

A Review of Travellers' Health using Primary Care as a Model of Good Practice

**Pavee Point Primary Health Care
for Travellers' Project**

2005

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Foreword

This is the third in a series of reports that has been produced by the Primary Health Care for Travellers' Project in Pavee Point. The first one in 1996 focused on the setting up of the 'Project', the training and the conduct of the baseline study. The second report in 1999, focused on the implementation of the actions agreed from the consultations and roundtables, following the analysis of the baseline survey. This, the third report is reflecting on the development and success of the PHC model and its replication in 40 areas around the country. The 'Project' thinks it is also time to reflect on the changing policy and social context of Travellers' health. There is a growing need to ensure that PHC is not seen in isolation as the panacea to address the health status of Travellers, it needs to be prioritised by the Government, with cross departmental commitment to addressing its causes.

There needs to be an acknowledgement of and respect shown towards the role of Primary Health Care Projects and specifically towards the profession of Community Health Workers. They are not nurses' assistants, nor should they be treated as such. They undertake a specific role and carry out their jobs responsibly, and they maintain confidentiality about the people with whom they work. Their work represents a targeted initiative for Travellers and incorporates a range of skills and responsibilities, as have been demonstrated in this report, undertaking: health education and promotion, administrative work, informing policy development, providing training, research, identifying new services and creating Traveller access to existing services, making presentations, networking, writing reports, media work, lobbying and representing Traveller health interests.

PHC is flexible and the 'Project' keeps adapting to the local reality, e.g. addiction, women and violence. Mental health and suicide are new issues, which have emerged strongly from the work on the ground in the last five years. The 'Project' has demonstrated its capacity to respond to these needs, through the development of specific initiatives, and in the case of addiction, and women and violence, through the establishment of separate projects.

The Health Team in Pavee Point operates at different levels. There is the PHC project, which is working in partnership with the HSE at local level. Working on a daily basis with approx. 300 families in Finglas and Blanchardstown, the work at local level informs the work we do at all other levels. At regional level, we co-ordinate and provide technical assistance to the Traveller Health Unit, and at national level we are represented on the National Traveller Health Advisory Committee. In a national capacity we are funded by the Department of Health and Children to: assist them with the training and implementation of the National Health Strategy, support the replication of the PHC project, and provide training to the Traveller organisations on the All-Ireland Traveller Health Status Study.

There have been many highlights and challenges over the last five years; the launch of the National Travellers' Health Strategy and its accompanying budget in 2002 after four years preparation, was the major highlight and reflected many years of lobbying and contributions from our team. The strategy now provides an effective framework for Travellers' Health; the challenge now is to ensure the implementation and monitoring of the 122 actions outlined.

I would like to take this opportunity to thank the Health Team in Pavee Point for their ongoing commitment and energy. We would also like to take this opportunity to thank the HSE and the Department of Health and Children for their funding, which allows us to do this work. We would particularly like to thank the PHN's who work with us at local level, and the members of our Steering Group for their support and feedback.

Brigid Quirke

Health Co-ordinator

Background

Pavee Point

Pavee Point was established in 1983 and is a non-governmental organisation which is committed to human rights for Irish Travellers. The group comprises Travellers and members of the majority population, working together in partnership to address the needs of Travellers as a minority group who experience exclusion and marginalisation. The overall strategic aim of Pavee Point is to contribute to an improvement in the quality of life of Irish Travellers.

The work of Pavee Point is based on an acknowledgement of the distinct ethnic culture of Travellers, and the importance of nomadism to the Traveller way of life. Innovation has been a key feature of the work done from its starting point based on a community development approach, on an inter-cultural model and on a Traveller/settled partnership. It means working with, rather than for, Travellers in a manner that prioritises Traveller participation. The organisation seeks to combine local action with national resourcing, and direct work with research and policy formulation.

Section One

1 Travellers and the Factors that Influence their Health Status

“The circumstances of the Irish Travelling people are intolerable. No humane and decent society, once made aware of such circumstances, could permit them to exist ... a uniquely disadvantages group; impoverished, undereducated, often despised and ostracised, they live on the margins of Irish society”

(Economic and Social Research Institute, July 1986, Paper No. 131)

1.1 Irish Travellers

Irish Travellers are a small indigenous minority group who have been part of Irish society for centuries. They have a value system, language, customs and traditions which make them an identifiable group both to themselves and to others. Their distinctive lifestyle and culture, based on a nomadic tradition, sets them apart from the sedentary population.

Travellers’ separateness, partly by choice, enables them to retain their identity as an ethnic group in the face of much opposition and pressure to conform to sedentary society. Their experience of low social status and exclusion – which prevents them from participating as equals in society – is mostly due to the widespread hostility of settled people towards them. This hostility is based on prejudice which in turn gives rise to discrimination and effects Travellers in all aspects of their lives.

1.2 Traveller Population

There are approx 31,000 Travellers living in Ireland according to the Department of the Environment National count 2001. This compares to 23,681 enumerated by the CSO in their Census Report 2002. There was a specific question in the Census – ‘are you a member of the Traveller community?’ which Travellers had a choice to respond to. Pavee Point worked with the CSO, Travellers and Traveller organisations nationally to prepare for the census. This included the preparation of an information pack and video and training modules were run with the CSO regional staff. Travellers were encouraged to self-identify, which approx 80% of Travellers did, Pavee Point feels this was a very positive outcome. But approx 20% of Travellers were still reluctant to do so, this is understandable as they have historically been identified for negative reasons, Traveller organisations feel the inclusion of an ‘ethnicity question’ in the next census would facilitate the inclusion of all Travellers, as everyone would have to identify themselves and they would not feel isolated.

Population Structure and Distribution

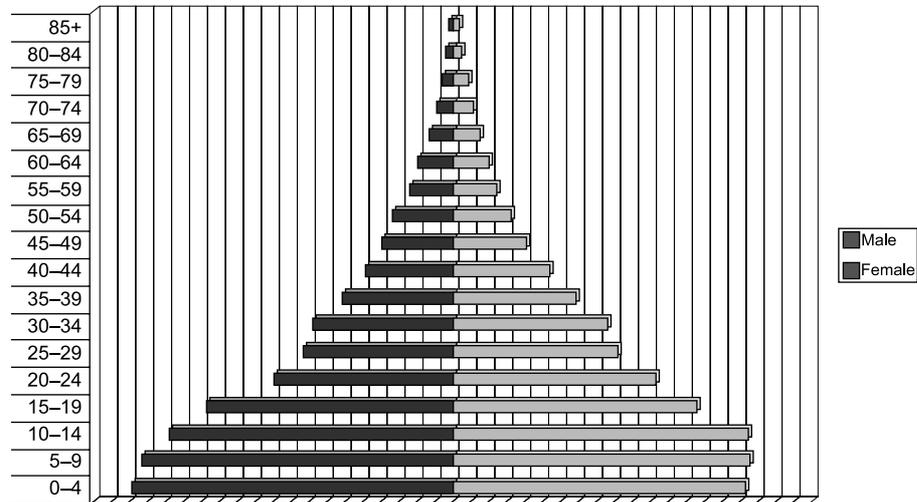
Travellers have a very distinctive population profile. Their population pyramid is very similar to developing countries, with a wide base which is indicative of a high birth rate and a young population which narrows steeply. As Travellers get older, the population pyramid becomes narrower at the top. This is the consequence of high mortality rates at a younger age and low life expectancy as experienced by Travellers compared to the national population. The following are some of the demographic details of the Traveller community as identified by the CSO in the 2002 census:

- Travellers account for 0.6% of the total population
- 63% are aged less than 25 years compared with 37.5% nationally
- 42% are aged less than 15 years compared to 21% nationally
- 3% over 65 years compared to 11% nationally
- Travellers have a median age of 18 years, compared to the national figure of 32 years.
- 50% in four counties, 7% Cork; 24% Dublin; 13% Galway; & 6% in Limerick.

The table below illustrates two population pyramids outlining the difference in the population structure between the settled and Traveller population.

The broad based population pyramid suggests a higher birth rate as well as higher death rates among Travellers. Traveller population becomes smaller and smaller as they grow older.

Age and Sex Population Pyramid for Travellers

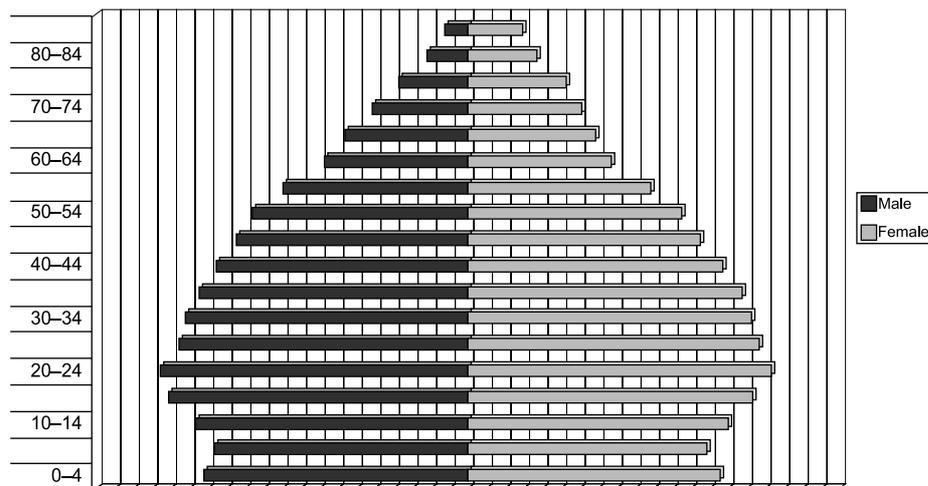


Some possible causes:

- Little access to/practice of family planning services due to cultural and religious practices
- High infant mortality rate – parents tend to get more children to compensate for those deaths
- Children are considered assets for the family
- High death rates among children due to disease, poor diet, poor hygiene, lack of access to health services etc.

The narrow based population pyramid suggests lower birth rate as well as lower death rates.

Population Pyramid for National Population



(For details of comparisons of data on Travellers see Appendix One.)

1.3 Travellers' Health Statistics

"From birth to old age those at the bottom of the scale have much poorer health and quality of life than those at the top. Gender, area of residence and ethnic origin also has a deep impact."

The Black Report, UK 1980.

In 1983, the Travelling People Review Body proposed the regular and systematic collection of data on the health status of Irish Travellers. The publication of the 'Travellers' Health Status Study – Census of Travelling People 1986', (HRB 1988:1) and 'The Travellers' Health Status Study – Vital Statistics of the Travelling People' 1987, (HRB, 1989:2) gave rise to considerable concern about the health status of the Traveller community. These reports found that:

- The fertility rate of Travellers in 1987 was 34.9 per 1,000 – more than double the national average and the highest in the European Union
- Travellers had more than double the national rate of still births
- Infant mortality rates were 3 times higher than the national rate
- Traveller men lived on average 10 years less than settled men
- Travellers were only then reaching the life expectancy than settled people reached in the 1940s
- Travellers of all ages had very high mortality rates compared to the Irish Population
- Traveller women lived on average 12 years less than their settled peers
- Travellers had higher rates of morbidity for all causes of death

Since 1987, no National Studies have been conducted on Travellers health, but some research has been carried out in recent years which would suggest that the health status of Travellers has not improved, and more alarmingly may have deteriorated. What we do know for certain is that the gap between the health status of Travellers and settled people has widened. This is borne out by the following statistics:

- In the national census conducted in 1996, it found that only 1% of all Travellers were aged over 65 years of age compared to 11% of the settled population
- In a study on Travellers using Tallaght hospital, it was found that only 2% of all the hospital patients were Travellers aged over 65 years, compared to 34% of hospital patients who were settled people aged 65 years+
- The Irish Sudden Infant Death Association in their Annual Report 1999, found that the differential in the rates of Sudden Infant Deaths among Travellers was 12 times the rate among the settled population

1.4 Issues that are Impacting on the Health Status of Travellers

The issues around health are inextricable linked to issues regarding appropriate accommodation provision for Travellers and further to the social and economic exclusion of this community within contemporary Irish society. The context of Travellers' lives includes the stress generated by living in a hostile society where discrimination is a constant reality, and this is compounded by frequently enforced change in their way of life. These factors impact adversely on Traveller's Health and negatively affect their ability to influence access and experience of health services.

Lack of Recognition of Travellers' Cultural and Ethnic Identity

Travellers are considered as a minority ethnic group by specialised and expert equality and anti racism organisations, by many academics and all the main Traveller representative groups in Ireland, North and South. The Irish Government has yet to recognise this specific status. Travellers are however, recognised by the Government as a distinct ground for protection under Ireland's anti discrimination laws (Employment Equality Act, 1998 and the Equal Status Act, 2002).

Many government policy statements recognise Travellers as an ethnic group in everything but name. For example, the National Traveller Health Strategy, 2002, recognises Travellers as ‘a distinct minority with their own culture and beliefs and most importantly that they have a right to have their culture recognised in the planning and the provision of services’.¹

Travellers are also officially recognised as a minority ethnic group in the both Northern Ireland and Great Britain. The position of Travellers in Irish society is also outlined in detail in the forthcoming first report on Ireland under the Framework Convention for National Minorities, although it is unclear if the a) the Irish Government recognises Travellers as a ‘National minority’ and b) whether such a status has any significant meaning in both a legal and policy context within Ireland.

Racism, Discrimination and Health

The Irish National Committee for the 1997 European Year Against Racism highlighted that “One of the more visible forms of racism is that experienced by the Traveller community, based on their distinct culture and identity which is rooted in a tradition of nomadism”. The Task Force placed particular emphasis on this issue by devoting a chapter to discrimination. A hostile context of racist discrimination has a health impact and has relevance for health provision.



Martin Collins from Pavee Point at a Demonstration.

Discrimination may be direct or indirect. **Direct Discrimination** occurs where a person experiences exclusion or is treated less favourably than another on grounds of their membership of a particular group. The grounds on which direct discrimination occurs are listed as gender, marital or parental status, sexual orientation, religion, age, disability, race, colour, nationality, national or ethnic origins including membership of the Travelling community. This form of discrimination is relatively overt and usually involves intent. The Task Force for the Travelling Community 1995 identifies direct discrimination as follows:

“discrimination at the individual level is most common when a Traveller seeks access to any of a range of goods, services and facilities, to which access is denied purely on the basis of their identity as Travellers.”

Traveller’s experience of racism and discrimination can lead to feeling of being a social outcast, having low self-esteem, having lack of pride in one’s ethnic identity coupled with anxiety about losing one’s identity and experiencing feelings of inferiority. Travellers experience discrimination on a daily basis: e.g. from verbal and physical abuse; being followed around shops and exclusion from particular services. This constant discrimination has a very detrimental effect on

¹ Department of Health and Children, (2002). Traveller Health a National Strategy, p13.

the Health Status of Travellers. The following findings from surveys conducted will illustrate the reality of discrimination and Travellers:

- Findings from a survey on attitudes which, was carried out with 1,002 adults in January 2000 (Citizen Traveller): *“In terms of accepting or including Traveller socially or into the community, 36% of Irish people would avoid Travellers. 97% would not accept Travellers as a member of their family with 80% saying they would not accept a Traveller as a friend. 44% would not want Travellers as community members. The main reasons for excluding Travellers are perceptions of their way of life/lifestyle and a feeling that Travellers are in some way not socially acceptable (27%)”*
- Pavee Point conducted a survey on the Health of Traveller women in 1997, in that study, *71% of the women reported that they experienced verbal abuse because they were Travellers, 25% of these included physical violence. 34% of Traveller women interviewed suffered from long term depression’ this compares to the finding of an approx. 9% level of depression among settled women.*

Indirect discrimination is less visible and does not always involve intent. It is most visible in terms of the outcomes for particular groups in relation to services. It occurs where policies, practices, terms or conditions apply which are unnecessary and which have a significantly adverse impact on a particular group. In this scenario, it must be demonstrated that the particular group fares worse under the policies, practices, terms or conditions than other groups, and that these policies, practices, terms or conditions cannot be shown to be necessary. Indirect discrimination refers, therefore, to the differential impact of the same treatment where the differential is not justified.

The clearest example of indirect discrimination is the stark inequalities in health outcomes for Travellers as outlined above. The health care services treats everybody equally, this responds to the needs of a certain proportion of the population but it assumes that the population are equal and have equal levels of literacy; language; education; information; and physical and financial access to services, therefore, it excludes marginalised groups.

The context of racism experienced by Travellers has, therefore, a relevance to health policy and provision in that:

- Racism introduces a stress and a crisis into the lives of Travellers that is detrimental to their health and sense of well being
- Health status outcomes for Travellers are significantly worse than for the majority population
- Institutions charged with health policy making and health service provision need to take action to guard against any potential for discrimination in the manner of their operation

In its second report on Ireland, adopted in June 2001, ECRI, the Council of Europe watchdog on racism stated:

‘Although issues of racism and intolerance are seen as a relatively new phenomenon in Ireland and have come to the forefront of public debate in Ireland recently in relation to the presence of new minority groups in the country, such as refugees and asylum seekers, the Traveller Community, as an indigenous minority group has always suffered disadvantage and discrimination in all fields of life, including education, employment, and access to public and private services. Travellers are commonly denied access to public services such as hotels, restaurants and pubs, and are also victims of violence and harassment, including arson attacks against their property’²

² ECRI, (2002). Second Report on Ireland.

Traveller Accommodation and Living Conditions

The Traveller accommodation crisis has been highlighted in Government and other reports over the years. Local Authorities continued failure to adopt and implement the five year local Traveller accommodation programmes (for the period 2000–2004) developed in response to the **Housing (Traveller Accommodation) Act 1998**. The act provides for consultation mechanisms with Travellers and Traveller organisations at national and local level and provides local authorities with increased powers of eviction from unauthorised Traveller encampments. It established the National Traveller Accommodation Consultative Committee on a statutory basis. The main reason given for non-implementation of these plans is objections by local residents to the development of Traveller sites in their area.

ECRI in its second report on Ireland stated:

‘One of the main barriers to improvement of the situation as regards accommodation is reported to be the unwillingness of local authorities to provide accommodation and resistance and hostility among local communities to planned developments, often resulting in injunctions and court cases. In this respect, it has been commented that the fact that no sanctions are provided for in the Housing (Traveller Accommodation) Act against authorities who do not take measures to provide accommodation for Travellers may weaken its effectiveness.’

However, Traveller organisations have reported that despite this framework from the Accommodation Act, there has been very limited progress in the provision of new units of accommodation. The reality is that, in 1995, 1,112 Traveller families were living on the roadside in appalling conditions without access to the most basic services including – water, sanitation and electricity. This number had increased to 1,207 families in 199 Many other Travellers continue to live in official accommodation that is poorly serviced and maintained and often situated in unhealthy or dangerous locations.



Children on Site.

The Monitoring Committee for the Task Force reported in 2000, that progress had been made in some areas of accommodation such as existing site refurbishment:

'The Monitoring Committee wish to highlight the fact that in reality one in every four Traveller families are currently living without access to water, toilets and refuse collection. The accommodation situation has disimproved over the past five years ... It is also particularly unsatisfactory that the numbers of Travellers on the roadside has increased.'

The Housing (Miscellaneous Provisions) Act, 2002

The new Act, which was introduced very rapidly, allows for Gardaí to remove caravans, and allows for the owners to be brought before the District Court charged with trespass. On conviction, the owners can be fined €3,800 and/or jailed for one month.

Traveller groups expressed strong opposition to the legislation, pointing out the lack of consultation about it through existing bodies established under the Task Force Report, the lack of progress by local authorities in providing for new accommodation and the potential misuse of the Act which was passed to deal with large encampments of Travellers on unsuitable land.

Travellers in Education

Travellers' educational status is considerably lower than that of their settled peers and unmatched by any other community in Irish society. The Census in 2002 revealed that for 54.8% of Travellers, primary school education was the highest level of education they obtained and that 63.2% of Traveller children under the age of 15 had left school.

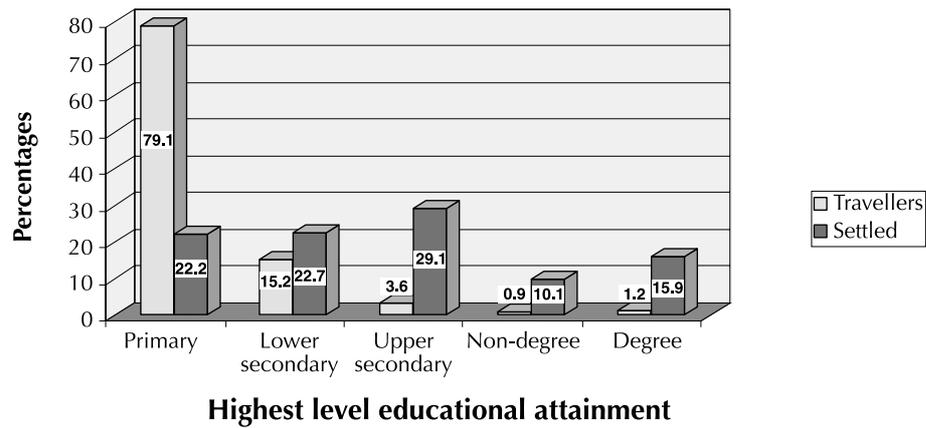
In the past, education policy promoted a segregated model of provision. In practice, this meant that in many schools, Traveller children were placed in special all-Traveller classes with one teacher who catered for all of them regardless of age in one classroom.

It can be argued that a contributing factor to the low levels of attainment of Travellers in education is the lack of visibility of Traveller culture within the school system. This may contribute to feelings of isolation experienced by Traveller children. It is very important for all children to feel confident and positive in their own identity in school. Unfortunately, many Traveller children are aware that their identity will pose a problem for them in school.

Furthermore, it is difficult for Travellers to see the positive outcomes in staying on in mainstream education as many Travellers' experience discrimination in trying to obtain employment.

Underpinning all of the above, is the situation that many Travellers find themselves in which includes poor accommodation and appalling living conditions, poor health and the experience of widespread prejudice and discrimination. A large proportion of Travellers have poor literacy, as a result they are not able to read/interpret health education material and instructions for taking medication. This leads to ill health and in turn ill health affects their participation in education and thus a vicious cycle is formed. All of these factors combine to create a particular set of circumstances that militate against many Travellers participating fully in education.

Proportion of Travellers and settled people and their educational attainment



Source: Census 2002.

1.5 Social Determinants of Health

Challenges to Address the Health Status of Travellers

The breadth and complexities of factors, which determine health and inequalities in health for Travellers illustrate the multitude of sectors with whom it is necessary to work if these issues are to be addressed. Health is, therefore, an issue for all public policies and must be addressed across all government departments, not just the Department of Health and Children. The need for multi-sectoral collaboration to tackle the physical, economic, social and cultural determinants of Travellers' health must be recognised.

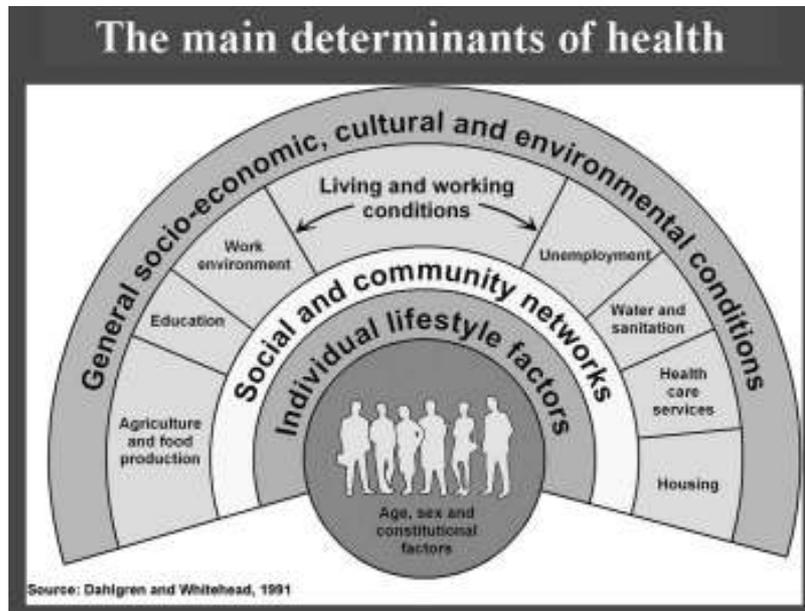
A health service that challenges racism at the individual and the institutional level will ensure that Travellers have visibility within planning and provision. Providers will be sensitive to issues of discrimination and their impact, and to the potential for their service to discriminate. Provision will be rooted in an affirmation of Traveller identity and will seek to contribute to improving the wider context within which Travellers live.

If one defines health in a holistic way the determinants of Travellers' poor health status need to be addressed and health professionals need to take on a role of advocates to challenge these determinants.

In order to effectively monitor Travellers' health status, Travellers need to be identified in the context of their ethnicity on all health record systems. Data can then be disaggregated, to monitor the impact of health initiatives and to target resources to the areas or individuals at highest risk.

Following a recommendation in the strategy on a pilot project on ethnicity, Pavee Point have been working on this project, which is in its final stages. On completion the plan is to mainstream the ethnic identifier question on all health data sets. (See appendix 2 for an outline of this project).

In the context of this project health is defined in a holistic way, using a social determinant of health approach, which includes recognition of all the factors that influence health. This model clearly illustrates that we need to tackle all causes to effect change in health status as outlined below in the Dalghren and Whitehead Model.



Section Two

2 Application of Primary Health Care as a Model of Good Practice to Address Travellers' Health

Rational

Travellers require special consideration in health care because:

- They are a distinct cultural group with different perceptions of health, disease and care needs
- The Health Status Study 1987 has shown that Travellers have different health and disease problems to settled people. Infectious disease control, accident prevention, ante-natal care, child spacing, genetic counselling, health behaviour and health service utilisation are all priorities that must be addressed
- These distinct characteristics imply that innovative approaches to service organisation, content and delivery are required if health conditions are to improve

In 1992, a group of Traveller women who were involved in a personnel development course in Pavee Point identified health as a priority area that they wanted to tackle to improve the health status of Travellers through further information and training particularly on the cause and prevention of illness among their community. To facilitate the development of an appropriate response to this request and the serious health needs of Travellers. Through this process Primary Health Care was identified as an approach that could be piloted to facilitate Traveller participation in health.

2.1 What is Primary Health Care and how Does it Apply to the Project ?

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 evidence from studies indicate that the expanding marginalised populations here are suffering disproportionately from poor health and have less access to health care services.

The concept of Primary Health Care was established at the joint WHO/UNICEF conference in Alma-Ata in 1978. It acknowledged the need to reform the conventional health systems. Health was no longer regarded as a matter for health bureaucrats but the concern of society as a whole.

“Primary Health Care (PHC) is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community, through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.

It is the first level of contact of individuals, the family and community with the national system, bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process”

Alma Ata Declaration, 1978.

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

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

Successful 'Primary Health Care Project's have emphasised a process that valued empowerment, partnership and advocacy when designing and implementing health care interventions. This allows the partners to highlight inequity and negotiate solutions with their relevant partners. Community participation and intersectoral collaboration are key requisites for the success of Primary Health Care. Following is the application of these principles in the context of the 'PHC for Travellers' Project'

Community Participation

The approach inherent in the 'Project' is to work 'with' the Traveller community in order to develop a 'Primary Health Care Project' based on the Traveller communities own values and perceptions and that will have long term positive outcomes.

In the context of the Primary Health Care for Travellers' Project, community participation is viewed as a process through which Travellers will gain greater control over the social, political, economic and environmental factors that determine their health.

The Traveller community must participate in every stage of the 'Project' from the initial assessment of the situation; defining the main health problems/issues; setting priorities for the 'Project'; implementing the activities and monitoring and evaluating the results.

Intersectoral Collaboration

For Primary Health Care to be effective, there must be close collaboration between Traveller organisations, the health sector and a range of other statutory and voluntary agencies. The value of this partnership between Pavee Point and the Eastern Health Board, is it has demonstrated that it is an effective model and is impacting positively on the health condition of Travellers in the pilot working area, of Community Care Area. The different strengths and resources of the statutory and voluntary sector brought together in a constructive way on an agreed agenda, has had more impact than if either operated in isolation. Each partner brings different skills to the 'Project', Pavee Point provides the channel of communication and established trust with Travellers; an arena for Traveller participation and a community development approach to working with Travellers, the Health board provides the funding, the health knowledge and the health professionals.

A crucial ingredient for this partnership has been willingness to engage in as equals while respecting each others roles, responsibilities and ethos.

2.2 The Primary Health Care for Travellers' Project

"There are no simple and obvious solutions to the health situation of Travellers but it is a situation which calls for a creative and innovative approach. I believe such an approach has been found with the Primary Health Care for Travellers' Project, which is a joint initiative between the Eastern Health Board and Pavee Point."

Mr. Brian Cowen, Minister for Health, on presentation of certificates to the Community Health workers in Pavee Point on 8th May, 1998.

The Primary Health Care for Travellers' Project (PHCTP) was established as a joint partnership initiative with the Eastern Health Board (EHB) and Pavee Point (PP). The 'Project' began as a pilot initiative in October 1994 in the Finglas/Dunsink areas of Community Care Area 6, with funding from the Eastern Health Board and had the following objectives:

Since its establishment in 1983, Pavee Point (formerly Dublin Traveller Education and Development Group (DTEDG), has worked to identify and highlight the multi-dimensional nature of the marginalisation and social exclusion of Travellers and to seek appropriate ways of facilitating

improvements in the situation. While the issue of health was always one of major concern within the organisation's work agenda, it was not until the early 1990s that the possibility of engaging in targeted actions to promote improvement in Traveller health arose. In 1991, Pavee Point received FAS funding to deliver a New Opportunities course to a group of Traveller women, some of whom requested more focused training in health care at the completion of the course. A proposal was submitted by Pavee Point in consultation with these women, to the Eastern Health Board for the setting up of a 'Primary Health Care Project' for Travellers. This 'Project' aimed to co-ordinate and manages, in partnership with the Eastern Health Board, a Traveller Health Promotion service for Travellers living in the Finglas/Dunsink areas of Community Care Area 6 of the Eastern Health Board. The proposal was accepted and the Primary Health Care for Travellers' Project was set up in October 1994. Although Pavee Point has engaged in separate health development work for Travellers since that time, the PHC project has been the main channel through which related actions have taken place.

The PHC project has the following objectives:

- ***To establish a model of Traveller participation in the promotion of health***
- ***To develop the skills of Traveller women in providing community based health services***
- ***To Liaise and assist in creating dialogue between Travellers and health service providers***
- ***To highlight gaps in health service delivery to Travellers and work towards reducing inequalities that exists in established services***

2.3 Policy Context

In 1995, the Report of the Task Force on the Travelling Community was published. In the chapter on health, recommendations were made on a range of Traveller specific services. Overall the Task Force recommendations were an affirmation of the PHC project's work and in particular of the contribution it was making to an overall development of Traveller health services.

In the light of positive evaluations, the 'Project' was continued for four years. Following its implementation report 1996–1999 the 'Primary Health Care Project' moved into a new phase of review, development and innovation. Now in its 10th year, the 'Project' in a dynamic way continues to respond to needs, using community work approaches, developing an intercultural model, a partnership approach and combining national action with national resourcing, and direct work with research and policy formation.

In 2001, "Travellers' Health – A National Strategy 2002–2005" was launched.



Micheal Martin. T.D. and Minister for Health and Children at the launch of the Strategy, with members of the PHC programme in Pavee Point.

As recommended by the Task Force in 1995, a National Travellers' Health Advisory Committee was established in 1998. This committee is representative of the Department of Health and Children, the regional health boards and the national Traveller organisations. Its first task was to produce a Traveller Health Strategy. This committee worked on the production of this report for four years.

This Strategy is very significant in that it represents a change in national policy towards Travellers. It firstly recognises Travellers as a distinct minority ethnic group in Irish society with a health status far below the majority population, and having specific health needs. It also recognises that social exclusion, racism and living conditions have an impact on health status. This report and its recommendations is welcomed by Travellers and Traveller organisations nationally, who participated and contributed significantly towards its development.

In 'Traveller Health – A National Strategy 2002–2005' Primary Health Care for Travellers' Projects are described as the 'cornerstone' of the Strategy. It states that projects will be developed, in conjunction with Traveller organisations, in all health board areas where there is a significant Traveller population.

This reflects a growing recognition of the benefits of 'Primary Health Care Project's and an understanding of 'equity' within healthcare provision. It makes it clear that by respecting and acknowledging the distinct culture and identity of Travellers, more equitable, sustainable and cost effective health care can be achieved.

The strategy contains 122 actions which are to be implemented over a four year period, from 2002 to 2005. €8.3 million has been allocated for the implementation of these proposed actions (see Appendix 3 for the key values and main actions highlighted to inform the NTHAC strategies to tackling the health status of Travellers).

2.4 Examples of some of the Interventions and Outcomes from the Project

"For achievement worthy of international recognition, this WHO 50th anniversary commemorative certificate for a national community-based health project that promotes health for all values of equity, solidarity, participation, intersectoral approaches and partnership is awarded to the 'Primary Health Care for Travellers' Project, Dublin, Ireland".

JO E. Asvall, M.D. Regional Director, WHO Regional Office for Europe, September 1998.

The 'Project' included a training course which concentrated on skills development, capacity building and the empowerment of Travellers. This confidence and skill allowed the community health workers (CHW's) to go out and conduct a baseline survey to identify and articulate Travellers' health needs. This was the first time that Travellers were involved in this process, in the past their needs were assumed. The results of the survey were fed back to the community and they prioritised their needs and suggested changes to the health services which would facilitate their access and utilisation. The results were also fed back to the health service providers. Then a joint workshop took place between the Traveller community and the health providers where an agreed set of priorities and interventions were drawn up. The health workers then set about implementing these interventions. This was a very effective process as it facilitated the participation of the community in defining needs, setting priorities and outlining interventions and it provided baseline data on the current access and use of services. The Community and the CHW's felt this empowered them as they now felt they had control over what was happening to them, as they were involved in an ongoing process which they could feed into. This process has been critical to the success of the 'Project' as people are engaging and are confident to articulate their needs. One of the findings of the survey was the lack of appropriate health information on what services existed and how, where, and why you needed

to access them? This has been addressed through the 'Project', and has led to an increased uptake of the health services.

The 'Project' has resulted in the planning and implementation of interventions in public health nursing, oral health, nutrition and environmental health

- **Culturally appropriate health education materials** have been designed by the 'Project'. Posters have been produced covering Travellers' health status, breast feeding, care of burns, nutrition and oral health. The posters give key messages in a culturally appropriate way, they increase visibility in education materials and can be displayed in surgeries and clinics. Videos have also been produced by the 'Project'. Health education sessions delivered by the Community Health Workers on site, have made health information more accessible and culturally appropriate and address the language and culture gaps that exist
- **Research has been undertaken on Traveller women's reproductive health.** A training video *Pavee Beoirs – Her Reproductive Health* has also been produced with an accompanying information booklet
- **Well-woman clinics** specifically targeted at Traveller women have been organised. These clinics facilitated access for Traveller women for the first time to breast screening and family planning facilities. These special clinics are supported on an interim basis while Traveller women build up confidence and knowledge of the service. Community Health Care Workers will make a block booking at the clinic for a group of interested Traveller women and accompany them to the clinic. Many women are now independently accessing the service. The 'Project' continues to lobby for this level of service in the local area
- A video on **Traveller Children's Health, *Pavee Gailles*** has been produced by the 'Project'. As in the case of the women's health video, the starting point of the initiative was a course organised on children's health for the CHW's
- **Traveller men's health** is the focus of a number of pilot initiatives in response to the identification and exploration of men's participation in their health care
- A model of **education on mental health** was developed and piloted with a group of Traveller women engaged as CHWs in one of the PHC projects. The model can be replicated. The 'Project' has engaged with health professionals in the area of mental health and contributed to the development of culturally appropriate mental health services. It has also participated in the Amnesty International consultation days on mental health
- The 'Project', with its community work approach has also produced a video on the National Traveller Health Strategy that informs Travellers and local Traveller Groups of the commitments in the Strategy. The production of materials in accessible formats facilitates discussion at local levels, of the policy commitments and their implications for Travellers. It facilitates Travellers to acquire new knowledge and confidence to deepen their analysis of the issues facing their community and enables them to collectively campaign for the full implementation of the Health Strategy and its proposed actions
- A survey of needs at the local level is being conducted by the Community Health Workers in Community Care Area 6. It is five years since the last detailed survey was undertaken. The new survey will allow a detailed analysis of current and new needs. It will also allow an assessment of the work and of the 'Project' over the past five years in addressing the needs identified in the last survey
- An All-Ireland Traveller Health Needs Assessment and Health Status Study, is currently being designed and will commence in April 2004. This major North/South initiative is being specifically designed to engage Traveller organisations at all levels of the research and in the data collection
- There is much greater awareness about the needs and entitlements of Travellers in the health service as well as the difficulties in accessing services that are available to them
- In many health board areas public health nurses (PHNs) have been specifically

designated to work with Travellers. They are engaged in direct service provision to Travellers of all ages and both sexes, and interventions such as advice, nursing diagnosis and referral. In areas where there is a PHC Project, PHNs are engaged in the delivery of health promotion/prevention services in partnership with the community health worker (CHW)

- The provision of in-service training to a range of health professionals aims to encourage health personnel to offer more culturally appropriate services and work towards an increase in the utilisation of essential services. The 'Project' has also contributed to the development of culturally appropriate services with regard to mental health and has participated in the Amnesty International consultation days on mental health
- The 'Project' has used its networks and solidarity work with other community sector and equality interests to raise further awareness of Traveller health needs and to disseminate the lessons from the 'Primary Health Care Project'

Advocacy and Lobbying

- Advocacy and lobbying are core actions of the 'Primary Health Care Project'. In order to lobby for the policy changes needed and to promote the recognition of the special needs of Travellers and their inclusion in all mainstream provision, numerous submissions, policy papers and reports have been prepared by the 'Project'
- The 'Project' is represented by its staff and Community Health Workers and participates on a range of national and regional advisory committees and working groups including the National Health Network, the National Health Advisory Committee and health board Traveller Units. It is also represented on international committees and advisory committees
- Regular seminars, conferences, roundtables and workshops are organised with health service providers and policy makers to highlight the situation of Travellers' health. These also create a space to discuss challenges and mechanisms to address issues with a view to increasing equality of outcome for Travellers in relation to their health status
- The 'Project' is involved in a number of trans-national initiatives, which provide opportunities to work with, share ideas and lessons and develop analysis with Roma and Gypsy organisations. These initiatives also facilitate the expression of solidarity between groups and provide opportunities to advance equality, inclusion and health agendas at EU level

Outcomes from the Health Board's Perspective

"... the clearest signal of the 'Project's' success is the fact that it is being replicated in other areas of the country"

Stated by an Eastern Health Board representative in an evaluation report on the 'Project'.

The 'Project' has facilitated: significant consultation between service providers and the Travelling community, greater information collection and sharing and improved access to services. A number of designated clinics have been provided. These clinics complement mainstream services and facilitate Traveller access to particular services. One example is the provision of designated dental clinics, which are run in the evening time and see whole families together as suggested by Travellers, this initiative has been very successful. Another welcome change is the appointment of a number of specialised health personnel e.g. PHNs' with a special brief to work with Travellers (as recommended in the Task Force on the Travelling Community Report 1995) Health service personnel have been open to and participated in in-service training to provide culturally appropriate health services to Travellers.

Outcomes from the Perspective of the Traveller Community

“This is the first time Travellers have got this type of training and job. We understand our own people and believe that given the proper support and resources we can begin to improve the health of our community. It is no longer acceptable that only two out of every 100 Travellers’ lives to 65 years of age.”

Missie Collins, Community Health Worker, at the launch of the Primary Health Care for Travellers Report by Mr. Michael Noonan, T.D., Minister for Health, 12th June 1996.

- The Project has been highly successful in establishing primary health care service delivery by Travellers to Travellers
- In the Community Care area in which the ‘Project’ was established, accredited training for 16 Traveller women as CHWs was provided. The ‘Project’ demonstrated a successful model of employment for Travellers in health care provision in the sector of the economy known as social economy. The training is a continuous and dynamic process. New competencies, skills and knowledge are acquired as new needs are identified, in an ever evolving policy context and as the CHWs engage in a representational role in regional, national and international committees
- Networking with Traveller organisations at national and local levels has facilitated the passing on of information and resources on the health issues facing Travellers and has promoted and facilitated the desire for the extension of the PHC Project. There is a growing realisation of the potential of health initiatives among the Traveller community
- The ‘Project’ has been replicated and there are now 25 Traveller Primary Health Projects in existence throughout the country
- The process of facilitating community participation in the ‘Project’ has resulted in the empowerment of Travellers and led to them taking more control of their health situation. Their attitudes to the health system have changed through the provision of information, training and resources. This in turn has brought about a change in their ability to access the system. Travellers are making greater demands on the health services and have greater expectations that they be provided in culturally appropriate ways
- The success and impact of the ‘Project’ to date has enhanced the confidence of Travellers and Traveller organisations in their ability to impact on policy development and in securing better equality outcomes for Travellers. There is pride in the professional service that is being provided by the CHWs, they are role models for other Travellers and the PHC Project provides a vision of what is possible for the next generation of Travellers



CHWs engaged in group discussion.

Challenges from the Project to date

Significant work needs to be done in terms of improving the health of the Traveller community. The 'Primary Health Care Project' has made a significant contribution to improving health service delivery to Travellers, but given the nature of the health problems that Travellers face. A variety of responses are needed to the variety of difficulties and problems that Travellers face within and beyond the health service. The NTHS is an acknowledgement of this fact. Traveller organisations and the CHWs are in no doubt however that unless there is a concerted effort to address the social, economic and environmental determinants of Traveller health, real health gain and health outcomes cannot be realised. For Pavee Point, while the Traveller 'Primary Health Care Project' has demonstrated a model of health service delivery to Travellers, it is an integral and an integrated element in its overall work to attain civil, political, economic, social and cultural rights for Travellers.

Key to the success of the 'Primary Health Care Project' has been the clarity in the focus of the Project from the outset. The **community work approach** focuses on social change and social justice for those experiencing social exclusion. Such an approach:

- is based on a set of **community work principles** that involve not only building capacity to participate, but also the development of consciousness, analysis and understanding of the issues to be addressed
- focuses on how things get done as well as what needs to get done in ways that are empowering for all concerned, particularly the Travellers. It focuses on power sharing
- works to develop a collective understanding of concerns and issues, to work collectively and above all to achieve collective outcomes for the Traveller community

The approach and the set of community work principles underpinned the design of the Project. **The long-lead in the 'Project' was crucial.** It allowed sufficient time and resources to enable the women to develop the personal and technical skills (confidence, teamwork, communications and analysis) which are core to the 'Project' implementation. The fact that key elements of the pre-training are the informed insights into Traveller health issues means that Traveller organisations must play a core role in this training.

The principles continue to guide and underpin the research, the analysis, the networking, the advocacy and lobbying work.

The principles were applied to the rules of engagement in the partnership arrangements with the Health boards and the state agencies and government Departments, – especially in the expectation and the assertion of the right to dialogue as equals while respecting each others roles, responsibilities and ethos. Mutual respect for the different perspectives represented a core principle of the operation of the 'Primary Health Care Project'.

The Traveller Primary Health care model has been widely identified as a particularly useful one that has now been mainstreamed across all Health boards. **The ability to lobby nationally has been seen as a crucial factor in this mainstreaming process.**

The 'Primary Health Care Project' model has been an inspiration to other NGO's and organisations working with excluded and marginalised groups, the principles have been taken on board and elements of the 'Project' have been transferred and replicated in other areas and with other target groups. **Replication of the 'Project' must be based on the application of the principles, not the outcomes of the 'Project'.**

The role of Community Health Workers needs to be carefully defined in the service delivery model to ensure equality outcomes. Serious consideration needs to be given by the community groups and organisations who choose to engage in service delivery for the state to: the terms and conditions of employment of Local Community Health Workers, to their career path options, to how their personal and professional development needs will be met.

- Inequalities can be generated and reproduced when local community health workers are not respected for the experience and expertise they have acquired, and for their commitment and work in advancing the health and well-being of their communities
- At the same time, inequalities are generated for the workers and their communities, if they are not facilitated as part of their employment to acquire the skills and knowledge and the credentials that would enable and allow them to have equality outcomes from employment opportunities and to provide quality health services to their communities in community based health initiatives
- Community Health work is considered low-paid service work and provides an equality challenge for the workers – in the main women, for the organisations engaging in the service delivery, for the community to whom the services are delivered and for the community sector that advocates for the highest standard of service delivery to already deprived communities
- Primary Health Care in communities means enabling individuals and organisations to improve health through informed health care, self help and mutual aid. It means encouraging and supporting local initiatives for health

Section Three

3 Programme Interventions and Highlights from 2000–2005

3.1 Mentoring Programme

The initial training programme in Primary Health Care for Travellers in Pavee Point commenced in 1994. Further training was delivered in 1998. Subsequent to this training sixteen participants were employed by Pavee Point and funded through the Traveller Health Unit as Community Health Workers.(CHWs)

In order to maintain numbers and respond to increasing demands a need for a mentoring programme was identified. The mentoring programme is funded through the Traveller Health Unit. There are currently seven participants on the programme. The interviewing and recruitment of these trainees took place in 2004. This mentoring programme provides an opportunity to implement the learning gained in the first training programme. An important aspect of the mentoring programme is utilising qualified CHWs to act as mentors and positive role models to the trainees. Passing on new skills to trainees also ensures that CHWs see there will be continuity in their work.

3.2 Ongoing Training within the Project

Training of Traveller Community Health Workers within the Project and within Pavee Point is essential to the ongoing development of the Project and includes training in community development as well as developing health skills. It is important that training is flexible and based both on the individual needs of the CHWs and the needs of the community. These needs are identified by the CHWs as a direct result of their groundwork and fed back into the 'Project' development.

Within the 'Project' new initiatives have taken place to ensure that creative and participative methods are used.

Individual training needs are identified through appraisal sessions and discussion and, funding permitting, these needs are followed up on. Individual needs can vary from computer skills such as word processing or power point presentations to working with the media. Two members of the 'Project' took part in a two-day media training course in 2003 and 2004.

Organisational training in community development and human rights also includes sessions on racism and discrimination, Travellers as an ethnic group, facts and figures on Travellers and Government policy on Travellers. Team training has also taken place with team building days and team projects such as developing and performing dramas. The 'Project' also takes part in Pavee Point staff training days and planning days.



CHWs working on art project.

3.3 Interventions

One of the immediate ways identified of improving Traveller health status in the 'Project' area was to improve access to and uptake of local services. A very good working relationship has been established between the local health service providers and the CHWs in the 'Project' which results in improved access and uptake to services. This work continues to be important work within the 'Project' and below we outline the ongoing developments in this area:

Audiology

As a result of bilateral meetings with audiology services, Traveller Community Health Workers have been directly involved in encouraging Traveller parents to access the service. Every three months approximately a clinic is held focussing on Traveller families. Traveller families are informed by CHWs of the date of the clinic and the benefits of attending with their children. Where necessary, transport is organised.

The audiology service continues to be well subscribed. While many Traveller parents attend the clinics organised by the CHWs, many parents book their own appointments and attend the clinic independently. This is considered an indicator of the work of the 'Project', as the preliminary work has contributed to creating the conditions needed for engaging with the service.

About one quarter of the children seen by the service to date required no further intervention. Repeat screening or referrals are needed by other children. Referrals are notified to the public health nurse who then informs the 'Project'.

CHWs are also involved in supporting Traveller parents in terms of further referrals.

Outcomes to date

- Regular quarterly audiology clinics with transport provided
- Good demand for and uptake of service among the Traveller community
- Facilitation of follow-up referrals and repeat screening, and reassurance to parents of children who do not need interventions
- Dissemination of clinic information to other Primary Health Care for Travellers' Projects

Speech and Language Therapy

There were problems with Traveller parents accessing Speech and Language Therapy for their children. One of the reasons contributing to this breakdown in service provision was the long delay between a child being identified as needing therapy and actually receiving an appointment date.

Discussions took place between Traveller Community Health Workers and the service providers. It was agreed that children on the waiting list for appointments should be targeted and a Traveller specific clinic was organised.

It was also agreed to streamline these clinic dates with audiology clinics to facilitate a joined up service. Speech and Language Therapists provided training to two Traveller Community Health Workers to enable them to follow up on a child's progress.

In 2003, group therapy sessions were introduced by the service and again Traveller Community Health Workers were provided with training in this area.

Outcomes to date

- Good working relationship between Traveller Community Health Workers and Speech and Language Therapists
- Increased demand for the service among the Traveller community
- Regular quarterly clinics and improved uptake of service by Traveller families
- Improved knowledge of service among the Traveller community
- Skills within the community in identifying Speech and Language problems and on follow-up exercises.

Dental Service

In the past the Project promoted and facilitated two evening dental clinics in Finglas and Blanchardstown. However, these clinics were withdrawn in 2002 for financial reasons.

Around the same time local private dental services began to accept medical card holders as patients. The Project organised that the contact details of all dentists in the Finglas Blanchardstown region were given to Traveller families. Traveller families began to access services in this way and expressed satisfaction in having a wider choice of dentists.

A meeting took place between the dental service and the Project in 2002 and it was agreed that while many Traveller families were comfortable using mainstream services, there were vulnerable families who might not be. On-site screening took place on a number of sites and an evening service was restored to Wellmount Health Centre for a period of three months.

Following further interruption to the service due to staff shortages, a shared service is now provided with other special needs groups and the clinic is ongoing.

Outcomes to date

- Raised awareness of dental service provided under the medical card
- Evening dental clinics restored for vulnerable Traveller families

Well Woman Clinic

Since the establishment of the Project, good working relations have been fostered with the Well Woman Clinic, Coolock – the only clinic in the ‘Project’ area. Once every three months there is a block booked session for Traveller women from the Finglas/Blanchardstown area. The clinic is pre-booked and transport is provided where needed. Two Traveller Community Health Workers attend each clinic to provide support and follow-up,

In 2003, staff shortages meant that block bookings were cancelled. However as communications were open and timely, the Project was in a position to inform the Traveller community about alternatives. The service was subsequently restored and through feedback the following emerged:

- The fact that the Coolock Well Woman Clinic is situated in a shopping centre provided the necessary anonymity for many Traveller clients
- The Well Woman Staff are all female, which is an important issue for Traveller women
- Medical card holders are accepted free of charge

The Traveller Community Health Workers continue to lobby for a much needed Well Woman service to be provided in the Finglas/Blanchardstown areas.

Outcomes to date

- A regular quarterly clinic is organised
- Transport to clinic is organised
- Satisfaction with the service has created independent uptake of the service by some Traveller women who no longer need Project support.

Breast Check

In 2003, the Breast Check Co-ordinator was contacted by the Project to come to Pavee Point and discuss the screening programme on offer to women between 50–64 years.

Much of the discussion was on how to contact Traveller women on halting sites, in an appropriate way, as it was felt eligible Traveller women were being missed from the screening programme.

Many of the older women on the Project team had received an invitation to use the screening service and had gone in a group. They expressed confusion over the two-year call back system and said not all the women had received the results of their screening.

Some identified issues included:

- Electoral registers being used to identify eligible candidates
- Problems with receiving post on halting sites
- Traveller women living on the side of the road with no postal address at all
- Poor literacy
- Unwillingness among Traveller women to attend because of lack of information
- Fear around screening for some women
- Uncertainty about follow-up of results and follow-up screening protocols

As a result of the meeting, a Breast Check clinic was arranged for 10 women from Community Care Area 6, identified by the Traveller Community Health Workers, including some women from the team

The meeting also resulted in a Breast Check protocol to try and identify Traveller women between 50–64 years in an appropriate way, so as to increase their uptake of the service. This was seen as particularly important and timely, as the service was to be expanded from the original pilot area.

Pavee Point gave Breast Check a list of all Traveller organisations and existing Primary Health Care for Travellers' Projects, so Breast Check could make direct contact with the groups to advise them of the programme and to make local links. This has proved useful.

The issue of an ethnic identifier within an equality framework was also discussed in terms of the Breast Check Mobile Service.

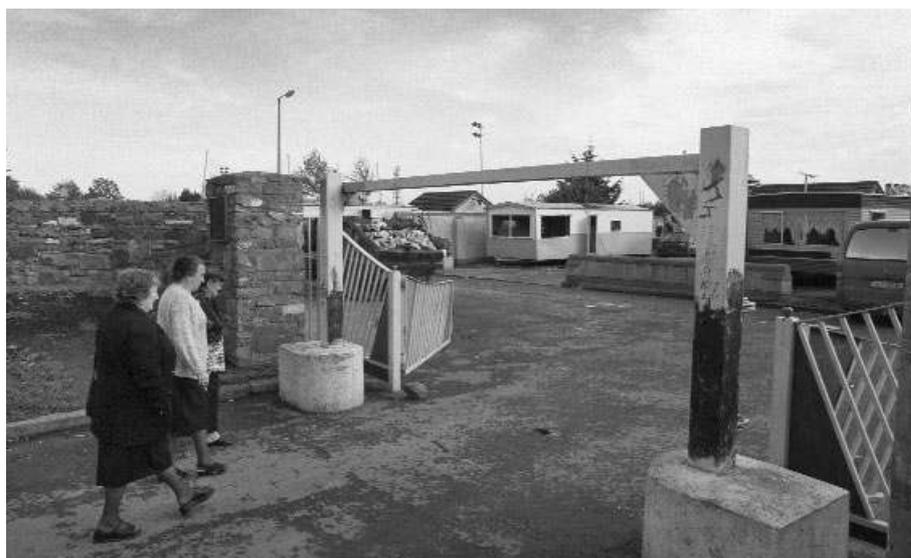
Project representatives attended the launch of the Breast Check Annual Report in November 2003. The then Minister of Health and Children, Micheal Martin, TD referred to the work being done to ensure access of Traveller women and marginalised groups to the expanding service.

3.4 Survey of Traveller Health

In the absence of any detailed data a survey of Traveller health was conducted in 1994/95. A second survey was carried out in Community Care Areas 6, 7 and 8 in 2002, a summary of these findings was published in 2004.

Pavee Point Primary Health Care Project worked with St. Margaret's Traveller Support Group, Co-operation Fingal and TravAct on this second survey and took the opportunity to look at the impact of the Project in Community Care Area 6. Obviously the findings from Area 6 were better than those from the other areas due to the fact that our Project has been in existence for a longer period of time.

In all 367 people responded to the questionnaire – an overall response of 74.9%. Analysis of the survey was carried out by the Royal College of Surgeons and the report was published by the Traveller Health Unit in the Eastern Region.



CHWs going into site in the 'Project' area.

Highlights of the analysis of the study showed that:

- There was a higher level of uptake to all health services for Travellers in Area 6 for example ante-natal care, post-natal care, and PHNs etc.
- the main reasons given for not availing of health services were postal/appointment problems, lack of information, not being able to prepare for appointments and literacy problems
- There was also a significantly lower level of barriers articulated by the Travellers in Area 6 in relation to access to health services
- 13.4% of respondents were refused service by a general practitioner, the main reason given was that their patient list was full
- 86.6% reported a visit to healers for cures when somebody in the family was sick
- the top five sicknesses reported were chest problems, flu, ear and throat problems, stomach problems and chicken pox
- fewer Traveller women receive post-natal care than ante-natal care
- 78% of Traveller men do not receive medical advice for their health problems
- one third of respondents reported depression in their family
- 89% reported a high level of confidence in visits from Traveller Community Health Workers in Area 6

3.5 Other Programme Interventions

Drugs Initiative

In recent years the issue of drug abuse has been highlighted by Project workers. In response, Pavee Point developed a Traveller specific drugs initiative which aims to have Travellers included in the work of Regional Drugs Task Forces.

The Drugs Initiative also developed Traveller specific training in relation to drug abuse, this was piloted among Pavee Point Traveller Community Health Workers over a 12 week period in 2002. This training looked at drug abuse in general, the barriers to receiving appropriate treatment and issues affecting the Traveller community in particular.

Suicide Awareness and Prevention

Another area of concern for the Traveller community was the apparent increase in suicide. With this in mind the 'Project' is involved in developing a culturally appropriate response to suicide in the Traveller Community.

Mental Health

The issue of mental health has also been highlighted by the CHWs on the ground. The 'Project' used innovative methods of training with regard to this issue and a creative visual piece of work was completed. Working in this way provided an opportunity and process to learn and talk about issues in a meaningful and participative way. The 'Project' has also established links with relevant service providers in the Finglas/Blanchardstown areas and the mental health sub-group in the Traveller Health Unit.

Violence against Women

The Violence against Women Project within Pavee Point also carried out awareness raising on the issue of domestic violence and the specific issues facing Traveller women living in a violent situation or living in a women's refuge. The 'Project' also organised for Women's Aid to carry out workshops with Community Health Workers.

Environmental Health

Environmental health has always been seen by Pavee Point as critical to the success of Primary Health Care. The National Traveller Health Strategy states: "there is little doubt that the living conditions of Travellers are probably the single greatest influence on health status".

The Traveller Health Unit in the Eastern Region has documented environmental health issues from both the perspectives of Travellers and Environmental Health Officers. Practical measures to improve environmental health, and local, regional and national structures to implement these improvements are set out in the report.

Traveller Community Health Workers continue to liaise with local authority staff on environmental health issues such as waste disposal, fire safety and environmental safety. They also liaise with local authorities in terms of postal delivery, the provision of electricity and water, and in terms of providing addresses for the provision of medical cards and other entitlements. Community Health Workers also campaign for appropriate accommodation to be provided for Traveller families.

Consanguinity or Cousin Marriage

A common practice among the Traveller culture is marrying within their community. Many people believe that marriages between cousins are common among the Travellers but there is very little reliable information. Various studies have estimated that between 19% and 40% of Traveller marriages are between first-cousins.

In 1995, the Task Force Report on the Traveller Community recommended that the 'Department of Health should commission an in-depth analysis by independent experts of issues relating to consanguinity in the Irish context, taking into account the World Health Organisation work in the area'. A Traveller Consanguinity Working Group was set up at the Department of Health and Children in November 2002.



Ronnie Fay, Pavee Point, Brendan Ingoldsby and Mary O'Reilly, Department of Health and Children, Prof. David Croke, Royal College of Surgeons, Kevin Balanda, Institute of Public Health, Prof. Alan Bittles, Edith Cowan University, Brigid Quirke and Caroline Mullen, Pavee Point.

Two members of the Project were members of this group – a Traveller Community Health Worker and the Joint Co-Ordinator of the Project. This group met regularly over a two year period to produce a position paper – A Community Genetics Approach to Health and Consanguineous Marriage in the Traveller Community. This paper was launched by Ivor Callely, Minister of State at the Department of Health and Children in March 2003.

The Project then attended a seminar for Traveller organisations at the time of the launch of the position paper. Prof. Alan H. Bittles (Consultant) Edith Cowen University (Perth, Australia) presided over the discussion and answered questions about the issue.

Fire Safety

Fire safety is also another issue for Travellers, especially those living on sites which are not accessed by the fire services. A retired Chief of the Fire Brigade conducted six sessions with the CHWs which looked at identification of fire hazards and minimising fire risks. We also worked in collaboration with the National Safety Council to produce a brochure on Fire Safety for Travellers. Other issues such as copper wire burning were also discussed.

Social Determinants of Health

The work of the 'Project' involves promoting health within the wider context of factors that can impact on the health of a community; social determinants of health, for example, poor living conditions, discrimination and access to services etc. Part of the role of the Project is to raise awareness on these issues with health service providers and others.

This type of training takes the form of workshops which allow for exchange between Travellers and service providers and explores the causality of Travellers' ill-health. It makes service providers aware of the status of Traveller health and the barriers to accessing services.

Anti-racism Training

Since the publication of 'Traveller Health – A National Strategy', the Project has become involved in making health professionals more aware of this Strategy and its implications. It is hoped that anti-racism training will be mainstreamed into general and in-service training within the health system.

Anti-racism training is provided to the teaching hospitals and universities so that students receive information on Primary Health Care for Traveller Projects and the health issues facing Travellers today. The Project has given inputs to students of Health Promotion at the Marino Institute, undergraduate medical students at the Royal College of Surgeons in Ireland, nursing studies students at Dublin City University, undergraduate and post graduate students in Temple Street Hospital, Eastern Regional Health Authority, dentists and post-graduate services. In-service information workshops have also taken place with St. James' Hospital physiotherapists, family therapists from the Clanwilliam Institute, Health Board childcare workers, officers from Wheatfield Prison and public health nurses.

Student Placement

Each year, an average of 16 student nurses from University College Dublin, take part in one-week placements with the Project. Each student's experience is different and the continued requests from UCD and the positive feedback from student nurses confirms the value of the placements. Students from the Applied Social Studies in Social Care Course, Blanchardstown Institute of Technology also complete twelve week placements with the 'Project'.

Submissions and Publications:

Pavee Point Newsletter

The Pavee Point Newsletter is a bi-monthly publication that is aimed at policy makers and decision makers and is distributed free of charge to over 2,000 individuals. The Pavee Point Primary Health Care Project has contributed regular articles to this publication including articles on the work of the Project, issues affecting Traveller health and information on the National Traveller Health Strategy.

Northern Area Health Board

Information on the work of the Project was distributed in Annual Reports of the Northern Area Health Board. This is important in giving recognition to the work of the 'Project', and in being considered part and parcel of the work of the Health Board.

The Northern Area Health Board produced a report on its child services. Traveller Community Health workers took part in a consultation process for this report and made recommendations as to improvements.

Conference Participation:

Participating in conferences both at home and abroad also ensures Traveller issues are included when discussing and exchanging information on important issues.

National Traveller Health Conference

As a result of the National Traveller Health Strategy, the first National Traveller Health Conference was held in June 2004. Project Community Health Workers made a presentation on health inequalities and highlighted the barriers to accessing services that Travellers experience. At the National Conference in 2005, a presentation was given on the Application of Primary Health Care as a model of good practice in relation to Traveller Health.

Community Health Workers attended and performed a drama at the National Consultative Seminar on the Review of the National Anti-Poverty Strategy. Community Health Workers also participated at the roundtable seminar on Travellers as part of the consultation process for the National Action Plan Against Racism. Unfortunately, Travellers were subsequently left out of the Government's Action Plan, and it was only with vigorous follow-up lobbying that Travellers were included.



CHWs performing a drama at conference.

The following is a list of some of the conferences and consultations which the 'Project' was involved with:

- Conference on Integrated Services, Dublin Castle
- Disability Federation of Ireland workshop
- Public Health Forum, Glasgow
- Scottish Gypsy/Traveller round table, Glasgow. Input from the Project "Traveller Health: Moving Forward" National Resource Centre for Ethnic Minorities and Scottish Gypsy/Travellers
- Challenges, Changes and Choices in Public Health; the way forward CPHVA, Ramada Hotel Belfast PHC – Presented drama
- Building Healthy Communities; Putting Poverty and Social Inclusion at the centre of Health Policy and Practice
- Belfast Healthy Cities Conference – The Power of Local Action 2003 International Health Cities Conferences
- Action on Alcohol Conference, Eastern Regional Health Authority
- Human Security of Minorities: Improving Development and Security through Protection of Minority Rights – Presentation of case study of Irish Travellers
- Presentation on Older Travellers, National Council on Ageing and Older People Healthy Ageing Conference
- UK Public Health Alliance Annual Public Health Forum
- 'Violence Against Women – A Human Rights Issue, Department of Justice, Equality and Law Reform, EU Presidency Programme
- Consultation Forum Youth Health Strategy, Northern Area Health Board
- Presentation at Conference at Royal Victoria Hospital, West Belfast
- Presentation at Seminar on Black and Minority Ethnic Women organising Together, Amnesty International and Aikdo.
- Presentation at 'Women Together Creating Change', National Women's Council of Ireland.

Consultations took place with:

- Expert Group on Mental Health, Department of Health and Children
- Food Poverty in Ireland
- Crisis Pregnancy Agency
- Progress Report for SASTIPAN Network
- Amnesty International (Report on Mental Health in Ireland)

- National Women's Council of Ireland
- Eastern Regional Health Authority Sexual Health Strategy Committee
- South Western Area Health Board
- Consultation Day for National Survey of Sexual Attitudes Behaviour and Knowledge, Economics and Social Research Institute and the Royal College of Surgeons in Ireland (December 2002)
- Irish Traveller Movement
- National Traveller Women's Forum
- Irish Association of Directors of Nursing and Midwifery

Health Education Resources

Another aspect of health education is relaying information and skills to enable individuals to make the best decision possible in relation to their health. In this context the Project works to develop health education materials in conjunction with Travellers so information can be relayed in a meaningful and relevant way.

An important action of the 'Project' continues to be the production of culturally appropriate education materials. It has been shown that specifically targeted health promotion material is highly effective as it is meaningful and relevant to Travellers' lives.

Pavee Gailles – Traveller Children

Video is a particularly useful medium within the Traveller community, in that it can cater for people with poor literacy skills. Travellers, public health nurses and other health professionals were consulted in identifying the topics for this video – immunisation, asthma, cot death and breast feeding. The starting point was a training course on children's health with the Traveller Community Health Workers on the Project



An example of a Halting Site in the 'Project' area.

A series of key messages for each of the 4 topics were developed with the relevant health expert. The video was filmed with Travellers on halting sites and in hospitals and health centres. In this way Travellers are visible in health education materials and Travellers watching the video are encouraged to engage in recommended health practices. The video was produced with an accompanying booklet.

Health Strategy Video

In 2003, the Department of Health and Children provided funding to the Project to produce an information video on its health strategy for Travellers. The video gives an overview of the Strategy and its 122 recommendations, and looks at the impact these will have on service providers. The video was distributed free of charge to all Traveller organisations and interested groups.

Directory of Services

A Directory of Services was developed for the Finglas/Blanchardstown areas. This will provide a user friendly and relevant directory for the Traveller community in the area.

Quilt

The image of a tree was used by the 'Project' in producing a quilt made from different fabrics. The roots of the tree represent how the 'Project' began, the trunk its partnerships, and its branches the achievements and new areas of work of the Project. As well as producing a useful tool to help in talking about the work of the 'Project', the production of the quilt enabled Community Health Workers to review the Project and identify its highlights; because of this it was selected as the cover for this report.

Pavee Fotochat

A pack was produced with a series of photographs which were developed to use as a tool in training, research and awareness raising. These photographs help visualise health issues for Travellers and the barriers Travellers may face. They also provide an opportunity to familiarise Travellers with medical and healthcare procedures. This pack was funded by the Traveller Health Unit and the Department of Health and Children.

Networking and Communication

Participation in Local, Regional and National Networks

In the last number of years a number of strong networks in terms of Traveller health have developed. Networking has become more and more important in light of new Primary Health Care Projects coming on stream and new relations developing with health service providers.

Networks provide a valuable opportunity for an exchange of information, for discussion of relevant issues and for developing a consensus in terms of policy and policy implementation. They also provide a support for Traveller representatives.

Area Traveller Health Committee

The need for structured communications between local health service providers and Traveller organisations are necessary for sustained development and partnership. In 2003, the first meeting of the Area Traveller Health Committee was held in Community Care Area 6.

There is equal representation of Travellers/Traveller organisations and health service providers on this committee and terms of reference have been approved by the Department of Health and Children.

Eastern Regional Traveller Health Network

This is a network of Co-Ordinators and Assistant Co-Ordinators of Primary Health Care Projects in the Eastern Region. It provides a forum for discussing issues affecting projects and is also a resource for project members who represent Traveller issues on various committees.

National Traveller Health Network

This provides a national forum for Primary Health Care Project representatives. Up until 2004 it operated on a national basis only but since then regional networks have developed.

National Traveller Health Advisory Committee

Two members of the Project sit on the National Traveller Health Advisory Committee which was instrumental in introducing the National Traveller Health Strategy. This is a statutory committee that was set up at the Department of Health and Children following the Report of the Traveller Task Force in 1995.

Meetings take place on a monthly basis and reports are drawn up in terms of all the areas covered in the National Traveller Health Strategy. This time consuming and demanding input from the Project was vital in helping to ensure a holistic approach to Traveller health and an appropriate focus on Primary Health Care for Travellers in the Strategy.

Networking Events in Recent Years

- Presentation of Crosscare database and report
- Launch of Health Literacy Pack, National Adult Literacy Association
- Reception with President Mary McAleese
- Access Ireland Transnational Project Information Day
- Launch of Public Health Alliance – Presentation of drama
- Public Lecture “Why consanguineous marriages”, National University of Galway NUI
- National Traveller Women’s Forum – workshop on women’s health
- Launch of ‘A Quest for Health – Creating a World of Difference’ in Clondalkin
- Launch of Combat Poverty Agency and the Society of St. Vincent de Paul – ‘Food Poverty and Policy’
- Launch of Equality Authority’s Annual Report
- Launch of Anti-Racism Information Pack, Equality Authority
- ‘Babies Who Lunch’, National Breastfeeding Week, The Health Promotion Unit, Department of Health & Children
- The Project, along with the Latin American Society, hosted the visit of two Peruvian workers from a Primary Health Care Project. There was an exchange of information on the work of the projects and a comparison of the issues impacting on health in the two communities.

Communication

Access to the media is an important issue for Travellers. Some members of the Project have undertaken media training and have taken part in mainly radio programmes and discussions. Some members of the Pavee Point Project, for example, were invited on the Marian Finucane Show to talk about ‘cures’. Local radio has also provided opportunities for Project members to gain media experience and to discuss local issues.

Producing Pavee Point videos has also given Traveller Community Health Workers some experience in video production and in giving interviews. The Project has also facilitated a range of newspaper articles which have featured in, for example, the Irish Times and the Sunday Independent. Project members have also facilitated news services and provided interviews on topical and sometimes controversial issues such as cousin marriage and illegal dumping.

This is not always easy given the stereotypical views of Travellers that exist in mainstream society and which are often reflected in the media. The Project has attempted to promote the positive work of the Project in the media. This involves giving all the support necessary to make this work easier by helping with preparation, providing encouragement and giving constructive feedback to people engaging with the media.

Drama has proved a very successful communication medium for the Project and a lot of work has gone into developing, rehearsing and performing dramas that highlight the health issues facing Travellers. Drama provides a good opportunity for Travellers to express their situation because it allows Travellers to represent situations in a real and meaningful way and in a way which involve the whole group. Drama presentations are often combined with other media such as Power Point presentations or workshops.



Traveller couple from Ballyhaunis.

Section Four

4 Challenges and Opportunities for PHC Project

4.1 Recognition, Extension and Replication of PHC Model

Summary of Key Features of Primary Health Care:

- Community participation is at the heart of sustained Primary Health Care activity
- Primary Health Care is an approach to health philosophy. It is not a package or a complete defined methodology
- There are no blueprints for success in Primary Health Care delivery; only a process or an approach which grows as our understanding of human development increases
- Primary Health Care is a flexible system which needs to fit all types of circumstances. It must be adapted for the health problems, the culture, the way of life and the stage of development reached by the community
- Primary Health Care needs to be developed as the community develops. It is part of the whole social development process
- Need for appropriate structures and ongoing training

Meeting ongoing training requirements is an important but difficult area within the Project as firstly funding is not always available for specific training needs and secondly training and work needs to be balanced. It is up to the Project to maintain a focus on training – group training, team training and individual training – in order to give Community Health Workers the best opportunity to achieve their full potential.

Training for Community Health Workers should be appropriately paced to meet the needs of Travellers and should involve sufficient time and resources to enable trainees to develop both personal (confidence, teamwork, communication and analytical) and technical skills.

- A multi-disciplinary steering group representing the interests of both the statutory sector and Traveller community should be set-up
- Project co-ordination should be shared between a worker from a Traveller organisation and a professional health care worker
- A phased work plan should be developed to include ongoing training for Community Health Workers
- Participants should be involved in the design, piloting and implementation of a base-line health survey in the remit of the 'Project'
- Active networks and linkages should be developed with other Traveller groups
- All Project work should be documented, reviewed and evaluated

Extension of the Model

During the last ten years, the Pavee Point Primary Health Care for Travellers' Project has demonstrated that this model can help to significantly improve Primary Health Care for Travellers.

As a result, other Traveller organisations have decided to replicate this type of Project with their own local health service provider. This is a very welcome development and there are now 40 Primary Health Care for Traveller Projects at varying stages of development, located around the country.

Pavee Point has aimed to contribute in the most positive way possible to the development of these Projects. It is important to recognise that replication does not simply mean copying the activities of the Project. Principles of Traveller participation, developing a flexible inclusive approach and promoting holistic and informed health care are vital to the success of any Project.

Trainers' Training

In promoting community development principles and a community development approach, Pavee Point, in conjunction with the Eastern Regional Health Authority and University College Dublin, developed training for future co-ordinators of Primary Health Care for Traveller Projects.

The first of these courses took place in 2001 and 240 hours of training were provided. Thirteen of the participants who participated, mainly represented community workers and health professionals and one Traveller Community Health Care Worker from our Project also completed the certificate.

All of the participants, who did the course, graduated and received certificates from the University College Dublin. The course helped the participants for future progression to further their education. After completion of the course, two of the participants were accepted to do access courses in the UCD. One of them took the opportunity and completed her Masters and currently working in a Traveller organisation as a Co-ordinator.

Funding for the course came from the then Traveller Health Unit (THU) from the Eastern Region.

(For further information on the Trainers' Training course, please see Appendix 4)

Appendix One

Traveller Population Count by Region

Province, County or State	2002 CSO Traveller Count of Persons	2002 NTACC Traveller Count of Persons	2004 NTACC Traveller Count of Families	Population 2004
Leinster	12,085	15,750	3,535	19,089
Carlow	306	366	95	513
Dublin of which	5,696	7,452	1,397	7,544
Dublin City	2,049	2,712	510	2,754
Dunlaoghaire/Rathdown	579	726	101	545
Fingal	1,244	1,626	304	1,642
South Dublin	1,824	2,388	482	2,603
Kildare	413	420	109	589
Kilkenny	395	420	92	497
Laois	457	546	120	648
Longford	545	972	281	1,517
Louth	609	1,062	295	1,593
Meath	710	936	185	999
Offaly	664	870	184	994
Westmeath	599	588	235	1,269
Wexford	1,124	1,434	398	2,149
Wicklow	567	684	144	778
Munster	6,016	8,304	1,973	10,654
Clare	715	852	185	999
Cork of which	1,711	2,448	499	2,695
Cork City	860	1,482	267	1,442
Cork County	851	966	232	1,253
Kerry	840	1,224	293	1,582
Limerick of which	1,364	1,626	520	2,808
Limerick City	317	378	70	378
Limerick County	1,047	1,248	450	2,430
Tipperary North	487	726	155	837
Tipperary	402	522	115	621
Waterford of which	497	906	206	1,112
Waterford City	349	672	171	923
Waterford County	148	234	35	189

Province, County or State	2002 CSO Traveller Count of Persons	2002 NTACC Traveller Count of Persons	2004 NTACC Traveller Count of Families	Population 2004
Connaught	4,695	5,376	1,157	6,247
Galway of which	3,015	3,324	698	3,769
Galway City	1,058	1,194	280	1,512
Galway County	1,957	2,130	418	2,257
Leitrim	134	198	48	259
Mayo	818	1,044	232	1,253
Roscommon	366	318	73	394
Sligo	362	492	106	572
Ulster (Part of)	885	1,470	326	1,760
Cavan	221	294	61	329
Donegal	389	780	169	913
Monaghan	275	396	96	518
State	23,681	30,900	6,991	37,751
<i>To get the population, figures are multiplied by:</i>		x 6		6,991 x 5.4

Appendix Two

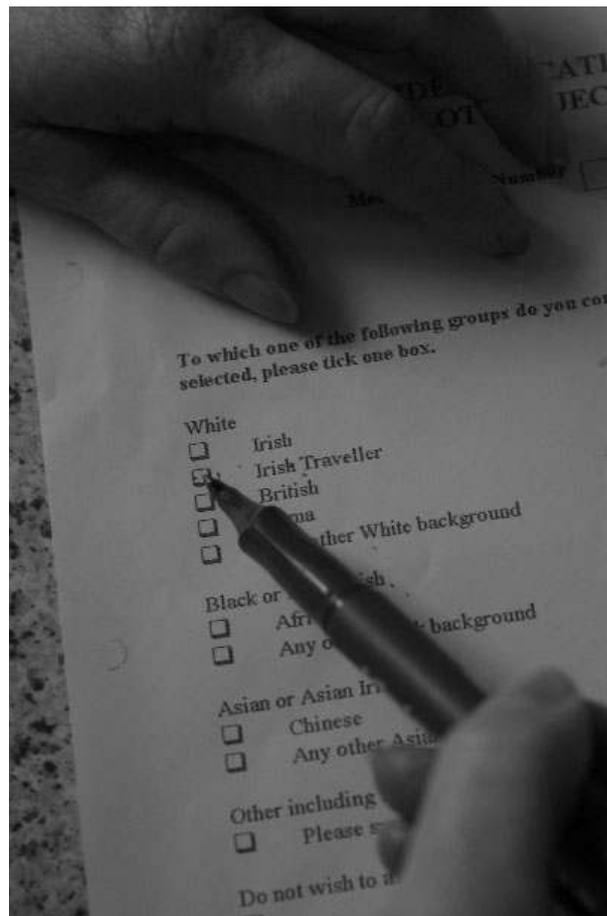
Outline of Ethnicity Pilot Project

Ethnicity Pilot Project (EPP)

“Making significant progress in tackling Traveller health status will be difficult unless an adequate system can be put in place to gather data on an ongoing basis on Traveller Health. This data, effectively the baseline from which progress can be measured and by which services can be planned and monitored, is now an urgent necessity.” Section 5.4 p32, National Travellers’ Health Strategy 2002–2005

Purpose and Description of Project

The EPP was proposed in *Traveller Health: A National Strategy 2002–2005* (NTHS). The purpose of the EPP is to develop, test and evaluate the collection of information on the ethnicity (including Travellers and other ethnic groups) of hospital patients. It covers Action 8 and 9 of the NTHS which have the central aim of progressing towards the measurement of ethnicity as a routine feature of health information systems. The sole purpose of collecting information on ethnicity is to plan to meet the needs of the community and to ensure everyone has equal access to health care. It is being managed by the Ethnic Identifier Group which is a sub-group of the National Traveller Health Advisory Committee.



Ethnic Identifier Form.

The Ethnicity Pilot Project was designed to collect information on ethnicity in a major acute hospital and a major maternity hospital for a limited period and to undertake analysis and evaluation of the results. The two hospitals participating in the 'Project' are the Adelaide and Meath Hospital incorporating the National Children's Hospital (Tallaght) and the Rotunda Hospital.

Phase 1

Design of the Ethnicity Question

A series of consultations to finalise the question, were undertaken with representatives from ethnic minority communities in Ireland, followed by a number of roundtables with representatives from the participating hospitals, the HIPE unit at the Economic and Social Research Institute, the Department of Health and Children and from a range of national organisations working with ethnic minorities including Pavee Point, the Equality Authority, The Institute of Public Health, the National Consultative Committee on Racism and Interculturalism (NCCRI), Cairde, Spirasi, the Irish Refugee Council and Access Ireland. In the drafting of the question, consideration was given to the experience of the application of ethnicity questions to health data sets in the North of Ireland and the UK. Recognising the complexity and sensitivity of the issue, a balance had to be reached between the need for simplicity/efficiency on the one hand and sufficient detail to allow meaningful results on the other.

Training and Awareness Raising

In order to ensure effectiveness of this 'Project', it was agreed that careful preparation and training for the introduction of the ethnicity question in both sites was essential to the outcome of the pilot. The training involved development of protocols and agreements between the hospital, the Department of Health and Children and Pavee Point and general awareness of the 'Project' and its potential value within the ethnic communities using the hospitals. Pavee Point was responsible for liaising with the hospitals and building up relationships with local ethnic communities. It also developed appropriate materials and training modules for the 'Project'. Preparation of modules on ethnicity for training with the staff in the hospital and development of summarised information and brochures on the 'Project' also took place.

Phase 2

Data Collection

It is important to emphasise that participation in the pilot project was completely voluntary, that respondents self-identified and were made fully aware of the aims of the 'Project' and of the use which is to be made of the data. In particular, the data will be used solely for statistical purposes and under no circumstances will it be used to identify individuals. The information from the completed forms was entered into a database by the Department of Health and Children. This data was then linked to HIPE data for further analysis. Data analysis was undertaken by the Department of Health and Children and involved merging ethnicity information with other hospital activity data.

Phase 3

Analysis of Data and Production of a Final Report

Data will be analysed, incorporating information from PAS and HIPE systems, the results and experience of this section of the pilot will be written up and evaluated by the Department of Health and Children.

Pavee Point will outline the training and preparation completed in each site to facilitate the design and implementation of the programme and will evaluate the data collection process, the training and information materials with the Hospital staff and the ethnic groups who participated in the study.

Based on the outcome and evaluation of the protocols and standards agreed with the Hospitals, the working group will draw up a draft 'Code of Practice in relation to the collection, analysis and dissemination of Ethnic Data' to accompany the final report.

Phase 4

Distribution and Dissemination of Learning from the Project

Action 9 (NTHS)

The results of this pilot will be evaluated with a view to extending the identification of ethnicity to other relevant health information systems as part of the implementation programme for the National Traveller Health Strategy.

In order to reflect the reform of the health system, there is a need to re-constitute the working group to incorporate HSE representatives, particularly the National Hospitals Office and the Primary, Community and Continuing Care to facilitate the mainstreaming of the ethnicity question into all health data systems.

Appendix Three

Key Values and Actions which Inform the NTHS

- From a position where the policy in the 1960's was to assimilate Travellers into the settled community, there is now recognition at official level that Travellers are a distinct minority with their own culture and beliefs and most importantly that they have a right to have their culture recognised in the planning and provision of services. This point is of critical importance. If we as a society recognise and accept the rights of minority groups then we must be prepared to ensure that services are responsive to Travellers especially in terms of their nomadic lifestyle
- The core value is identified as achieving equity in healthcare service provision. It requires acceptance that equality is based not just on equality of access, but on equality of participation and outcome and that the particular needs and culture of Travellers require an innovative approach to health service planning promotion and delivery while making the best use of the contribution that Travellers themselves can make to this process
- The focus of the new approach to Travellers' health needs must be on equality of outcome as well as equality of access to, and participation in, services, beginning from the position that there is a greater need for healthcare for Travellers at present, given their poor current health status
- Discrimination on an individual and institutional level is also a factor in the lack of an effective response to Traveller Health Needs. In the past the official policy of assimilating Travellers into the settled community is likely to have been at the root of much of the institutional inertia in terms of developing Traveller specific services and special initiatives
- Active partnership and participation of Travellers and their representative organisations will be encouraged in determining health priorities for their community. All planning and provision of health services related to Travellers will be carried out in this spirit of partnership and with respect for the Traveller community and its culture
- Among the most important factors contributing to this situation are social exclusion, the influence of a harsh living environment and racism. This strategy identifies how health planning and health services can play their part in the wider policies which are aimed at eliminating these factors. More particularly the Strategy describes a number of key aspects of Travellers' Health which need to be addressed if an improvement in Traveller health status is to be brought about
- It recognises the differentials in health outcomes for different population groupings. It supports the need for an ethnic identifier and the need to disaggregate data in order to identify the disease patterns and monitor the differential impact of health services and address inequalities, as the most recent figures on Traveller health date back to 1986. It also highlights the need for ethics and standards in health research undertaken on the Traveller community
- Given the unacceptable wide gap between the health status of Travellers and that of the settled community, this strategy re-affirms the right of Travellers to appropriate access to health care services that take into account their particular needs, culture and way of life and, accordingly, action to promote the health and welfare of Travellers will be afforded a high priority
- The strategy recommends building a community development approach, incorporating a permanent role for peer led services. The development of new roles for Travellers within the health services as planners, service providers and promoters, as appropriate, is essential
- The strategy calls for "targeting" or affirmative action to address the poor health status of Travellers and to counter past disadvantage in terms of services, resources and opportunities

The Strategy also recommends the following:

- A Traveller Needs Assessment and Health Status Study will be carried out to develop and extend indicators collected in the last survey of Travellers' Health Status (1987 HRB) and to inform appropriate actions in the area of Travellers' Health
- That all health service personnel should receive training in Traveller cultural awareness
- That framework for the management and staffing supports to implement the recommendations in the Strategy are outlined
- Health boards will be required to draw up a regional plan for their areas to implement the Strategy
- Traveller organisations are to be funded to support their participation in health initiatives
- It acknowledges the need for health promotion mechanisms and strategies to be representative and inclusive of Traveller interests
- It recognises the reality that many Travellers are illiterate and need information materials to be accessible and culturally sensitive
- It calls for health impact assessment of public policy which impacts on Travellers' health
- The strategy then makes a series of recommendations in relation to men, women and children's health
- It recognises the role that Primary Health Care Project's have had in addressing Traveller health issues and it recommends their replication throughout the country
- It acknowledges problems Travellers have encountered in accessing GP services and medical cards and makes recommendations for dealing with these
- It suggests designated public health nurses be assigned to work with Travellers and that their caseload should be limited to not more than 150 families
- It makes recommendations in relation to dental, aural and associated health services as well as disability and social work services. It also makes recommendations in relation to community welfare services and alcohol and drugs services
- It acknowledges difficulties that Travellers encounter in hospital services and recommends in-service training for health personnel and information for Travellers on appropriate use of A&E departments. It also suggests that a hospital Traveller liaison person could be appointed
- The strategy contains 122 actions which are to be implemented over a four year period, from 2002 to 2005. 8.3 million euro has been allocated for the implementation of these proposed actions

Appendix Four

Trainers' Training Course

Course Aim

To provide a standard qualification for people who deliver and manage a Primary Health Care for Travellers' Project.

Course objectives

The course had six different modules and each module had its own objectives. The following is a list of those objectives:

- To provide a critical understanding of the issues that impact on Travellers' Health Status
- To provide skills that facilitate the implementation of a Primary Health Care for Travellers' Project
- To demonstrate appropriate community development practice
- To provide basic skills in quantitative and qualitative research for community based health needs
- To develop skills to plan, monitor and evaluate a Primary Health Care initiative
- To provide basic training and facilitation skills to deliver a Primary Health Care 'Project'

The first of these courses took place in 2001 and 240 hours of training were provided. Thirteen of the participants who participated, mainly represented community workers and health professionals and one Traveller Community Health Care Worker from our Project also completed the certificate.

Course Contents and Methodology

As mentioned earlier, the course was divided into six modules and their contents were carefully designed to create a balance between theory and practice. The contents covered Traveller issues and practical aspects of training skills for would be trainers. The following are the modules covered in the course:

1. Equality, culture and racism and its impact on Travellers' health status
2. Primary Health Care as a model for the promotion of equality and health
3. Community Development as an approach to Primary Health Care
4. Project Planning and Community Needs Assessment
5. Data Analysis and Project Planning
6. Training Skills for Trainers

The course also employed variety of adult learning methods to maximise learning. These methods included visits to the Equality Authority, St. Michael's Community and Pavee Point. These visits allowed the participants to make a linkage between theories they have learnt in the training and how these were implemented by others. In these places experienced personnel talked about their own work experiences and showed the participants around. These visits incorporated Equality Legislation, Community Development and Traveller Community Health Workers' Survey of their own community.

The participants were also given assignments to carry out in between the modules. These assignments allowed them to practise what they had learnt during the previous module and also allowed the facilitators to assess the participants' level of learning from the course. Some of the assignments were designed as a pre-requisite to the next module (e.g information collected between the modules was used for analysis during the next module). Pavee Point requested the

participants' parent organisations to release them for three days for their assignments. The participants used the time to collect information and write up their assignments.

The participants were trained in data collection techniques and data analysis. For the purpose of quantitative data analysis, a student version of a computer data analysis package (JMP IN 4) was suggested to the participants. Two days were spent on practical data analysis using JMP, based on sample data collected by the participants during their training. This gave them hands on experience about data collection and analysis. The participants were advised to buy this package for future use, if they think that they will need it. Most of them bought the package.

Each participant was assigned individual tasks as well as group tasks to be presented to the whole group. The individual tasks were assigned to help them build their own capacity, while each of them was assigned group tasks, which were aimed at enabling them to understand group dynamics and work in a group situation. Constructive feedback was given to the individuals and the groups to improve their knowledge as well as their presentation skills.

Assessment, Monitoring and Evaluation

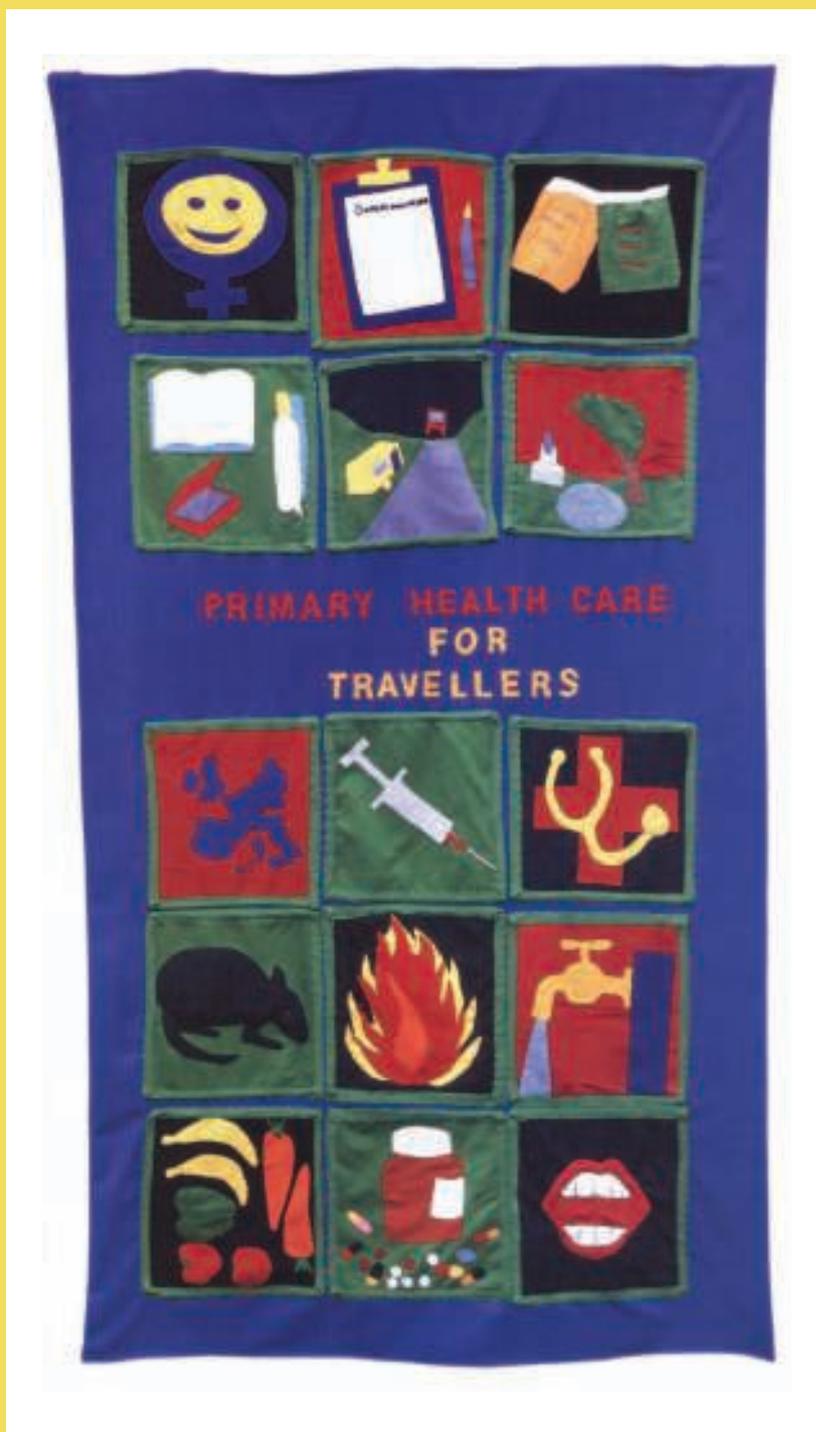
Considering that the participants were adults and were receiving a Trainers' Training Course, the course employed a self-assessment as well as a peer assessment method. Pre-test and post-tests were employed for each module and were marked by the participants themselves against a set of Model Answers agreed upon by all participants at the end of each module. During the course, these methods were monitored and found effective. At the end of the course, a combination of six external and internal facilitators marked a few questions from their own sessions, which the participants answered during their pre and post-tests. This proved that the method employed for the assessment was quite effective in measuring the learning outcome of the participants.

Conclusion

All of the participants, who did the course, graduated and received certificates from University College Dublin. The course helped the participants to further their education. After completion of the course, two of the participants were accepted to do access courses in UCD. One of them took the opportunity and completed her Masters and is currently working in a Traveller organisation as a Co-ordinator.

Funding

Funding for the course came from the then Traveller Health Unit (THU) from the Eastern Region.



Although not specifically a health education material, an important resource used by the project was a quilt which was prepared by the group in 1995. This quilt represented different aspects of the project i.e. dental, environmental, cures etc. as prioritised by the Community Health Workers. It was used both in Pavee Point as a backdrop to workshops and seminars and also on visits to Traveller Groups. It was a particularly effective information channel on the project to those with poor literacy skills. The quilt was used as the cover page of the first annual report and over the development of the project has come to be a symbol of the project.

As seen from the cover of this document, we now have a new quilt reflecting the expanding range of areas covered by the project, but the original quilt remains the image that represents the Primary Health Care for Travellers Project, Pavee Point.