

REPORT ON REGIONAL CONSULTATION

MIDLAND HEALTH BOARD

Tuesday 16TH September 2003 10.30am—3.30pm
Boardroom, MHB Central Offices, Arden Road, Tullamore

Key Facilitators: Seosamh O Maolalai and Oliver (Health Services National Partnership Forum)

Departmental representative: Mary O'Reilly

National Traveller Health Advisory Committee representative: Kathleen Joyce

Numbers attending: 65 persons

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

1. Travellers/Traveller organisations preparatory meeting

The key issues arising from this meeting were:

- The impact of Discrimination, direct and indirect and institutional racism on Travellers health
- The impact of the 5 year accommodation plan
- Lack of confidence, education and support among Travellers
- Travellers to be involved at all stages, in all aspects of the study
- Training for health board on Traveller culture
- Existing data collection methods are not accurate
- Travellers not identifying themselves due to discrimination and fear—will this group be involved in the study?
- The advantages of the study need to be clearly spelt out so that other organisations who know numbers will contribute that information.
- Utilise existing network and services such as Traveller organisation, training centres, primary health care, women's groups etc.
- Mullingar Hospital, when treating blood disorders, ask if you are a member of the Traveller community.
- Funding, training, support for the organisation and people who are carrying out the study.
- Local researchers in local areas

There were two priority areas brought back to the Joint Discussion Forum from this group. These were:

1. Traveller participation at all levels of the study including:-
 - communication
 - data of population collection
 - resources
2. Traveller culture and discrimination

2. Health Services Providers Preparatory Meeting

This group broke into three separate workshops to consider the questions and then met as a single group before reporting back to the Joint discussion Forum. The following key issues arose from those discussions.

- The study should examine the positive and negative impact of legislation/policy on Travellers health e.g. Equal Status Act, Horses Act.
- Travellers are not accepted for who they are: this creates lack of confidence.
- Discrimination barrier to accessing services: Travellers are not comfortable accessing services. Services are not culturally sensitive.
- GP's and Public Health Nurses are gatekeepers to services
- Importance of continuity between professionals
- Hand held records are needed
- Need to understand Traveller culture and belief and how these impact on perceptions of health
- Impact of accommodation/facilities on health
- Training and support for Travellers (childcare, funding) to participate
- Language and presentation should be easy to understand
- Study must include Travellers living in all types of accommodation
- Need to access Travellers in areas where groups are not strong
- Need to ensure specific groups/ issues are covered e.g. men, disability, mental health
- Use local knowledge (Traveller Health unit) for proper sampling
- Existing data collection systems (census, baseline surveys for PHC, PHN's, CSW, local organisations) are incomplete.
- Issue of double counting needs to be addressed
- Use parish priests and funeral undertakers as additional potential sources of information re deaths.
- Resources needed include:--
 - Childcare, travel expenses, funding, accommodation (office etc)
 - Training---how to do a survey
 - going out to their community to do this study
 - good understanding of the survey/study
 - How queries are raised—non-offensive and easy to understand questions
 - Release existing staff within MHB who already have built Relationships with Travellers
 - Support and commitment from management
 - Equipment/materials—tape recorders, video camera, camera
- “Nothing about us without us”

After discussion the following priority areas were identified for the Joint Discussion Forum.

1. Traveller participation at all levels
2. Traveller culture and discrimination
3. Resourcing and training

4. Methodology
5. Participation and partnerships
6. Holistic approach

3. **Joint Discussion Forum**

As two of these were the same as the priorities of the Travellers preparatory meeting it was decided to proceed to look at all six issues in break out groups in the afternoon. The following represents the key issues which arose in those discussions.

1. Without Traveller involvement and participation the study findings will not be accurate. This includes designing the questionnaire.
2. This survey/study will benefit all agencies; they all need to be involved. Such involvement means understanding and respect for each other's views
3. Partnership agencies are needed at local and national level, including statutory and voluntary as well as Primary Health Care and Traveller groups.
4. Need for two way communication between national and local for feedback at all stages of the study
5. Intensive media campaign prior to study beginning: include access to free phone for further information
6. Intercultural awareness training for personnel (including researchers) not normally working with Travellers
7. Study must have a holistic view of health and include factors such as accommodation, discrimination, education, spiritual health and mental health
8. Sampling is a key methodological consideration: regional variances, accommodation type, education and socio-economic status.
9. Standardisation across the country is crucial—training, data collection, questions, who leads it out
10. Do not do Data collection in summer, particularly August
11. There should be a designated person in each county for the study. This person to link with other groups.
12. Need to involve Travellers not presently engaged with support groups: use Travellers to connect with them.
13. There is a real challenge to get a gender balance with Travellers working as researchers.
14. Capacity building needs to begin now
15. Study should be managed and driven locally to reflect local needs.

4. **Outstanding Issues to be clarified**

- Will Travellers who do not want to be identified as Travellers be involved in the study?
- Who is doing capacity building?
- Cost of training is being covered by who?
- What is the time length of the study?

(Notes from an internal consultation event within the Health Board Services in preparation for this meeting have been received)

NOTES FROM MIDLAND HEALTH BOARD REGIONAL CONSULTATION

At MHB Headquarters, Tullamore, Co Offaly Tuesday 16 September 2003

Q.1 Main factors in their area that affect health

- Discrimination direct/ indirect/ institutional racism
- Education
- Accommodation
- The issues in relation to access
- Illiteracy
- Lack of appropriate information/ unhelpful staff
- All information in written form
- Discrimination is also a barrier for access

5 year accommodation plan, lack of education, lack of support, Primary health unit, that travellers are only becoming aware of their health needs, literacy. If you don't understand and don't speak up you will not get any further. Having the support is very important. Lack of confidence will stop you. Big words and jargon are very hard to understand.

Q.2 What way should Travellers become involved

- Involvement in designing questions
- Travellers asking questions
- Travellers to define Traveller health
- Local knowledge / families needed to get information
- Travellers to train and educate
- Researchers on how to carry out the study
- DHC & Traveller organisations to participate
- Lack of confidence
- Discrimination
- Training need for the health board on Traveller culture (work in partnership)
- Lack of understanding of Traveller culture
- Form to be filled in at desk, do you need help with that, (school, doctors, hospital), lack of public transport

Q.3a Current ways of gathering information

- Census (national)
- Baseline surveys
- PHN traveller profile
- Local councils/ plus social worker
- Local traveller orgs

We should be involved in the gathering of the information. Trained local people to go out into the Traveller people.

(Participate in research in Travellers)

Running and manager carry out study- get to know each family each family is different

Q.3b Is it correct?

- Travellers not identifying themselves due to discrimination and fear

Q.3c How to improve this

- Travellers to go out to do the research
- Put a question in place are you a member of an ethnic group
- Involve travellers from the start in all parts of the study
- All ways to collect info to be considered
- Keep researchers local

Head counts, Traveller representatives and research.

Made the information clear, advantages of carry out study, what good it will do- a lot of organisations would have a fair idea of numbers, a lot of primary health care projects, Traveller group organisation, Travellers who don't want to be known as Travellers, 3 separated groups, trailer, housing, halting sites.

Do they get involved in the study or leave them out (lost identity). Through the schools they do not recognise the Traveller culture- a lot to do with the parents.

Q.4 Accurate ways of collecting information on travellers

- Local travellers collecting the information
- Work through local organisation

Come from the Midland Health Board. I think that talking to families , recognise groups as the Primary Health Care. Mullingar Hospital blood disorders do ask if you are from the Traveller community:

Population of travellers, some areas Longford and Tullamore, Athlone, Mullingar

Midland health network

Primary health care

Traveller organisation

Training centre/ junior training centre

Women's Group, Summer camp, after school projects

Q.5 What resources, training?

- Funding
- Training
- Ongoing support
- Tape recording of information
- Resources for the organisations and people who carryout the study

Tape recorder, focus groups, interviews

Through the workshops

I think it should be an organisation to take part in the study

Support from the network

Support from the big group- sub-group to carry out the work

Local research and people come together to bring it to the next step

Accommodation to be linked to the study

Social health department to take responsibility

Q6. What are the priority areas that have to be brought to Joint discussion

- Language in communications /literacy proofread
- Travellers to participate at all levels in the study
- Discrimination
- Lack of knowledge in relation to traveller culture
- Lack of up to date data and how will it be collected

Funding, childcare, transport (Accommodation)

Resources have to be there

Time be committed, time consumed different day and times

Three keys area for Joint Discussion

Participation at All levels including communication resources and data collection

Traveller culture and discrimination

Group identified two main issues

Traveller participation at all levels of study including:- communications

- data of pop collection

- resources

Traveller culture and discrimination

Health Services Providers Preparatory Workshop

Q.1 Factors affecting Travellers Health

To have Travellers involved in all areas of the study.

To look at the positive and negative effects of legislation/ policy on Traveller health-

Equal status act

Horses act

Discrimination in the services. Commitment from health services to implement

Cultural Diversity training

That data collected that is put as written language is easy for Travellers to understand.

Travellers do not feel comfortable accessing health services- not traveller friendly

Literacy problems/ language barriers

Do not know their entitlements

Not enough support- childcare/ transport

Not enough confidence

Travellers refused one time will not go back again

Discrimination

Not being accepted for who you are.

Services not being culturally sensitive

Look at history of health services to date

a) Level of movement- local and national

Education levels

Accommodation- currently and in the future

Continuation of treatment on movement- follow up

Employment

Marital status

Community survey list

Disabilities

Access to services at national and local level

Information about services

Literacy in relation to information

Children's health, welfare and protection

B) GP's as gatekeepers to services and also Public Health Nurses

Awareness of services to access

Importance of continuity between professionals

Transient nature makes continuation of care difficult

Lack of ethnic identifiers or databases – pilot about to start in Dublin

Issues around access to Acute hospital services

Hand-held records

Q.2 Traveller participation

Traveller should be participating in gathering information

need training/ support/ childcare/ funding

Going to meetings- being informed of the study

Feedback to local groups about progress of study

Literacy proofed tapes

Travellers in real partnership, when gathering information

All travellers in each local area involved i.e Travellers living in all types of accommodation

Good balance of Traveller's surveyed- gender

Age- young, old

Need to find local travellers who will get involved in the study

To enable travellers to participate- language and presentation should be easy to understand

Travellers involved in all aspects of the study

-Design

Full partnership with Traveller Community and beyond the Traveller Groups we know of

Need to focus on countries where groups aren't strong

Primary HCP good source to access Travellers

Need to address gender imbalance of groups

Access through male workers for Travellers

Focus on specific groups – males, disabilities and mental health

Access through training centres and local Traveller support groupps

Range of methodologies- drama, qual and quan etc

Q.3 Methods to record info at present

Census

Listening survey- Local traveller organisations

Primary health care project

(Birth reg./ death reg)- not currently being used

Public Health Nurse/ GP's

Census not totally effective

Birth/ death rate- not totally effective

Public health nurse - would have some information

Local traveller org- would have most information

*Need to have Travellers as Census collectors

Local traveller organisation

Need traveller involvement on gathering information on population

Need questions in census to be relevant to Travellers

Local authorities- pop count – no of families

Public Health Nursing- child health, vaccination and development checks

Intellectual and physical and sensory database- difficulties

No permanent address- no ethnic identifiers

Depending on key workers to feed into database

Primary HCP- local health needs assessments

Not particularly effective

Local authorities improve on their info collecting

Community welfare officers or PHN'S- a designated staff member (perhaps office based) to record Traveller population

? Accessing Social Welfare records?

Q.4 Most accurate ways of collecting and collating births and deaths

Working with Traveller community/ permission of Travellers

Public health nurse for Travellers

Other services- health board

Birth certs

Travellers gathering information

Questionnaires

PHN for births

Hospitals

GP's

Births, deaths, marriages- registers

Maternity hospitals

Parish priest

Funeral undertakers

Local radio?

? Designated workers eg Social Worker

(Issue of double counting needs to be addressed)

Traveller group themselves

Visiting teachers

Q. 5 What resources do you need?

Childcare

Transport- travel expenses

Training – how to do a survey

- going out to their community to do this study
- good understanding of the survey/ study

Paid for hours worked

Be involved in the design of the study

Supported / build up confidence. To be working in a team/ team work

Equipment/ materials

- tape recorders
- video camera
- camera

Access to information you will need to do the study

Lead researcher and local research team

Funding to support and accommodation etc

Identify roles for the local research team and subsequent training

Cultural Awareness training for personnel who do not normally work with Travellers

Partnership needed between Health Board Worker and Traveller leading the research

Support from local travelling community – empowering the groups

Use current staff within MHB who have already built relationships with Travellers

- release of these staff rather than double jobbing

Support and commitment from management

Health Board needs to acknowledge and involve DoHC and Dept of Education

Training- how queries are raised on study- non offensive and easy to understand questions

Q6. What are the priority areas that have to be brought to Joint discussion

Basic traveller health- improve traveller health

Traveller participation

Accommodation

Discrimination/ racism

Traveller equality

To make it happen

Travellers to be listened to

Traveller- disability

Culturally appropriate

Language- very important

Resourcing and training- timing of study, length of study time, local co-op

Methodology of study- sampling methods, participation by Travellers

Holistic approach- broad social factors
Participation and partnership- other depts

“Nothing about us without us”

Health Board Group

Q.1

(a) Main factors: accommodation, socio-economic status- soc exclusion

Education- mobile population

Education needs to be culturally appropriate

Discrimination barrier to accessing services i.e pubs, hotels

Perception of discrimination

As health service providers

Women's health- need/ request female GP

Articulating needs difficult

(b) Medical cards- cannot transfer easily if move area

Child health records- immunisation etc poor

Linking with other boards

Hand held records may happen in future

Poor access to mental health services. (Generally attend when in crisis)

Physiotherapy services- poorly used

Ante natal services

Q.2

Use Traveller networks- formal- Pavee Point, THU's

Informal- need to inform at all levels esp those not using support groups

Outreach

Settled

Transient

Awareness raising, literacy proofed docs, study needs to reflect travellers perspective

Account for attitudes/ respectful both travellers and health care staff

Q.3

PHN's annual count (some may not be included if they move)

Local authority- soc workers

Designated PHN's – more accurate accounting now

Primary H workers tend to have (grass root knowledge)

Patient ethnic identifier on each individual

Creates awareness that travellers understand system (why being done)

Q.4 Patient identifier

Computerised births, deaths, marriages

Inputting all existing data (old registers)

Recent census (box for travellers to tick)

PHN's , maternity hosp, GP's

Q.5 Traveller health unit- cultural diversity training

MHB to work with THU to resource, develop and support the study

Staff and services training

Corporate and collective responsibility to become involved

Main factors Health Board Group Staff

Facilities/ sites- needs to be defined, service on site (lack of)
List of facilities that should be on site
Lack of knowledge (also on health services side)- health and illness
Perception of health
Discrimination- impact on all areas
Education/ after school
Previous experience (education/ discrimination)
Culture/beliefs- is it anti-health? (understanding)
Unemployment- formal/ informal
Sanitation
Mobility issues/ transport issues
Health services lack of knowledge feed into access issues
Reception for Traveller- Traveller friendly
Good communication- use of language people can understand
Equity of outcome
Educate traveller/ healthcare on good communication

Q.2 Should be Traveller led

Capacity building for Travellers - leading focus groups. Co-facilitating
Emphasis to get participation for Traveller men
Representative from Travellers in whole region-
Travellers in area to ask for full representation
Look at model already used
Link to Travellers health unit- Local knowledge for proper sampling

Q.3 Designated PHN x 2

Recording traveller pop
Can't access data – need an Identifier
CoCo census data
Traveller orgs have numbers
High mobility makes this difficult

Q.4 Ethnic identifier needed

Local knowledge
Deaths recorded as per general population

Q.5

Depends on methodology
Who is going to do capacity building?
Should link with THU
Cost of training? Covered by who
Training to start asap
When to do study- seasonal/ school year/ Sept to March
Summer- out
Research people- each health board region
CoCo social workers for Travellers also CoCo community facilitators
Careful who we link with

Joint discussion

Q.1 Issues

Accommodation
Education/ literacy levels
Discrimination

Barriers to accessing services

Education/ literacy
Lack of information unhelpful staff
Discrimination (direct and indirect institutional racism)

Q.2 Best ways of Travellers getting involved in the study

Travellers writing and asking the questions
Travellers to define traveller health
Local knowledge/ families needed to get the information
Travellers to educate the researchers on how to carry out the study (PHC's & Traveller Support Groups a big resource)

Q.3a Current ways of gathering information

Census (National)
Baseline Surveys for PHC
PHN for Travellers
Co Council Social Worker
Local Traveller orgs

(b) Is it correct? Good or bad

Incomplete- people didn't fill it out or travellers not identifying themselves as such or enumerators or PHN's not identifying travellers living in houses as travellers.

How to improve this?

Travellers to go out to do the research
Do research in Winter when travellers back
Put a question on census "Are you a member of an ethnic group?" and not just pick out Travellers
Involve Travellers from the start when writing questions and at all stages of the work
All ways to collect information to be considered
- verbal/ audio/ pictures etc
Keep the research/ researchers local
Family to family

Q.4

Recording births and deaths
Local travellers do the research
Work through local organisations
"Ethnic identifiers"

Help needed?

Funding for individuals/ organisations
Training
Ongoing support
Tape recording of information

Joint Discussion Forum

Subject: 1. Traveller participation at all levels

Why is this issue important?

Without true Traveller participation, Travellers will not get involved, findings will not be accurate.

Input into study design, including drawing up questionnaires.

Literacy issues/ literacy proofed

How should it be dealt with (include the who and where if possible)

Locally:

Link in with Travellers organisations

Identify key Travellers who would help in identifying Travellers to participate in the study

Identify the barriers to participation and address these. e.g getting the message across about the study and the aims, good training/ capacity building to enable Travellers to participate, being prepared to get involved . Provision of necessary supports to participate- child care transport etc.

Nationally

Two way communication important

Representative from local areas to receive feedback nationally and feedback from local to national

One traveller works alongside the researcher designing the questionnaire

Any other key messages for the advisory group designing the study?

Include holistic approach

Researchers involved need to have a knowledge and understanding of Traveller culture. Training will/may be required for researchers employed

Subject: 2 Methodology of the study

Why is this issue important?

Sampling

- a) Regional variances- need to target Travellers across the country- each town will have travellers and have their own needs (1) Accommodation (2) Education (3) Socio-economic- needs and status
- b) Timing of study- seasonal (Nov- Mar). When is it? Timeframe- resources, funding
- c) Standardisation of study across country- training, collection, questions, who leads it out
- d) Support/resources required for Traveller and Health study to work together
- e) What steps are going to be taken to roll this study out

Targeting town- Traveller network group key people. Longford, Mullingar, Portlaoise, Tullamore

Key groups in each area to cover people living in outskirts

Time: August definitely out

Designated person per county and link to other groups- Need support transport etc to get these links

Traveller not involved in support group. These in support group will be able to get to these people. Support group members talk to other people.

Traveller need to do research- if MHB member- needs to be introduced to group
What sort of info is required

Subject: 3. Participation and partnership

Why is this issue important

Many issues need to be addressed- housing, sites, education, health services.

To get to know Traveller culture- especially Stat agencies

Traveller community should be involved.

Survey will benefit all- Community, MHB, DoHC, Dept of Ed and Science etc

Involvement means understanding of each others views and respect for same

Appropriate services need to be developed.

Results need to be applied- not just a policy on a shelf

Important for planning

Important for understanding the Travelling Community in general.

How should it be dealt with (include the who and where if possible)

Locally:

Travelling Community – local

MHB- Primary Health Care Projects

County Councils

Urban District Councils

Dept of Ed and Science- visiting teacher

Dept of Social Welfare

Partnerships

Community Development projects

Nationally:

Irish Traveller Movement Pavee Point. National Travelling

Women's Forum, Oireachtas

Dept of Health and Children

Dept of Ed and Science

Dept of Justice , Equality and Law Reform

Equality Authority

Any other key messages for the advisory group designing the study?

Working Partnership Relationship
GP's. PHN, Social Workers
(*PHN- more visits needed)

Subject: 4. Traveller Culture and Discrimination

Why is this issue important?

Discrimination affects Traveller's health
Physical, mental, emotional
Because culture is part of Traveller life and to carry out the study it is important to make real progress
Traveller culture has to be respected and recognised

How should it be dealt with (include the who and where if possible)

Locally:

- 1) Through intercultural awareness in all agencies eg schools, councils, garda
- 2) Posters on Traveller culture for general use etc
- 3) Laws and regulation be enforced for accommodation, education, discrimination

Nationally:

Traveller voice all in one nationally. All of Ireland working towards the one aim

Any other messages for the advisory group designing the study?

People involved in the study get or have intercultural awareness training

Equal partnership with everyone involved in the study

Subject: 5. Resourcing and training

Why is this issue important

Central to study
Nothing will happen without resources
People need training in order to be involved
Resource and train for good results
Empowerment and personal development

How should it be dealt (include the who and where if possible)

Need to know scope of funding in order to plan study and prevent
Separate and joint training needs – for Health Board and Travellers
Monies should come through the THU. In order to tap into existing networks and knowledge
Link in with national progress – link person for THU – all on the same page- doing some research
Room needed for local differences as regards needs for research
Local organisations are very important
Education, accommodation, discrimination- training needed around these things for research. Outside Dept's might need input- Traveller Culture

Mix of venues for full participation – on sites, training centres, Health Board, Traveller organisations

Nationally:

Needs to be co-ordinated nationally

Research training needs to be accessible geographically (ie not Dublin)

Some work on research needs regionally

Link needed with THU- traveller orgs

Any other key messages for the advisory group designing the study?

Summer time – bad time for study/ research

Needs to be a work that can be repeated- continued, built upon

That the advisory group communicate well once work is in progress. Keep people informed

Once work is done actions are needed to make real changes in health services.

Real challenge to get gender balance with researchers (travellers)

Subject : 6. Holistic approach

Why is this issue important?

Health is much broader than physical manifestations

Discrimination

Accommodation

Lack of education

Access to basic environmental facilities

Overcrowding

Access to social events

Unemployment

Spiritual health

Where to access relevant knowledge (how it is given)

Mental health access

How should it be dealt with (include the who and where if possible)

Locally:

Issue- dealt with

Discrimination- travellers themselves must have input

Education- use methods that literacy proof- use audio/ visual equipment

Accommodation- local knowledge of sites and accommodation

Facilities

Overcrowding

Mental Health Issues caused by non-access to social events

- use Equal status act to combat the above

Spiritual health- consider rituals surrounding illness/ death and take them into account in survey

Knowledge (access) The profile of the study could be raised by an intensive media campaign prior to its commencement- campaign to include access to freephone no for further information

Nationally:

Deal as locally

Any other key messages for the advisory group designing the study?

Ensure GP's are aware of study

Ensure Travellers are aware of the holistic nature of the stuffy

Ensure all Health Service Providers are similarly informed

Project commence after summer next year

Capacity building in the meantime- skills etc

Time length of study?

No of aims (some long term) e.g. incidence of disease/mortality

Locally driven and managed based on local needs

Open Forum – Questions and answers

Capture health status and needs at same time?

Artificial overlap- will be likely at same time

Male travellers

Capacity building needed

How to involve them?

MHB: Fergal – health worker with male travellers

Get male travellers , to carry out the research

Increased awareness among Travellers re health and issues

Feedback from today

Include Dept of Social Welfare

How will we engage with local authorities?

- relationship needs to be standardised nationally and formalised

Outcomes from the research

-any plans to use them when they become available? An action plan?

Will the study make recommendations?

Not clear as of now

Ethnic identifier needed

- pilots in 2 Dublin hospitals

To what extent would MHB be interested in getting involved in ethnic identifier pilots as part of the study

Ethnic identifier

- needs to be done sensitively
- aim is to improve the service to Travellers

Will this study include (as well as wellbeing)

Accommodation, education and discrimination etc

This study is a lot broader than the 1987 study

Results of study should be used for Travellers and not against them

Could study link in with local surveys eg dental health surveys. Link in terms of the resources and expertise already there

Will this survey show the difference between the health status between rich travellers and poor travellers?

There is huge diversity in the Traveller community. Yes the study will take that into account

Will there be questions on the type of accommodation people live in?

1987 study was controversial re how accommodation was classified

The study group will be paying particular attention to this issue.

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

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 - The main factors that affect the health status of Travellers in your local area?
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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?

How should this study be organised, conducted and managed at the local/regional/national level?