



Traveller Cultural Awareness Training Programme Evaluation Summary Document

Report prepared by Waterford Institute of Technology.
In collaboration with the Traveller Health Unit
South East Community Healthcare



Report prepared by: Waterford Institute of Technology
December 2017

For:
Traveller Health Unit
South East Community Healthcare
Health Service Executive
Social Inclusion Department

In collaboration with:
Traveller Health Unit South
East Community Healthcare

Waterford Institute of Technology Research Team:
Dr Suzanne Denieffe
Dr Deidre Byrne
Ms Majella McCarthy
Dr Mary Reidy
Dr Michael Bergin
Professor John SG Wells

Foreword

As General Manager of Social Inclusion Services and Chairperson of the South East Traveller Health Unit, it gives me great pleasure to introduce the Traveller Cultural Awareness Training Programme Evaluation, undertaken by Waterford Institute of Technology in the South East Community Healthcare (SECH) area.

Travellers experience poorer health than the general populations. Irish Travellers have a reduced life expectancy: Traveller men's life expectancy is 62 years which is 15 years less than men in the general population and Traveller women's life expectancy is 70, 11 years less than women in the general population, All Ireland Traveller Health Study 2010, (AITHS). The AITHS informs us that heart disease and stroke accounted for 25% of Traveller Deaths, cancer 19%, lung disease 13% and suicide 11%. Of those tested in the 12 months of the (AITHS) 25% were diagnosed with having high cholesterol and 33% with high blood pressure. This study also highlighted that Travellers have a 15% higher rate of smoking compared to the general population.

It is incumbent on the health services to tackle these inequalities in health outcomes. However, it is recognised that they are multifaceted in origin and influenced by the social determinants of health, but they are certainly linked to the challenges of discrimination and prejudice which are very real problems facing the Traveller Community today.

There is an increasing awareness that public services need to respect the cultural and ethnic identity of Travellers when they access services. This has been reflected in more recent Traveller Cultural Awareness training programmes which have been attended by front line staff from across the public services.

I welcome the Traveller Cultural Awareness Training Programme Evaluation and its recommendations. It provides the South East Traveller Health Unit (SE THU) with a blueprint to plan and develop the Traveller Cultural Awareness Training Programme going forward to enable us to reach out to health services front line staff and indeed other public service front line staff in the South East Healthcare Area, to develop and raise their awareness of the cultural sensitivities of Travellers attending our services and provide culturally competent service delivery.

I would like to thank Waterford Institute of Technology Research Staff for their professionalism and ethical approach to undertaking this evaluation. Their ability to understand from the beginning how important it was for the THU SE that Travellers needed to be central players in this evaluation, facilitating Travellers to be on the interview panel for the research assistant, and participating on the WIT Ethics Committee being a couple initiatives worthy of note.

I would also like to thank the Traveller Health Unit staff, the Coordinators, the Traveller Health Workers the HSE staff and the Steering Group who participated on and engaged with the Evaluation Team and contributed significantly to the evaluation process.

Jeanne Hendrick

General Manager
Social Inclusion, South East Community Healthcare

Acknowledgments

The Research Team would like to acknowledge the support of all involved in the study without whom the study could not have been undertaken: the Steering Group for their advice and support; the Traveller Health Project Coordinators for their willingness to help and assist in organising the data collection; the Traveller Community Health Workers/ Programme Facilitators for sharing their experiences; and to the Travellers and Interdisciplinary Workers who took part so willingly in the focus groups.

The Wheel of Culture was created by the Wexford Traveller Community Health Programme in April 2012

Executive Summary

Background

White Irish Travellers are an Irish ethnic group, making up almost 1% of the Irish population. Travellers have their own unique culture which was based on travelling around the country. As a society Ireland needs to work in partnership with Travellers to address the issues that face the Traveller community, such as discrimination in education, housing and health. There is a need for public services to respect the cultural and ethnic identity of Travellers when they access services.

Traveller Cultural Awareness Training Programme

The Regional Traveller Health Network in association with the Health Promotion Department of the HSE developed, using a co-production approach, the Traveller Cultural Awareness Training (TCAT) Programme on behalf of Traveller Health Unit. The programme is delivered by Traveller Community Health Workers who have been trained in facilitation skills to deliver the programme by the Health Promotion Department, South East Community Healthcare (SECH), Health Service Executive.

The TCAT programme aims to improve Travellers' health through the provision of education on Traveller culture to health service staff and other public service staff so to make their services more accessible and thus have an impact on Traveller health outcomes.

The aims of the TCAT programme are:

- To raise awareness of Traveller health issues
- To provide information on Traveller culture and how this impacts on use of services
- To identify the main barriers experienced by Travellers in accessing services
- To identify ways of moving forward to improve access and uptake of services

Waterford Institute of Technology (WIT) were commissioned by the Social Inclusion Department SECH to evaluate the TCAT programme.

Aim of the study

The aims of the study were to evaluate and analyse the programme by obtaining the views of key stakeholders regarding the TCAT programme and how it was achieving the programme aims. The analysis was used to make evidence based recommendations for the future development and implementation of the programme regarding how the training should continue to be delivered with the aim of ensuring the maximum effectiveness of the programme.

In line with the principles of community development work, Travellers, as key stakeholders, were integral to the study including advising on methods of communication, consultation, and participation in the overall evaluation. There was Traveller involvement in the Steering Group who directed and advised the research team. Traveller consultations in relation to data collection were vital in ensuring that the data collected included all key stakeholders, the programme facilitators and the Travellers who are users of health services. There was also Traveller representation on the Ethics Committee who reviewed the project in WIT.

Study design

The study design used an explanatory sequential mixed methods design. The key people who were involved in the study were the Traveller Community Health Workers Programme Facilitators, Traveller Community Health Project Coordinators (hereafter referred to as Coordinators, the Health Promotion Officers, Travellers and the programme participants. The study used a mixed methods approach and examined: programme evaluation forms; surveys with the Coordinators, Health Promotion Officers and people who attended the TCAT programme; Focus groups with Traveller Community Health Workers Programme Facilitators and Coordinators, Travellers and Interdisciplinary Team members.

The study consisted of three key stages.

- Stage 1: an examination of completed programme evaluation forms.
- Stage 2: survey questionnaires for the coordinators, the health promotion officers and the TCAT programme attendees designed using open ended questions.
- Stage 3: focus groups with TCAT programme Facilitators and Coordinators, Travellers and Interdisciplinary Workers.

The findings from all stages of this evaluation clearly identify that the participants in the study recognised the value of the TCAT programme and the need to continue to offer training in this area.

The evaluation questionnaires analysed (n= 580, 48% of total programme participants) identified that the TCAT programme raised awareness of Traveller culture and issues for Travellers accessing services for those that attend. They showed that the participants were provided with information on Traveller culture and how culture can affect the use of services and the main barriers experienced by Travellers in accessing services. The evaluation surveys also identified that one of the TCAT programmes greatest strengths are the Traveller Community Health Workers who deliver the training, i.e. meeting and listening to Travellers.

The evaluation survey did not ask for ways of moving forward to improve access and uptake of services for Travellers but some of the participants did comment on the need for change of attitudes and their own attitudes changing because of the training.

The Health Promotion Officers were in agreement that a full day training was appropriate for the TCAT programme, that the content was fit for purpose and that the programme being delivered by members of the Travelling community was vital. They also referred to the personal benefits for the Traveller Community Health Workers who facilitate the programme in terms of developing transferable skills in facilitation, communication and increased self-confidence.

The Health Promotion Officers were not involved in the ongoing delivery of the programme and therefore not involved in the modifications made by the individual groups. The Health Promotion Officer who was aware of changes thought that tailoring the content to suit specific groups would be beneficial and more relevant to the particular service. As far as the training needs required for Traveller Community Health Workers to deliver the programme they suggest as a prerequisite the Traveller Community Health Workers would need to have a high degree of maturity as well as good literacy. They identified the essential key training needs as: facilitation skills, confidence building, personal development training as well as training in the ability to deal with resistance and to learn how to respond objectively to challenging questions or opinions during the workshops.

Their opinions on the amount of time required to train Traveller Community Health Workers to facilitate on the TCAT programme ranged from 6 to 10 sessions suggested that facilitator training is best done over time as it allows for reflection on learning and time to develop confidence, competence and self-awareness. The level of support needed for new and experienced Traveller Community Health Workers facilitators is high as the TCAT programme is challenging for the facilitators and the participants.

The Coordinators were in agreement that a degree of fluidity needs to be built into the TCAT programme that is dependent on the range of service providers attending and their available timeframes. There was consensus that the content of the programme was effective in raising awareness of Traveller culture but the content needed to be updated and refreshed, for example with regard to Traveller ethnic minority status.

There was agreement that the Traveller Community Health Workers need a specific skill set to deliver the programme that consists not only the ability to develop facilitation skills but also the desire and confidence to deliver the programme. The coordinators were explicit that their role is to support the delivery of the TCAT programme. They are responsible for the coordination and administration of the programme and are there in a supporting role on the day. It is the Traveller Community Health Workers who facilitate the training and in agreement with the findings from the evaluations they point to benefits of service providers getting the opportunity to meet with and talk to Travellers, to raise concerns and to build links.

Suggestions for improvement to the TCAT programme from Coordinators included addressing the allocation of hours to deliver the training as this interferes with and puts extra demands on the limited part time hours undertaken by the Traveller Community Health Workers. It was also suggested to expand the potential audience by introducing mandatory TCAT for all public service workers and stressed the need for updated information, additional resources and training for the facilitators.

From the Travellers and Co-ordinators it was evident that the facilitators were satisfied with the programme, in particular, the tailored TCAT package and the advantages to the fluidity of TCAT programme delivery were deemed significant. Confident, experienced group facilitators were reported to be amongst the key characteristics required to deliver training. Facilitators called for and welcomed mandatory TCAT training for all front line staff. Despite the fact that the facilitators reported that the advantages of TCAT outweighed any disadvantages associated in

delivering the programme, it was very clear that a lack of time, TCAT programmes not being recognised as a key performance indicator (KPI) and lack of skills and resources hindered facilitator's delivery of the TCAT programmes and calls were made to strengthen the scope and breadth of the programme.

The Traveller focus groups findings included the suggestion that the current TCAT programme needs to be targeted more broadly at service providers. The need to encompass the education sector and in particular the need to target primary schools was highlighted as an area warranting further attention. However, in general all sectors were reported to potentially benefit from increased TCAT delivery, including Travellers themselves. It was evident that discrimination and prejudice is still perceived as a very real problem facing the Travelling community today and more work needs to be attributed to this area when developing future TCAT programmes.

The findings from the questionnaire of past participants suggest that for the respondents who found the TCAT training a positive experience on the day their opinion had not altered over the passage of time. The majority of respondents felt that the training had impacted on their interactions with Travellers and that their work style / behaviour had changed to some degree since undertaking the TCAT programme. Unfortunately the sample was too small to be representative and further research needs to be done in this area but the findings indicate that an inbuilt follow-up survey of past participants could be beneficial to the future roll out of the TCAT programme.

Report Recommendations are as follows:

R1. The HSE should continue to offer Traveller Culture Awareness Training through the Traveller Health Projects

In relation to programme content, this evaluation recommends TCAT continue to be delivered utilising a 'module by module' format. Specific short training modules should be developed on topics relevant to specific key target groups.

R2. Continue to use the modular approach to delivery of the awareness training and build on these modules

The evaluation findings identify the need to develop the scope of the current programme and in particular the need to target more front line health care staff and public health sector employees. This evaluation estimated that approximately 1,200 service providers across the HSE SECH region had previously participated in TCAT (since programme commencement in 2007) but no data was available to the evaluation team to determine the breakdown in the numbers of previous participants of TCAT per sector.

Therefore, it could be the situation that key front line healthcare professionals may not in fact be receiving this important training. This evaluation therefore recommends offering this training to more front line staff, those that have regular contact with Travellers. Health professionals identified for such training from the focus groups included: maternity services, paediatric services, primary care and public health services and all those working directly with Travellers. Priority groups identified in the SE THU Strategic Plan 2015-2020 were health services/ social work services, local authority/public representative, schools and training institutes/ media/ business/ Chamber of Commerce/ Gardai, social services. In terms of offering, consideration also needs to be taken of the need to 'market' the programme, making it more visible to staff who may be interested in undertaking the programme, perhaps creating a webpage and distributing flyers on the programme to key settings.

R3. HSE should identify the priority staff who require this training and target these for programme delivery

The evaluation team are aware that it can be a challenge to get staff to engage with this training. Consideration needs to be taken therefore as to how best to get this engagement. An issue which could be causing reluctance to attend could be the difficulty with release. The THU need to consider how best to deal with this challenge. It has been identified in the findings that the programme is delivered in a modular format wherein depending on the target audience programme elements are included or omitted. To address the difficulty with staff release,

preparation of key modules which could be delivered in on- line mode could provide greater coverage to a wider range of participants and address key elements of Traveller culture awareness. It should be stressed however that the success of the programme to date has been in the Traveller facilitator interactions with the programme participants and the question and answer sessions. Undertaking an on-line programme could be used as a preparation for a face to face delivered programme, shortening the duration that would be required for delivery but retain the very valuable element of Traveller- Participant interaction.

The on-line programme would need to be developed in a full and genuine collaboration with Travellers to ensure that their voice is heard in this programme development. The modules which could be delivered in an online modality would need to be identified and then expertise in the preparation of online programmes would need to be resourced. The format could include videos, voice overs, online exercises and mini quizzes built in to encourage engagement and enhance learning of the participants. A certificate of completion could then be printed out by the participant and displayed in the workplace. A focus group item raised was to include cultural awareness training as part of the training for new health and social care professionals and the Gardaí. An online programme would enable the easier inclusion of such content in other educational programmes.

R4. Consider development of an online programme on Traveller Culture and Issues to support the current programme delivery model

R5. Allow for a completion certificate from the online programme as for the current programme

R6. Ensure full Traveller involvement in the development of this programme

R7. Promote the inclusion of the online programme in educational programmes for health and social care professionals and the Gardaí

The SE THU Strategic Plan 2015-2020 outlines a proposal for the development of Cultural Competency Training for Service Champions. As this has not yet commenced in the region, the evaluation team did not specifically address this. The proposal for service champions and the role they would play within services to promote Traveller Culture awareness is undoubtedly important but would seem to be not yet operational. A pilot of such a champion programme would seem warranted to test the feasibility and operational issues that may arise.

R8. Pilot the Service Champion Model within a service and evaluate

The ideal would be to build up a critical mass within prioritised services of those with Traveller culture awareness undertaken. However it would seem in order to attain a cohort of trained personnel, value must be placed by services and staff on receiving this training. Inclusion of culture awareness training as a requirement for staff in prioritised services and putting in place a key performance indicator (KPI) on the number of staff trained and monitoring of this indicator would seem to be means of developing this critical mass. Development of service champions could then also be put as a KPI for services but perhaps this is a later stage development.

R9. HSE need to include Traveller Culture Awareness Training as a KPI for target groups

Another strategy which could be considered to encourage the engagement of key priority staff in this training could be development of the programme so as to obtain Continuing Education Units (CEUs) for health and social care professionals. The various registration boards either have such a continuous professional development requirement currently or are moving towards such a requirement. These registration boards have mechanisms in place where training programme can be awarded CEUs. The THU may consider obtaining such accreditation for the training as a means of incentivising health and social care staff to participate in the programme.

R10. Consider obtaining CEU points for the Traveller Culture Awareness Training Programme

With the new Ethnicity recognition and as new data on Traveller health issues becomes available, there may be a requirement for follow up training. However, until a substantial cohort of front line staff have received training, consideration of upskilling/ re-training is a more long term issue.

The SE THU Strategic Plan 2015-2020 identified the possibility of sharing of programmes/ resources, that is those which have been trialled and found to be successful. Certainly the Traveller Culture Awareness Programme has been shown in this evaluation to be successful in raising awareness of those attending. There is substantial expertise available now within the THU in terms of trained and experienced programme facilitators. The evaluation team are of the view that this cohort can be used to develop and support more programme facilitators. If the programme is to reach its full target audience, there will be more programme facilitators required. Currently only Traveller Community Health Workers act as facilitators, the evaluation team suggest that other Travellers could also become involved in delivery of the programme, with of course the proviso of requiring full training and ongoing support.

It seems that there is only one male Traveller Community Health Workers at present in SECH, but he is not a programme facilitator. It is important therefore to consider involving more Traveller men as programme facilitators.

R11. Train more Travellers, either Traveller Community Health Workers or non-Traveller Community Health Workers, to be programme facilitators

Facilitators participating in this evaluation were credited for their confidence, communication, motivation to deliver programme, facilitation, leadership and management skills and these were largely attributed to having previously participated in facilitation skills training. This evaluation highlights the need to build on current training (facilitation skills training) and recommends that all facilitators' delivering TCAT receive validated and certified training. The evaluation previously conducted on training for delivery of Traveller culture awareness identified that having a validated programme was valued by the Travellers who received the award. This training should be considered mandatory for any new Facilitators. It was felt by the current facilitators that further training was required on dealing objectively with challenging and difficult questions/ people.

R12. Consider providing a NQF validated programme to new and existing trainers

Resources to support the programme were also raised in the evaluation. These resource issues include equipment, administration and delivery requirements.

A barrier linked to programme delivery was the lack of equipment resources to effectively deliver TCAT programmes, for example over-head projectors and videos were still used by some facilitators delivering the programmes. The need for increased resources, i.e. laptops and equipment required to assist with more interactive training delivery modes are required to present a professional programme. Common sharing of training resources should be encouraged and required materials provided to all programmes across SECH regions. Additionally, facilitators will need to be trained to confidently deliver interactive training materials, ICT, PowerPoints etc.

R13. Ensure that there is suitable ICT and other equipment to enable effective programme delivery, perhaps sharing this from a central location

Programme delivery could perhaps be co-ordinated from a central unit. This could assist in part to reduce resource demands. A central administrator / co-ordinator could promote/ market the programme, organise delivery teams, book venues, maintain a database and ongoing evaluation of the programme. If the programme is to be delivered more widely, the need for such administrative/ organisational support will become more of a demand. The maintenance of a central database is an important point, it would allow for monitoring of programme delivery, informing the achievement or not of KPIs should they be introduced and enable follow up of programme participants, perhaps in terms of upskilling or future research.

R14. Create a centralised administration/ co-ordination system for organising the delivery of the training

One of the key barriers to programme delivery highlighted amongst all groups participating in this evaluation was in relation to the time required to prepare, refresh and deliver TCAT programmes. Part time working hours of facilitators, in addition to current projects running to capacity, were all linked to the decline in the number of TCAT programmes delivered across all the HSE SECH region in recent times.

It seemed therefore that there is a lack of trained facilitators available to deliver the programme. Creation of a bank of trained facilitators (both THU and non THU Travellers) who could work across the region could in part help in ensure that the programme is delivered across the region and can continue to be delivered into the future.

R15. Create a bank of facilitators who can deliver the programme across the region

Another key resource issue is that facilitators only work part time hours. While it is acknowledged that there are a number of reasons for this, it reduces the facilitators availability for their regular work for that week and also reduces the number of programmes that can be run. Indeed, lack of facilitator time was a reason given in one region for the non-running of the programme for a number of years. If the programme is to be more frequently and widely delivered, the issue of resourcing of facilitators must be addressed, and should include the time for programme preparation, delivery and team evaluation post programme.

R16. Consider how the facilitators can be resourced to allow for increased numbers of programmes to be delivered.

It was evident from both the evaluation forms and the past participant forms received that the programme is effective in terms of raising awareness and developing knowledge among the participants of Traveller culture and the issues they face for those who attend the training. The Traveller focus group findings identified however that substantial lack of knowledge on Traveller culture still exists. It was not possible to ascertain the actual impact of the training conducted to date. Should a critical mass of staff receive the training, it is likely that there would be more positive benefits for Travellers receiving such services. However, without such a base of trained staff, it was not possible for the evaluation team to examine the effectiveness and impact of the training to date. The creation and maintenance of a database of past programme participants would allow for ease of follow up for future evaluations and examination of programme impacts.

R17. Maintain a central database of training provided

In order to address the recommendations above, there will be cost implications. It is beyond the scope of this evaluation to address these costs. However possible costs identified include programme delivery equipment, centralised programme co-ordination, additional Facilitators training and work hours, additional work hours for current Traveller Community Health Workers and costs associated with the development of an online modules(s) from the training programme.

The Wheel of Culture

Traveller Culture

The Teapot

For centuries the kitchen table has been the gathering space where stories have been told and where comfort and support has been offered over a mug of tea. A space for conversation, sharing, a shoulder to cry on and a hand of support, all with the healing mug of tea. Our Teapot is a strong, powerful worn metal teapot that has been witness to many gatherings around the table. Here we have exposed the inner spirit of the teapot and covered the exterior with jewels, making it the jewel of the table. A cup of tea starts the conversation. We welcome our family, friends and visitors with a cup of tea. 'The Door is always open'.

Family

Our Children always come first. Family is everything to us. We have large extended families and we like to keep in close contact with each other. 'Family Gatherings' are very important to us. The Children are represented on our table cloth by the decorated lollipop sticks.

Religion

We have very strong religious beliefs. Mass on Sunday is a 'Family Gathering' for us. We have a tradition of going to see priests and nuns to ask for advice and to ask them to pray for our families. We always have Holy Water in our homes and in our cars. 'Holy Water keeps evil away night or day'.

Travelling on the Road

Traditionally we travelled around Ireland in caravans and we lived as 'Free Spirits'. We miss the old times, even though they were the hard times. The men would go off during the day and women would all cook, clean, wash clothes, look after the children, together, we shared everything. We really looked out for each other. Settling down into houses has taken away some of this sharing and caring.

Patrons / Graveyards

We call the 'Blessing of the Graves', the Patron. We go to at least five different 'Patrons' each year because of our extended families. In Wexford alone, we go to the Patrons in New Ross, Wexford Town, Gorey, Enniscorthy and Bunclody.

Love of Music

As family gatherings we sing and tell our stories through song, we express our feelings through song. Traditionally and still today some Travellers play the accordion or the mouth organ. The younger generation love music too, but nowadays it is CDs and stereos.

Weddings

Weddings are another time when families get together. The sacrament of marriage is very important to us. 'Going to a wedding is the making of another'.

Rosary Beads

We always keep rosary beads in our homes. When anyone is sick or in trouble we say the rosary together.

The Gammon

The Gammon is our language and we use this language to communicate with each other. The Gammon has been used for centuries.

Horses

Horses are a Travelling man's pride. Horses have been passed down from generation to generation. Horse Fairs are a big get together for Traveller men. Traveller men come from all over to swap and deal their horses and the horse fairs.

Creativity

Travellers love to design and create decorative pieces using their hands. For years, Travellers did not know how to read and write and this was how they expressed themselves.

The Wheel of Culture was created by the Wexford Traveller Community Health Programmes in April 2012



Pray
FOR
THEM
RIP



OH The Road



AVE
MARIA



HUSBAND+WIFE
AUNT+UNCLE
BROTHER+SISTER
FATHER
MOTHER

S-D-K
Y
S



our
Language



HORSE'S



S-U-S-O-S



Féilhmennacht na Seirbhíse Sláinte
Health Service Executive