support Group and the Northern Area Health Board. It consists of 9 Traveller women due to complete their training as community health workers in June next year and 9 women who commenced training this year.



*St. Margaret's Primary Health Care Project Workers have undertaken training in health as a human right.*

*Photographer: Derek Speirs ©*

Immunisation is an area of interest to the Project and the Project is working closely with Primary Care Services in the area. This is an area where working with Traveller Community Health Workers avoids duplication and can deliver better co-ordination. The Project is also working on helping to inform people on the importance of immunisation.

Women's health is also a priority and links are being developed with the Well Woman Centre in Coolock.

The Project has also undertaken training in the area of health as a human right and have been working with Ballymun Community Law Centre and the Irish Traveller Movement. The Project will be undertaking work on mental health with Mental Health Ireland and will also focus on men's mental health, a specific recommendation in the National Traveller Health Strategy.

## Newcastle Primary Health Care Programme

This project is a joint project between Bray Travellers Development Group, Wicklow Travellers Development Group and the East Coast Area Health Board and was established this year.



*The Newcastle Primary Health Care Programme was established this year*

Previously, pre-development work had been carried out with Bray Travellers Development Group to see if there was a need for a county-wide project.

There are 12 participants on the Newcastle project, who began their training in May this year. So far, access to and knowledge about medical cards has been identified as major issue and work has begun to encourage uptake of services at antenatal and developmental clinics and vision and hearing screening.

The project feeds into the Travellers Health and Welfare Committee which consists of social workers, the public health nurse, the area medical officer, liaison teachers and others to discuss and prioritise action for improving the health status of Travellers in the area. And, dealing with depression has been identified as a priority area for the Project.



## Developing the Health Agenda

The Traveller Unit in the Eastern Region works to raise awareness of the importance of health issues among community groups and to engage with these groups so local health initiatives can be established. In this way health is prioritised in the community.

### Kildare

The Kildare Traveller Network operates on a voluntary basis and was hampered by the fact it could not employ staff.

The Traveller Health Unit in the Eastern Region was, from September 2003, able to fund the employment of a development worker for the Network.

This proved highly satisfactory as the Network ensured that the development worker was not functioning within a vacuum but, within the context of well co-ordinated support and planning.

Currently, the development worker operates on a three day a week basis to achieve health board aims in terms of social inclusion.

The Athy Travellers Club has also been involved in development work with a view to establishing a Primary Health Care for Traveller Project.

### Finglas

St. Joseph's Traveller Training Centre in Finglas was, thanks to the Traveller Health Unit, able to deliver weekly health information sessions to 24 young mothers on issues such as immunisation, dental hygiene, infectious disease and stress management.

First Aid training was also completed by 14 Traveller women and High Scope childcare training was undertaken by Traveller women in order to facilitate work at the Centre's crèche.

### Blanchardstown

Blanchardstown Travellers Development Group has provided a 40 week training course to Traveller women which includes training on health issues and incorporates a Sláinte Pobal course on health awareness.

This training has focused on overall well being including nutrition, exercise and relaxation and has also resulted in better links with health providers in the area.

## Supporting Health Providers

Up until the early nineties Traveller culture and identity was ignored within the health services and an awareness of the particular needs of the Traveller Community did not feature significantly.



*Organising in-service workshops is part of the work of the Traveller Health Unit in the Eastern Region.*

*Photographer: Derek Speirs ©*

Instead, an official policy of assimilating Travellers into the majority population existed and is now acknowledged to have resulted in poor health outcomes for Travellers.

Since then there has been a growing body of legislation and policy material that acknowledges Traveller culture and identity and the need to accommodate it in service delivery.

The National Traveller Health Strategy affirms 'The creation and maintenance of a positive awareness among all those involved in the health services of the cultural traditions and distinct identity of the Traveller community will be necessary in order to ensure respect for that identity and those traditions.'

The Traveller Health Unit in the Eastern Region works to promote a positive awareness of Travellers through a variety of activities including in-service training, health promotion work and research and policy development.

## **In-Service Training**

In-service training on Traveller culture and identity is crucial to enabling health board personnel to deliver services in the most effective way. Acknowledging, for example that racism against Travellers exists within the health services, is a major step to counteracting this racism.

In-service training allows health board personnel to examine their own perspectives in terms of attitudes towards Travellers and also to hear a Traveller perspective.

Training usually consists of workshops where information on Traveller culture and identity is exchanged and dialogue between health personnel and Travellers is created.

The Traveller Health Unit began in-service training within its own committee and facilitated an exchange between Traveller members and health board members on the issues for each.

In-service training also means actively promoting the National Traveller Health Strategy and its implications. The Traveller Health Unit conducted workshops with health board Chief Executive Officers and developed a regional action plan.

The Health Unit's funding of Primary Health Care Projects contributes to in-service training at a local level but the Traveller Health Unit recognises that more mainstream in-service training on Traveller culture, with the co-operation of Traveller organisations, is necessary.



## Health Promotion

The National Traveller Health Strategy states that health promotion is about recognising factors in the wider context which can impact on Traveller health. Racism and discrimination and poor living conditions impact heavily on Traveller health, it states.



Part of the health promotion role of the Traveller Health Unit is to work with the majority population to raise awareness of these factors. The Traveller Health Unit is also lobbying for Traveller health to form part of the agenda of the National Health Promotion Forum and for Traveller representatives to join the Forum.

On an individual level, health promotion is about relaying information and skills to enable people to be able to make the best decision in relation to their health. In this context the Traveller Health Unit is working with the health boards to ensure that all health promotional programmes are examined in terms of the impact they may have on Travellers.

It has been shown that health promotion material, specifically targeted at Travellers, and developed in conjunction with Travellers is highly effective. Primary Health Care for Traveller Projects play a leading role in this area. A number of Traveller specific resources have been produced:

### **Pavee Gailles**

Video and workbook on child development made by and with Travellers and covering issues such as immunisation, cot death and breast feeding.

### **Photo Pack**

A Traveller specific series of photographs of various health settings for use in training and awareness raising on health issues.

### **Census 2002**

This video was made by and with Travellers to raise awareness on the importance of including a question on ethnicity in data collection and was used by Primary Health Care Projects and disseminated through the National Traveller Health Network.

### **Drugs Training Module**

This module will be offered out to community groups and health boards to improve awareness of health related drug issues in a Traveller setting.

### **Pavee Ireland**

This poster was designed by Travellers and promotes a positive approach to Traveller identity.

## Policy Development

Prior to the National Traveller Health Strategy 2002-2005, Travellers had rarely, if ever, been considered or referred to in health policy. In the absence of policy containing a well worked out perception of Travellers as an ethnic group, popular discriminatory concepts of Travellers as inferior or deviant have been allowed to dominate in health service provision.

The Traveller Health Unit has been able to react to these situations to be able to help develop and influence policy in an inclusive and respectful way. The main vehicle for influencing policy has been through its various sub-groups, where external expertise can also be called upon.

The Traveller Health Unit, composed of Travellers, Traveller organisations and health service personnel, is in an ideal situation to identify key areas of concern and how to best progress issues.

## Use of Hospital Facilities by Travellers

Up to this there had never been a review of Travellers' use of hospitals. This has hampered effective planning. A sub-group of the Traveller Health Unit investigated the situation in partnership with the Tallaght Traveller Support Group and The Tallaght Hospital (The Adelaide and Meath Hospital, Dublin Incorporating the National Children's Hospital).

Inequalities in access, participation and outcomes for Travellers were demonstrated. It was also shown that there were zero referrals of Travellers to in-patients service or out-patients service. This highlights gaps in other area of health provision which impact on hospital use by Travellers.

## Environmental Issues for Travellers

The National Traveller Health Strategy acknowledges some of the key determinants of health exist outside the formal health care sector and states that 'there is little doubt that the living conditions of Traveller health are probably the single greatest influence on health status'.



*The living conditions of Travellers is probably the single greatest influence on health status - the National Traveller Health Strategy.*

*Photographer: Derek Speirs ©*

The Traveller Health Unit Environmental Sub-Group, has documented environmental health issues from both the perspectives of Travellers and Environmental Health Officers. It presents Traveller organisations and local authorities with practical measures to improve environmental health for Travellers and proposes local, regional and national structures for implementing improvements.

There is a need to broaden the current regulatory framework and to provide additional legislation for environmental health to provide for minimum standards and environmental health conditions on Traveller sites.

## Caring for Diversity

This work was carried out with the Traveller Families' Care and Shared Rearing Services and looks at how Travellers needs are met by the child protection and welfare services.

Mapping of the situation in the Eastern Region, interviews and an examination of policy texts showed there is little positive knowledge of Traveller cultural or ethnic identity among child protection and welfare social workers and no policy framework.

It reveals Traveller children experiencing almost 'hopeless isolation' who, on leaving the service, 'belong nowhere'. It is also predicted that the number of Traveller children and their families who require child protection and welfare services will probably remain high while Travellers' accommodation needs are not met.

Recommendations are made on creating a policy context that empowers social workers, on research and training, the role of targeted services, information sharing and data collection.

## Provision of Health Services to Travellers

A body of work was carried out to identify the main barriers to equitable health provision for Travellers in North Dublin including Finglas, Blanchardstown, Coolock, Balbriggan and Ballymun.



This for, the first time, revealed a variety of factors impacting on Travellers' ability to avail of health services including such factors as lack of accommodation, medical cards, telephone ownership and transport. This work has been used to inform health service provision and in the work of local partnership initiatives.

*There are a variety of factors that impact on Travellers' ability to avail of health services.*

*Photographer: Derek Speirs ©*

## Consanguinity or Cousin Marriage

The work of the consanguinity sub-group arose out of a ban on first-cousin marriages between Travellers by a Catholic bishop, based on prejudices regarding the genetic impact of cousin-marriage.



*Members of the Consanguinity Sub-Group at work.*

*Photographer: Derek Speirs ©*

Genetic experts were asked to join a Traveller Health Unit sub-group. This group worked for two years on producing a position paper on consanguinity within the Traveller community, based on the best expertise available and including a representative of the Catholic Church.

The position paper, which has been adopted as policy by the Department of Health and Children, states there is no medical basis for any ban on first-cousin marriage between Travellers. It recommends raising awareness among Travellers of genetic issues and the choices that exist in that context.

## General Practitioner Services

Difficulties for Travellers in accessing GPs was first highlighted in the 1995 Task Force Report on the Travelling Community.

In response to these issues the Traveller Health Unit established a working group comprised of GP representatives and Travellers to engage in dialogue and explore the issues. The work of this sub-group was able to feed into the National Traveller Health Strategy.

As a result, the Health Strategy acknowledges General Practice does not exist in isolation from other areas of healthcare and proposes the Primary Care Unit Manager in each health board should also be a member of the Traveller Health Unit.

It also proposes measures to limit the circumstances in which a GP can refuse to register a patient under the medical card scheme and makes proposals as to how the General College of Practitioners, University Departments of General Practice and Traveller organisations can work together to promote educational and training programmes on Traveller health.



## Equality Proofing

Equality Proofing is a process where policies and plans are examined specifically in terms of their impact on groups experiencing discrimination and is an element of recently introduced equality legislation.



*Equality Proofing is an important element in delivering an equitable health service.*

*Photographer: Derek Speirs ©*

The Traveller Health Unit established a sub-group to look at this issue within health boards. The group is currently working on a health board service plan template that will include a question on the impact of health board plans on Travellers.

The collection and disaggregation of data, by ethnicity, is also an important element of equality proofing. A pilot project in collecting data on ethnic group is currently underway at the Adelaide and Meath Hospital, Dublin Incorporating the National Children's Hospital and is in development at some maternity hospitals.

The sub-group is also working to develop a mechanism whereby performance in terms of Traveller health can be measured.

## Creating and Maintaining Links

### Networks

The Eastern Regional Traveller Health Network developed out of a sub-group of the Dublin Accommodation Coalition for Travellers (DACT). This network is an important forum for all those involved in Traveller health to exchange information and receive feedback on the work of the Traveller Health Unit in the Eastern Region. The Network was set up, in its own right since 1999 and meets on a monthly basis.



*Networks are an important support structure to the Traveller Health Unit in the Eastern Region.*

*Photographer: Derek Speirs ©*

National Traveller Health Network meets on a quarterly basis and provides an opportunity to link into the work of other Traveller Health Units.

### Hospitals

The Traveller Health Unit in the Eastern Region is the only Traveller Health Unit to have representation from hospitals. This has proved very positive in terms of identifying issues and progressing policy development.

### Key Personnel on Sub-Groups

Links have also been developed by inviting people to join the sub-groups of the Traveller Health Units and this has enabled progress on key issues.

**Primary Care Managers**

Since the publication of the National Traveller Health Strategy, Primary Care Managers working for the health boards have also become members of Traveller Health Units and this has strengthened links in that area.

**Other Agencies**

The National Traveller Health Strategy proposes that links be developed with other agencies which have responsibility in terms of broad health issues for Travellers. To this end we are exploring how we can work better with local authorities and other relevant agencies.

# Funding

## Accounts

### Traveller Health Unit in the Eastern Region

Funded Projects for 2002 / 2003	Notes	2,003	2,002
		€	€
Athy Travellers Group		5,510	10,790
Blanchardstown Traveller Support Group		6,422	12,914
Bray Traveller Network	1		20,000
Co-operation Fingal		19,100	19,100
Kildare Traveller Network		27,847	10,158
National Traveller Womns Forum			3,682
Northside Travellers Support Group		28,056	
Pavee Point		71,912	
St Josephs Traveller Project			5,080
St Margarets Traveller Group		21,920	
STAG		86,000	38,092
Tallaght Travellers		76,679	55,002
Wicklow Traveller Project		34,415	
Traveller Health Unit		127,092	103,688
		<u>506,956</u>	<u>280,508</u>

### Notes

1. This project became a county-wide project in 2003 and is entered under Wicklow.

The above amounts are based on the dates allocated and there may be timing difference in payments received.

## The Future

Current reform of the health system provides the opportunity to achieve much needed positive measures in terms of Traveller health. Developed and empowered decision making at local level has been, correctly, identified by the Interim Health Executive as the key to delivering equitable healthcare and added value for money.

Up until now, healthboards have provided services at local level and it is at this level that the Traveller Health Unit in the Eastern Region has been operating. At the time of its establishment it was felt that one Unit for all three healthboards in the region would avoid duplication and provide better co-ordination.

In the future it is vital to Traveller health that the Traveller Health Unit in the Eastern Region continues its relationship with local health providers and continues to have direct input into the allocation of funds.

The Traveller Health Unit is a tried and tested structure which provides a direct link between the Traveller Community and local health service providers. By ensuring the Traveller voice is heard, the Traveller Health Unit helps to ensure that local services are delivered to Travellers in a meaningful and sustainable way, ultimately providing the best value for money possible.

Without a genuine ongoing working partnership between Travellers and health service providers - health delivery to Travellers will continue, at best, to be a hit and miss affair.

The Traveller Health Unit in the Eastern Region is working well and is well placed to continue its work and contribute to the management and co-ordination of local services to Travellers by interacting with both proposed Health Service Executive offices in Dublin/North East and Dublin/Mid Leinster.

Relations have already been established with local health providers in both these regions and responsibility to a multi-executive, as already exists, would allow the current work to continue with minimum disruption and maximum benefit.

Further Traveller representation at Health Service Executive level would also enhance the possibility of achieving improved outcomes for society's most neglected community.

## Appendix

### Other Achievements to Date...

#### Equality in Primary Health Care for Travellers

The Traveller Health Unit in the Eastern Region, in conjunction with UCD Equality Studies Centre, developed a six month course on the principles involved in co-ordinating Primary Health Care for Traveller Projects.

The course was offered on a national basis and provided 240 course contact hours for 15 participants from all over the country. In this way consistency in terms of Primary Health Care for Traveller Projects was promoted.



*Work was carried out with mid-wives at the Rotunda Maternity Hospital on cultural issues.*

*Photographer: Derek Speirs ©*

#### Parentcraft

Work was carried out with mid-wives at the Rotunda Maternity Hospital on cultural issues. This has led to Travellers also being involved in Parent Craft courses at the hospital and Travellers will undertake training for trainers in this area.

#### Family Therapy

Work was carried out in relation to developing culturally appropriate work practices with Family Therapists and a paper was produced 'Asking the Experts'.

#### Men's Health

An initiative was taken to help raise awareness of health issues among Traveller men.

**Traveller Database**

An initiative was undertaken to develop a database of health issues for Travellers in North Dublin. This would include information on the movement of families and numbers of children born, for example.

**Exchange House**

This organisation, which focuses on Traveller youth, was resourced to develop a health model for crisis support for young Travellers.



## Membership

Membership	
Martin Rogan - Chairperson	Mary Ryan Rose, TravAct
Carmel Keavney, Northern Area Health Board	Bridgie Collins, Pavee Point Travellers' Centre
Colleen O'Neill, South Western Area Health Board	Mary Collins, TravAct
Concepta De Brun, Northern Area Health Board	Dave Willow, Tallaght Hospital
Diane Nurse, Eastern Region Health Authority	Nellie Collins, Pavee Point Travellers' Centre
Eamon McCann, Wicklow Travellers Support Group	Nora McDonagh, Clondalkin Travellers Development Group
Frank Mills, South Western Area Health Board	Oral McCaffrey, Tallaght Travellers Development Group
Jean Creane, East Coast Area Health Board	Paul Cunniffe, The Childrens Hospital, Temple Street
Jim O' Brien, Bray Travellers Support Group	Damian Douglas, South Western Area Health Board
Kay Ruddy, Rotunda Hospital,	Sinead Wynne, Shared Rearing Programme
Ronnie Fay, Pavee Point Travellers' Centre	Oonagh Fay, Pavee Point Travellers' Centre
Maria Hayes, Shared Rearing Services	Therese Howley, Clondalkin Travellers Development Group
Marianne Healy, Northern Area Health Board	

Sub- Groups / Finance Sub Group
Martin Rogan, Frank Mills, Oonagh Fay, Therese Howley, Dave Willow, Brigid Quirke

<b>Consanguinity Sub Group</b>	
Prof. Alan Bittles, Edith Cowan University, Perth Australia	Dr. Eileen Naughten, National Centre for Inherited Metabolic Disorders
Fr. Paul Churchill Chancellery, Archbishop's House	Prof. Cormac O Grada, University College Dublin
Dr. Philip Mayne, Children's University Hospital,	Brigid Quirke, Pavee Point Travellers Centre
Ronnie Fay, Pavee Point Travellers' Centre	Fr. Stephen Monaghan, Parish of the Traveller People
Prof. Andrew Green, National Centre for Medical Genetics	Helena Rushe, National Centre for Inherited Metabolic Disorders
Caroline Mullen, Pavee Point Travellers' Centre	Jackie Turner, National Centre for Medical Genetics
Kathleen Joyce, Pavee Point Travellers Centre	Prof. David Croke, Royal College of Surgeons in Ireland
<b>The General Practitioner Working Party</b>	
Dr. John Delap, Concepta De Brun, Primary Care Manager, Northern Area Health Board, Elizabeth Bolan, GMS Department of Health, Therese Howley, Brigid Quirke, Mary Bridget Collins, Nora McDonagh, Clondalkin, Anne O'Neill, Public Health Nurse	
<b>Environmental Sub Group</b>	
Martin Rogan, South Western Area Health Board	Paul Harrington, Environmental Health Officer, South Western Area Health Board
Ronnie Fay, Pavee Point Travellers Centre	Pat Bennett, South Western Area Health Board

## TRAVELLER HEALTH UNIT in the EASTERN REGION

### FUNDING APPLICATION FORM 2004

The Traveller Health Unit in the Eastern Region has developed a Funding Application Pack which sets out a series of criteria which must be met by those applying for funding.

This means that, not only is the decision making process in terms of allocating funding clear - but also that the work of successful applicants can be monitored and evaluated in terms of those criteria.

Traveller Health Unit, Oak House, LimeTree Avenue, Millenium Park, Naas Co Kildare.

Tel: 045 880425 Fax: 045 880483

Guidelines: Ref No: THU/04/\_ \_

The applications should:

Further the recommendations of the Task Force on the Travelling Community and be in line with the National Traveller Health Strategy

Be culturally appropriate

Be developed, implemented and evaluated within a partnership arrangement involving the Health Boards and Traveller organisations

Demonstrate additionally over current commitment and provision in terms of Travellers' health

*Note:* \*If you are successful with your application you will have to submit six monthly progress reports with audited accounts and a tax clearance certificate. You must submit a final report by the end of the year outlining how the projects aims and objectives were met in order to draw down the second half of your grant. Any un-spent monies must be returned to the Traveller Health Unit.

1. Name and address of organisation(s) or departments(s) applying:

Name: .....

Please place organization stamp here

Address: .....

.....

Contact numbers: Phone: ..... Fax: ..... E-mail: .....

Please place organization stamp here

Name: .....

Address: .....

Contact numbers: Phone:..... Fax:..... E-mail:.....

Charitable Status: Yes/No

Tax Clearance Certificate: No: .....

2. Name and address of person(s) completing the application form:

Name: .....

Address: .....

Contact numbers: Phone:..... Fax:..... E-mail:.....

Name: .....

Address: .....

Contact numbers: Phone:..... Fax:..... E-mail:.....

3. Title and brief description of your proposed project/initiative:

.....  
.....  
.....

Rationale for project/initiative

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.....  
.....

4. Proposed start date for the implementation of your project & amount to be funded:

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5. How is the partnership between the Traveller organisation and the Eastern Health Board operationalised within this project/initiative?

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6. What contribution will this project make to improving the health status of Travellers?

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.....

Please complete attached matrix on the aims, objectives timeframe and performance indicators for your project.

7. Please attach a detailed one-year budget with this application form.

8. Please appendix any further information which you feel is of relevance to this application form.

When completed, return to:

Traveller Health Unit  
Oak House  
Limetree Avenue  
Millenium Park  
Naas, Co Kildare

#### THU FUNDING APPLICATION PROJECT ACTION PLAN MATRIX 2004

Project Aim	Objectives	Actions	Timeframe	Who responsible?	Performance Indicators	Expected outcomes



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Maughan family, Finglas.

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