



**SUBMISSION**

**BY**

**PAVEE POINT  
TRAVELLER'S CENTRE**

**SUBMISSION NUMBER 012**

To the  
Crisis Pregnancy Agency

15<sup>th</sup> June 2002

## **PAVEE POINT**

Pavee Point welcomes this opportunity to participate in the consultation process lead by the Crisis Pregnancy Agency in preparing a strategy to address the issue of crisis pregnancy in Ireland.

Pavee Point is a national non-governmental organisation, which is committed to the attainment of human rights for Irish Travellers. It was established in 1983 and is based in Dublin. The organisation is a partnership of Travellers and settled people working together to address the needs of Travellers as a minority ethnic group who experience exclusion, marginalisation and racism.

The key values which underpin Pavee Point's work include: human rights, equality, social solidarity, cultural diversity, community development, partnership and a recognition that issues facing Travellers are multi-dimensional and so require holistic responses to address them.

Pavee Point has extensive experience in developing innovative and culturally appropriate responses to the needs of Travellers from its starting point based on a community development approach and on an intercultural model. The organisation seeks to combine local action with national resourcing, and direct work with research and policy formulation.

Pavee Point are not a direct service provider and as such are not currently providing services to women with a crisis pregnancy. Our role involves working to ensure that policy and legislative formation is inclusive, and not detrimental to the needs of Travellers, to promote Traveller inclusion into mainstream service provision and to work on a broad range of human rights issues that promote anti-racism and inclusion, specifically for Travellers.

Pavee Point receive statutory funding from a wide range of government sources to run the programmes that we work on, funders include; the Departments of Justice, Equality and Law Reform, Tourism, Sport and Leisure, and Social, Community and Family Affairs, as well as funding from state agencies such as, Fás, the Eastern Regional Health Authority, Area Development Management and the City of Dublin Youth Services Board.

## **NAMING THE INCLUSION OF WOMEN FROM MINORITY ETHNIC GROUPS, INCLUDING TRAVELLERS**

It has been our experience that unless the needs of Travellers, and women from other minority ethnic groups who experience racism, are specifically named their experience remains invisible,

ignored and unaddressed. Without explicitly naming minorities the assumption that all citizens are from the white and settled majority prevails and by default minorities are excluded or catered for inadequately or inappropriately.

Therefore, the starting point for any agency in developing a strategy that is inclusive, is to name women from minority ethnic groups, women with disabilities and women whose needs and experiences may differ from the 'mainstream.' This is a first step, which needs to be developed to ensure that the needs of women from diverse backgrounds and communities are included into the services and responses developed by the agency.

### **EQUALITY AND ANTI-RACISM CODES OF PRACTICE**

The Crisis Pregnancy Agency, along with all service providers, are required to comply with the Equal Status Act, 2000. This act promotes equality, prohibits discrimination against those who are accessing goods and services, and names Travellers as one of the communities covered by the legislation. This legislation is broad ranging and covers direct and indirect discrimination as well discrimination by association.

Compliance with the Equality legalisation is the minimal legal requirement that service providers must operate under. In order to promote good practice within the agency, an Equality Code of Practice should be developed and adhered to. Staff should be resourced to develop this code in consultation with clients, managers and the Equality Authority, and trained in order to operate under the guidelines. As with all operational guidelines these should be reviewed regularly to ensure that they meet the needs of the client groups and the agency.

As this agency is new, it offers the opportunity to establish good practice in relation to the collection of information and data on the clients using the services that are to be offered. We would argue that it is crucial that this information includes data on the ethnicity of the clients. Information on the ethnicity of *all* clients should be gathered, along with the appropriate socio-economic information. Clearly this information should be used to inform the service provision and ensure that clients received the best possible services. Information needs to be gathered in a sensitive manner, by trained staff, who are clear that this information is confidential and gathered solely to promote a better quality service and policy development.

It is only with the collection and collation of information on ethnicity, within an equality framework, that the notion of promoting a human rights culture or tackling issues such as racism

and discrimination can be achieved. All agencies and service providers should collect this information, using trained staff and promoting an information strategy on the value and need for such as exercise.

### **INFORMATION AND SERVICE PROVISION**

As the agency is in the development stage, one key area will be developing the profile and disseminating information on the details and services of the agency. In order to ensure that information is disseminated to the widest possible audience it must be done in such a way that is inclusive of communities who are marginalised and who may have literacy and/or language difficulties.

Information that is disseminated must also be inclusive of the needs of communities and women who are experiencing crisis pregnancy. These needs will clearly become more evident over the life span of the agency, but there is a need to ensure that at the early stages, needs and experiences that are not clearly outlined in literature and information material are not excluded due to a perception that they will not be catered for.

There is also a need to ensure that information that is targeted at particular communities is relevant, and developed and disseminated in a culturally appropriate manner.

Confidentiality is clearly a corner stone of any agency or service provider working in a sensitive area, such as crisis pregnancy. Women need to be confident that they can seek information, advice and services without fear. Clearly the agency will have a confidentiality policy, but there is a need to ensure that notions of confidentiality are broad based. Where a service is based, its visibility, access, the way it communicates with its clients can also undermine a women capacity to ensure confidentiality. For example, placing family planning centres in shopping centres has meant that many women can access these services easily, without having to arrange special trips to 'different,' places. A woman, should she choose, or be unable to confide in her family, can visit these clinics without difficulty, if she had to make a special trip, it would be more difficult to hide the purpose.

This is a complex area, ensuring true confidentiality can be difficult, but the confidentiality policy, must be broad based and ensure that areas like the placement of services, issues with partners, opening times, young women (i.e. women under 18) and contacting clients are all covered.

## **INCLUSION OF EXPERIENCE AND DEFINITION**

What defines a crisis pregnancy? Different women, different communities, different cultures all define pregnancy and crisis pregnancy differently. For example the ‘teenage pregnancy’ often declared the epitome of a crisis pregnancy, is not for many communities or women a crisis, for example many Traveller women are married and have their first child while they are in their late teens, this is culturally normal and appropriate for Travellers.

There are also sloppy, often political arguments, which equate, unplanned with unwanted and crisis, or single mother pregnancies with a crisis pregnancy, while ignoring that many women who are married or in relationships may have a crisis pregnancy.

There is a need to ensure, that women define their own pregnancies, that cultural norms and family patterns are respected by information and literature, and that ultimately the aim of the agency should be to ensure that women who have defined their own pregnancy as a crisis are supported.

## **RESEARCH**

We would envisage that part of the role of the Crisis Pregnancy Agency will include developing research into Crisis Pregnancy in Ireland. As with every aspect of our submission, Traveller women and their experiences should be included in any research proposal being developed and carried out, as appropriate.

The Department of Health and Children, in conjunction with other agencies, including Pavee Point have just recently established a working group on Traveller Ethics and Research. (Traveller Health Strategy, 2002-2005, page 34) Part of the remit of this groups is the setting and maintenance of appropriate standards in health research for Travellers, and developing an appropriate code of practice in relation to research and training with Travellers. As the working group has just been established, and the standards not developed or finalised, any research examining the issue of crisis pregnancy and Travellers must be put to this committee until such as time that the codes of practice in relation to good quality ethnical research have been established. When the guidelines have been established, research into issues related to Traveller and health, including crisis pregnancy, must be cognisant and adhere to such guidelines.

## **CONCLUSION**

In conclusion it is important to stress that the Crisis Pregnancy Agency is open and accessible to Travellers. In a multi-cultural Ireland of today it is an opportune time for a new agency of this nature to ensure that their services recognise diversity, and are of an intercultural nature from their inception. In order to enhance this the Agency needs to ensure that the staff profile is representative of minority ethnic groups and that there is a visible portrayal and ethos of inclusion of all ethnic groups. It is also necessary for the Board of Management of the Crisis Pregnancy Agency to be representative of diversity.

To ensure that that there is widespread and appropriate information dissemination it would be useful to develop an outreach service, a model of this nature could be developed in conjunction with a Traveller organisation to ensure effective implementation.

Another area that has been highlighted through our work within our Violence Against Women programme and the Primary Health Care Programme is the need to have culturally appropriate counselling services and not to presume that one model of counselling covers all women's needs.

If you wish to discuss further any of this submission please don't hesitate to contact us.