

Evaluation of Cross Border Traveller Health Project

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cooperation and working together
for health gain and social well being in border areas



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Southern Health & Social Services Board

Project Information

Relevant CAWT Subgroup	CAWT Traveller Health Group
Project Title	Cross Border Traveller Health Project
Project Executive	Richard Phelan and Martin O'Neill
Project Board Members	Mr Richard Phelan, HSE DNE Mr Martin O'Neill, SHSSB Mr Martin Duffy, WHSSB Ms. Julie McGinty, Western Health Action Zone Mr Conor Keys, Omagh Travellers Support Group Ms. Marie O'Leary, HSE WEST Ms. Sinead Hughes, Armagh Traveller Support Group Mr Fergal O'Brien, SHSCT Kathleen Burns, Project Manager Ms Yvonne Gregory CAWT (in Attendance) Mrs. Brigid McGinty CAWT (in attendance)
Letter of Offer Date	October 2006
Project start date/ Actual date	January 2007
Funding Allocation Amount	£55,000
Project manager	Kathleen Burns
Evaluation Date	February 2008
Project Evaluation Completed by:	Jim McParland

Project Overview

The inequality of the health status of the Traveller community is a continual challenge for those professionals committed to anti-oppressive policy and practice within their professions.

In 2000/01 the Southern Health and Social Services Board (SHSSB) area was assessed as having around 45% of the Traveller population in Northern Ireland. The SHSSB has responded to this challenge by becoming the lead partner in the Southern Area Action with Travellers Partnership (SAAT). SAAT is a multi-agency and inter-sectoral partnership working together at all levels to coordinate and maximise actions with Travellers that aim to improve health, education, accommodation and quality of life outcomes.

Against a background of equality and human rights legislation in Northern Ireland such as: The Race Relations Order 1997, Section 75 of the N.I. Act 1998, and The Human Rights Act, 1998 and in the Republic of Ireland, the Irish Government's most recent strategy on the health of the Traveller community (Traveller Health: A National Strategy 2002-2005), the SAAT Partnership in 2005 and the Equality Acts 2000 and 2004, came emerging issues whereby Travellers were identified, as a group, most vulnerable to poor health, discrimination and social exclusion.

From research studies and mortality statistics the percentage of Travellers suffering depression and mental health problems, such as stress and anxiety were very high for both male and females. Allied to this, over 50% of Travellers have difficulty reading and this leads to many problems accessing services, understanding and keeping appointments and following instructions and hospitals procedures. In the Traveller Health Strategy 2002 – a Traveller Health Unit was established covering counties Louth, Cavan, Monaghan and Meath, which led to the development of a number of initiatives to address the health status of Travellers.

The cross Border Cooperation And Working Together (CAWT) Traveller Health group recognised that there were differences between Travellers' experience of service provision between the North and the South of Ireland. These differences were highlighted in a conference 'Crossing the Border' in 2004, where over 150 Travellers and service providers discussed the issues for Travellers in this border region. However, the lack of data information on the Travellers' use and take up of health services meant effective comparisons between North and South were indefinable. Therefore the information gathered, in this project, will provide an insight into some of the experiences of Travellers and service providers.

Identification of Need

Over the past 40 years reports and statistics have shown that the health of the Traveller community is significantly poorer than that of the majority settled community – e.g. the 1987 Travellers' Health Status Study, the 1995 Task Force Report on the Traveller Community, needs assessment reports from SHSSB and the Eastern Region's 2004 Environmental Health Concerns of Travellers.

There are multiple causal factors for this discrepancy - including poor living conditions, lower educational attainment, limited employment opportunities, hostility and social exclusion. The combination of these factors lead to marginalisation, disadvantage and poor health outcomes e.g. a lower life expectancy than the 'settled' community.

It was identified in Traveller Health: A National Strategy 2002-2005 that there is no current systematic or regular gathering of data relating to the health status of Travellers particularly in the absence of any specific identifier of Travellers within the existing health data-gathering systems in use in hospitals and the community.

The Travellers' nomadic lifestyle makes record keeping difficult and this, combined with different border jurisdictions and health service structures, aggravates the problems encountered by both service providers and Traveller users.

Therefore there is a need to consult with Travellers and Traveller Support groups on their experiences accessing services within health and social care and to support and promote their involvement in all future activities.

Overall Aim of Project

The partners within this project are: the Southern Health and Social Services Board (SHSSB), the Western Health and Social Services Board (WHSSB), the Health Service Executive (Dublin North East and West) and the Southern Area Action with Travellers Partnership (SAAT).

The aim of the project was to work with Health and Social services and other stakeholders on an identified cross border basis (the southern CAWT region), and to address access issues for Travellers to a range of health and social services and to consider possible areas of exclusion.

The project will consult with Travellers and Traveller Support groups on access to services and work to make such mainstream health and social services more accessible to Travellers.

Achievement of Objectives

Project Objectives	Evidence of Achievement
Create a baseline of data on the number of Travellers residing in the CAWT region.	The use of census statistics and Traveller Support Group data for the project region gives some indication of the number of Travellers e.g. Cavan, Monaghan, Louth and Meath have 1566 Travellers and in the SHSSB area there were 1054 Travellers. Due to a number of issues, the accuracy of these figures may be in doubt.
Identify and collate existing information on the extent of Traveller access to health and social services and other services such as education, housing and accommodation	There are difficulties with ethnic monitoring. Inaccessibility of the Census form to those who have literacy difficulties means the Census data cannot provide accurate information on marginalised individuals. The absence of specific data on Traveller Health and the use of health services make it difficult to both plan and monitor services for Travellers. This project did not look at education, housing or accommodation services, concentrating only on access by Travellers to health services.
Identify barriers to access to services and develop practical strategies to overcome these together with all stakeholders	Barriers to access are clearly identified in the detailed (anecdotal) accounts of the conversations held with the individual Travellers and in particular their responses about their personal experiences and feelings when accessing a range of services. These include some reports of being asked to do things other service users (in the majority settled community) may not be requested to do and reports of feeling intimidated or harassed (e.g. when seeking an appointment) by frontline/reception staff. The report could have included more detail of this e.g. the frequency and the extent of these experiences.
Gather relevant policy and practice information, and map current services for Travellers as service users in the southern CAWT region.	Awareness of the Legislative and Policy context in terms of equality and equity for Travellers, both in Northern Ireland and in the Republic of Ireland, were evident from the outset and are set out in Appendix One of the project report

Project Objectives	Evidence of Achievement
Directly engage with service providers to raise awareness, improve communication and services to Travellers	Responses from staff within Health and Social Services are contained in the report. A total of 60 Health Professionals were invited to take part, 30 from each of the two areas SHSSB and HSE/DNE. The response rate was just under 40%. This is a poor response in comparison to that of the service users and perhaps better methods of gathering information from service providers could have been considered.
Promote the concept of ethnic monitoring, since without monitoring there can be no measure of progress.	The 2001 Census in Northern Ireland did include 'Irish Traveller' as an ethnic origin category, but this method is not routinely used by the health and social services on either side of the border. There is awareness of the need for ethnic monitoring and the need for an adequate system to be put in place. One health professional in response stated, that Travellers may not identify themselves as 'Travellers' because they do not want their children discriminated against. This attitude needs to be considered.
Ensure that all actions agreed are sanctioned at the highest level through CAWT and its members.	This is evident through minutes of project board meetings and the updating of documentation throughout duration of the project.
Coordinate and monitor and work towards seamless services for Travellers	There is evidence of a partnership approach within the Project and in the execution of working for the benefit of Travellers.
Identify, describe and document good practice in service provision for Travellers, and assess the applicability and delivery of such service provision in the two jurisdictions.	A range of good practice initiatives were identified in both jurisdictions (SHSSB and HSE/DNE) and these can prove valuable when considering removing or breaking down barriers to accessing services e.g. where possible bringing a range of services to the Travellers, in the location that is preferable to them, rather than asking them to come to 'difficult' (perhaps even hostile) environments.

Project Objectives	Evidence of Achievement
<p>Identify barriers and key supports needed to address these issues through a community development approach</p>	<p>There is a strong emphasis on community development as a process that can take place within particular geographical areas and/or communities of interest. The findings from the project do indicate some areas of concern where Travellers have had negative experiences and encountered barriers in accessing services. These are concerned with issues around racism, discrimination and social exclusion and the frequency and extent of these incidents could have been more detailed within the report. The method of gathering information (not taped or written by Travellers) but written up some time after conversations have taken place, can offer some difficulties regarding the veracity and interpretation of Travellers' feelings.</p>
<p>Identify current cross border working and promote opportunities for increasing effective partnership between the two identified CAWT partners – the HSE Dublin North East, the SHSSB, SAAT and other agencies.</p>	<p>There is evidence of a partnership approach within the Project between the two identified CAWT partners and other agencies. In the execution of working for the benefit of Travellers, there may be opportunities for the replication of good practice examples from one jurisdiction to the other, whilst also recognising that there is a need to take into account the abilities, previous experiences and current competence of the people (and the areas in which they work) before such projects are established.</p>

Pre-defined Outputs	Evidence of Achievement
Identify existing data and systems for monitoring the delivery of health and social services for Travellers	Information obtained from this project can Improve monitoring and determination of services for Travellers on a cross border basis. Identification of negatives or barriers can lead to improved access to mainstream services, which can advance health
Mapping need, and health and social service provision for Travellers.	The needs of Travellers in accessing Health services have been illustrated throughout the report and summarised in the recommendations section
Work in collaboration with all relevant existing providers and to build capacity to improve access	The project board meetings show evidence of collaboration between statutory Health and Traveller Support groups within the community. The recommendations from the report which will be circulated widely highlight the need and opportunity to develop particular services to meet Traveller requirements
Ongoing engagement with Travellers, Traveller Support Groups and partner statutory agencies and other stakeholders on a cross border basis	The report recognises there is good practice and where and how this can be utilised to improve access and other issues for Travellers

Project Management

The Project worker's brief was to undertake a fact-finding and awareness-raising role within the project area and to consult with Travellers and Traveller Support Groups on their experiences of accessing health services. The Project worker was asked to gather information on examples of best practice in relation to the provision of services to the Travelling community.

From the outset there was a commitment to quality in the approach taken to the work e.g. evidence of risk assessment, a literature review to consider methodology for the project, examination of core documents dealing with health strategy, policy and legislation and, in particular, careful consideration given as to how information should be obtained from (the Traveller) service users.

This was an experiential study looking to pick up on general issues – in essence a snapshot of a particular time period - using conversation and observations to show what was emerging. Therefore it was important, from the beginning, to build trust in order to engage with the Travellers.

Deliberation was given to service users' needs and expectations and consideration was given to fears that any negative comments could impact back on the Travellers.

Issues of trust were well thought-out, as were other issues such as the nature of the informal face to face conversations and sensitivity was shown around the importance of language used and in recognising the potential literacy difficulties (as evidenced from research), not being oppressive or domineering but 'user friendly' and familiar to the Travellers.

Drafting and re-drafting of questions took place in the monitoring and consideration of the familiarity of the language being used in conversations with the Travellers (and the questions asked) in order to obtain information. This process empowered the service users and built on their narrative qualities, particularly on their potency to 'tell it like it is' - their experiences from the heart. By this process, Travellers were more than willing to engage and it provided the opportunity for anecdotal experiences to be aired. These conversations were written up at a later time.

Applicable standards were used i.e. good ethical practice in the obtaining of information (no 'cold calling' and the maintenance of confidentiality of both service users and health and social service professionals referred to). In material offered by the Project Manager, a coding system was used to anonymise Traveller information obtained from discussions with them and in contacts with health professionals.

Clear groups were identified and the target group was made up from Traveller families in the following Border areas: Newry, Craigavon, Coalisland, Armagh, and Omagh. In Monaghan, Louth and Meath focus groups were used.

Linking with co-ordinators, who worked with Travellers, facilitated direct contact with the targeted service users.

It is significant to note the 100% response rate (divided approximately 80% female and 20% male) from the Travellers engaged. This reflects a number of issues e.g. the Travellers' willingness to talk, their willingness to tell their particular narrative but it also highlights the importance of the personality, the skills, and the approachability of the Project Manager seeking the information from them.

Impact

The Project set out to explore service provision for Travellers across border counties. The aim was to provide a snapshot at a particular time period and this it has achieved by documenting the experience of Travellers in 2007 in terms of service provision and supports.

The nature of the informal conversations with Travellers and in particular their willingness to engage, provided a wealth of material that gave a considerable insight into their experiences (both positive and negative) when accessing health services.

While the survey response rate from health professionals was lower than that of the Travellers, various insights were offered as to where further work could be carried out – e.g. when a range of training courses was offered, a doctor commented that his staff did not chose the Cultural Awareness Training - yet this is a recurring theme when consideration is given to some of the negative experiences of Travellers (e.g. rudeness of some reception staff or their use of inappropriate language).

The project has highlighted the lack of data on the Travellers use and take up of services and also highlights the need for a system of ethnic monitoring in health services that does not discriminate against Traveller service users

In October the Project Manager spoke to the Year 1 BSc Social Work students in Belfast Metropolitan College about this project and in doing so, raised awareness of oppressive issues for Travellers accessing health and social services. These students can use this 'awareness' for a greater understanding of issues, when they go out on their practice placement in Year 2 and they may be working with Travellers and liaising with health professionals.

Outcomes

100% Responses from Travellers were obtained across the border region and included areas such as Newry, Armagh, Coalisland, Craigavon, Meath and Louth.

A high percentage, almost 90%, of these responses was from females.

Across the HSE/DNE and SHSSB areas, 23 health professionals responded (less than 40%) and this group was made up of 9 doctors, 6 midwives and various other single professionals including social worker, speech therapist, nurse and health visitor

180 Travellers attended a Cross Border Traveller Health event on 27th February 2008 and 73 Travellers participated in voluntary health checks for Cholesterol, blood Sugar and Blood Pressure.

500 copies of the Cross Border Traveller Health Project report will be distributed to Health, Social Services, Education and other agencies.

Communication

There was no formal communication plan prepared for this project although there is evidence of communication systems such as Project Board meetings and papers, Quality Review teleconferences, ad-hoc telephone and e-mails between project board members, Awareness raising sessions with student Social Workers, Traveller Health event attended by 180 travellers, Press Release to CAWT partner organisations and television coverage of Traveller Health event.

The early part of this project appeared to be running smoothly and the first six months were given over to the planning and carrying out of informal discussions or conversations with representatives of Travellers from different areas along the border region.

A wealth of information was gathered and the combination of the enthusiasm of the Travellers to engage and the personality and skills of the Project Manager, who was seeking the information from them, was noted.

As the year progressed this 'smoothness' was replaced by a series of difficulties that were attributable to a combination of factors e.g. It was noted from minutes of meetings of the poor attendance by Project Board members. This was set against the context of health service changes and restructuring, both North and South, and the restructuring of CAWT itself which made it at times difficult for some members to maintain a focus on this Traveller Health project and consequently support for the project was less than originally anticipated.

In the latter stages of the project there were problems in meeting deadlines. Writing up of modules of good practice proved difficult together with the reported large volume of administrative work required to get the Prince 2 documentation up to date, resulting in some conflicts of priority. It was noted from minutes that Project board members expressed concerns that the good practice work was not getting priority over administrative work and Prince 2 documentation.

The discipline of managing risks, identifying risks, adding risks to the Risk Log when they appeared and responding accordingly (bringing in the Rural College) was a positive aspect when the project appeared to be running into sand in the latter part of 2007.

Dissemination of findings

The report of the Cross Border Traveller Health Project will be launched in March 2008 and will be widely circulated to Travellers, service Providers and other interested parties.

Lessons Learned

In hindsight there was perhaps too much expected of this project in terms of attempting to meet the objectives within the designated time frame. It might have been better to focus only on the service users experiences and to use the 12 months solely to gather this information (rather than also considering the service provider's perspective).

In projects such as this there is a need for greater consideration of the scope of the project and the objectives set out. There also needs to be greater flexibility within time scales from the outset.

A wealth of information has been generated about Travellers' experiences and feelings in accessing a range of health and social services, but there is a need for consideration to be given to better ways of collating this information.

There was no taping of interviews so comments were recorded in note taking format. This does not provide 'hard' evidence regarding the nature of what was said and by whom. Some concerns could be raised regarding the veracity or interpretation of information e.g. the possible potential bias in that '*one is looking for what one expects*'. However, from the beginning there was an awareness of this aspect, on the part of the Project Manager.

What worked well was the informal conversational nature of getting the Travellers to 'tell their stories' and tapping in to their eagerness and enthusiasm to talk about their experiences of accessing health and social services.

The low % response from health professionals did not match that of the service users' response. It might have been better to have used different methods (or more direct face to face interviews) to gather information from health professionals.

Examples of poor practice in health and social services, the lack of understanding amongst some professionals and ancillary staff (e.g. GP's staff in some Health Centres) of the travellers' culture and lifestyle - and the accompanying discriminatory or negative attitudes - provide an opportunity for these issues to be tackled by education programmes, targeted cultural awareness training and equality awareness training.

Some attention could be given to looking at the time required to keep updating the information in the documentation required for a project like this. There appears to be considerable attention and focus on formal documentation, detail which can obscure the quality and content of the major issues the Travelling community are raising, in terms of the negative and discriminatory attitudes they can encounter, when attempting to access services.

Sustainability

The findings from this project need to be highlighted by being brought to as wide an audience as possible.

The outcomes and issues raised within this project can be utilised within colleges and universities through teaching social work/social care courses.

With regard to professional social work training the project can contribute to a range of essential modules e.g. modules for Anti-Oppressive Practice, Preparation of students for going out on practice and Community Development

Examples of poor practice in health and social services, the lack of understanding amongst some professionals and ancillary staff of the travellers' culture and lifestyle and the accompanying discriminatory or negative attitudes, provide an opportunity for these issues to be tackled by education programmes, targeted cultural awareness training and equality awareness training.

Conclusion

On reviewing the project documentation and information gathered during discussions with the project manager and members of the project board, it is evident that on the whole this project has delivered its objectives as set out within the letter of offer and within the allocated timeframe and budget allocation. The only possible exception being a part of the objective of - 'Identify and collate existing information on the extent of Traveller access to health and social services and other services such as education, housing and accommodation'. However, on reflection it is likely that given the limited resources and timeframe this would have been an unrealistic goal and this view is evidenced in the project board's decision, early in the project, to focus on experience of accessing health services only.

In conclusion the project has provided an opportunity to explore the experience of Travellers on both sides of the border through this INTERREG IIIA funded initiative. Strong working relationships between the services providers in both jurisdictions have been developed during course of the project. There is also evidence of significant positive engagement between Travellers both north and south which will provide opportunity for further development of cross border work in future.

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