

## **REPORT ON REGIONAL CONSULTATION**

### **WESTERN HEALTH BOARD**

Wednesday 01<sup>st</sup> October 2003 11.00am—3.30pm  
Westwood House Hotel, Galway

Key Facilitators: Esther Mary Darcy and Eamon Naughton (Health Services National Partnership Forum)

Departmental representative: Brendan Ingoldsby

Numbers attending: 23

After opening comments and an introduction to the study the meeting split into two preparatory meetings to discuss the questions which had been circulated earlier. These meetings were held concurrently.

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

- Funds are not always allocated properly
- Failure to implement legislation has a negative impact on health
- Accommodation, lack of it, standard /quality of what is provided is critical to health
- How to include Travellers who are not in organisations and living in isolated areas
- There should be a collective –all together approach to participation in the study
- There is need for communication through the region about the study
- Existing data collection methods are not very effective but Galway City and Tuam have good databases
- Building self-esteem and confidence among Travellers to enable them to undertake the survey is important
- Budgets and projects needs to be adequately resourced in terms of funding, resources and staff i.e. don't take from what is already here.

This group identified a number of priority issues to take back to the Joint Discussion forum. These were:

Funding

Support

Ethnic Identifier (recommendation)

Culture

Action and Evidence—Is this another survey? Action must come from this survey to effect real change of the ground for Travellers.

Training and

Local Feedback

## 2. Health Services Providers Preparatory Meeting

- The study needs to capture attitudes and perceptions through qualitative data
- The issue of person centredness versus department service focus should be explored
- Rural areas and geographical distances from services
- The study requires consistency of communication and standards in information gathering, processing and reporting and needs to be “jargon free”
- Travellers to be involved at all stages, trained and funded as field work researchers
- Current methods of data collection are not effective but specifically in certain areas/purpose they can be effective
- Current systems of data collection could be improved by integrated information systems, informed consent to ethnic identifier and publication of Department of Health and Children’s Information Strategy.
- There is no statutory obligation to register a death but all cemeteries keep a register of burials
- Data needs to be obtained from other (departmental and services) systems.
- National reports have to be implemented regionally
- Local implications and local implementation of reports
- All additional resources required locally to undertake this particular study include co-ordinator, admin and office costs, field workers, locum costs, transport, equipment, childcare and special communication needs e.g. interpreter
- Weekly support would be needed to the research team from a steering group

This group identified the following four priority areas for discussion at Joint Discussion Forum:

Accommodation  
Mental Health  
Disability Services  
Equal Access to Everything

## 3. Joint Discussion Forum

The two groups came back together and a nominated member from each meeting provided feedback to the plenary session. During this discussion the following resolution was adopted to be conveyed back to Department:

*“that the local authorities and department of the Environment be asked to participate in this study to that they buy into its findings as the study as proposed has a holistic view of health.”*

This feedback session the proceed to decide on the priority issues for the Joint Discussion Forum after lunch. All those present were invited to vote for the three priority issues to be discussed in this session. This mechanism selected, by overwhelming majority the following topics:

1. Accommodation
2. Mental Health and
3. Equal Access (to everything)

The following were the key issues to emerge during these discussions:

- Every health issue comes back to accommodation
- New trespass legislation causes Travellers to miss appointments and to be homeless
- Existing system of environmental health officer inspection is fundamentally flawed and a recommendation proposed is: *“Environmental Health Officers report should go to the Local Authority, the family, the Health Board and the family’s GP”*. This would close the existing loophole where EHO only reports to Local Authority and no one knows what happens.
- The local Traveller Accommodation Consultative Committee should use the facility of having a substitution representative.
- Standards for accommodation for Travellers need to be set and enforced
- More flexibility between the Local Authority and Health Board and between Department of Health and Children and Department of Environment could actually save Euros.
- Travellers need to be aware of their right to have a healthy safe place to live.
- There is a national requirement for agencies to link together to resolve problems faced by Travellers
- Study should look at specific separate service provision and mainstreaming to find out what is working: there is low uptake of specialist services.
- Study should look at how and why services do not connect with people: why must people fit into systems?
- Structure and information systems are not in place to provide person centred approach to services.
- This study must have an impact on people’s lives now while the recently completed local study needs to be implemented ahead of and in parallel with this work.
- We need to know about refusal of access to services: is it a question of Equity or Resources? We need to know how people are made to feel in a centre, how discrimination impacts on people without generating a blame culture.
- Need to identify the causes of mental health problems particularly among Traveller men and youth.
- Mental health needs to be prioritised and plan protected resources for it within Traveller health programme

- There is a need to develop interventions in mental health field which will target Travellers
- There is a need for a two pronged approach: a community development approach at ground level and service provider look at barriers to access.

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

1. Given the depth of feeling about accommodation in this area and how well ventilated it was today should the notes of that discussion be written up and sent to Local Authority separately?

2. Where local Traveller Support groups are recording instances of discrimination, can this information be shared at local level?

3. How can the study ensure that everybody is included and participates?

4. Who drives the study?

5. How do you mainstream a service while still looking after the needs of a minority ethnic group?

**NOTES FROM WESTERN HEALTH BOARD  
REGIONAL CONSULTATION MEETING,  
Westwood Park Hotel, 01<sup>st</sup> October 2003**

Note: there were no Traveller/Traveller organisations present from East Galway or Roscommon, even though they had been previously invited.

**Health Service Providers Preparatory Meeting**

**Q1a Factors that affect the health status of Travellers in local area**

Cross-check what we have already

To capture qualitative data---attitudes and perceptions

Greater emphasis from a Traveller perspective

Lack of access – accommodation--education--poverty--racism--employment--attitudes of service providers

Cultural factors

Person centeredness versus department service focus

Local authorities---listening/address needs of Travellers

**b) ....the issues in relation to access and participation of Travellers in the health services.**

Understanding /uptake of existing services

Geographic distances

**Q2. What form should Traveller participation take in the study?**

Use existing researchers

Train Travellers as field researchers

Steering groups-membership to include Traveller groups and representatives for input and design

Dedicated co-ordinator appointed by Board

Funding/payment of field workers and system for agreeing payments

Local emphasis info

Site visits to Traveller Centres

Focus groups

Consistency of communication and standards in information gathering, processing and reporting and “jargon free”

Choice of researcher

**Q3.Current methods of recording information on Traveller population:  
Are they effective? If not, how can they be improved?**

Local authority

Public Health Nurses (No ethnic identifier being captured)

Intellectual disability “ “

Physical and sensory (does capture ethnic identity but not specifically Traveller)

National Census

Local Traveller groups/networks

All general health board systems (not specifically identifying Travellers)

Mayo County—PHN database

(Community Welfare Officer—local authority—local Traveller Support group)

Ad hoc research

Generally current methods are not effective but specifically in certain areas

/purpose can be effective.

Improved by

Integrated information

Consent—stigmatisation—data protection

Inventory what we have

Information strategy DoHc publish!

#### **Q4.What are the most accurate ways of collecting and collating information on Travellers births and deaths in this area?**

Current:

Maternity units

(Maternity units +PHN's for births)

PHN's for Births and Deaths

CWO's " " " "

GP's ?? " " "

G.R.O x B/D---but-- there is no statutory obligation to register a death

Cemetery has to be registered---there is no statutory obligation to register a death

Informal

Local knowledge

Suggested:

G.R.O--but (see above)

Ethnic inclusivity is being piloted in national systems

Other systems need to be fed and have capacity to gather this info.

#### **Q5.What resources, training and support does your organisation need to effectively participate in this study?**

##### **Resources:**

Local co-ordinator

Admin support including Clerical/ admin/finance/HR etc

Office

Local field workers

Locum costs

Transport

Equipment

Childcare

Special communication needs/interpreter

##### **Training**

National reports—regional implications

Local implications and implementation

Awareness campaign

Consistency in approach

## **Support**

Regional Support

Ongoing (weekly support)

Meeting of local and steering team

**Q6. What are the three priorities area to bring back to the joint discussion forum? The group asked for four areas to be brought back:**

**1. Accommodation**

**2. Mental health**

**3. Disability services**

**4. Equal access to everything.**

## **Traveller/Traveller organisations preparatory meeting**

### **Q1 a. Factors affecting health**

Accommodation ✓ lack of implementation of legislation ----Lack of facilities in halting site---Discrimination---Lack of respect for culture---Poverty---Not aware of health issues---No choice---Politics---Health priority—No freedom---Lack of education---Lack of training for service providers---racism—access to services—issues regarding Ballyhaunis-- lack of implementation of legislation--lack of compiliation (is this compliance with legislation?)  
Funds not always allocated properly

### **Q1b. Issues in relation to access**

Today's forum

\*\*How to include them\*\*

Set up link person within community

No representatives from Roscommon WHB to include their views

Strong reps from Travellers in drawing up study and promoting issues

### **Q2: Form of Traveller participation**

Local focus groups

Individually

Every individual Traveller to get involved

Other reps of Traveller groups

Local knowledge

Travellers talking to Travellers

Listening to Travellers

Encourage Travellers to complete the study

Travellers coming together regionally and nationally

PHC projects

Collective approach---all together

Communication throughout region

**Q3. Current methods of recording information on Traveller population:  
Are they effective? If not, how can they be improved ?**

Census—problem with it—not accurate

Utus application forms

Galway City and Tuam has database

Local authorities accommodation list

Schools?  
GP's?  
Social Welfare!  
Public Health Nurses (designated)  
Not very effective  
National Ethnic Identifier process

**Q4.What are the most accurate ways of collecting and collating information on Travellers births and deaths in this area?**

Clergy  
National Ethnic Identifier  
Appropriate forms within health Boards  
Local Traveller Support groups  
Public Health Nurses---designated

**Q5.What resources, training and support does your organisation need to effectively participate in this study?**

Resources  
Building up self-esteem and confidence  
Literacy skills  
Family support  
Emotional barriers  
Training for Travellers to carry out the survey  
Joint effort from both communities  
Comfortable with person you are talking too  
Be aware of culture  
Funding  
Budgets adequately resourced  
Projects adequately resourced in terms of funding, resources, staff.

**Q6.What are the three priorities area to bring back to the joint discussion forum?**

Funding  
Support  
Ethnic Identifier (Recommendation)  
Culture  
Action and Evidence –Is this another survey? \*\*  
Training  
Local feedback

\*\* Action must come from this survey to effect real change on ground for Travellers.

When the two groups met to receive feedback before lunch and agree the priorities for the Joint Discussion forum it was recommended that

*The Local Authorities and Department of the Environment be asked to participate in this study so that they buy into its findings as the study as proposed has a holistic view of health.*

This discussion made the point that the Health Board is not represented on the Local Traveller Consultative Committee for accommodation. The Board would like any review of the legislation to allow for Health Board

representation in the future on the LTCC. In relation to advocacy Health Board staff, in particular Public Health Nurses and GP's write letters to local authorities.

Delegates were asked to vote for the subjects they wanted to discuss in the afternoon and those selected were:

Accommodation  
Mental Health and  
Equal Access to everything.

The facilitators pointed out and referred the other proposed subjects to their relevant place in the earlier discussion and marked these onto the flip chart.

## **Joint Discussion Forum**

### **Workshop 1 Accommodation**

1. Every issue comes back to accommodation---main health issues e.g depression, drugs, alcohol abuse, stress for women, poor health, early deaths education/ health/ travelling around

if not happy where you live

More play areas

New legislation—trespassing—forces people to move on---

may miss appointments e.g. Dr. specialists

may cause people to be homeless

not covered by Homeless Act i.e 'make

yourself homeless' is the excuse----comes back to health Board!

Priority given to Foreign nationals coming in

Foreign Nationals funded by EU

Overcrowding in homes due to lack of housing

Local Authority housing, if rented can not access WHB grants e.g. repair

Difficult to rent private accommodation—landlords refuse---discrimination. If access—find 'excuse' to put you out

Rent goes up if trailer in grounds---change

Western Health Board: Environmental Health Officer visits house/site makes a report to the local authority for action. Neither the WHB nor the tenant/occupier get a copy of this report. (see\*below for recommendation)

Everything in accommodation falls back to local authority

LTACC (local Traveller accommodation consultative committee)---substitution

rep allowed—use. Representation on Galway City Council. At present the

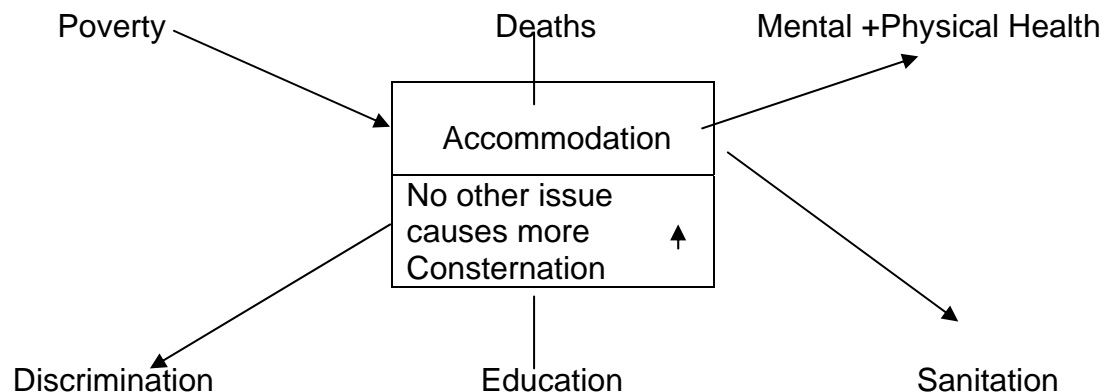
Western Health Board which covers 4 local authority areas has only representation on 1 committee. Difference/feedback

Certain families –certain spots (breaking up families City---problems)

If Corporation left horses to young lads and give commonage—no joyriding

---no drinking

---no drugs



2. Facilitate people who want to travel

Must have preference to where  
Spacing (not one on top of other)

Type—e.g. need repairs

Disability e.g. access

Standards

Halting site facilities e.g.

Toilets no lights

Wiring caravans e.g. electric

Hot/cold running water

Baths/showers

Safety

No refuse collection

No committee

Safety—safe for children

No play areas

Prioritise homeless and Travellers already in Ireland who are Irish

Make all accommodation WC accessible e.g. all bedrooms upstairs, need 1 on ground floor.

Give house that is suited to needs e.g. elderly person narrow entrance/upstairs

Person 'high up in WHB--should go out and look at accommodation'

How do you know when you don't visit?

Need visitors to raise issues

Need more flexibility between  
could actually save Euros

LA and HB  
DoHC and DoE

\*EHO's visit site to undertake a housing assessment with the report going to the Local authority. The EHO's undertake this on an agency basis for the County Council. Participants believed that a copy of this report should be immediately available to the family, health board and GP.

This would close the loop hole and get action.

Repair sites in Galway to standard

More group housing

Have a number of transient halting sites (serviced) e.g. communal facilities, washing machines/showers

Future for families—planning ahead

Legislation –Planning

--Situation

--Freedom

Choice of location

Criteria for transfer needs to be widened/changed

Choice to stay –‘if you don’t go here-you have to leave’

Space---needs more space around

Common area

Pastimes---Horses

---Workshops

---Trailers

---Storage area for scrap

LA like a private landlord should have to provide a standard type accommodation (quality standard); entitlements in private rented sector.

Landlord might be Ok—neighbour complain

Awareness of rights of Travellers to a healthy safe place to live.

3. No links between agencies---national requirement

## **Workshop 2 Equal Access to Everything**

This issue is important because

1a)It is about quality of life issues

b)Services have deteriorated

c)Health should have improved—it hasn’t

2. Lack of equal treatment in services

3.Equality Access and Outcomes: evidence is that Travellers have not e.g. equal access, equality of participation--involvement

4.If, when and how access is devised, not documented.

5.Barriers to access need to be looked at.

6.Low up-take of specialist services. Discussion is needed

7.Equal access means improved services—shapes the inclusion of services.

8.Should there be specialist services or integrated services? (i.e.Traveller specific) Do separate training centres work? Are they working?

9. Is it equal access---are right services provided?

10.Separate services don’t work.

11.Study should look at specific separate service provision and mainstreaming: find out what is working.

12.Traveller specific set up to improve access: looked at needs of speech and language---danger of singling people out.

13.Services should be mainstreamed. How can the specialist services be integrated?

14.Poor uptake of specialist services means not good use of resources for others.

15.Questions need to be asked of health service providers about why services are not being accessed.

Multi-disciplinary/collaborative approach---See notes—Recommendation to advisory group

Need a holistic system, not more paper work.

**How should it be dealt with locally?**

Look at separate v mainstream in West

Involve Councils

Not a person centred approach to services. Structure and information systems are not in place.

Study should look at how and why services don't connect with people. Why must people fit systems?

Use community approach to find out why appointments are not kept.

Understand where people are coming from. Literacy

What are Travellers priorities? There are so many different important inter-connected problems.

Good accommodation == better health

Need to be more pro-active. Move it forward. It (the study) must have an impact on people's lives now. Length of time and resources waiting for it to start. It took seven years to get a strategy.

The LOCAL STUDY needs to be implemented ahead of and in parallel; with this work. An Action Plan needs to be developed now.

Local TSG are recording instances of discrimination---can this be shared at the local level?

**What needs to be done Nationally?**

Can something Nationally not be done about Health Boards and Local Authorities re accommodation?

Need to know about refusal of access to services: Is it a question of EQUITY or Resources?

How people are made to feel in a centre? How discrimination impacts. Don't want a blame culture.

**Any other messages for the advisory group?**

Don't spend too long on it.

Be careful about how wide the net is cast.

Still missing the target: how do we ensure that everybody is included and participates?

Who drives the study?

How do you mainstream a service and look after an ethnic minority group?

Inter-cultural training in formal education system should be compulsory.

Understanding our own culture and history.

Breaking stereotypes and myths

Public information and positive images of Travellers

**Workshop 3: Mental health**

**Why this issue is important:**

No details locally or nationally around mental health

Recent suicide attempts in WHB region (among Traveller men and youth)

Para suicide (anecdotal evidence)

Recom in WHB report

Stress, depression

Traveller women—anti-depressants

Understanding Traveller mental health problems---access services—difficult—shame

Need to identify the cause of mental health problems

How to be dealt with locally

Plan resources (protected) for Travellers health—prioritise mental health (WHB)/Traveller Unit/Travellers etc.

Travellers involved in research etc

Look at published report

Create awareness of the problem---de??? the terminology e.g. what gets you down?

Develop interventions that target Travellers

Access/equality

Two pronged approach—service provider look at barriers etc

bottom up approach/ phc /community development  
etc

Service managers—need commitment from them (e.g. Traveller Plan)

Include in service plan

**Nationally**

Resourcing —to develop

Agencies ---work with others

DoHc—liaising

Institute of Public Health (share info with others)

### **Any other key messages**

Don't wait for the outcome of the study—let WHB complement other services

Training provided for people asking Q (so they can support) (if people get upset etc)

Have protocol for this (appropriateness etc)

Language :How are you feeling etc

Use the GHQ (12 items)—use standardised instrument

PR---awareness of study

Pilot study

Realistic of what can be done in one survey, qualitative etc (WHB Homeless study)

Way of representative and interpretation of result.

When study finished ensure dissemination to Travellers in terms of results etc.

## **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.