PAVEE POINT
TRAVELLER AND ROMA CENTRE

POSITION PAPER ON:

Traveller Men's Health

Pavee Point working with Traveller Men to address health inequalities and promote health and well-being

November 2016

" A mainstreamed approach is sufficient when outcomes are identical for all components of the target groups; when evidence shows a clear gap between the situation of Roma and Travellers versus the rest of society (e.g. regarding their health and housing situation), policies should be adjusted and specific measures should also be developed. **"**

(European Commission Assessment of Ireland, June 2016)

contents

1. Introduction

ABOUT PAVEE POINT

Pavee Point is a national non-governmental organisation committed to the attainment of human rights for Irish Travellers and Roma. The organisation is comprised of Travellers, Roma and members of the majority settled population working in partnership to address the needs of Travellers and Roma as minority ethnic groups experiencing exclusion and marginalisation. Pavee Point undertakes specific programmes with a number of key targets, including health, youth, community development, education, violence against women, communications, drug and alcohol and Roma.[1]

ABOUT TRAVELLERS AND TRAVELLER MEN

Travellers are an indigenous minority ethnic group, documented as being part of Irish society for centuries. Travellers have a long shared history and value system which make them a distinct group. They have their own language, customs and traditions. Extended family and community are key social institutions in most Traveller communities. In addition to defining identities and roles, they provide important support and protection in the face of anti-Traveller discrimination and social exclusion.

Gender roles in the Traveller community are changing at a slower pace in comparison to the general population as Traveller women are subjected to gender discrimination both within and outside their community. It is important to note that patriarchy operates very differently depending on the community[2]. Therefore, gender relations differ between Traveller communities, and simple generalisations about individual Travellers or Traveller communities must be avoided. Like any other culture, Traveller men are not homogenous and there are multiple identities within this community.

1. Although Pavee Point works with both Traveller and Roma communities, this position paper focuses on Traveller men specifically, using findings from the All Ireland Traveller Health Study and other Traveller specific resources.

2. Fiona McGaughey, Travellers' attitudes to sexual relationships and sex education, Pavee Point Travellers Centre (2011), p.26. Available at: http://www.pavee-point.ie/wp-content/uploads/2014/01/Relationships-and-Sexuality-Attitudes.pdf

2. The need for a focus on Traveller Men's Health

The need for a focus on Travellers men's health sits within the context of growing international recognition of the need for a focus on men's health in general. Despite progress in medicine, health care, and public health, men consistently suffer more serious illness than women and die at an earlier age.[3] The facts about Traveller men's health paint a stark picture. Travellers, both men and women, experience poorer health outcomes overall compared with the general population. However, whilst Traveller women's health outcomes have improved in recent years, Traveller men's has not. According to the 2010 Our Geels All Ireland Traveller Health Study (AITHS), Traveller male life expectancy in 2008 was 61.7 years - identical to 1987 statistics.[4] The AITHS found that Traveller males have 3.7 times the mortality of males in the general population and the suicide rate in male Travellers is a staggering 6.6 times higher than in the general population.

The AITHS was commissioned by the Department of Health and Children and carried out by researchers at University College Dublin in partnership with Pavee Point and Traveller organisations.[5] The first comprehensive census of the Traveller population, it found that there were 36,224 Travellers living in Ireland in 2008.[6] One of the key recommendations from the AITHS relevant to men's health was as follows:

> " *A gendered strategy needs to be adopted and men's health issues need to be addressed specifically, with an emphasis on empowerment and promotion of self-esteem for young Travellers of both sexes to improve mental health and wellbeing, but particularly drawing in the engagement of men. This requires a comprehensive cross-sectoral approach to facilitate work opportunity, break down the substance misuse problems and engage men in health service participation.* " [7]

The need for a gendered strategy arose because of the stark findings on Traveller men's health arising from the AITHS. Also in 2008, the National Men's Health Policy recommended "Specific provisions... for marginalised subgroups of men (e.g. Traveller men, ethnic minority men, disabled men, isolated rural men)".[8] However, the associated action plan does not include any actions targeted specifically at Traveller men. The National Men's Health Action Plan: **Healthy Ireland – Men 2017-2021** sets out a new vision and roadmap for men's health in the years ahead and one of the themes acknowledges the need to give *'a particular emphasis on addressing health inequalities between different sub-populations of men'* [9]. While this acknowledgement is welcome - given Traveller men's specific health inequalities, and the evidence available - it is important that Traveller men's health needs are specifically named and addressed within all actions. This is also in keeping with the Public Sector Equality and Human Rights Duty. A mainstreaming and targeted approach are both required given Traveller men's health status. In June 2016 the European Commission in their assessment of Ireland under the EU Framework for National Roma Integration Strategies & Communication on Effective Roma Integration Measures 2016 stated:

> " *A mainstreamed approach is sufficient when outcomes are identical for all components of the target groups; when evidence shows a clear gap between the situation of Roma and Travellers versus the rest of society (e.g. regarding their health and housing situation), policies should be adjusted and specific measures should also be developed.* " [10]

Pavee Point has a long history of working to improve Traveller health. The Primary Health Care for Travellers Project began as a pilot initiative in October 1994 and has been running ever since. It was identified through this project that Traveller women could be visited at home and health workers could discuss primary health care with them. It proved more difficult to engage with Traveller men. This is not uncommon amongst service providers and/or community groups and Pavee Point summarises the difficulties surrounding men engaging with health services or groups as follows:

3. David Wilkins & Erick Savoye (ed.s) Men's Health around the world: a review of policy and progress across 11 countries, European Men's Health Forum, (2009). Available at: http://taneora.co.nz/wp-content/uploads/2015/06/Mens-Health-around-the-world.pdf

4. Kelleher et al (2010) Our Geels All Ireland Traveller Health Study. University College Dublin, Department of Health and Children.

5. Ibid.

6. Although subsequent census data has recorded a lower Traveller population, Pavee Point uses the AITHS population figures as it was a more comprehensive, Traveller-specific data gathering exercise.

7. Kelleher et al, above n.3.

8. Department of Health and Children, National Men's Health Policy 2008-2013, December 2008, p.141.

9. Department of Health, Healthy Ireland –Men HI-M 2017-2021, National Men's Health Action Plan, November 2016, p. 2

10. European Commission (2016) Assessing the implementation of the EU Framework for National Roma Integration Strategies and the Council Recommendation on effective Roma integration measures in the Member States: Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. P 65. Available at http://ec.europa.eu/justice/discrimination/files/roma-report-2016_en.pdf

- Discrimination;
- The lack of process within mainstream service provider's to focus on relationship-building with Traveller men;
- Service delivery - the culture in many of the service providers is often very different to that of Traveller men;
- The gap between Traveller men and service providers. Engagement is largely within individual, client-based systems, which Traveller men are familiar with but at the same time have limited knowledge of; and
- Feelings of disempowerment and frustration with such systems.

As a result, based on the findings of the AITHS, Pavee Point established a Travellers Men's Health Project. The project, in its infancy, acknowledges the difficulties of working with men and therefore adopts a social determinants approach to health underpinned by community development principles. Such an approach requires both an intersectoral and interagency partnership, emphasising Traveller leadership, participation and capacity to effectively tackle Traveller men's health inequalities. The initial aim of the project was to facilitate Traveller men to collectively engage in difficult discourses associated with health. Each Eastern Region THU Traveller Primary Healthcare Project was consulted and provided key analyses in designing a collective Traveller Men's Action Plan. Consequently, the Traveller Men's Action Plan was launched in January 2016 and now sees in excess of 120 Traveller men participate in physical challenges, receiving health checks, attending health information sessions and participating in workshops designed specifically to raise awareness in relation to men's physical and mental health.

This initiative has proven successful in engaging Traveller men. For example, in one initiative that runs in conjunction with International Men's Health Week, Pavee Point, along with the Eastern Region THU Traveller Primary Healthcare Projects, held their annual Traveller Men's Health Day event in the Phoenix Park. Working in partnership with health service providers and organisations, this event focused on promoting positive physical and mental health through sports-based activities. 2016 was the first year that a "passport to play" system was introduced whereby Traveller men were required to receive four key health checks delivered by health providers on site prior to participating. Building on the level of engagement, participation and interest by Traveller men in the region, the Traveller Men's Health Project will explore the feasibility to expand this event nationally by working in partnership with other local Traveller organisations and Traveller Primary Healthcare Projects.

Pavee Point is committed to continuing to work to improve Traveller men's health. We are aware that working with men can be challenging and can only work with the involvement of Traveller men in all activities, using a community development approach. Therefore, a more process focused initiative could prove to be successful. This particular process has seen Pavee Point and the Men's Development Network work collaboratively in designing a Traveller specific training module as part of the "ENGAGE" training. The module is currently in the development stage and will be piloted across Primary Healthcare Projects in the Eastern Traveller Health Unit Region, with a view of rolling out nationally.
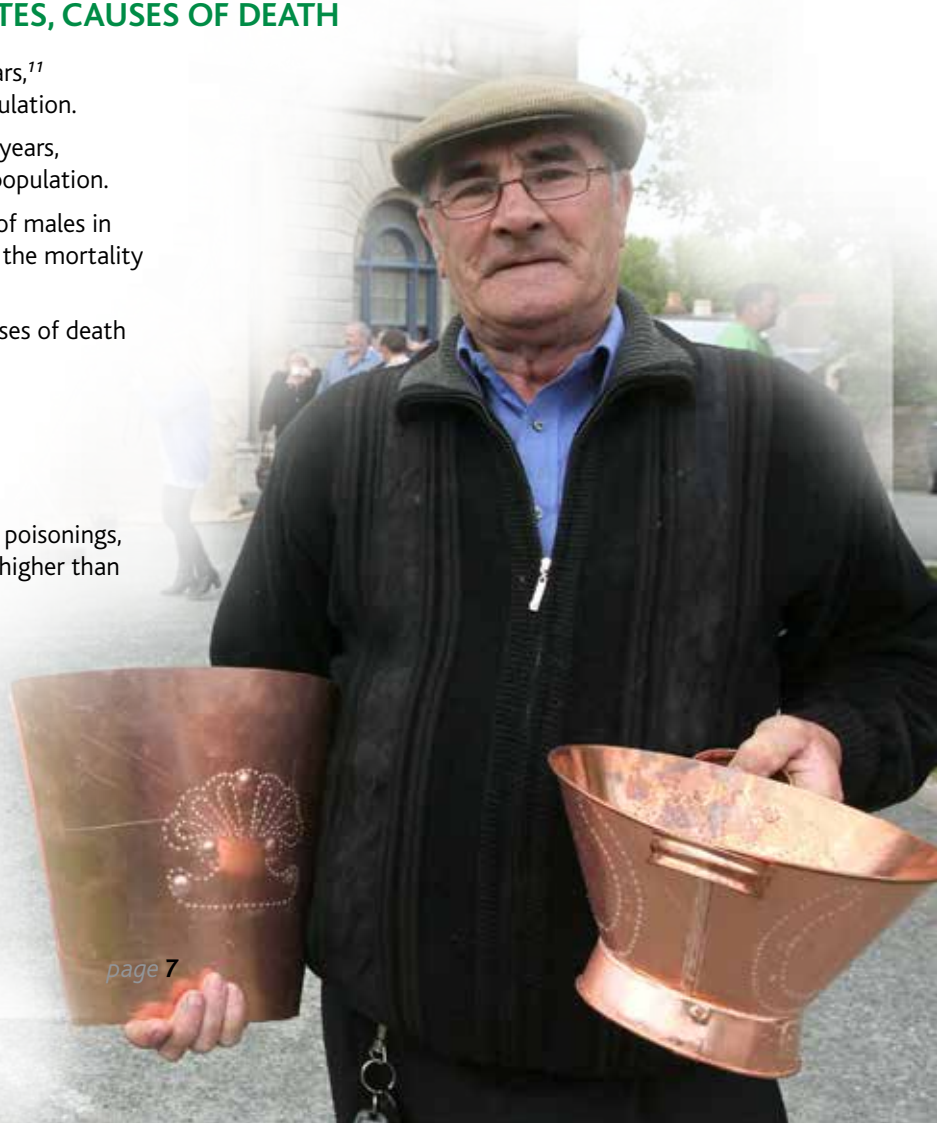
Our work to date aligns itself with existing national policies, HSE priority areas themes and actions outlined in both the Healthy Ireland and the National Men's Health Action Plan (2017-2021). In particular, the Traveller Men's Health Project contributes to the priority programmes outlined in Healthy Ireland, namely: physical activities, tackling obesity, smoking cessation, sexual health and mental health. The project will continue to build on key initiatives, however, in order to effectively tackle Traveller men's heath inequalities, a resourced co-ordinated intersectoral and interagency partnership is required. In this spirit we reiterate recommendations outlined in the National Action Plan for Social Inclusion (2007-2016[2015-2017]) and the National Men's Health Action Plan (2017-2021) which note that to in order effectively address health inequalities, funding should be targeted at Traveller men throughout the lifecycle. The Traveller Men's Health Project is particularly suited for this task.

We have developed this position paper to identify issues and recommendations to inform our work in this area and to engage public policy makers, service providers and other stakeholders. Given the severity of the health issues facing Traveller men, only a dedicated and co-ordinated interagency approach will lead to change. This position paper provides a summary of the key Traveller men's health issues and proposes the development of a Traveller men's health strategy and support for two pilot projects based on international best practice from New Zealand and Australia.

Firstly, some **key findings from the AITHS on men's health are summarised below.**

LIFE EXPECTANCY, MORTALITY RATES, CAUSES OF DEATH

- Life expectancy for Traveller men is 61.7 years,[11] 15.1 years less than men in the general population.

- Life expectancy for Traveller women is 70.1 years, 11.5 years less than women in the general population.

- Traveller men have 3.7 times the mortality of males in the general population; for Traveller women the mortality is 3.1 times higher.

- Excess mortality is due to the following causes of death in the case of Traveller men:
  1. respiratory conditions,
  2. deaths from external causes (e.g. accidents, poisonings, suicides etc.),
  3. heart disease.

- Deaths from external causes (e.g. accidents, poisonings, suicides etc.) in Traveller men are 5.5 times higher than men in the general population.

- Suicide among Traveller men is 6.6 times higher than the male in the general population. This is higher than suicide among Traveller women.

11. *This is identical to what it was in 1987. Compared to 1987, male Travellers in 2008 have shown no improvement and indeed have a slightly higher mortality*

HEALTH STATUS, DIET AND EXERCISE

- 19.9% of Traveller men indicated that their daily activity or work was limited by long-term illness, (compared with 16.2% of Traveller women).
- 13.2% of Traveller men (slightly higher than women) had suffered an accident in the last 2 years which interfered with daily activities and for 29.3% of them, the most recent injury was non-accidental.
- Although Travellers consume alcohol less frequently than comparable populations, of those who do drink alcohol, 66.1% of male and 42.3% of female Travellers drink six or more alcoholic drinks on days when they are drinking alcohol.
- 39.4% of Traveller men reported at least daily fruit or vegetable consumption, (women reported 49.7%).
- Men were more likely to consume fried food and more likely to use butter and add salt to their food.

ACCESSING HEALTH SERVICES

" *You see, a lot of the men, a lot of the older men won't go to a doctor because they don't think it is too macho…"*

- Traveller men are slightly less likely to be registered with a GP than Traveller women and women availed of health services more frequently than men and had more trust in health services than men.
- In the AITHS study the level of complete trust by Travellers in health professionals was only 41% this compares with a trust level of 82% by the general population in health professionals.
- Health service providers reported that Traveller men tended to present later than is desirable.
- Traveller men felt more comfortable attending for check-ups in sessions specifically aimed at them.
- Traveller men and women indicated that for men, ill-health was equated with weakness and the inability to be able to provide for your family.

MENTAL HEALTH

'…I think there is confusion around identity and confusion around trying to fit into the local community…Like there's a lot of reasons why they might not want to like, discrimination, racism, stigmatisation, there's a lot of issues that affects Travellers on a daily basis you know and the whole thing of identity crisis. Travellers have and are going through a major identity crisis at the moment' (Men 1).

- The suicide rate in male Travellers is a statistically significant 6.6 times higher than in the general population.
- 59.4% of Traveller men believed their mental health was not good for one or more days in the last 30 days.
- Low self-esteem and discrimination was perceived as a main source of stress among men. Feelings of negative self-worth were reported as 'the biggest things' affecting the Traveller community.
- Unemployment is a significant issue for Traveller men. The change from agrarian society, through industrialisation and modernisation meant that Traveller's traditional employment became marginalised in a more automated labour market.
- Boys are afforded more freedom than young girls leading to high risk behaviour. They are disengaged from community and schools.
- Many Traveller men have a loss of structure and meaning to their lives. They reported hanging around, searching for a means to earn extra money, or trying to find things to do to relieve boredom.
- Men talked openly about depression and mutual pretence in relation to denial of depression and this sparked emotive commentary in the focus groups.
- Traveller men were also impacted by the insidious issues facing the Traveller community generally – low educational attainment, difficulties caused by poor housing or being moved to 'settled' housing, and endemic discrimination in society.

3. International Best Practice in Addressing Men's Health

Travellers' health outcomes are not dissimilar to those of many other minority communities, most notably some Indigenous populations.[12] What is clear from the international research and publications is that Indigenous and minority group men's health requires both a mainstreaming and targeted approach. Two good practice examples are provided below.

EXAMPLE 1:

NEW ZEALAND - NATIONAL MÂORI MEN'S HEALTH COALITION

Indigenous (Mâori) males in New Zealand experience poorer health outcomes than the general male population and poorer health outcomes than Mâori women. Mâori life expectancy at birth is 72.8 years for males compared with 80.2 years for non-Mâori males. Mâori female life expectancy is 76.5 years compared with 83.7 years for non-Mâori females.[13] Leading causes of death for Mâori males include cardiovascular disease, cancer, diabetes and respiratory disease.[14] A study has also found that mental disorders, particularly anxiety, mood and substance issues, are common among Mâori and have considerable health impact.[15] Mâori face educational, economic and social disadvantages and experience continuing individual and institutionalised racism.[16]

The National Mâori Men's Health Coalition, Mana Tane Ora o Aotearoa, was established in response to these statistics and the need for nationally networked approaches and strategies to address the health and social issues of Mâori men. It works in a targeted way but like Pavee Point, also joins in mainstream national initiatives such as Men's Health Week.

An environmental scan of Mâori men's health and well-being services found that providers across the country are placing a huge emphasis on cardiovascular risk assessments in response to the health needs of Mâori men.[17] A similar targeted strategy to address Traveller men's health is recommended, particularly in relation to respiratory and cardiovascular disease. It has been recognised in the AITHS that it is important to get earlier and more active engagement in primary healthcare and in management of chronic disease.

12. There are also interesting good practice examples from the UK with Black and Minority Ethnic Communities, although their health profile is slightly different from that of Travellers. See for example the Older Men's Community Health Group case study in AgeUK, Fit as a Fiddle, Engaging faith and BME communities in activities for wellbeing. Available at: http://www.ageuk.org.uk/Documents/EN-GB/FaithGood%20Practice%20GuideWEB.pdf?dtrk=true

13. Statistics New Zealand, New Zealand Period Life Tables: 2010–12 – Media Release. Available at: http://www.stats.govt.nz/browse_for_stats/health/life_expectancy/NZLifeTables_MR10-12.aspx.

14. See: http://www.taneora.co.nz/

15. Baxter J1, Kingi TK, Tapsell R, Durie M, McGee MA; Prevalence of mental disorders among Mâori in Te Rau Hinengaro: the New Zealand Mental Health Survey, (2006) 40 (10) Australia New Zealand Journal of Psychiatry, 914-23.

16. John Reid, Karyn Taylor-Moore & Golda Varona, Towards a Social-Structural Model for Understanding Current Disparities in Maori Health and Well-Being, (2014) 19(6) Journal of Loss and Trauma, 514-536.

17. Karake Consultancy, Tane Ora Environmental Scan, (2011). Available at: http://www.taneora.co.nz/wp-content/uploads/2015/06/MTOA-Environmental-Scan-20111.pdf

EXAMPLE 2: AUSTRALIA - MEN'S SHEDS / SPACES

In Australia, Indigenous males born in 2010-2012 are likely to live to 69.1 years, 10 years less than non-Indigenous males.[18] Data from the Australian Bureau of Statistics in 2012 shows that Indigenous people were twice as likely to die from 'intentional self-harm' than were non-Indigenous people. In particular, people younger than 35 years of age and Indigenous men were at very high risk of death from 'intentional self-harm'.[19] Therefore, Indigenous people experience some similar diminished life expectancy and mental health outcomes to those of Traveller men. The AITHS suggested that, in consultation with Traveller men, the men's shed concept could be adapted to suit the needs of Travellers, for example, by having a caravan where they can meet and work on practical hands on skilled work.[20] This could also be a way to pass on skills and culture to younger men, addressing issues identified in the AITHS.

Research has found that men's sheds are particularly successful in producing positive effects on mental health and wellbeing, particularly for men experiencing social isolation and loneliness.[21] It has also been found that they encourage participation from men of diverse backgrounds, with specific health conditions, and have benefits for caregivers.[22] Given the findings from the AITHS in relation to mental health, these could be important benefits for Traveller men.

One criticism of the men's shed concept has been that it has not yet been "adequately conceptualised, measured, tested or understood".[23] However, for the purposes of this paper, there is some evidence that a tailored, culturally appropriate model can be successful. *The Mibbinbah: Indigenous men's sheds/spaces pilot project* report from Australia, evaluated existing Indigenous men's spaces in seven locations across Australia, using local Indigenous men employed as project associates and using participatory action research methods.[24] In partnership with mental health organisation beyondblue, addressing depression and anxiety was a particular focus of the project. The evaluation found that the pilot project had been key in developing and strengthening the capacity of Indigenous communities and that this was an important first step in raising awareness of depression and anxiety. Specific strategies that worked and could be considered in the context of Traveller men include:

- Developing a network of trainers to provide training in leadership, depression awareness, community communication and media, computer skills, and other relevant skills – providing a mechanism to support men to become skilled leaders within their community.

- Enabling information sharing and support within this network. Again, further developing Pavee Point's Traveller Men's Health Project and working with local Traveller organisations could provide a framework for piloting this.

- Supporting and encouraging local men to develop linkages between the men in their community and other community organisations. Encouraging men to seek help where required.

- Supporting champions, mentors and leaders to support and encourage local men to become leaders within their community, and to act as positive role models.

- Normalising depression and anxiety, decreasing the stigma and encouraging men to seek help.

- Providing an opportunity for talking ("yarning" in the Aboriginal context). This was identified as a key component of developing a safe space for men and encouraging them to speak openly about depression and anxiety.

18. Australian Bureau of Statistics (2013) Life tables for Aboriginal and Torres Strait Islander Australians, 2010-2012.

19. Australian Bureau of Statistics (2014) Causes of death, Australia, 2012: Deaths of Aboriginal and Torres Strait Islander Australians [data cube]. Available at: http://www.abs.gov.au/ausstats/subscriber.nsf/log?openagent&3303_12%20deaths%20of%20aboriginal%20and%20torres%20strait%20islander%20australians.xls&3303.0&Data%20Cubes&0585A7BA09CCB81DCA2

20. Kelleher et al, above n.3.

21. C. Milligan, S. Dowrick, et al., "Men's sheds and other gendered interventions for older men: A systematic review and scoping of the evidence base", (2013) A Report for the Liverpool-Lancaster Collaborative (LiLaC) and Age UK, Lancaster University, UK.

22. Ibid.

23. N. Wilson & R. Cordier, "A narrative review of men's sheds literature: reducing social isolation and promoting men's health", (2013) 21 (5) Health and Social Care in the Community, 451-463.

24. See: https://www.beyondblue.org.au/about-us/research-projects/research-projects/mibbinbah-indigenous-mens-sheds-spaces-pilot-project

4. Conclusion and Recommendations

The stark findings on Traveller men's health arising from the AITHS along with Pavee Point's experience of working with Travellers indicate that a gendered strategy is urgently required to tackle Traveller men's health. The strategy should include both mainstreaming and targeting approaches. There is a wealth of information on Traveller men's health in the AITHS, summarised in this paper, that could be used to develop a gendered strategy for Traveller men's health.

This is the first of the recommendations arising from this paper:

i. that the Department of Health in partnership with other relevant agencies, Pavee Point, and other Traveller organisations develop a strategy for Traveller men's health as recommended in the AITHS. This Strategy would identify actions for Traveller men's inclusion in a range of mainstream health policy fora and services as well as development of Traveller specific measures.

Such a strategy should be cognisant of the social determinants of health and so must be developed and implemented in an inter-agency way, taking account of the impacts of discrimination, housing, employment, education and so forth. The strategy should take into account the diversity of Traveller men, including the need to develop strategies which will accommodate younger Traveller men, older Traveller men, those with disabilities, and gay, bisexual or transgender Traveller men.

The second recommendation arising from this paper is:

ii. that Pavee Point receive funding to pilot two further men's health initiatives based on international best practice as described above.

The Traveller Men's Health Project at Pavee Point has similarities with the National Mâori Men's Health Coalition, described above, and could be further developed using existing networks such as the Primary Health Care for Travellers Project and local Traveller organisations. In the same way as the Mâori Men's Health Coalition works with mainstream providers as well as targeting Mâori specific services, developing the Traveller Men's Health Project would enable it to further engage with both Traveller-specific organisations and to advocate for the inclusion of Traveller men's health issues and needs in mainstream agencies and policies such as the Department of Health (e.g. on the National Men's Health Action Plan 2017-2021), the HSE, Mental Health Ireland, Headstrong, and Men's Health Forum in Ireland. It would also enable training and supports for mainstream service providers on meeting Traveller men's needs, based on findings from the AITHS and using the unique expertise in Pavee Point.

A recommendation in the AITHS suggested using the Australian Men's Sheds movement. As described above, the evaluation of Mibbinbah: Indigenous men's sheds/spaces pilot project from Australia, found that the project had been key in developing and strengthening the capacity of Indigenous communities and that this was an important first step in raising awareness of depression and anxiety. Given the stark findings on mental health of Traveller men, including the high suicide levels, supporting Pavee Point to pilot a men's shed / space project based on this model but adapted to suit Traveller men, is recommended.

For additional information, please contact:

Health Team
Pavee Point Traveller & Roma Centre
46 North Great Charles Street, Dublin 1

Telephone: +353 1 8780255

www.paveepoint.ie

PAVEE POINT
TRAVELLER AND ROMA CENTRE

Traveller Health Unit
Eastern Region