

## **REPORT ON REGIONAL CONSULTATION**

### **SOUTH EASTERN HEALTH BOARD**

Thursday 18<sup>th</sup> September 2003 10.00am—2.30pm  
Newpark Hotel, Kilkenny

Key Facilitators: Maire O’Haire and Claire O’ Reilly (Health Services National Partnership Forum)

Departmental representative: Martin Kestell

National Travellers Health Advisory Committee representative: Brigid Quirke

Numbers attending: 50, including facilitators

After opening comments and an introduction to the study the meeting split into two preparatory meetings to discuss the questions that were circulated earlier. (See Appendix 2). These meetings were held concurrently.

#### **1. Traveller/Traveller Organisation Preparatory Meeting**

This group remained in plenary session throughout its deliberations. The key issues arising from it were:

- Accommodation (absence of, standard of): no account taken of Nomadism
- Education and culturally appropriate materials, literacy
- Early years provision
- Quality of services
- Racism, discrimination, attitudes
- Poverty
- Travellers should be trained to do the survey and be resourced to enable them to do so: childcare, transport
- Confidentiality is a key concern
- The survey should be inclusive of all members of the community, by gender, age, and urban/rural
- This group was unsure if there is enough local information for the purpose of the study in terms of existing counting methods
- Access to and responsiveness of GP’s

The three issues identified at this meeting for further discussion at the Joint Forum were:

1. Impact of living conditions on health
2. Traveller participation at all levels (Resourcing)
3. Data issues (Self-identification)

#### **2. Health Services Providers Preparatory Meeting**

This meeting divided into two more manageable groups to consider the questions. The key issues arising from these discussions were:

- Travellers health is comprised as they are more at risk
- Need to recognise the impact of being a minority group on their health
- Mistrust of service providers
- Existing health services maybe questionably restrictive: is a 9.00—5.00pm service what is needed?
- Health service language is not friendly
- Lack of cultural awareness training amongst staff
- Racism—institutional and personal/individual needs looked at
- Travellers working with Travellers in conjunction with front line workers
- Need to ensure data is captured from Travellers not engaged with organisations
- Needs to use those men already working with Traveller men to ensure the latter's participation
- A partnership approach between statutory and voluntary organisations is required
- This group believed that a population count is needed as existing data collection methods are too ad hoc and not shared.
- Need for additional resources and training
- The study period (data collection) should not exceed one year
- Intercultural and facilitation skills training for staff should be part of the process

These groups identified six areas they wished to consider in the Joint Forum discussion:

- 1.Perceptions of health and the health services
- 2.How will we identify Travellers in the study—have we the resources locally and the commitment to the process—incentive
- 3.How can this study alleviate/overcome mistrust and how can we get an honest account while maintaining integrity?
- 4.Travellers to get involved in the Data Collection
- 5.Using Traveller Groups to get information as well during the study and when finished:
- 6.Draft study to be consulted upon—feedback

The two preparatory groups met in Joint facilitated discussion to provide feedback and consider their priorities. This discussion reduced the nine identified priorities to three for further discussion in smaller break out-groups. These priorities were:

- 1.Perceptions of Health and Health Services/impact of living conditions on health.
- 2.Traveller participation at all levels and resourcing
3. How can this study alleviate/overcome mistrust and how can we get an honest account while maintaining integrity?

Two of the break-out groups considered the first issue while one each considered the other two. As some people had to leave early it was proposed that instead of breaking for lunch proceedings continue until 1.30pm to be followed by lunch. This was agreed by the whole meeting and hotel staff. When the break-out groups completed their discussion a short plenary session of all attendees was held to hear feedback before a delayed lunch.

### **3. Joint Discussion Forum**

- It was recognised that health needs are accurately identified by both Travellers and Service Providers to ensure proper and accurate provision as well as effective uptake of services. Cultural aspects and issues are essential to this process.
- It is recognised that aspects of health which need to be included such as men's health, mental health, disability, child protection and foster care may be more difficult to get participants to engage with.
- There is a need for intersectoral working at local level as well as a partnership approach
- The study must examine the social determinants of health and in particular the impact of living conditions.
- The findings of the study need to be linked to community care areas.
- An individual or group needs to be identified at local level to act as a liaison with the study group.
- Urban-rural considerations need to be taken on board at a national level
- National structures need to be examined in the context of how they work at local level
- The role and impact of the Local Traveller Accommodation Committees need to be considered.
- The need for training for all those involved to be provided at a national level so that there is a consistent approach across the whole study.
- The greater the level and depth of participation the more rounded picture will emerge
- Interim reports will advise local service providers to prepare and be able to start and do small things
- To ensure confidentiality: people who identify that they want another interviewer must be assured they can have that choice; that needs to be recorded and provided.
- Too frequent researching of questionable value and no outcomes has generated mistrust.
- A time frame

### **4. Outstanding Issues to be clarified**

Data Protection for sharing information

## APPENDIX 1

### Notes from Regional Consultation

#### SOUTH-EASTERN HEALTH BOARD, KILKENNY

Thursday 18<sup>th</sup> September 2003

Facilitators Maire and Claire

Maire opened the meeting, Richard welcomed those present and Mary did the presentation.

The audience was then split into the two sectors of Travellers and Health Service Providers to consider the questions which were circulated. Health Service Providers were split into two groups because of the numbers present. The following are the notes received back from these groups.

##### Traveller Group.

Question 1. Factors which affect the health status of Travellers and issues in relation to access and participation of Travellers in the health service.

Accommodation-Dampness-no water-toilets-overcrowding-maintenance of units-problems with design of sites.

No fridges, cookers. No play areas for children

Poor quality trailers

Poverty/social welfare

Education/literacy: quality of education given and outcomes achieved. Access to play schools creates opportunities for advancing in education. Culturally appropriate materials.

Communicating appointments and literacy

Post/names confusion/privacy

Timing of appointments

Transport

Transfer of records

Don't take account of Nomadism

Doctors not making caravan calls to sites

Gardai protection

Lack of emergency appointments/secretary's trained

Cultural training/anti-racism training for health service providers.

Visitors to hospitals

Discrimination/bullying in schools

Lack of empathy.

##### Q2.What form should Traveller participation take in study?

Trained to do survey and get paid.

Resourced-transport; child care.

Joint teams. Confidentiality

Focus Groups/ Interviews

All members of community targeted: women, men, young, old and rural isolated Travellers.

Importance of study---who, why, use of it.

## Link with local Traveller groups and Travellers

### 3.Current counting methods

Local Authority Count

Visiting Teacher ✓

Social Worker ✓

Traveller organisations ✓

How Travellers are identified—self-identified. No recognition of Ethnicity.

Hospitals

Local register

Wards 4+5 in Clonmel

Area PHN and designated PHD

It is questionable if there is enough local information for the purpose of the study.

Public health department

Q4 Most accurate way of collecting data

Record ethnicity

Training for staff

Public health Nurses

Local Authority

### Health Service Providers Group A + B

Question 1. Factors which affect the health status of Travellers and issues in relation to access and participation of Travellers in the health service

They are a minority group.

Health comprised, as they are more at risk

Reluctant to access health services

Mistrust of health services

Accommodation factors ✓

Housing—lack of

Questionable access to GP's

Literacy needs—problem ✓

How can it be done: what level of education: 'settled education' v Traveller education

Our health services---questionably restrictive i.e. 9—5

Language we use is not friendly

Lots of our staff haven't been trained in cultural awareness

Access to travel

Appointments and suitability and getting them

Health issues may not be a priority especially for men

Men won't access services

Fear

Poverty

Racism—institutional and personal/individual—huge area to look at.

Traveller participation is very difficult: there must be an incentive for the Traveller.

Participation is needed between Travellers and providers.  
Ask Travellers what are the factors, which impact on their health.

Culture---Nomadism

Role of men--- health attitudes capture differences study

Role of women—health attitudes

Difference: dependency, discrimination, empowerment,

Marginalisation

Putting settled views on Travellers

Access: some families better at access

Look at this as good model

Why is this? What is their

1B. Access and Usage and Participation

Establish trust

Available data

Good 'frontline' staff relationships

Mutual understanding

Traveller perception of 'staff' and service

A/W classes 'settled' men sit in group

Consult Travellers

Culturally appropriate service

Access to mental health—providers not taking Travellers

No knowledge of abuse/addictions/fear of psychologists

Traveller proofing policies

Traveller consultation

Question 2 What form should Traveller participation take?

Contact person in health Board

Traveller and researcher

Engage both male and female

Engage local Traveller health committee within SEHB. Get participation from samples of different groups e.g. from different housing status: settled, roadside, (accommodation ex needs to be taken); age groups, children.

All Traveller organisations

Voluntary and statutory

Partnership approach

Involve Primary healthcare projects

Some examination of Traveller groups and support

NB: men—use those already working with men

In areas where work is not already done e.g. kids in care

Kids teenagers

Focus Groups

Use existing groups.

Travellers with Travellers in conjunction with front line worker

Gathering data from families those both engaged in organisations and those not.

Qualitative—individual /focus group

Q 3. Current methods of counting

Child Health system—Travellers are identified in SEHB

Very subjective-query parents by PHN

Not recorded by BDM  
Birth certs may record  
Forename-and those methods notification  
CWO's is due to local knowledge, not locked on computer or easily read  
Local authority annual census—not specific  
/visiting teacher ✓ /Dept. of education  
PHN for Travellers in each area ✓  
a. Registers for FAS training and VEC  
b. Information is not effective, not comprehensive or easily retrieved.  
c. Improvements: Child Health forename notifications need strengthening.  
Self description regarding status  
Be specific and record ethnicity  
Sharing knowledge including ???between systems  
Study needs a population count  
National Data base needed  
HIPE method  
Housing strategy—local authority not specific  
Pull all local groups together and compare data  
Record movement  
Knowledge  
Social Worker. ✓  
Travellers themselves ✓  
Liaison teachers ✓  
It is questionable if there is enough local information for the purpose of the study.  
Public health department

#### Q4: Collecting births and deaths

Forename forms on Child Health System  
Detailed parents Date of Births  
Birth notification forms from hospitals to include ethnicity  
Use key personnel already involved with Travellers.  
Linking in antenatal i.e. GP, Primary Care Unit  
Deaths: Health Board Liaison \_\_Public Health Nurse for Travellers would know. Clergy, Social worker for families.  
Acute Hospital services should be involved in study.  
Data Protection for sharing information is an issue  
Best recommended IT based system  
Ethnic identifier  
Birth notifications  
Starter local groups and sources  
Traveller deaths  
See identification as a positive step.

#### Question 5:Resources, training, support needed

Admin and IT support  
National Database as ?? updated locally with participation of Travellers.  
Identify groups who need additional resources

Will be on top of existing workload  
Training for all staff involved in data collection  
All service plans for 2004 to allow for extra resources, manpower and funding that will be necessary for the study  
Study time one year  
Primary healthcare workers  
Staff and time implications for front line staff  
Training on methodologies  
Intercultural training for staff  
Facilitation skills  
Focus groups  
Support: IT, research, and education

The following priorities were recorded in the report back to the Joint Discussion Forum

From Travellers/Traveller organisations:

1. Impact of living conditions on health
2. Traveller participation at all levels {resourcing}
3. Data Issues {self-identification}

From Health Service Providers:

1. Perceptions of Health and the Health Services
2. How will we identify Travellers in the study—have we the resources locally and the commitment to the process—incentive
3. How can this study alleviate/overcome mistrust and how can we get an honest account while maintaining integrity?
4. Travellers to get involved in the Data collection process Add to ??
5. Use Traveller Groups will get information as well during the study and when finished
6. Draft study to be consulted upon---feedback.

After facilitated discussions these nine priorities were reduced to three issues for small work groups to consider further:

1. Perceptions of Health and health Services/impact of living conditions on health
2. Traveller participation at all levels and resourcing
3. How can this study alleviate/overcome mistrust and how can we get an honest account while maintaining integrity?

The plenary group was split into four small work groups with 2 groups considering the perception issue.

Feedback notes:

**Perceptions of Health and Health Services/Impact of living conditions on health (2 groups)**

Why is this issue important?

- Important that needs are accurately identified by both service providers and users to ensure proper and accurate provision and effective uptake of services. Cultural aspects and issues are essential to this process.

- Proper accommodation is essential in ensuring good health in all its aspects.
- Attitudes and perceptions to health provision needs to be clarified from both perspectives—preventive vis-à-vis curative approach.
- Travellers' fear in relation to hospitalisation etc needs to be discussed with a view to supporting them to access medical attention sooner. (Literacy issues)
- Areas of health/welfare are more difficult to discuss need to be included—men's health, mental health, disability, child care protection, foster care
- Ill health
- Completing a study on health we need a sound understanding of health
- Social coded determinants of health need to be considered
- It must link health status with health determinants
- General population: education (1) access (2) accommodation (3) housing (4)===Wider issues outside of HEALTH
- Intersectoral partnership
- Link findings of study
- Intersectoral working at local level
- Causes of ill-health
- Impact of living conditions
- Poor living conditions
- Overcrowding
- Direct correlation between health and living conditions
- NB: Disaggregate information by the level of service provision
- Detail needs to reflect true accommodation conditions
- Cause and Effect
- DATA collected must be representative of total population level
- Community Care Area
- Study highlights issues and recommendations of this study
- Findings of this study—link to community care areas.

#### LOCALLY:

- Average of 3,500 Travellers in South Eastern Region
- Include Travellers living in all types of accommodation
- Individual or group to be identified at local level to act as a liaison with study group. Essential that this person/group is/are properly trained
- NB to include all service providers in the process. Study/research needs to be 'sold' across the board at local level
- The 'where' should be Traveller led
- Methodology needs to be creative and use the existing networks—challenge for the study is to access Travellers who are more isolated and excluded 'not to preach to the converted'
- Literacy---and who includes service providers and Travellers
- Traveller culture training
- GP/receptionist—form filling
- Not attending appointments—NAME common to many families

Health service Providers:

Anti - racist training and Traveller culture training

Literacy

Public Health nurses bring appointments

Post arrives late

Postmen not willing to go onto site

NATIONALLY

- Urban-rural considerations need to be taken on board
- Review of national structures and how they work at local level
- Role of Local Traveller Accommodation Committees and their impact locally.
- Accessibility to health services
- Needs assessment: what are your needs in accessing health services?
- NB Study needs to identify how and why
- Funding available to deliver services. Traveller cultural training

## **OTHER KEY MESSAGES**

Training for all those involved needs to be provided at national level---consistent approach across the whole study.

Don't preach to the converted.

### **2.Traveller participation at all levels and resourcing**

People left out in the past—excluded

Everyone needs to be heard---broadview to key issues on a holistic approach

Sense of ownership and confidence

Help to build up trust between service providers and Travellers

Full participation leads to a more rounded picture of groups

(teenagers, men, women, elderly)

To know what areas need to be developed –GAPS

Widening the awareness of health issues among Travellers e.g. disability, violence, mental health.

Help Travellers to identify their own needs---will include alternative medicine—curing people.

Locally:

Different methods

Training for Travellers will require that Travellers are kept informed about the survey.

Advertise the survey locally and through local sources

Travellers can be trained to inform other Travellers

Focus on all Travellers participating—be creative, link into what is going on, social activity

What is going on locally for Travellers will influence the best timing of the survey

Travellers participating will need to be resourced, as they will have costs.

Where do the interviews take place—different methods as appropriate.

Nationally:

Provide adequate resources

Provide a support mechanism for local groups

Guarantee participation is right rather than rush it

Interim report and feedback to participants

Loads of communication between groups during the survey

Actions must be seen to be taken from the report

Interim report will advise local service providers to prepare and be able to start and do small things

Don't stop funding in the interim

**Any other key messages**

To ensure confidentiality---people who identify that they want another interviewer, they have a choice and this is recorded and provided.

Ensure there is no duplication

Be aware of family issues when doing the survey.

**How can the study alleviate/overcome mistrust and how can we get an honest account while maintaining integrity?(including Data issues/self-identification)**

Why is this important?

Mistrust---affect level of participation

Too frequent researching---value?---outcome---specific(this will happen as a result of the study)

Important to identify this issue is important.

Information given will be protected/will not be used against them

Use existing persons

Identify key persons in Traveller community

Flexible/creative

Data: Suggestion: Freedom of choice to become involved

Asking persons are they Travellers? educate them to know that to identify themselves will be a positive thing--- better services, more resources.

Locally:

Predevelopment work

Explaining to Travellers not involved in organisations

Get all Travellers involved in the study

Getting information to Travellers

Guarantee that something will be done---outcomes---\*time frame and action plan for each recommendation\* resources allocated

Information shown to social workers etc

Men---used for them, not against them, not affect dole---results fed back to Travellers

Travellers, department etc who has trust built up/key people

Data: Local groups, PHN's, Social Workers, Visiting teachers, and CWO.

**Nationally**

Audio-visual message about study

Message given in different methods

Lots of pre development work

Women will sell study---specific clear information

National organisation (Pavee Point) providing support to Traveller groups

Positive Outlook Predevelopment work prior to study

Data: staff to be trained for study. Code of practice/policy/questions asked appropriately.

**Other key messages:**

Health Service Providers---consultation process today continues and is relevant to region

Draft Study Design completed

Key areas of responsibility handed to groups

Key person in each region to manage study (Travellers + Service Providers)

Resource implications for each region.

Needs dedicated funding: childcare capacity, transport, building training now.

Budget money ringfenced. Extra development Fund

## **APPENDIX 2**

### **QUESTIONS**

#### **TRAVELLERS /TRAVELLER ORGANISATIONS PREPARATORY MEETING**

1. How do we ensure that the study properly reflects
  - The main factors that affect the health status of Travellers in your local area?
  - The issues in relation to access and participation of Travellers in the health services?
2. What form should Traveller participation in the study take locally?
3. What are the current methods used to record information on Traveller population in your region? Are they effective? If not, how can we improve them?
4. What do you think are the most accurate ways of collecting and collating information on Traveller births and deaths in your area?
5. What resources, training and support does your organisation need to effectively participate in this study?
6. What are the three priority areas to bring to the Joint Discussion Forum?

#### **HEALTH SERVICES PREPARATORY MEETING**

1. How do we ensure that the study properly reflects
  - The main factors that affect the health status of Travellers in your local area?
  - The issues in relation to access and participation of Travellers in the health services?
2. What form should Traveller participation in the study take locally?
3. What are the current methods used to record information on Traveller population in your region? Are they effective? If not, how can we improve them?
4. What do you think are the most accurate ways of collecting and collating information on Traveller births and deaths in your area?
5. What resources, training and support does your organisation need to effectively participate in this study?
6. What are the three priority areas to bring to the Joint Discussion Forum?

## **JOINT DISCUSSION FORUM**

The priority issues brought forward by the two preparatory meetings. Also, include the following, if not already addressed:

1. How do we ensure that Travellers, Traveller organisations, health service providers and others in your local area are fully engaged with the study?
2. How should this study be organised, conducted and managed at the local/regional/national level?