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Towards a Sociological Understanding of Irish Travellers: Introducing a People

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Abstract

This paper is one in a series of three papers viewing aspects of native cultures and, in this instance, will primarily define the Traveller population in Ireland, give a brief history of this population whilst discussing racism and some of its implications. There will be a particular focus on current systems of health, education and child protection in order to determine Traveller experiences of these key child and youth care related service providers in Ireland. The second paper will focus upon an examination of the experiences of aboriginal people in Canada. It will have a particular emphasis upon the marginalization of aboriginal children and youth within the dominant culture. The third paper will be a comparison of the issues experienced by Traveller and Canadian aboriginal populations in terms of the helping systems.

Although the culture/lifestyle of Irish Travellers is very well researched nationally, this commentary analysis seeks to provide North American readers with an introduction to Irish Travellers. However, it does so in the context of unity and diversity given that Ireland is fast approaching becoming a multi-cultural society. What is unique about the Traveller position in Irish society as opposed to other ethnic minorities is that Travellers, although native to Ireland, have a distinct but intertwined cultural history with that of the Settled population in Ireland. Although the gauntlet of unity and diversity is socially thrown down, the practical application of this through child and youth care institutions advocating multiculturalism is not being adequately achieved. The Traveller population continues to experience a social reality of marginalisation and discrimination, which has particular implications for Traveller youth and children as it defines the parameters of their socialisation.

Key Words: Travellers, Marginalisation, Ethnicity, Policy, Child Protection.

Irish Travellers: An Introduction

Irish Travellers comprise a population of some 25,000 people - approximately 1% of the total Irish population. Being a Traveller is an ascribed status and for an individual to be called a Traveller, we assume that individual has at least one Traveller parent. Travellers have their own language known as Shelta but Travellers, themselves, call this Gammon or Cant¹

The Traveller position in Ireland is unique in that the population is essentially a distinct nomadic group but is native to the island. Travellers are a people in transition with many internal and external influences shaping their future direction as an ethnic grouping. Their present sociological status is precarious and their future is somewhat uncertain. Repression, suppression and discrimination have all been utilized, to varying degrees, in dealing with the 'problem of the Travellers'. It seems fair to suggest that Travellers have been and, continue to be, regarded as second-class Irish citizens by many within the dominant or 'settled' population.² In a similar vein, aboriginal people in Canada, since colonization* (Colonization refers to the period since first contact by the early English and French explorers in the late 1400's which lead to the establishment of European settlements and the eventual colonization of the lands now called Canada) have been relegated to a marginalized position. While some would say they are second class citizens it may be, indeed, that in many ways they are considered third class citizens following members of the dominant culture and members of visible minorities who are frequently experience repression, suppression and discrimination.

¹ There are no reliable figures for the amount of Travellers living in North America but there are some 1500 Travellers living in Northern Ireland (Department of Education and Science, 2002).

² The term 'settled' is used to denote dominant population.

Who are the Irish Travellers?

The customs and habits of Travellers vary considerably from those of the settled population and these differences have, often times, been (deliberately) misinterpreted resulting in Travellers being placed on the outskirts of mainstream society, a fact noted in research as long ago as almost a quarter of a century (Gmelch, 1985). Despite advancements, many Travellers suffer from a range of social, health and economic issues such as having no direct access to piped water or plumbed toilets, holding little educational qualifications and having high mortality rates (on average, twelve years earlier for a Traveller woman and nine years for a Traveller man compared to the general population). Crucially, the Irish children most likely to experience social intolerance are noted to be those of the Travelling community. Here there are similarities with native peoples outside Ireland with Gilligan (1991) likening their fate to that of native peoples of North America. Both cultures are alike, for example, in their story-telling, word-of-mouth histories (McElwee, 2002). O' Reilly points out that, "Travelling singers, musicians and storytellers provided not only entertainment, but also served the useful social function of newsbringer" (1993: 1).

A Closer Look at the Irish Traveller

A Traveller may be defined as "a person who habitually wanders from place to place to place and has no fixed abode". This definition is now understood to be too limiting as it fails to include settled or partially settled Travellers – those electing to live in houses as opposed to Campsites or Halting sites. However, regardless of the definition used, nomadism is a key component of the Traveller culture.

One of the central difficulties many within the Settled community have communicated is the fact that Travellers have been granted ethnic status by the Irish State. The standard definition of ethnicity implies racial, religious, linguistic or national distinctions. However, in the case of Travellers, all of these traits are similar to the settled population. In looks, Travellers resemble the dominant culture, Travellers normally speak English and Travellers practice Catholicism. Their uniqueness tends to be more subtle than that of skin colour, religion or language, which may, ironically, place them at a disadvantage. The situation among aboriginal people in Canada is more complex than that of the Travellers in Ireland in that aboriginal people are comprised of numerous nations separated by cultural, racial and linguistic differences. As will be noted in the second paper of this series this is further complicated by policy dictates by the Federal government regarding who is legally deemed to be an aboriginal person.

A Brief History of the Irish Travellers

The true historical origins of Irish Travellers continues to be a source of debate in

Ireland.³ We now understand that Travellers became nomadic for four main reasons – economic, social and cultural. Travellers may be direct descendents from those who chose to live outside the circle of Brehon laws, i.e. an ancient body of common law dating from the pre-historic Irish island. Secondly, Travellers could be direct descendents of native Chieftains, dispossessed during the English plantations of the 17th and 18th centuries. Thirdly, it is variously suggested that Travellers could descend from intermarriage between Romany gypsies and Irish peasants. Finally, the last and most agreed-upon theory is that Travellers are descended from displaced peasants and labourers, driven from their land by political and economic upheaval during the Great famine (circa 1845). The greatest difficulty presented to us today is attempting to place Travellers in a credible historical context because we cannot understand the present if we have no understanding of the past.

Demographics of Irish Travellers

There are approximately 4,790 Traveller families or an estimated 25,000 Travellers in Ireland (National Traveller Accommodation Consultative Committee Report, 1999). This constitutes approximately 0.5% -1% of the total national population, yet they have high visibility as they often reside in caravans on roadsides. Some aspects of the demographic nature of Travellers are worthy of comment here. Forty percent of Irish Travellers share ten common surnames.

The Traveller Community identified during the course of the 1996 census had a markedly different age structure from that of the population in general. Fifty percent of the Travellers distinguished by enumerators were aged less than 15 years compared with slightly less than a quarter for the population in general. Older Travellers (i.e. those aged 65 years and over) accounted for just 1.43% of the total Traveller population while the corresponding proportion for the population in general was 11.4 per cent. The distinctive age structure of the Traveller community resulted in a median age of 14 in 1996 compared with a national figure of 31.

The high birth rates experienced by the Traveller Community resulted in an average household size of 4.9 in 1996 compared with 3.1 for the population as a whole according to the 1996 Census. These census figures mainly reflect Travellers living in halting sites, encampments, mobile homes and caravans. In general, Travellers living in the Settled community were not recorded as Travellers unless they specified that they wished to be recorded as Travellers. However, the figures are still valid as they give an indication of demographic trends within the Traveller community. Specific Traveller accommodation issues are discussed in more detail below.

³ Readers who are interested in this particular aspect may consult the references for more detailed reading.

Racism and the Irish Traveller

A recent poll conducted in Ireland indicated that some 51% of people believed that Ireland was a racist society. (Sunday Independent/IMS Nationwide Poll, May 2001).

Mc Greil, using social distance as a basis for his work (the degree of intimacy to which a person is willing to admit a member of a particular group) in assessing the extent and depth of prejudice in Ireland, compared attitudes towards Travellers in the periods 1972-1973 and 1988-1989 as part of his work. A substantial increase in the levels of prejudice towards Travellers was noted between these two periods (MacGreil, 1996).

More recently, a nationwide survey for Citizen Traveller, a Traveller representative group in Ireland (February, 2000), examined attitudes to Travellers and minority groups showing that 42% of the population hold negative attitudes towards Travellers and that people who are negatively disposed towards Travellers tend to be more prejudiced than the average person, but that their prejudice tends to be accentuated in the case of Travellers. Similarly, research commissioned by Amnesty International's Irish Section (April, 2001) shows that minority groups focus specifically on Travellers and that they are least likely to be viewed as a sector of society that is welcome either personally, or in the neighbourhood.

As previously mentioned and in the light of overwhelming consistent research evidence, it seems fair to suggest that Travellers have been and, continue to be, regarded as second-class Irish citizens by many within the dominant or 'settled' population. This in itself would seem to indicate that the Irish population, generally, with regard to Travellers has not taken up the gauntlet of unity and diversity. However it must also be mentioned that research indicates that discrimination/prejudice/racism are also social realities for asylum seekers/refugees/ethnic minorities in Ireland (Mac Lachlan and O'Connell, 2000; Amnesty International, 2001; Collins, 2001). What is perhaps distinctive about the perception and attitudes towards Travellers in Ireland is that Travellers are essentially native to Ireland and have a heritage intertwined with Irish history but yet as a social group remain separate and marginalized from mainstream society. This parallels the experience of aboriginal people in Canada who also experience significant marginalization despite the fact that they were the original settlers of North America.

Work Practices of Irish Travellers

In the past, the traditional way of life enabled Travellers and the settled community to live under a system of mutual tolerance. The historical Irish dependence on agrarianism and farming created an economic need for migrant labourers in particular areas. Payment in kind (i.e. no monetary transaction) was the norm where a Traveller

man would call to a farm, work there for the day and be given food and a place to sleep for the night. The introduction of Tupperware in the 1970's wreaked havoc on the traditional trade of Travellers as it resulted in little work coming in to their community and the economic gap between Travellers and settled people has widened very considerably since this period.⁴

In a recent health needs assessment study of Irish Traveller women living in the Midlands in Ireland, employment outside the home was one issue looked at in order to formulate a profile of the research sample (Duggan-Jackson, 2000). Of the 100 research participants, some 26% of the sample specified themselves as being employed outside the home. Interestingly, the Traveller self-definition of employment was not that traditionally considered as employment by the dominant population. i.e. structured work activities outside the home. In all cases where women attended a Training Centre they specified themselves as being in employment (77% of those who specified themselves as being in employment). An allowance is paid to Trainees in these venues but the nature of the allowance is to support training and is not a wage/salary. Only 4 respondents had 'regular' work outside the Training Centre. These jobs took the following form:

- Self-Employed = 1
- Playschool on Halting Site = 1
- Local Traveller Organisation = 2

Irish Government Policy on Travellers

In the early 1960's a Commission was established to investigate and recommend solutions for the 'alleged' problems the Travelling community created. The findings of this body were published in 1963 and proposed the integration of Travellers into Irish society by a process of *sedentarisation*, utilising appropriate social policy. Recent government policy within Ireland can be said to be more inclusive of the views of Travellers with increased credence being given to the Traveller opinion in the drawing up and implementation of policy dealing with their stated specific needs. Government spending on Travellers has dramatically increased over the past few years – from £0.1 million in 1997 to £0.9 million in 2000 (First Progress Report, 2001).

The Accommodation Needs of Travellers

'Travellers views of accommodation differ vastly from those of the dominant population. In the main, Travellers see accommodation as a stopping place, whether the stay turns out to be a long one or a short one. Whether living on a halting site or in a house, accommodation is always seen as temporary' (Mc Cann *et al*, 1994). A

⁴ The average national wage in Ireland is approximately £18,000 for 2001.

complicating factor for Irish Travellers is that some want to keep travelling, some want to partially settle and some want to totally settle (i.e. in a house). However, research has identified that the freedom to travel must not be withdrawn from Travellers even if Travellers become housed on a permanent basis.

'I get depression from being in the house all the time. I don't seem to have the same freedom in the house. I'm on depression tablets from the doctor. I went to see bishop to see if he could help and Fr. X in Athy (town in Ireland) he comes to see me every so often (Questionnaire Respondent, Duggan-Jackson, 2000: 65)

The exception would be the families who, as part of the path to assimilation within the settled community, have lost the desire to travel. These families, for the most part, have lost their identity as Travellers and, with it, the feeling inside of longing to be on the move (Mc Cann *et al*, 1994).

Recent national information on Traveller Health gathered by the Task Force for the Travelling Community (1995) found with regard to housing and facilities available to Traveller families:

- 34% of respondents were in standard housing
- 20% had no toilet facilities
- 27% had only a shared cold water supply
- 32% had no electricity
- 40% had no bath or shower
- 18% had no refuse collection
- 47% had no access to a telephone.

The Task Force Report on Travellers specifically recommended that 3,100 units of accommodation be provided for Travellers by the year 2000. Only 127 new units were provided in that time. In 2001 as many as 1,093 Traveller families lived by the roadside with 2,653 in local authority housing and 1,152 on Halting Sites (Irish Examiner, 7.6.2001).

The most recent Government initiative in response to Traveller accommodation needs is the *Housing (Traveller Accommodation) Act 1998*. It established the National Traveller Accommodation Consultative Committee and local Traveller Accommodation Consultative Committees. The local committees, where established, advised local authorities when drawing up their plans and are made up of Traveller representatives, local councillors and local authority officials. However, the legislation contains no sanctions should these accommodation plans not be implemented.

The Health Status of Irish Travellers

As alluded to earlier in this chapter, the health status of Travellers is very poor. In 1987, the infant mortality rate for Travellers was 2.5 times that of the national population with an 18.1 infant mortality rate per 1,000 live births as opposed to 7.4 in the settled population (Barry *et al*, 1989). Traveller children tended to be smaller for gestational age and/or premature and attributed to these findings to poor maternal education and living circumstances. Twelve times as many Traveller children die of cot death compared to the general population (Irish Examiner, 7.6.2001).

Consanguinity and Health Implications for Irish Traveller Population

Consanguinity has been frequently mentioned in studies of Travellers health status as being highly contributory towards the increase of metabolic disease and congenital disease (Flynn, 1986, Flynn, 1989). Information was sought on the consanguinity of the children's parents in a study carried out to examine aspects of the health status of children from a group of Travellers in Northern Ireland (Gordon *et al*, 1991). A total of 350 children, aged less than 16 years, were included in the study. Community Health Doctors and Health Visitors using a standardised questionnaire gathered data. The results are presented in Table 1:1

Table 1:1 Parental Relationship Prior to Marriage

Parental relationship prior to marriage	No.	%
<i>Children whose parents were first cousins</i>	71	20.3%
<i>Children whose parents were more distant cousins</i>	62	17.7%
<i>Children whose parents were unrelated</i>	80	22.9%
<i>Parental relationship unknown</i>	137	39.1%
Total	350	100.0%

(Figures cited in Gordon *et al* 1991: 388)

Flynn's study in the Midland Health Board region in Ireland confirmed the young age of marriage for Travellers. Flynn (1986) contended that marriage between first cousins occur in 39% of all unions included in his study and is a matter of serious concern especially, when consanguineous marriage is repeated in successive generations. Flynn's study also found the usual age of marriage for Travellers to be in late teens and is mostly arranged by parents, even in Settled families with children who attended school.

Ó Nualláin and Forde (1992) also confirmed that Travellers were married at a very young age and consanguineous marriages are common among the Irish Traveller

population. In their study, seventeen couples (61%) claimed that they were related to one another, while 11 couples claimed they were not directly related although they would have had intermarriage in their families in previous generations.

Interestingly the reverse is evident in the Settled population. Census figures from 1996 (the most recent Census figures available for Ireland at present) indicate that the age of females at first marriage has also been increasing in the Settled community, and in 1990 averaged 26.6 years. This is a reversal of the trend evident between 1960 and 1979 when the average age of females marrying for the first time declined from just over 27 years to 24 years (Census, 1996).

Accessing Health Options but the Right Ones?

Many reports of the Traveller Community show that Travellers perception of the health services is based on feelings of powerlessness and unequal status. Daly has shown that women's relationship with the medical profession was a major concern of participants (Daly, 1988). Most felt that class discrimination was practised by the medical profession. Feelings of powerlessness in dealing with doctors were articulated as well as a high level of dissatisfaction with the way the medical profession and doctors in particular treat women. They were criticised for over-prescribing tranquillisers and for failing to appreciate the lifestyle and needs of their female patients. An example was given of battered women being prescribed Valium.

The Report of the Task Force on the Travelling Community (1995) identified 3 main obstacles for Travellers in accessing health services. These are as follows

- (1) Illiteracy.
- (2) Failure to transfer records of Travellers who are mobile.
- (3) Prejudice on the part of the general public and service providers.

Treadwell (1998) has outlined that for Travellers once the biomedical health care system is accessed, generally through local family doctors and their practice(s), there are several things that Travellers expect. First they expect to be seen immediately. If the illness episode has been determined to be serious enough to warrant medical attention, than that attention should be forthcoming.

'Travellers expect to attend services when it is convenient for them. Unfortunately, the services are not structured accordingly. Likewise many Travellers feel that even when appointments are made ahead of time, there is always going to be a queue, and many will go in up to an hour after their appointment is supposed to have been. While it may not be unusual to have to wait to see the doctor, even when an appointment is made, doctors have the expectation that patients will arrive on time. As Travellers have different expectation around time, and around waiting, serious conflicts can arise, and doctors can get very

frustrated. This can affect the services Travellers get and make them frustrated, a situation very often unsatisfactory for both parties (Treadwell, 1998:115).

In the Report of the Task Force on the Travelling Community all health boards reported a high usage of Accident and Emergency facilities, Obstetrics and Paediatric services and all reported '*inappropriate*' use of these facilities and failure to keep appointments.

This whole issue of Travellers having a different perception of time and this being a contributory factor towards missing appointment or being late was also identified in Bonnar's study (1996) on family planning needs of Travelling Women in the Midland Health Board region, Ireland. She emphasised that barriers exist to good healthcare for Travellers. These barriers are due to the mobility of Travellers, different cultural perceptions of illness and time keeping, illiteracy, lack of postal services, absence of continuity of care and medical records.

In 1995, the *Traveller Task Force Report* recommended that a national and regional structure should be devised to facilitate Traveller participation in the health services. Today, there is a National Traveller Health Advisory Committee at the Department of Health. Publication of a *National Traveller Health Strategy* has just been completed by the Dept of Health and Children (2002). This Traveller Strategy was designed in direct consultation with Travellers and Traveller organisations and should provide terms of reference for all health care providers in Traveller friendly health service provision.

Overall, Travellers tend to have high take-up rates of general practitioner and hospital Accident and Emergency services, but low take-up of preventative services (O' Donovan *et al*, 1995), yet it is reported that GP's do not like to treat Travellers in their surgeries and that 3% of Travellers over the age of 65 use acute general hospitals compared to 33% of the general population (Irish Examiner, 7.6.2001).⁵ Six health problems dominate the Traveller population including, respiratory conditions, gastro-enteritis and gastric disorders, alcohol related problems, infestations and dental problems. Certainly, Traveller children are at risk of congenital abnormalities (mostly due to patterns of inter-marriage). This factor partly, at least, explains the increased incidences of autosomal recessive conditions such as Hurlers Syndrome, Phenylketonuria and other congenital malformations.

Unfortunately, medical records are often unavailable for Traveller children and youth. As noted, Travellers tend to have poorer take-up rates of immunisation programmes than the settled population. Uptake figures are as low as 52% for mumps, measles and rubella and 46% for HIB.

Children's Health Prioritised within the Traveller Culture

Treadwell (1998) has pointed out that children's health is given the highest priority in the Travelling community by health service experts, with their illness prompting biomedical treatment much more often than adult illness. There is distinct evidence that children suffer from a higher incidence of illnesses (especially those of the upper respiratory and lower gastro-intestinal tracts) and of hospitalisations for at least some of those illnesses. Treadwell points out that there is a gradation in the seriousness of children's health and the necessity to seek biomedical care. This gradation is based on different stages of the life cycle. That is, concern and care seeking strategies for illnesses are highest for young children and infants, slightly less for older children and generally fairly low for adults, and is explained by the concept that Travellers children become 'hardier' as they grow older. In essence then, younger children who are considered more vulnerable, less capable of rational actions and indeed less hardy are given much more personal, individual attention and care than older children. That is not to say that older children do not get any personal attention, but rather the care and attention they receive is predicated upon the concept that they are more mature, more capable, hardier individuals (Treadwell, 1998: 127). In this Travellers parents are socialising their children to become independent adults, a gradual but constant process that begins in early childhood.

Establishing a Link between Poverty and Illness - Feminisation of Poverty and Non-Feminisation of Illness

'Lack of money means a poor diet and unhealthy living conditions for the entire family. These create health problems in themselves. In many cases, however, female health problems are worsened by the fact that women are taught to put everybody's welfare before their own.' (Daly, 1988: 40).

Daly (1988) has also emphasised that Traveller women's health was felt to be endangered in many ways by poverty. Because of the dominant role that a female has with regard to unifying and maintaining family in the Traveller community (i.e. being the primary educator and nurturer of the children), the whole issue of being ill while trying to look after children can be very disruptive in the daily routine of the Traveller family.

"Apart from a reluctance to visit the doctor, there are huge pressures on women not to be ill". Because it is the woman who does most, if not all of the work within the home, the chaos that would result if she took to her bed when ill often makes it not worthwhile for her to do so. In fact, going to bed when ill would cause greater stress because of her feelings of guilt at disturbing that family routine, and particularly the children's meals" (Daly, 1988: 40-41).

Education

Partly because of hostility from parents and some teachers from the majority population, education for Traveller children tended to be based on segregation. Most Travellers, who attended schools, were put in 'special' all-Traveller classes. This led to a sense of alienation amongst Travellers.

Some significant positive developments have taken place at policy and practice levels. At policy level there is recognition of the need for an intercultural curriculum. This was reflected by a recommendation in the *Report of the Task Force of the Travelling Community*, 1995 that an intercultural and anti-racist curriculum is vital. A National Advisory Committee on Traveller Education has been established and the current visiting Teacher Service has been expanded. There are now three special schools for Irish Traveller children established which are culturally sensitive and more flexible than the traditional school system. Staff also tend to have specialist education and training. In total, there are 4464 pupils under the age of twelve and 776 over the age of thirteen across 404 primary schools. There are 40 visiting teachers and one National Education Officer for Travellers. In the academic year 1997/98 there were 737 Traveller pupils aged 12+ in the primary school system (First Progress Report, 2001).

Traveller Experience of Education and Access to Health Services: A Question of Lack of Familiarity with Institutional Bodies?

The extent of Traveller participation in mainstream education (schooling) has been well documented as being less than complete than that of settled children (Mac Aongusa, 1990; O'Reilly, 1993). A very important and sociologically sound explanation for the function of education is the socialisation of children into mainstream society, and an acquiring of the personal/social and moral values to ensure that socialisation. If one does not have experience of dealing with these institutions and the protocol required to extract what is relevant to individual lifestyles then it can be very difficult to comprehend or maximise best usage of other institutions such as the health services. In essence, if one is not accustomed to institutional behaviour then any institutional procedures, for example, appointments in the health services can be very difficult to understand or the validity of them to comprehend.

It can also be argued that Travellers have been institutionalised into their own culture and the social mores and norms associated with those cultures which are exclusionary of the dominant population. O'Reilly (1993) has pointed out that some aspects of Traveller culture make it difficult to do well in school compared with settled children. For example, Travellers perceive the family unit to be more important than the

³ Demers (1987) argues that students will work in a variety of capacities, in a vast array of situations over a period of time and should be included.

individual (O'Reilly, 1993) whereas many schools place emphasis on the individual. Mac Aongusa (1990) explains that Traveller children would help a family member or friend with difficult schoolwork rather than compete for their own recognition. This may slow down the children, thus making them appear to be slow learners to the teacher whereas Traveller children are simply fulfilling a cultural norm.

Mac Aongusa also argues that Travellers have witnessed few of their group obtaining employment after education. Since Travellers are not accepted into the host society anyway, education does not seem necessary to many Travellers. Success at school does not enhance a Traveller's image among his/her people although it is understood that literacy is useful (Mac Aongusa, 1990). Noonan (1994) concluded that many Traveller parents doubt the relevance of what their children learn in settled schools and parents fear that their children will become alienated from the Traveller culture if they continue to progress through the formal school system. Mac Aongusa has suggested that Travellers have a strong *present time* orientation, due to their continuous every day struggle for survival and this leaves little energy for long range planning. Since these mores and norms are very markedly different to that of the settled majority, use of the mainstream services, becomes problematic for this ethnic minority.

Irish Travellers and the Child Protection System

This is also the case in child protection and welfare. In O'Neil's (1994) dissertation at the Dublin Institute of Technology on Travellers in care in one health board area, she notes that four of her five interviewees expressed their identity in terms of the *differences* to the dominant society, for example living in caravans, trailers and tents, continually moving around, talking and dressing differently (*italics our emphasis*). Sadly, when asked about his ethnic identity, one of the youth admitted, "I haven't got a clue. Well, not hardly because I've been living in this place for too many years and I've lost it..." (p. 42). Two out of five interviewees no longer wanted to be Travellers with 'Bernie' stating she "wouldn't care". Perhaps, unsurprisingly, three of the five interviewees wanted to see Travellers working with them, as this would help them to maintain their ethnic status.

It is a truism that Irish Traveller youth have had a particularly difficult relationship with the Irish child protection system. One particular residential child care centre, called Trudder House, situated in the Eastern Health Board area of the country, had to be closed in the mid 1990's after persistent allegations of abuse to 'clients'. Indeed, one high-profile ex-resident - who later became a convicted rapist - was physically and sexually abused by staff whilst in care. He frequently blamed his 'predatory personality' on the evils of having been sent to this unit and eventually he committed suicide whilst in prison. His case was carried daily in the Irish media and has led to much soul-searching by child and youth care practitioners who came in contact with him.

Up until the 1970's, the State provided for 'deprived' and 'destitute' children through a system based on industrial and reformatory schools. These were institutionalised, large and austere buildings with extremely harsh climates. Children had to live in group settings with little emphasis on individual care and attention from care providers. The influential Kennedy Report (1970) paved the way for a complete turnaround in this antiquated system and moved away from a control model of care to a care model of control. It is now agreed that residential care provision today is vastly different with the establishment of small group homes, extensive third-level training, the existence of a Social Services Inspectorate and a body of knowledge around 'best' practice based on international models. The introduction of an Act in 1991 (the Child Care Act) was crucial in placing an emphasis on the welfare of the individual child with a range of responsibilities given to the health boards. But how has this affected Traveller children and youth in care?

Unfortunately, the *Report of the Commission on Itinerancy* (1963) failed to consider the provision of care, residential or otherwise. Indeed, the focus of this report is on negative aspects of the Travelling community itself. A more enlightened *Report of the Travelling People Review Body* (1983: 131), some twenty years later, recognised specific needs stating "A small minority of Traveller families have multiple social problems...Many children of alcoholic parents lack adequate care and supervision" and that a range of factors have resulted in Traveller children coming under the care of the health boards including the effects of urbanisation, changes in patterns of living, emancipation of Traveller women and so forth. As early as 1983, then, it was noted that residential childcare in the Dublin area was unsuitable for Travellers. Specifically, the issue of ethnic identity was raised through consistent family contact. Interestingly, the Review Body recommended that Travellers should be provided with an opportunity to train to work with their own people.

Conclusion

A profile of Irish Travellers was presented, and some demonstration of the Traveller relationship with institutions advocating child and youth care (health/ education/ child protection) provided. As emphasised, Travellers are notably distinct by their nomadic lifestyle and distinct ethnic culture. The key differentiating fact about Irish Travellers as opposed to other ethnic groups living in Ireland is that they are native to Ireland but yet remain inherently separate from mainstream society. This whole aspect of marginalisation permeates the Irish Traveller identity, and essentially formulates the nature of the relationship Travellers will have with social care service institutions/providers and the nature of the Traveller relationship as a service user. Although there has been governmental and policy initiative to improve accessibility, diversity has not been fully catered for in these systems. Perhaps one of the most worrying concerns is the socialisation of Traveller children and youth into this milieu

of discrimination/prejudice. This remains an area as yet relatively unresearched in Ireland. One can however, tentatively suggest that unless all child and youth care and related health and educational services become all-embracing on a multi-cultural level, discrimination/prejudice will continue to be a lived reality for all immediate cohorts of Travellers.

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