

# The Irish Traveller Community



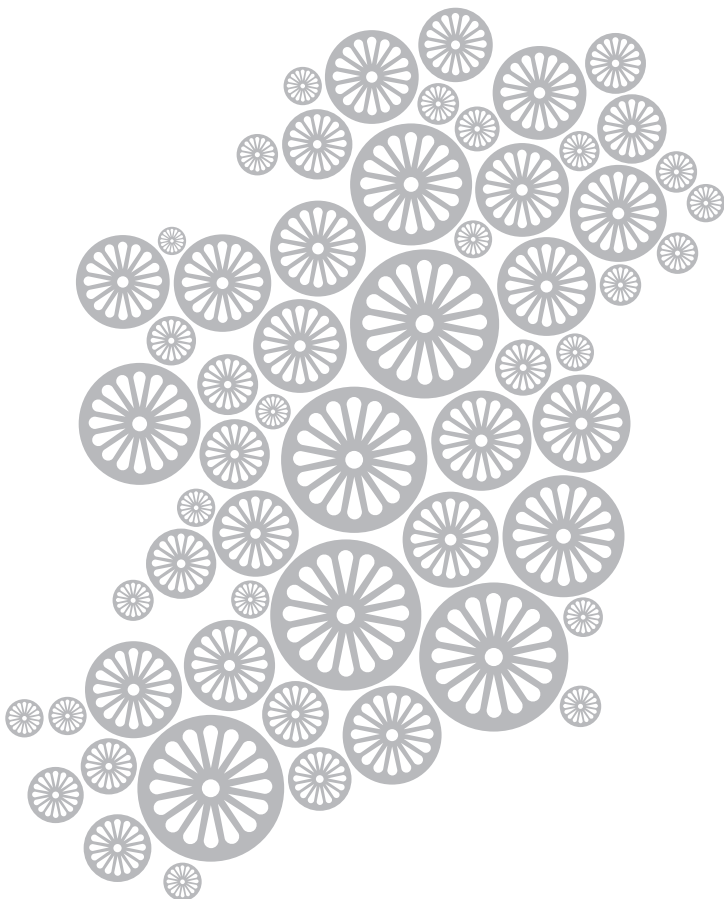
Staff  
Information  
Booklet



# Acknowledgement

This booklet was co-produced with input from Health and Social Care staff with experience working with the Traveller Community, the Trust's Traveller Action Group and representatives from the Traveller Community.

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# The Irish Traveller Community

The Irish Traveller community is a small indigenous minority dating back for centuries. Travellers have a long shared history and value system, their own language (Cant), customs, historic nomadic tradition, all of which distinguish them from the settled population. The Irish Traveller community is specifically identified in the Race Relations Order 1997 as a racial group which is protected against unlawful racial discrimination.

The All Ireland Traveller Health Study, 2010 (AITHS) estimate a population of 3,905 Travellers living in 1,562 families in Northern Ireland.

Although Travellers identify themselves as an ethnic group

# Irish Traveller Culture & Identity

Traveller culture is marked by very close-knit families (referred to as familial), patriarchy and strong gender role demarcations (AITHS, 2010). Traditionally, women have been responsible for childcare and the home and have been financially dependent on their husbands who make the decisions. As Traveller women marry at a young age, they move into the husband's extended family network (Health Intelligence briefing, Public Health Agency). Almost all Travellers are Catholic, religious beliefs are strong and religious values also underscore the importance of marriage (Allen, 2011).

Family is highly valued and some Travellers prefer to live in accommodation together rather than be split into different housing estates (AITHS, 2010). Issues of shame and family dishonour are significant and social sanctions are implemented to preserve the interests of the family.

There have been some recent changes within the community, with more women accessing community based education and health programmes and work.

The idea of the nomadic lifestyle is still central to Traveller identity.

**High proportions of Travellers reported that they had felt discriminated against in all areas of life (Health Intelligence briefing, Public Health Agency).**

# Traveller Health

Travellers have significantly poorer health status than the settled population, particularly in terms of mortality, life expectancy, higher burdens of chronic diseases - such as back conditions, diabetes and heart attack. Respiratory conditions such as asthma and chronic bronchitis are higher in the Traveller community in comparison with the general population. Travellers experience higher rates of non-accidental injury and also experience worse mental health and a higher rate of suicide than the settled community. AITHS, 2010 revealed that Traveller men had a 6.6 times higher suicide risk compared to settled men.

**The average life expectancy of a male Traveller is just 61.7 years compared to the general population average of 76.8.**

**Children** Travellers place a high value on children and their wellbeing and the importance of growing up in close-knit communities. Some health problems are more prevalent among Traveller children – higher prevalence of hearing, eyesight and speech problems.

**Feeling a sense of difference and shame, triggered by discrimination and social stigma, starts early in a child's life (AITHS, 2010).**

**Mortality** Overall mortality among Travellers is 3.5 times higher than in the general population for both genders and across ages. Infant mortality is still higher than in the general population.

Life expectancy for male Travellers is 15 years less than that of the general population and for female Travellers life expectancy is 11 years less than the general population (Health Intelligence briefing, Public Health Agency).

**Mental Health** It has been suggested that Travellers have higher rates of mental health problems than the settled population (Walker, 2008). The reasons why Traveller women present with depression primarily relate to existing circumstances such as feuds, social issues, unemployment and a general feeling of hopelessness (Health Intelligence briefing, Public Health Agency). Qualitative accounts suggest that men see depression as a female malady but have started to question this (AITHS, 2010). Traveller men admitted to mutual pretence and denial of depression, using macho images and bravado to mask low esteem and powerlessness (Health Intelligence briefing, Public Health Agency). Travellers are notoriously private and, in particular, Traveller men are very reluctant to discuss their private life with anyone. This can have a detrimental effect on their general and mental health.

The strong stigma attached to mental health problems within the Traveller community can

# Factors Influencing Traveller Health

impact their help seeking behaviour (AITHS, 2010). Traditionally priests and the extended family, particularly older Travellers provide informal counselling and a listening ear.

Despite having high rates of mental health problems and substance misuse, uptake of mental health services is very low (AITHS, 2010).

**Mental health services were perceived as inadequate; counselling services were considered inappropriate; distrust of psychiatric services and a fear that children are taken into care if the service of a psychiatric hospital was to be accessed (Walker, 2008).**

Persistent socio-economic disadvantage such as poverty, low levels of education, poor accommodation and poor environment negatively influences Traveller health.

Getting work is highly problematic for Traveller men. Traveller women tend to leave school early and can be bound by domestic duties and child rearing which can affect isolation and impact stress, depression and boredom.

Violence and abuse within intimate relationships is a factor for a significant number of Traveller women. However, while it is not possible to provide accurate prevalence data on the extent of this abuse within the Traveller community, there is no evidence to suggest that it is more or less prevalent than in the community in general (Watson and Parsons, 2005). Research indicates that common experiences can be identified among ethnic minority women in domestic violence situations. In reviewing this research however, it is important to acknowledge that psychosocial, economic and cultural factors can interact in complex ways to place ethnic minority groups at increased risk of domestic violence without ethnicity necessarily being a risk factor in and of itself. What is clear is that the legal and support mechanisms that have been introduced, and which are to a certain extent effective in facilitating settled women to eventually access safety from abuse, are not, for a number of reasons, as effective for traveller women. (Allen, 2011).'

**Traveller women's fears that their children might be taken into care can make them reluctant to report domestic abuse (Allen, 2011).**

Rates of breast feeding are higher in some minority ethnic women although Irish Traveller mothers have one of the lowest rates.

Some minority ethnic groups that have specific maternity needs are a higher risk of poorer maternity outcomes. These groups include Irish Travellers, Roma community, asylum seekers, failed asylum seekers, irregular migrants and refugees.

Misuse of and dependence on prescription medication emerged as a very common problem for Traveller women (Pavee Point, 2011). There are high levels of antidepressants, over-prescribing (long periods), medication sharing, self-medicating and selling of prescription drugs (Pavee Point, 2011).

Due to the high stigma and shame of substance misuse, Travellers may try to deal with problematic substance use themselves through home detox and religion (Van Hout, 2010).

Excessive alcohol use is linked with domestic violence, mental health problems, suicide, child neglect, poverty and possibly initiating with drugs (SAAT 2011; Van Hout, 2010). A lack of understanding of the signs of alcoholism, shame/embarrassment, boredom, stress and depression can make reducing alcohol difficult (AITHS, 2010; Van Hout, 2010).

# Traveller Community: Loss & Bereavement

Travellers have a high experience of loss and bereavement due to their higher mortality at all ages compared with the settled population.

Relatives will come from great distances to see a gravely ill person and they will wish to be close by the whole time a person is in hospital. It is important to be respectful of their culture, beliefs and attitudes in relation to dying and death.

**The relationship between healthcare professionals and members of the Traveller community will be greatly enhanced when communication promotes mutual understanding of the cultural, social, psychological and spiritual needs of the dying person and their family and explanation of any restrictions that may need to be addressed due to the environment or policy of a healthcare setting.**

# Practical Advice for Staff

Travellers face constant prejudice in many aspects of everyday life, for example social situations, refusal of entry to shops, pubs and hotels etc. and historically have not had equal access to education, resulting in low literacy skills amongst the community. This problem leads to some Travellers not knowing what services and information are available to them through the usual channels of health promotion.

**Health information rarely takes into consideration the lifestyle and culture of the Traveller community and often uses inaccessible language and jargon. This leads to failures in keeping hospital appointments and inability to follow instructions for example when taking medicines. When producing information, you may wish to consider how it meets the needs of the target audience to ensure the information is accessible and easily understood.**

**Appointments and Booking Systems** Low literacy levels, a lack of traditional 'diary keeping' and a lack of understanding about appointment and booking systems can result in higher rates of DNA amongst the Traveller community.

**Alternatives to the written word (telephone calls and text messages) should be considered.**

**Staff Training** Travellers face widespread discrimination and racism (AITHS, 2010) and continue to be rated among the top ranked ethnic minority groups that are perceived to receive most prejudice in Northern Ireland. Travellers often experience negative attitudes when accessing health and social care and some have recounted incidents whereby they have heard staff talking about them in derogatory terms.

Staff should be courteous and respectful to all service users and careful about language used.

It is important that everyone is treated as an individual. This may mean doing things differently or making simple changes to take account of cultural diversity.

**Cultural awareness training is essential for staff. All staff should complete their 'Making a Difference' eLearning diversity training available on the Trust's eLearning platform.**

**Staff should read their 'Equality, Good Relations and Human Rights' training manual available on the Trust's Intranet**

**Hospital Visiting** Visiting a sick person in hospital is a very important aspect of Traveller values and customs so large numbers of visitors may arrive. It is important for hospital staff to be sensitive to the sick person's and extended family's needs by perhaps providing a side room if necessary. If visitors need to be restricted, due to implications for infection control etc. staff must take time to explain why in a culturally sensitive way. Speak to the immediate family and ask them to relay information to other family members. Regular updates should be provided using language that is easily understandable. Inform reception who the contact within the family is in order to give information to other members. Ask for a room to be available for family members.

**Modesty** Many Traveller women, young girls and recently married Traveller women would prefer female doctors (especially for 'women's problems') due to issues of embarrassment and modesty. It is normal that Traveller women would not be in a room with a man other than their husband.

Although there would be a preference among Traveller women to see female doctors a male doctor is suitable for certain symptoms e.g. ear ache, sore throat, non-related women's problems and in emergency situations.

**Cultural Sensitivities** Some Travellers may not have access to all the amenities that are normally taken for granted e.g. bath/shower facilities, particularly Travellers who live on a site or on the side of a road. Staff should be aware of specific factors relating to living conditions and act in a sensitive and appropriate manner. Many Traveller families don't use the toilet in the caravan due to concerns regarding hygiene. Provide a patient-centred approach which acknowledges Traveller's lifestyle and tailor services accordingly.

**Cultural competence in health care describes the ability of systems to provide health care to patients with diverse values, beliefs and behaviours, including tailoring delivery to meet patients' social, cultural and linguistic needs - Betancourt et al, 2001 (DIANI, 2011).**

**Equality of access to health and social care services is a basic right of everyone.**

**For further information please also refer to the Multi-Cultural and Beliefs Handbook available on the Trust's intranet.**

## **Improving the Patient and Client Experience**

Underlining the provision of all services are the 5 Patient Standards that all Trust staff must adhere to:

### **5 Patient and Client Standards**

**Respect** – all health and social care staff show respect in all contacts with patients and clients. Feeling respected means being valued as an individual.

**Attitude** – all health and social care staff show positive attitudes towards patients and clients. Experiencing positive attitudes from staff means feeling cared for as an individual.

**Behaviour** – all health and social care staff show professional and considerate behaviour towards patients and clients. Experiencing professional and considerate behaviour means feeling valued and safe.

**Communication** – all health and social care staff communicate in a way which is sensitive to the needs and preferences of patients and clients. Clear communication means understanding and feeling understood.

**Privacy and Dignity** – all health and social care staff protect the privacy and dignity of patients and clients at all times. This means feeling that your private moments are protected and you are treated with due respect and consideration.

# Further Support & Established Traveller Networks

Further advice and assistance is available to staff from for example, community development workers, the Traveller health training co-ordinator and Traveller health champions and health trainers.

Outreach and community based initiatives are an effective means of engagement with the Traveller community to promote the uptake of services and to ensure services are culturally sensitive to the needs of Travellers – see Appendix 1.

The Trust's Traveller Action Group (TAG) has also produced culturally appropriate health literature in partnership with Travellers. TAG was established to consider the recommendations of the All Ireland Traveller Health Study along with the findings of other research.

**TAG - The purpose of the group is to contribute to the improvement in Traveller health and wellbeing, reduce the health inequalities that currently exist and to ensure that the range of services and approaches offered within the Trust are appropriate to the needs of the Traveller community i.e. culturally sensitive services.**

# Useful Contacts & Support

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# Notes





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