

South East Traveller Health Unit

Strategic Plan

2015 - 2020



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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Foreword

I am delighted to publish the new Strategic Plan for Traveller Health in the South East Community Health Organisation Area – a plan which was developed by Travellers for Travellers.

Our plan does not start from scratch but rather builds on the work which the South East Traveller Health Unit has been developing and delivering in partnership with the community and men's health projects, their host agencies in the voluntary sector and the South East Regional Traveller Health Network since the first Traveller Health project was established in the South East in 1999.

We have focused the plan on supporting and building on the work that has already taken place in respect of enhancing access for Travellers to health services and improving the overall health status of Travellers within the region. Examples of the work currently being carried out within the region include:

- Awareness of taking care of one's heart health;
- Group work on healthy eating, healthy cookery; exercise and fitness – promotion of modifiable lifestyle changes which will prevent heart disease and type 2 diabetes;
- Awareness raising and support for registration on cervical and breast check;
- Awareness raising on skin cancer etc;
- Supporting Travellers to apply for and renew Medical Cards;
- Reminders and assistance to health appointments where required;
- Traveller Culture Awareness Training of Health Services and other services with impact on health.

The South East Community Health Organisation Area has strong progressive Traveller Community Health Projects which have been to the fore in the development and delivery of these health initiatives. The dedication and professionalism of the Traveller Community Health Workers and leadership of the Project Co-ordinators and Traveller Men's Health Projects has ensured the development of a challenging but achievable plan to drive and direct us in our work to the end of 2020.

Traveller Community Health Workers and Co-ordinators and Mens Health Workers have embraced the opportunity to develop the strategy and I hope that the strategy reflects the enthusiasm and energy that all of the participants in its development put into it. The enthusiasm is such that even as we prepared to launch the plan, the THU and the projects it funds were already focused on delivering its actions. Since we commenced writing the plan a new Traveller Health Liaison Nurse has taken up post, a pilot mental health outreach nurse for the Carlow/Kilkenny area has been recruited funded by National HSE Social Inclusion, St. Stephen's Green Trust and Carlow Kilkenny South Tipperary Mental Health Service and funding has been secured through St. Stephen's Green Trust and the Sisters of Mercy Solidarity Fund for Traveller Men's Sheds to be developed throughout the region over the next 3 years. In addition, two trainee men's health workers have taken up posts in South Tipperary.

Within the HSE itself we have strengthened our relationships with the Primary Care Teams with the support of the Primary Care Leads, Tara Hunt, Susan Murphy and Liz Kinsella and the designated Public Health Nurse for Travellers has been reinstated in Carlow/Kilkenny. It is our hope that this will occur in all of the South East Community Health Organisation Area in the near future!

Although we were aware of the excellent work that was taking place in the South East much of it had never been written up or reviewed in line with best practice. The focus of our new plan is to have a clear model of Traveller Community Health Care in the South East Community Health Organisation Area, standardising best practice throughout the region. This will mean sharing the learning from area to area and the development of tools so that what works well in one county can be reproduced in other counties.

Improvement of Traveller Health will not occur solely through ensuring access to health care and to enhancing health provider's knowledge and understanding of Traveller culture. Health is also impacted by a range of issues outside of an individual's lifestyle factors such as education, living and working conditions and housing. This plan also focuses on the need for enhanced interagency working to ensure that the social determinants of health are also addressed in order to bring about a lasting positive impact on the health of Travellers in this region.

The publishing of the Strategic Plan is an exciting time for us. The process of developing it really brought the region together as a team and allowed us to explore and agree our common objectives and goals for Traveller Health into the next 5 Years. I would like to thank Caroline Gardiner from Quality Matters and Claire Fitzpatrick, Regional Traveller Health Co-ordinator for the leadership that they both provided in guiding this process and ensuring that it remained both focused and fun for all involved.

I would like to thank the Traveller Health Workers, Co-ordinators, Men's Health Workers and host agencies for their input into this plan which was substantial. All twelve focus groups had a minimum of two-third Traveller representation.

Lastly, I would like to thank John Hennessy, National Director for Primary Care for officially launching the strategic plan on the 27th April 2015. We look forward to working together to implement the actions in this plan and see a real improvement in the health of Travellers in the South East.

Dr Derval Howley

Chair, Traveller Health Unit South East Community Health Organisation

Part 1

Introduction



01 Introduction

Developing this plan involved a large number of people, most importantly, the active participation of Traveller Community Health Workers (TCHW's). This plan was developed over twelve sessions, eight of which were focused on developing theories of change with broad representation from Traveller health workers, Co-ordinators and other stakeholders. In all full group sessions approximately two thirds of the attendees were members of the Traveller Community.

Traveller Community Health Workers understand the reality of Traveller health issues. Workers also understand how to overcome barriers and improve access to health care for Travellers. These workers are a vital resource and this plan identifies ways to develop the TCHW's role even more. Traveller health care workers are considered the biggest resource and strength within this strategy.

The plan aims to be both ambitious and achievable. With that in mind, partnership between services is important. When Traveller services work as partners with other services this has led to successful outcomes. Travellers having leadership roles in this work has also been very successful. This plan includes partnership and Traveller leaders as core principles.

Another core issue for the next five years is the sharing of good practice between Traveller Community Health Projects in the region. Understanding what has worked in one service can help other services to improve.

Over the twelve sessions, the group discussed many pressing health issues. These included mental health, suicide, cardiovascular and children's health to name a

few. During these discussions, two main barriers to health care became clear:

- Stigma: this prevents Travellers discussing, and addressing issues within their own communities. Fear of services and a lack of trust in services abilities to understand Travellers was an issue that was frequently raised.
- Institutional racism: a lack of understanding of Traveller culture in health services prevents Travellers from accessing health care.

In developing the aims of this strategy, how to manage both of these barriers was considered.

The process to develop the strategic plan

To develop this plan, a method called the 'theory of change' was used to look at issues and solutions that relate to Traveller health.

To help develop the plan, firstly research was undertaken in to 'what works'. Thirty programmes and models were reviewed. This review is available, Claire Fitzpatrick, Traveller Health Programme Co-ordinator, undertook this research, with help from Quality Matters.

A process of consultations, which involved the Traveller Health Unit (THU), the Regional Traveller Health Network (RTHN), Traveller Community Health Care Workers, Traveller Community Health Project Co-ordinators and Traveller Men's Health Workers then followed.

The Process

- 1 Two sessions were held with over thirty participants in each to explain the process, agree objectives and how time would be spent (weightings).
- 2 Twelve theory of change sessions involving on average 14-20 participants.
- 3 Three sessions to agree the yearly plan, outcome collection and communication systems to support the plan.
- 4 Consultation with partner organisations to agree how agencies can work together to achieve the plan objectives.

Partner organisations who have been consulted with in relation to an aspect of the plan, or who have been applied to for supports; or who will be consulted with during the life span of this project include: HSE Health Promotion & Improvement, Health & Wellbeing Division; HSE Social Inclusion; HSE Mental Health Services; Primary Care Teams; Local Sports Partnerships; HSE Public Health Nursing; HSE Speech and Language Services; Acute Hospitals; Local Authorities; Dept of Social Protection; St Stephens Green Trust; Genio; Diabetes Ireland; Substance Misuse Service; the Mercy Sisters Solidarity Trust Fund; South East Family Support Network; Tusla; Education and Training Boards; Intreo; Solas; Barnardos; Accord; Irish Cancer Society; GAA; MABs; Clergy and Religious Leaders; Pavee Point; The Irish Traveller Movement; all Traveller Inter-Agency Groups in the South East, The Kilkenny Traveller Community Movement; The Carlow Traveller Network; Tipperary Rural Traveller Project; Waterford Traveller CDP; Community Based Drugs Initiative; National Office of Suicide Prevention; Exchange House; Women's Aid; Citizen Information; The National Traveller Womens Council; The Irish Family Planning Association; The Regional Youth Services; Wexford Local Development; Kilkenny Leader Partnership; St. Catherine's Community Services Centre; South Tipperary Development Company; St. Brigid's Family and Community Centre, this list is not exhaustive.

Glossary

While efforts have been made to keep acronyms and abbreviations to a minimum, to ensure readability some commonly used abbreviations have been used.

These are:

AITHS – All Ireland Traveller Health Survey

HSE – Health Service Executive

THLN – Traveller Health Liaison Nurse

THU – Traveller Health Unit

TCHWs – Traveller Community Health Workers

TCHPs – Traveller Community Health Projects

TMHPs – Traveller Men's Health Projects

TOC – Theory of Change

RTHN – Regional Traveller Health Network

NTHAF – National Traveller Health Advisory Forum

WRAP – Wellness Recovery Action Plan

Principles of the Plan

The principles for the plan were agreed over the course of the twelve sessions.

Traveller leadership

The biggest strength of the Traveller Community Health Projects is the role of Traveller Community Health Workers. Change in the Traveller community is most likely to occur when Travellers lead it. Health and Social services are more likely to become Traveller friendly, if Travellers are working with them to make this so.

Sharing good practice

Each of the Traveller Community Health Projects have unique strengths and expertise. An important focus of the next five years will be to formally share knowledge between teams. New programmes will be written in a standard format and will be reviewed by peers and evaluated.

Co-ordinating approaches

Working together can make services stronger and get better results for Travellers. This means looking at what each service does as an individual organisation, and what they do together, to make sure the needs of the community are met.

Recording outcomes and proving success

To learn about what works best and to ensure the Traveller Health Unit can make a strong case for continued funding, there will be a renewed focus on recording outcomes and the impact of the work.

Achievable and ambitious planning

To make sure the aims of the plan are both realistic and challenging, the plan will be reviewed regularly over its five years.

Improving communications to support the plan

Meetings between different services will be used to help make actions in the plan happen. Using the plan and the agreed actions will make better use of time at meetings between agencies over the coming years.

Focus on partnership

A key theme at all planning sessions for the development of this plan was the need to work in partnership with health and social services to make change. One role of the THU will be to develop, support and monitor partnership to ensure these partnerships are helpful and can achieve agreed goals.

Challenging racism and exclusion

Inequality and racism contribute to poorer social and health outcomes for Travellers. There is need to consistently challenge racism whether this is obvious or subtle. To promote real change and make sure Travellers feel confident in accessing all health social and services, these services must commit to making changes too.

The need for an increase in resources

There is a need for more resources to promote the good work of TCHPs to date. This is particularly in relation to staff hours and the potential for more TCHWs and men's health workers.

Traveller Community Health Projects

The South East Community Health Organisation has eight Traveller Health Projects:

- Each project employs Travellers who have been trained as Community Health Workers through the Primary Health Care Training Programme. This was developed from 1994, through an interagency partnership approach involving Traveller Organisations, the HSE, the Department of Social Protection and what were formally the Vocational Educational Committee, now the Education and Training Boards.
- Each Traveller Health Project employs three to five part time Community Health Workers per project. All Health Workers are Travellers who have

completed three to four years of Primary Health Care Training.

- Each project employs a Development Worker as Co-ordinator of the Project.

Traveller Men's Health Projects

The South East Community Health Organisation has four Traveller Men's Health Projects:

- In three of the Men's Health Projects Development Workers are employed to outreach to Traveller men and develop health Initiatives with Traveller men.
- One project is currently piloting a traineeship where two Traveller Men have been recruited to become Traveller Men's Health Workers in the future. The two Men's Health Trainee workers are mentored by a development worker.

The Traveller Health Projects are based in Community Organisations where there are Section 39 Agreements in place with the Social Inclusion Unit of the HSE. See Part nine of this report for a list of the Projects who host the Traveller Community Health Project.

Existing Work and Outcomes

For the last number of years the work of the TCHPs and the Traveller Men's Health Projects have been guided by the following agreed work and outcomes:

Work

This work plan has, to date, been defined by four key areas:

- Focused health promotion to raise awareness
- Advice and information targeted health matters
- Referral to appropriate services
- Support Travellers to take up health services

Outcomes

The work to date has aimed to achieve four outcomes:

- Traveller access to health services
- Travellers increase awareness on health matters and services
- Improved health for Travellers in the South East, lifestyle change, prevention and early detection

The work and outcomes of the project to date have informed the development of this strategic plan.

Agreements on Common Elements of the Model of Traveller Primary Health Care Provision

Each Worker has a cluster of families they work with comprehensively

The family cluster model, i.e. where each worker has a number of families they work with, has been trialled by a number Community Health Projects. This model supports relationship building, which anecdotally supports improved engagement in the service. What will define this model of working into the future is:

- Workers may work with their families through outreach or drop-in.
- Family clusters may change based on need and emerging issues / community dynamics.
- Each worker will work with between 8-15 families.
- A baseline family health need assessments to be agreed will be undertaken with families in the clusters.
- Assessments are live and changes are made to the family health needs assessment as needs arise.
- It should be noted that this role is not a case management role, but is focused on signposting and providing general rather than intensive supports. If intensive health supports are required then the role will be transferred to an appropriate agency such as primary care, other statutory and voluntary health services. The boundaries of the role are discussed further in Part Five of this document.

All interventions are recorded by TCHWs or Co-ordinators in an agreed communal recording system

There will be an agreed information recording system which will be used to highlight the good work being undertaken and will support the THU to access more resources.

A gaps and blocks system will be Introduced

Gaps and blocks that cannot be resolved at the local level are submitted to the THU through the Traveller Health Co-ordinator as part of a Gaps and Blocks Process.

The Co-ordinator, THU and HSE Area Managers will all have roles in removing barriers where possible. Where barriers cannot be removed through the gaps and blocks process, they will be referred to the National HSE Structures Traveller Health Advisory Forum, and from there onto National Social Inclusion Governance Group in order to advocate for policy change where appropriate (see pages 24 and 25).

All new programmes developed will have TCHW involvement

The development of new programmes will continue to engage TCHWs and will aim to have at least 50% Traveller engagement to ensure that policies and plans are Traveller friendly are culturally appropriate.

Part 2

Objectives, Goals & Weighting



Table 1: Objectives and goals

Objective	Our Goals (What the THU is aiming to achieve in five years time)
<p>OBJECTIVE 1 To improve the situation / to bring about change for the better for members of the Traveller community in relation to:</p> <ul style="list-style-type: none"> a. Cardiovascular Health/Type 2 Diabetes b. Cancer c. Suicide d. Mental Health e. Addiction f. Domestic Violence 	<p>Through individual habit changing (i.e. increase in fitness, reduction in smoking) and access to more regular health screening and early medical intervention there will be an improvement in cardiovascular health. This will result in a reduction in Type 2 diabetes and heart related illness. Baseline data will be recorded regarding the heart health risk of Travellers in the South East, in order to plan future work to decrease the amount of Travellers dying by heart disease.</p> <p>Increased suicide awareness and innovative responses supported by the Traveller Men's Health Projects will reduce rates of male suicide by 10%*, which will result in lives saved.</p> <p>There will be an increase in Travellers who access early screening for cancer, which means that cancer will be detected earlier. This will result in lives saved.</p> <p>There will be a 20%* increase in Travellers engaging with positive mental health initiatives, and individual and group sessions in order to support Travellers to recognise and access treatment for depression and anxiety. This will improve the quality of life of Travellers.</p> <p>There will be a 20%* increase in Travellers accessing mainstream substance misuse services and receiving effective treatment. This will improve the quality of life of Travellers.</p> <p>10%* of the Traveller community will attend awareness sessions or programmes on managing anger or domestic violence.</p>
<p>OBJECTIVE 2 To bring about a more integrated approach to Traveller health from a family health perspective.</p>	<p>Families receiving supports through cluster service provision model will have the same uptake of immunisations and vaccinations as the general population. Families requiring supports will have a nominated Traveller Community Health Worker (who supports approximately 8 – 15 families) and receive family health need assessments and targeted supports.</p>
<p>OBJECTIVE 3 To develop and bring about a more collaborative work environment involving health services, TCHPs and other services.</p>	<p>Arrangements for co-ordinated care will be made with the following health services across the region: primary health care services, community health networks, hospitals, screening services, mental health, disability, community and voluntary agencies and other priority services that emerge during the lifespan of this plan. This will result in better Traveller access to services in 75% of cases.</p>
<p>OBJECTIVE 4 To bring about more effective and informed health service responses as a result of enhanced understanding of Traveller culture and Traveller specific challenges.</p>	<p>Priority health and social services receive Traveller health and cultural competency training. This will result in an improvement in services as evaluated by Travellers.</p> <p>An increased number of Travellers are employed in health services or are progressing through education with a view to being employed in health and social services e.g. counselling, fitness instructors, etc.</p>
<p>OBJECTIVE 5 To develop, nurture, maintain and promote a Social Determinants Model of Health.</p>	<p>A 'gaps and blocks system' will be developed which ensures that meaningful information is delivered from Traveller Community Health Projects to the THU. Based on the information in the system, clear targets and goals will be developed locally/regionally by the relevant authorities in relation to housing, education and health services.</p>
<p>OBJECTIVE 6 To ensure the TCHP Model is visible, demonstrated and becomes sustainable.</p>	<p>Meaningful outcome measures are developed for all strategic goals, a common outcome reporting system is implemented incrementally over the five-year period to support learning. The aim is to use outcome measures and learning to support continued sustainability of the Traveller Community Health Care model.</p>

*Where increase or decrease percentages are given. These can only be measured when the ethnic identifier for Travellers is in place nationally.

How Resources will be Divided / Weighting of Objectives

The following guidelines have been developed to provide clarity on and general guidance on the division of project time according to objectives. It was agreed that the vast majority of project time should be spent on provision of services to Travellers and their families as described in objectives 1 and 2. The table below outlines the agreed approximate division of time across the objectives and tasks.

Note that in the first two years of the plan there may be larger weighting towards training that underpins achievement of objectives 1 and 2. This is due to the introduction of a number of new evidence based practices and new ways of working as outlined in the plan.

Table 2: Division of TCHPs time by objective

Objectives	Tasks	Time allocation
Objectives 1 & 2	1) Cluster model - outreach, needs assessment, information provision, and follow-up 2) Group work, 3) Annual and monthly planning and review	60%
Objectives 1 & 2	Training and learning (including participation in joint training events with other projects) in order to achieve objectives 1 and 2	10% (this will be greater in year 1)
Objectives 3, 5, 6	Networking, information management, blocks and gaps, operational planning and reporting	25%
Objective 4	Cultural competency training	5%

Part 3

Theory of Change



About the Theory of Change

The theory of change is a way of thinking about work, which involves challenging the underlying assumptions and the reason for selecting certain intervention (activities) as well as identifying outputs and outcomes. Core to the Theory of Change is the idea that you must start with the end in mind, and work backwards.

Research to Underpin the Traveller Health Theory of Change

The following information is not intended to be comprehensive, as there are numerous well-researched reports available on Traveller health and the issues that support and affect this. Rather this section is presented to highlight some of the assumptions and logic that defines the theories of change that make this strategic plan.

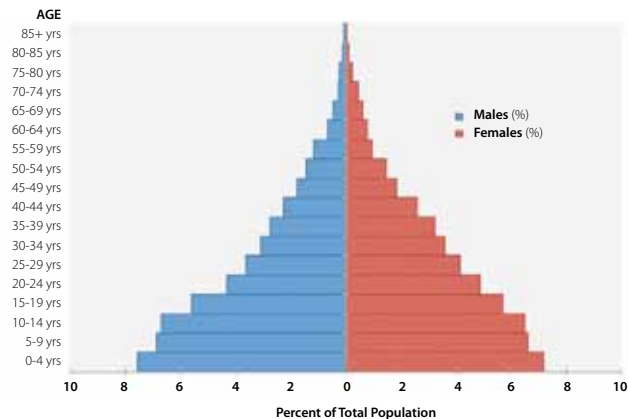
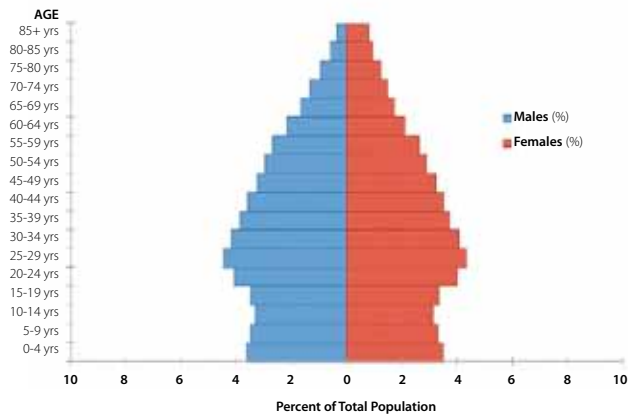
Travellers have worse health outcomes than non-Travellers

The All Ireland Health Survey has found that (Ref: 5, 11):

- Male death is four times the national average and female deaths are three times the national average. This reflects data from the Irish 2011 census which reveals the following: Travellers have a low life expectancy; Irish Traveller males of retirement age and above (65+) numbered only 337 accounting for 2.3 per cent of the total Irish Traveller male population. In the general population this age group of men comprises almost 11% (Ref: 1). See Census Pyramids on the following page.
- The suicide rate for Traveller men is seven times higher than in the general population, in the overall Traveller population it accounts for 11% of all deaths.
- Deaths due to heart disease are higher than expected when compared with the larger general population. Travellers have higher rates of cholesterol and blood pressure than the whole population (Ref: 11, p: 8).
- 50% of Travellers had difficulty in reading instructions on medication.
- Just under a third of Travellers said that price is factor that prevents them from eating healthily.
- Two thirds of Travellers said drug use is a problem within the community.
- Travellers trust health service providers half as much as the general population.
- Around 60% of respondents had experiences of consulting 'healers / spiritual leaders' for health advice.

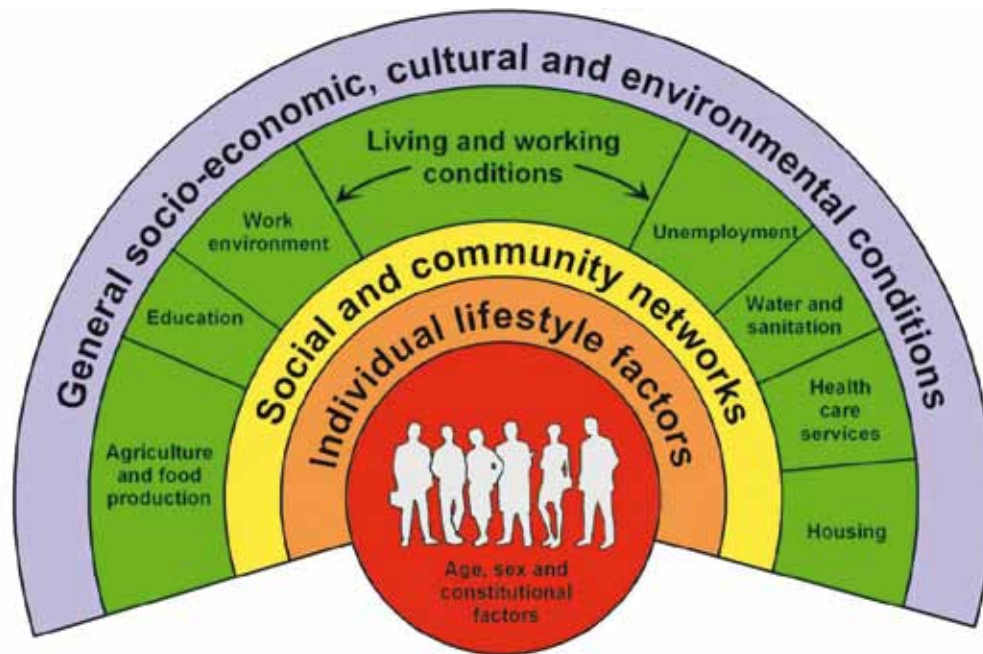
- Traveller women were three times more likely to experience mental health issues than women in the general population who were medical cardholders.
- Twice as many Travellers said that mental health restricted their daily activities when compared to general population.
- The Traveller breast-feeding rate is very low: only 2.2% of Traveller mothers initiated breastfeeding compared to around 50% of mothers in the general population.

Pyramids of the Traveller and settled population from the Census 2006



UCD School of Public Health and Population Science 2010 (Ref: 5, P85)

Traveller health cannot be considered without reference to social determinants of health



Dahlgren and Whitehead, 1991 (Ref: 13)

Health inequality is intrinsically linked with social determinants of health (Ref: 1, 5, 11). Social determinants of health have been described by the World Health Organisation (Ref: 1, p: 2) as “...the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics”. The 2011 census revealed the following:

- Travellers live in larger households: at an average of four children per household Traveller families have more children than settled population (Ref: 5) although also live in smaller homes (Ref: 1).
- Nationally, Travellers have inordinately high rate of unemployment at over 84%.
- Travellers have lower educational levels and higher rates of disability than the general population (17.5% vs. 13%), and the health of Travellers tends to deteriorate significantly more in old age than in the general population. (See Pyramids on pg 12)

- 920 households containing Irish Travellers were accommodated in a mobile or temporary structure in 2011.
- Larger family size and small numbers of the family in employment means that proportionally Travellers have been disadvantaged with cuts to multiple benefits such as cuts in children’s allowance, education supports, job seekers for young people. Traveller Community Health Workers have observed that this has an affect on community health.
- The experience of Traveller Community Health Workers is that travel and childcare can be powerful barriers to the accessing of health services.
- One in three of these households (866 people) did not have sewage facilities and one in five (566) had no piped water.

There is a need to explore creative and evidence based approaches which value Traveller culture

‘Repeated health surveys illustrate that adverse lifestyle, including smoking, alcohol consumption and unhealthy diet are strongly socially patterned (Kelleher et al., 2003; Morgan et al., 2007) and the challenge is to understand what motivates those health choices and how supportive positive changes can be made’ (5 p: 16). An approach that is effective for Travellers therefore requires creative solutions that value Traveller culture and are evaluated to prove their effectiveness.

For example there is significant research to support the use of horses in therapeutic interventions, which work from a counselling or psychotherapeutic perspective (Ref: 7, 8, 9 & 10). Anecdotal evidence suggests that similar positive factors may support integration. The strategy mentions the development of Men’s sheds will build on and integrate the lessons from horse based projects, most particularly assisting people to connect as a community to the things most valued by the community, drawing on and strengthening positive Traveller culture.

Traveller leaders are best placed to advice on the delivery of Health Services to Travellers

Community members being employed or engaged to provide certain basic health services to their own communities is a concept that has been around for at least 50 years (Ref: 4). The community development approach to Traveller health in Ireland dates as far back as 1994 (Ref: 3).

It is important to note that the Traveller community has significant social capital including close community bonds and the fact that the community is open to change. The empowerment of Traveller women health workers is a particular example of this openness to change (Ref: 11). The success of women's interventions in health can be shown in screening rates, the All Ireland Traveller Health Study indicated that around twice as many Travellers as general population women had accessed cervical and breast screening, following campaigns on screening as part of community health projects (Ref: 11).

The need to remove barriers to access and improve interagency communications

The AITHS reported that the healthcare experience of Travellers is not as good as the general population, with communication cited as a major issue by both Travellers and service providers (Ref: 5).

The AITHS found that over 80% of Travellers got their health information from Traveller Primary Health Care Workers (Ref: 11). This highlights the importance of the role of workers in connecting Travellers to health services.

Stigma within the community underpins a lack of access and discussion of many health issues

Just under half of Travellers interviewed in the All Ireland Traveller Health Survey named embarrassment as a main deterrent to accessing services, which was higher than cost or lack of information (Ref: 11). This theme was raised as a significant and priority issues throughout consultation discussions for this plan and within prior consultations undertaken within the South East. Through the discussions stigma was considered to be the most significant deterrent to discussing and seeking help in relation to mental health difficulties.

Theory of Change Diagrams

The following Theory of Change Diagrams are shown in diagram format on the next pages:

1 Cardiovascular Health

2 Cancer

3 Mental Health

4 Substance Misuse

5 Men's Health and Suicide

6 Domestic Violence

7 Children and Family

8 Social Determinants of Health

Provision of targeted services

To develop the Traveller Health Liaison Nurse role to support heart health programmes and quality service provision

Fitness programmes with diet and fitness testing (THLN)

Run smoking cessation groups/undertake brief interventions

Increase access through referrals and signposting

Establishment of mobile unit to increase access to health services and screening

Monitor lack of access through gaps and blocks process

Increase information and knowledge/reduction in fears regarding services

Provide courses on heart health, smoking cessation and healthy eating programmes

Cooking classes and cook books for Travellers (MABS)

Develop and use existing child-friendly games/resources to help mothers teach healthy eating

Increase in Cultural Capacity of Services

Develop Traveller-friendly spaces: handball, outdoor gyms, boxing (one per year)

Work with gyms to create Traveller-friendly fitness resources.

Undertake research into drug labelling/prescribing for Travellers and promote findings (partner needed)

Continue to develop partnerships with GAA and Local Sports Partnerships

Decrease in stigma and shame in the Traveller community/increase in self-esteem and empowerment

Provide diabetes type 2 awareness training and screening (Diabetes Ireland)

Support development of independent exercise groups (i.e. walking, yoga)

TCHW are trained in Stages of Change Model of facilitation and skills

Provision of targeted services

Skin cancer screening through outreach/drop-in

Increase access through referrals and signposting

Map services in each area, make agreements with partners to ensure access to services

Monitor lack of access through gaps and blocks process

Increase in information and knowledge/ reduction in fears regards services

Calendar of cancer information sessions to be developed i.e. skin cancer in summer (Irish Cancer Society)

Draw together existing resources into regional toolkits (DVDs, modules etc.)

Awareness of screening through outreach

Increase in Cultural Capacity of Services

Develop a THU policy on post-screening follow-up to ensure that people obtain supports

TCHWs to be trained in new screening programmes

Decrease in stigma and shame in the Traveller community/increase in self-esteem and empowerment

Promote stories about cancer survival through DVD, Traveller talks (policy needed)

Include brief interventions/information in other sessions and programmes

Provision of targeted services

Explore how WRAP course can be used in 1-2-1 and group work

Increase access through referrals and signposting

Training developed for clergy, religious and community leaders to support mental health referrals/signposting

Map services in each area; make agreements with partners to ensure access to services

Monitor lack of access through gaps and blocks process

Work with GPs regarding Traveller mental health

Increase information and knowledge/reduction in fears regarding services

Employ a Mental Health Liaison Nurse in Carlow/Kilkenny

Access resources for mental health liaison workers in other areas

Traveller-friendly info cards and brochures disseminated

Traveller posters in all services who have attended cultural awareness training

Increase in Cultural Capacity of Services

Explore potential for Traveller-focused counselling service

Provide Traveller cultural awareness training and follow-up

Identify and support Travellers to train as counsellors

Decrease in stigma and shame in the Traveller community/increase in self-esteem and empowerment

My Time Out mental health programme is piloted and evaluated

Magpies on the Pylon – Traveller and mental health discussion with Travellers and services

Inclusion of positive mental health sessions in Traveller Men's Sheds and Women's Groups

Traveller-specific DVD developed with mental health section (Kilkenny)

Provision of targeted services

Work with South East Family Support Network to encourage Traveller participation

Establish links with community-based drugs service

Increase access through referrals and signposting

Monitor lack of access to addiction services through gaps and blocks process

Include substance misuse in training for religious and clergy leaders and other organisations

Increase information and knowledge/reduction in fears regarding services

CBDI/Addiction Workers to outreach to Traveller community/prison

Increase in Cultural Capacity of Services

THCWs receive training in brief intervention and/or five step approach

Traveller cultural awareness training to be provided to substance misuse staff, CBDI and family support workers

Decrease in stigma and shame in the Traveller community/increase in self-esteem and empowerment

Alcohol awareness is linked to all other health programmes (especially those with a heart health focus)

Develop a list of Travellers who can discuss their recovery process and a policy on this

Men's Health and Suicide Prevention

Provision of targeted services

Pilot Mental Health Programmes with men

Men's fitness programmes with diet and fitness training

Increase access through referrals and signposting

Use of existing and new mobile units to increase access to health services and screening

Training developed for religious and clergy and other organisations to support mental health referrals

Monitor lack of access through gaps and blocks process

Traveller men's workers to complete ASIST training

Increase information and knowledge/ reduction in fears regarding services

DVD to include men's mental health issues i.e. 'while shoeing horses'

Explore and develop process for men to become fitness instructors

Increase in Cultural Capacity of Services

Develop Traveller-friendly fitness spaces: handball, outdoor gyms, boxing (one per year)

Work with gyms to create Traveller-friendly fitness resources

Continue to develop partnerships with GAA and Sports Partnerships etc.

Decrease in stigma and shame in the Traveller community/increase in self-esteem and empowerment

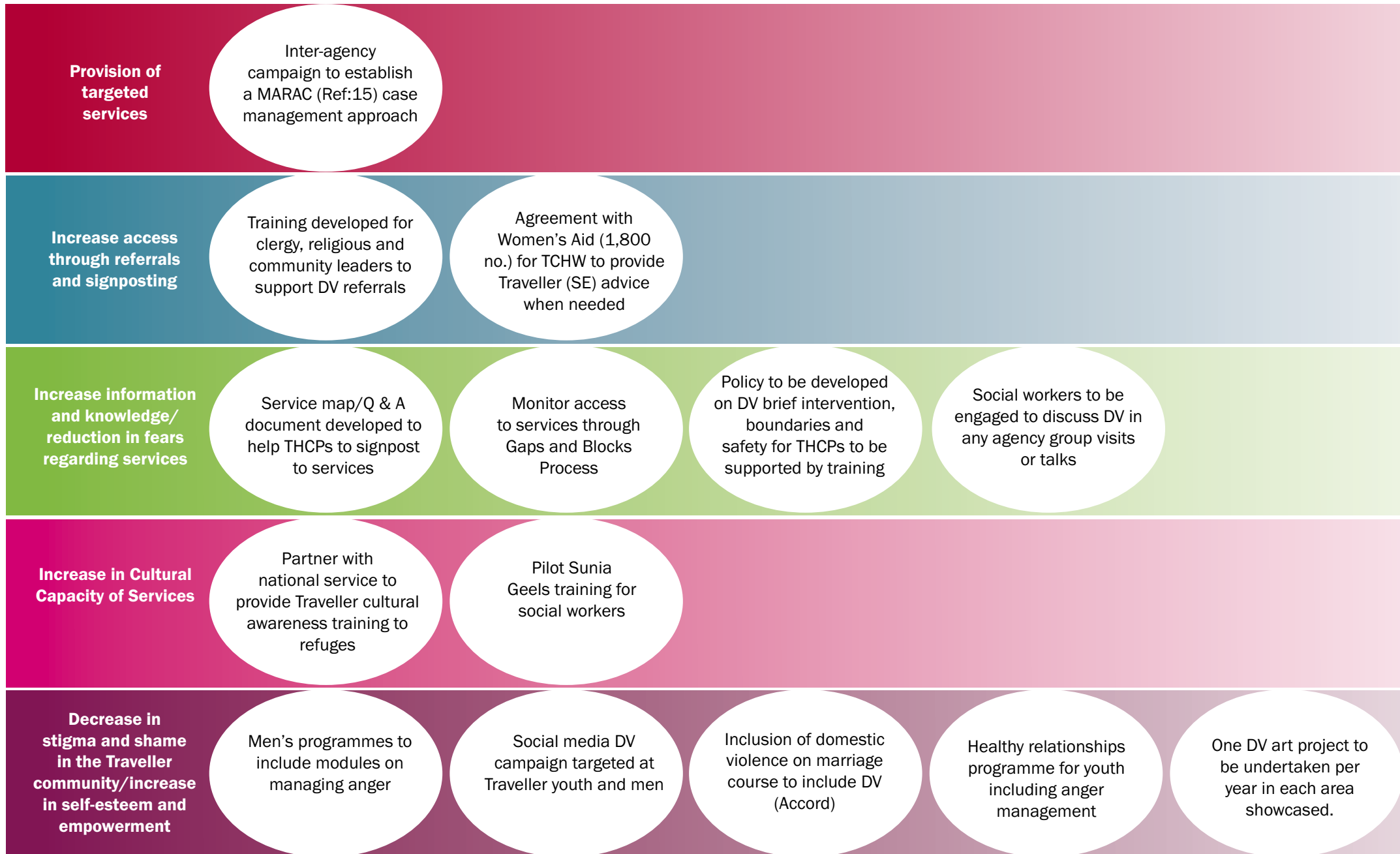
Men's sheds are implemented in each county and connect to employment opportunities

Leadership programmes support men's leadership development

Magpies on the Pylon – Traveller theatre and mental health discussion with Traveller men and services

Explore delivery of My Time Out mental health programme through Traveller Men's Sheds

Partnerships developed to create more employment opportunities



Provision of targeted services

All TCHPs to have drop-in facilities in three years

Parenting programmes and training for THCWs on follow-up (HSE)

New mothers group/ support community to develop mother and toddler groups

Increase access through referrals and signposting

Monitor lack of access to housing and education through Gaps and Block process

Needs-based non-attendance (DNA) pilot part two. Reviewed, adapted and rolled out if successful*

Work with hospitals regarding Traveller access to ambulance minibus (HSE)

Develop Immunisation Check-In Programme (HSE)

Cluster approach: means a family's health needs are assessed and matched to services, family is then supported to access these supports

Increase information and knowledge/ reduction in fears regarding services

Short course on health and safety rolled out with relevant HSE departments

Explore supports for women experiencing menopause/women's reproductive health (IFPA)

Increase in Cultural Capacity of Services

Work with HSE Speech & Language to develop a guide to working with Travellers

Partnership with HSE Maternity Service to explore ante-natal pilot (to include grandmothers and partners)

* The non-attendance pilot will require partnership with multiple health providers (particularly PHNs) and will require significant promotion to ensure uptake. This pilot needs to be needs-based and consent must be sourced by PHN or other allied health service departments

Decrease in stigma and shame in the Traveller community/increase in self-esteem and empowerment

Men's Sheds supported to access resources and permission to manage site health and safety i.e. fix holes, lighting etc. (as part of employment programme)

Short courses on sexuality and health run for youth (local youth projects/HSE)

Sexual health included on the Traveller pre-marriage course (Accord)

Provision of targeted services

Develop a strategy for funding for Mother and Child Education Project (ETB)

Support ITM or Pavee Point to develop proposals for Traveller racist reporting system*

*to include business, media and institutional racism (including political)

Increase access through referrals and signposting

Monitor lack of access to housing and education through gaps and blocks process

**Increase in information and knowledge/
reduction in fears regards services**

TCHW to bring information to community on Youthreach and other educational programmes

Work with Citizens Information Bureau to develop Traveller-friendly information and supports

Increase in Cultural Capacity of Services

Develop Traveller cultural awareness cascade model to include specific actions*

Develop inter-agency agreements with Local Authorities regarding health-related issues.

*Strategy to explore how additional resources can be used to support Traveller cultural awareness training and champion training, including volunteer, Travellers and national organisations.

**Decrease in stigma and shame in the Traveller community/
increase in self-esteem and empowerment**

Leadership programmes to include information on social determinants and health and policy change

Part 4

The Plan

Year by Year

2015 - 2020

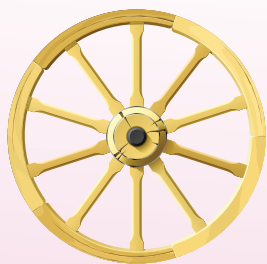


A number of developments have happened since beginning the strategic planning process:

- 1 A Traveller Health Liaison Nurse has been employed.
- 2 Assessments tools are in the process of being developed to support the core work.
- 3 Re-invigoration of the RTHN to support roll-out of the plan has taken place.
- 4 Policies on new working practices developed.
- 5 Funding and resources have been accessed and will be accessed where possible to support developmental aspects of the plan.
- 6 Funding has been sourced for the employment of a Mental Health Outreach Nurse for Travellers.
- 7 One of the designated Traveller PHNs for the CHO 5 region has been reinstated.

The Plan Year by Year 2015 - 2020

2015 Development



Establish Traveller Men's Sheds (all Traveller Men's Health Projects)

Employ a Mental Health Outreach Worker (Co-ordinator)

Vaccination programme development (Co-ordinator)

Increase Traveller engagement in SE Family Support Network (Co-ordinator) Year 1 & 2

Domestic violence art project (one per year, Waterford)

Domestic violence initiative

Did Not Attend pilot review (THU) Year 1 & 2)

Traveller Health specific DVD developed (Kilkenny)

Develop local authority agreement relating to health issues (Tipperary)

Cancer screening and awareness programme (THLN)

Healthy cooking programme (Kilkenny)

TCHWs trained in smoking cessation brief interventions (Carlow/Wexford)

Men's fitness programme/ gym resources (Wexford)

Mobile health service: NCT4Men (Carlow and Waterford) Year 1 & 2

My Time Out Programme Year 1 & 2

Ongoing

- Run new and existing programmes
- Drop-in and advocacy
- Cluster health provision
- On-going partnerships
- Training
- Group work
- Modularisation and sharing of best practice

2016 Development



Service mapping and agreements (Co-ordinator/TUSLA) Year 1 & 2

Substance misuse brief intervention training (HSE Addiction Services) Years 1 - 3.

Domestic violence art project (one each year)

Sunia Geels training for social workers (Co-ordinator) year 2 & 3

Traveller alcohol awareness info/strategy (THLN and substance misuse services)

Pilot revised Traveller culture awareness cascade programme (Co-ordinator & Carlow)

Diabetes Ireland partnership programme: (THLN and Wexford)

Develop partnerships to run women's reproductive health and ante-natal classes (Carlow, Kilkenny)

Religious and clergy leaders programme (Wexford) Year 1 & 2

Grow 6 Week Programme (Wexford)

Magpies on the Pylon (Wexford)

Independent Fitness Groups (Carlow)

WRAP programme (Kilkenny & Carlow)

Traveller Counselling (THU) Year 2 & 3

Regional Cancer Survival Campaign (posters, dvd, talks) Carlow

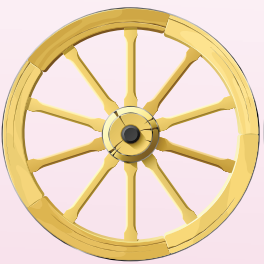
Ongoing

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2017 Development

2018

2019

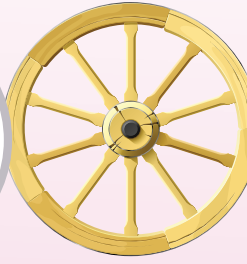


Develop links between THCPs and Tusla (Co-ordinator)

Domestic Violence Art Project (one per year)

To partner with national organisations to provide training to refuges (Co-ordinator)

Inter-agency strategy for developing mother and child education project



Partnership with HSE to develop speech and language resources for workers and families

Develop partnership with Citizens Information to develop Traveller-friendly resources

Develop process for men to become fitness instructors (Waterford)

Pre-marriage course (Carlow)

Research partnership: prescribing good practice (Co-ordinator)

Explore MARAC (Ref: 15) as a domestic violence response (Tipperary)

Establish partnerships to look at employment options (Tipperary)

Develop healthy relationships programme for youth

Parenting courses to be developed with HSE (Co-ordinator and TULSA)

Domestic Violence project (one per year)

Year of review, evaluation and planning

Ongoing

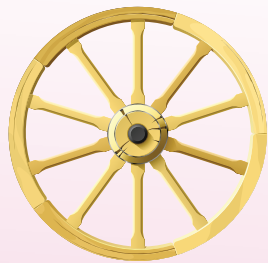
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Men's fitness programme/ gym resources (Wexford)

Mobile health service: NCT4Men (Carlow and Waterford) Year 1 & 2

My Time Out Programme Year 1 & 2

Ongoing

- Run new and existing programmes
- Drop-in and advocacy
- Cluster health provision
- On-going partnerships
- Training
- Group work
- Modularisation and sharing of best practice

Part 5

Systems and Policy to Support the Plan



Part Five: Systems and Policy to Support the Plan

Overview of Provision of Services

The Role of the Traveller Community Health Workers

Providing health information on health topics and signposting Travellers on to existing health services. The information that is provided has been developed especially for this work or is generic whole population information. Information may be provided on a one to one basis or to a group.

Brief intervention – This is a short targeted intervention which is aimed at assisting people to make informed choices, this role involves listening and provision of support although is not a counselling role.

Referral/Signposting – This involves supporting Travellers to make a health appointment or, where required, to make one on their behalf with their informed consent.

Follow up – When consent has been given the TCHW will check-in with the individual to see whether the service was accessed and whether further support is required.

Boundaries of the role

The role of TCHW is also defined by a number of boundaries, these include:

- The role is not to provide case management or intensive family supports. Where these are required the family will be referred to appropriate Primary Care Services, family support services such as drug and alcohol case management, as appropriate. Where there are no appropriate referral supports this will be logged with the Coordinator as a gap or block. The role involves providing a professional and supportive service although is not counselling, if counselling is needed a referral to counselling services will be made. The role involves providing a professional and supportive service although is not counselling, if counselling is needed a referral to counselling services will be made.
- The role involves providing advice but not medical assessment, where this is required Travellers will be referred/signposted to Primary Care.

Development of the role

The role of the TCHW involves continual up-skilling. Based on further training and capacity within the role, the role may be extended with the agreement of all involved.

The Role of the Traveller Community Health Project Coordinators

Overview

- Providing supports to TCHWs including line management and staff supports.
- To provide training supports to the TCHWs.
- Managing time and schedules to ensure efficient and effective services.
- Developing programmes and policies with their staff teams in line with the strategic plan.
- Engaging Travellers in consultation, planning and review.
- Supporting and maintaining records and developing reports as required.
- Supporting Travellers to advocate on behalf of themselves and their communities.
- To network with health services, peers and other professionals in order to improve service delivery.

Boundaries to the role

- The same boundaries that apply to the TCHWs also apply to Coordinators

The Role of the Regional Traveller Health Network

The RTHN is a network of all Traveller Community Health Workers and Coordinators. The Network meets every two months, prior to the South East THU Meetings.

Overview

The role of the RTHN includes:

- To provide an opportunity for TCHWs to network and to share learning.
- To agree the annual action plans (this happens at the first meeting of the year and is a breakdown of what needs to happen in the year to achieve the strategic plan goals for that year (and any that were not achieved the year before).
- To provide an advocacy role, where issues are highlighted these are fed into the THU.

Boundaries to the role of the RTHN

In order to progress the strategic plan, lead projects have been identified to undertake individual pieces of work. This lead role involves in some cases consultation with other services. However the RTHN is a place to update on work rather than to do the work, as it has only limited time over the year. As such it is for updates on projects and for sharing learning as well as collaborative problem solving. Projects should progress individual pieces of work between RTHN meetings.

How annual operational planning fits with strategic planning

This strategic plan contains the overall actions for each year for the next five years. The plan identifies some of the leads for each project. The role of the operational annual plan is to break this down into more detailed steps as to what needs to happen in the year coming. The following is an example of a template to be completed by the RTHN at the end of each year to plan for actions for the coming year. After year one, this session would benefit from a review of the year previous.

Action	Lead	Step	When	Outcomes
From the strategic plan.	Wherever possible only one lead will be agreed. Experience shows that having more than one lead can diminish responsibility and the ability to achieve the task. Secondary support organisations can be named to show their involvement.	Each action may have several steps.	Month	What will success look like / how will we know it's been achieved to the standard required.

How does it work in practice

The committee meets every two months, two weeks before the THU meeting. The first half of the meeting will be focused on project updates and emerging issues. The second half of the meeting will focus on reviewing progress towards achievement of the strategic plan. This will involve identifying any issues, which are making progress difficult, and agreeing ways to overcome these.

To support this discussion the RTHN Co-ordinator will call or email everyone to find out if the Strategic Plan actions that they are responsible for (as agreed in the

operational annual plan) are either:

- Green** going ahead as planned
- Amber** going ahead, no significant problems, but a little behind schedule
- Red** behind schedule or stalled completely - requiring further actions to remove barriers.

The second half of the meeting will have a focus on reviewing progress towards the strategic plan. The RTHN will be divided into two groups, one facilitated by the RTHN Co-ordinator, and one by the HSE Traveller Co-ordinator. The groups will start by reviewing all the red actions and working out next steps to overcome barriers, the amber issues will then be discussed and then a chance provided for positive feedback on achieved and on track actions (green).

Group one	Group two
Cardiovascular Health Cancer Children and Family Social Determinants of Health	Men's Health and Suicide Mental Health Addiction Domestic Violence

The Role of the RTHN Co-ordinator

Overview

- The role of the Co-ordinator is to call RTHN meetings.
- The RTHN Co-ordinator will get information from lead projects, prior to meetings, on how their actions within the plan are going, using the traffic light system.
- The RTHN Co-ordinator will collate and send out information after meetings.
- The RTHN Co-ordinator will chair one strategic group, (the HSE Traveller Health Co-ordinator will chair the other) as part of the strategic planning half of the RTHN meeting. As part of this process their role is to ensure; all issues are covered, everyone gets a chance to contribute, everyone is clear on the decisions and the notes are recorded clearly.

Boundaries of the role

- This role is undertaken in partnership with the HSE Traveller Health Co-ordinator and decisions on the details of how meetings and information are managed should be undertaken collaboratively between these two roles.
- Decisions on changes to the structure or content of process need to be made collaboratively with all stakeholders. It is not envisioned that these structures will change significantly.

Traveller Men's Health Projects

There are four TMHPs in the South East Region. These projects employ part-time Traveller Men's Health Development Workers. The role the TMHPs is to promote healthy lifestyles among Traveller Men, through outreach, one to one and group work opportunities, with a focus on cardiovascular health and mental health in particular.

Traveller Men's Health Workers Network

This Group meets every two months to network, plan work and develop initiative. Currently there is a focus on developing Traveller Men Sheds.

Traveller Health Units (THUs)

Nationally the aims of the Traveller Health Units are:

- To monitor the delivery of health services to Travellers and setting regional targets against which performance can be measured;
- To ensure that Traveller health is given prominence on the agenda of the HSE;
- To ensure coordination and liaison within the HSE, and between the HSE and other statutory and voluntary bodies, in relation to the health situation of Travellers;
- To collect data on Travellers' health and utilisation of health services;
- To ensure appropriate training of health service providers in terms of their understanding of and relationship with Travellers;
- To support the development of Traveller specific services, either directly by the HSE or, indirectly through appropriate voluntary organisations.

In addition in relation to this plan the South East Traveller Health Unit will:

- Assist in engaging partner agencies to agree to participate in actions within the plan.
- Oversee the progress of the strategic plan and to assist in removing identified barriers as they emerge (through either the gaps and blocks process or reports from the RTHN meetings).
- Respond and monitor the gaps and blocks process that will be developed and identify actions in relation to themes within the gaps and blocks issues. To follow up on these issues and continue to support policy change. It is noted that even small policy change can require significant work and time.
- Identify issues that need to be progressed at regional and national level and support this to happen.

HSE National Traveller Health Advisory Forum

The role of this forum is to:

- Advise on the key priorities for Traveller Health as they relate to all health providers, including findings of the All Ireland Traveller Health Study.
- Set guidelines and principles to inform the allocation and accountability principles of the Traveller Health Budget.
- Highlight emerging needs and issues and possible responses.
- Share knowledge, experience and good practice in relation to Traveller health and seek to replicate where appropriate.
- Advise on the cultural appropriateness of services.
- Advise on best practice standards to be implemented nationally taking a community development approach.
- Act as an effective link between National, Regional and Local levels.
- Discuss issues that are common to all THU's.
- Contribute to the decision making process in relation to Traveller Health.
- Support partnership working.
- Advise on implementation of National Strategy, including linking with and supporting implementation of prioritised recommendations of the HSE National Intercultural Health Strategy, with particular reference to actions contained in the HSE National Service Plan.
- To promote and support development of data collection aimed at facilitating evidence based planning, monitoring and reporting around the health needs and outcomes of service users from the Traveller community.

The National Social Inclusion Governance Group

The National Social Inclusion Governance Group was established to ensure appropriate arrangements are in place to coordinate, support and monitor best practice in developing and implementing all aspects of the Social Inclusion agenda.

The group links to the National Lead for Primary Care and Social Inclusion. The National Traveller Health Advisory Forum reports directly into this group. The chair of the South East Traveller Health Unit Derval Howley is a member of this group.

Relevant National Strategies and Policies that direct the work of the THU are the following:

- Healthy Ireland – A Framework for Improved Health and Wellbeing 2013- 2025
- All Ireland Traveller Health Study 2010
- National Action Plan for Social Inclusion 2007-2016
- National Standards for Safer and Better Health Care 2012
- Changing Cardiovascular Health: National Cardiovascular Health Strategy 2010 –2019
- Public Health Framework: Your Health is your wealth 2012-2020
- All Ireland Traveller Health Study 2010 (Our Geels) Summary of Findings
- COSC National Strategy on Domestic, Sexual and Gender-based Violence – 2010 - 2014
- A Vision for Change – Irelands Mental Health Policy 2014
- HSE Policy on Domestic, Sexual and Gender Based Violence 2010
- Reach Out – National Strategy for Action on Suicide Prevention 2005 – 2014
- HSE Intercultural Health Strategy 2007 – 2012
- National Drugs Strategy 2009 – 2016
- Children First – National Guidelines for the Protection and Welfare of Children 2011
- National Standards for the Protection and Welfare of Children (HIQA) July 2012
- National Action Plan Against Racism 2005-2008
- Traveller Health – A National Strategy 2001 – 2005
- Quality and Fairness: A Health System for You 2001
- Equal Status Acts 2000 - 2008

Gaps and Blocks Process

Definition

A gap or block is a problem within the system of state provided or a state funded service that means that a person or family cannot access the care that they need.

The purpose of a gaps and block system is twofold:

- To engage staff in resolving these issues in a co-ordinated manner
- To collect information on re-occurring issues so that this can be used to improve systems for this case or for others (as is most likely given the time that it takes to achieve even small policy change).

Overview

When a gap or the process has the following steps:

- When a Traveller Health Project identifies a gap or block that they cannot resolve themselves, they will complete a gaps and blocks form and send this to the HSE Traveller Health Co-ordinator.
- The Co-ordinator will support a resolution of the issue if possible. This may involve contacting, or supporting the service to contact appropriate staff within the relevant organisations. This will be easier where interagency agreements for co-ordinated care have been made between agencies (as is part of this strategic plan). The Co-ordinator should let the service know the course of action that will be explored, by email within five working days.
- If the issue cannot be resolved through these means, then the issue will be logged with the THU. This committee should provide the service with an email response about how the gaps and block will be responded to.
- Every six months the gaps and blocks should be reviewed to see themes and issues which are causing the most significant barriers. This process should be used to guide the work in relation to improving interagency working.
- A six month review process should be available to all services to ensure transparency within the system.

Communal Policies to Assist New Working Models

The following systems were highlighted as factors that need to support the achievement of the plan

Training: It has been agreed that a training needs assessment of Traveller Health Projects will be undertaken every two years and training will be delivered based on this assessment. Training will be coordinated between services where possible to maximise impact and efficacies. A training policy will be developed to support planning for how co-ordinated training will work in practice.

Streamlined communal reporting system: It has been agreed that the region should agree a user-friendly way of recording information in regard to the work (what was done) and outcomes (what happened as a result). This will aim to raise the profile of the work and also help in improving the work. The outcomes chapter of this plan will assist in identifying what can be included in this.

Co-ordinators support meetings: These meetings will be held twice a year, to support Co-ordinators within their role.

Traveller only space: It was agreed that if a Traveller only space is requested this can be facilitated. This will not be established without a specific request as a clear need for this was not agreed as part of the strategic planning process. However, should this need arise this space will be facilitated.

Phones for TCHWs: The need for mobile phones for TCHWs was identified and is being reviewed by the HSE, with a view to providing each project with a shared phone. This will be done when funding can be accessed, and will require an agreement on how phones will be used within each project.

Agreement on communication priorities: There is potential for using the Traveller Interagency Group in each county to progress specific actions within the plan. Where the RTHN or THU has agreed strategic issues, staff on these fora will be in a position to raise these issues. The HSE Traveller Co-ordinator has the role of connecting various stakeholders to the aims and tasks within the strategic plan; part of this role is to support representative staff to raise relevant issues by ensuring they have the required information.

Supports to ensure that changes to medical card rules do not make it difficult for Travellers to remain in their jobs: This was noted as significant risk to the success of the model. If changes in the medical card income thresholds mean that TCHWs can no longer access medical cards, for many people it will become unviable to work as a TCHW. Losing the years of experience of the existing TCHWs would be a significant issue for the area. HSE representatives are advocating on this issue to reduce this risk.

Training for Travellers in Primary Health Care: The pool of TCHWs is limited. If a TCHW moves on from their current role, there are few trained workers who would be in a position to take up this role without substantial additional training. Nationally there is a need to highlight this as a gap, as TCHWs are key to the success of this plan and better health for all Travellers.

Team building events across TCHPs: It was agreed that, where possible and dependent on resources within the projects, there will be two social events in the year following a planned work event. This will allow an opportunity for informal networking and relationship development between the TCHWs.

The need for communal policies: Policies need only be brief. Policies should be simple and easy to read. The role of policy is to record agreed ways of working and make it easier to induct new staff members. Policies also support keeping everyone on the same page and having common ways of working.

Development and review of policies: Where possible communal policies to be kept in one place that all Traveller Community Health Projects can then access, i.e. drop box or Google docs. This will ensure that all staff can access the most up-to-date policies at any time.

It is recommended that policies be developed by subgroups and include at least half Traveller Community Health Workers. Policies will need to reflect and be compatible with existing projects policies.

Employment of Designated Public Health Nurse for Travellers: The Designated PHN for Travellers has been proven to be an invaluable support for Traveller Health Projects in the past. The South East Traveller Health Unit supports the return of these posts to the South East Community Health Organisation where possible. The South East THU is delighted to see that the Carlow Kilkenny post was refilled last year.

Table 3: Policies to be developed to support implementation of the strategic plan

Policy	Issues to be addressed within the policy	1: First priority 2: Second priority 3: Third priority
Policy and resources for use of the family health needs assessment	<ul style="list-style-type: none"> - How and when is the assessment done? - How issues that arise are identified and managed, i.e. a support plan? - Who enters information? - How are literacy challenges managed? - How is data protection managed? 	Priority 1
Quality assurance policy	<ul style="list-style-type: none"> - How policies are developed? - How people are involved in decisions? - How projects are monitored? - How services improvements can be improved collectively? - How good practice is evaluated and passed on (i.e. the modularisation of programmes)? - What data is collected on the programme, where is this recorded and what is done with the information? - Policy on how changes in health service provision will be communicated to TCHPs to ensure that advice that is provided to Travellers is correct and up-to-date? 	Priority 1
Policy on best practice regarding chronic conditions prevention	<ul style="list-style-type: none"> - Best practice, training and implementation of chronic conditions prevention programme for Traveller Health Projects. - Recognition of limitations to this role. 	Priority 1
Policy on responding to domestic violence	<ul style="list-style-type: none"> - Safety of TCHW's in domestic violence situations. - Boundaries to role / advice in relation to Domestic violence 	Priority 2
Policy on working with Children's Services Committee's /Local Area Pathways	<ul style="list-style-type: none"> - How and when engagement can occur? - How partnership can be undertaken in a way that protects the trust and relationship that TCHWs have with Traveller families? - Limitations and boundaries to engagement. 	Priority 1
Policy on gaps and blocks processes	<ul style="list-style-type: none"> - What issues are reported? - How these are followed-up on and by whom? - How information and learning is feedback? - How information is tracked? 	Priority 1
Policy in relation to cancer screening and talks from survivors	<ul style="list-style-type: none"> - System for follow-up. - When to use follow-up system? - When to use survivor talks and how to protect individuals and ensure that potential reoccurrence of cancer does not undermine messages of survival? 	Priority 3
Training policy	<ul style="list-style-type: none"> - How training is communally planned, approved? - How resources can be best used? 	Priority 3

Part 6

Modularisation



Part Six: Modularisation

Overview

This section of the plan outlines how modularisation of existing programmes and new programmes will be undertaken in order to promote; 1) sharing of learning and 2) efficient use of resources.

Modularisation in this context means that existing or new programmes will be developed into a facilitators pack. These packs will include all of the information and resources that other services need to roll out a programme that has been reviewed and trialled with Travellers and shown to be effective. This process will apply to the following types of programmes or interventions:

- Programmes that are running well within one service.
- Programmes that have been modularised elsewhere and need to be adapted to a Traveller / South East context.
- New programmes being developed within the area.

Evaluation and review will be core to this process. Before a programme is ready for sharing it will be evaluated and adapted based on the lessons learnt, simple review tools will be included as part of each modularised programme to support continual learning.

All resources will be kept in an online library. This will also be made available to other Traveller health projects within the country, to share good practice and raise the profile of best practice within the South East Community Health Organisation Area.

Objectives of Modularisation Process

- To share good practice in a structured manner.
- To assist the organisation to be as efficient as possible.
- To ensure that Travellers across the region receive the best programmes possible, this will be facilitated by sharing expertise and learning.
- To evidence the best practice approach being used in the region.
- To make it easy for new health workers to run high quality programmes and interventions.
- To support continuous quality improvement.

Principles

- This process is about drawing on the strengths of each Traveller Health Project and the good work undertaken and expertise developed to date.
- Sharing learning is key to this process. All resources will be developed in a way that supports other health care teams to implement and learn from each other.
- Programmes will only be ready for sharing when they are completed and have been shown to be effective with Travellers.
- It will not automatically be assumed that programmes that have worked well with other groups will be applicable and relevant to Travellers, new programmes will all be trialled and may be adapted.
- All programmes should strive to use simple clear language, short sentences and avoid jargon.
- To support accountability and clarity of processes there will be a named lead organisation for each programme. The lead organisation will be responsible for engaging other services in inputting into the draft or final documents where there are other organisations with expertise.
- Supports will be provided to assist each Traveller Health Project to undertake this work.
- Programme write up should be short and succinct to support ease of development and reading.

Process

1. An outline of the programme / intervention will be drawn up (section 1 – 3 from the programme content) and if there are other organisations who have expertise or are named within the plan as support organisations they will be given an opportunity to contribute to the programme.
2. The programme will be written up and sent to the HSE Traveller Health Co-ordinator for comment.
3. The programme will be trialled and evaluated by asking participants what was good and what could be changed and assessing whether the learning outcomes were met. The scope of the evaluation in relation to the number

of people involved, the amount of information collected and the size of the final report will be guided by the THU. Larger more significant projects will have larger more complex evaluations. Findings from the evaluation will be summarised in a readable report. It should be noted that evaluations do not need to be substantial to be effective.

4. If there are only small alterations needed and the programme was generally considered successful the programme will be adapted based on feedback and will be in final draft form ready for a final edit by someone who has not been involved in the process to date. If there are significant changes or the programme was not considered a complete success, the following will be done, as decided in consultation with the RTHN:
 - a. The programme will not be progressed as it not considered to have sufficient potential or to be Traveller appropriate
 - b. The programme will be significantly re-worked or core elements will be changed and it will be trialled again.

Once a programme has been edited by another staff member (using track change). Changes will be made and the programme will be recorded as ready for use and will be included in the online library.

5. The THU will be informed that the programme has been completed and it will be discussed as to how this will used in other areas. There may be a need for training or other supports to be provided to assist Traveller Health Projects in rolling out new projects and this will be reviewed on a case by case basis.
6. For programmes that have been developed by other agencies the process will start from point three.

Programme Content

Note that the following is a template for the development of modular programmes. Not every programme will require completion of every section.

1. **Programme Title:** If a catchy title is used, include a subtitle, which clearly explains what the project is.
2. **Objectives:** Simple bullet points on what the project aims to achieve, these generally start with an action verb such as: To support behaviour change, To develop skills, To provide information
3. **Programme overview:** This will be done in a table which contains at minimum the following information:

Session title, name and length	Learning outcomes	What's needed
i.e. Session one: Introduction and healthy eating (2 hours).	A statement on what participants will learn by participating.	A list of what is needed, such as; space, flip charts, access to a nurse.

4. **Facilitator notes/lessons from past implementation:** Is there anything that should be considered by organisations that are thinking about or preparing to run this programme.
5. **Facilitator preparation:** What's needed to get the programme or group set up.
6. **Facilitator notes:** Is there anything that the facilitator needs to be aware of while running the programme, such as ensuring they have information on local health and social services relevant to the topic. What makes the programme work well?
7. **The programme content, session by session**
 - a. Session title
 - b. Learning outcomes
 - c. Outline of how the time will be used within the session
 - d. List of anything needed in the session
 - e. Instructions for each exercise
 - f. Additional facilitator notes, workbooks, print-outs resources etc.
8. **Measurement of change/outcomes:** What tools or questions will be used to collect information to tell you that the programme helped create positive change for those involved – this can be very simple with only a few questions or more a complex survey or sheet.
9. **Appendix:** Any additional resources such as policies.

Part 7

Core Model of Service Provision



Part Seven: Core Model of Service Provision

Overview

It has been agreed as part of the strategic plan that the model of Traveller Health Project service provision will be further defined.

It is agreed that while there may be small variations in the way services are delivered, i.e. some areas have more drop-in, home visits or group work, there are common core elements to this model, which are:

Every Traveller Community Health Worker has eight - twelve named families they work within on an on-going basis, every year.

The numbers of families will be capped to ensure that workers can undertake high quality work with these families.

A short common assessment will be undertaken with each family at the beginning and end of the year.

The assessment will be developed communally and trialled over the coming years.

The assessment will meet the following principles:

- It will be simple and relevant.
- It will include areas that are most important such as the need to support someone to apply for a medical card, the need to support someone accessing particular health services for their family and help with reading appointment letters etc.
- It may use visual cues to support accessibility.
- Where partnerships or funding can be sourced, the use of technology to support this process will be explored.

The Traveller Community Health Project team will decide together which families should be prioritised and which worker is best suited to work with each family.

Selection guidelines will be developed communally which will assist in clarifying how families will be selected. Each team will be involved in deciding the workers most appropriate to work with a family.

Boundaries of the role

The role of the TCHWs is to provide support and signposting, not case management. Should intensive supports be required the role of the TCHWs is to refer to Primary Care and Health Services that provide case management. If none exist, this needs to be raised through the gaps and blocks process.

Group Work

In addition to 1-2-1 focused work the Traveller community Health Project Teams also provide group based interventions with an educational and support focus.

Part 8

Outputs, Outcomes and Impact



Part Eight: Outputs, Outcomes and Impact

Introduction

This section of the plan outlines how the service will collect output, outcome and impact data over the five years, in order to achieve the following two goals:

- To be able to determine what interventions have the biggest impact and how resources should be best allocated and how services can be improved.
- To be able to highlight and showcase the good work of the Traveller Community Health Projects to support sustainability and growth.

Definitions

Outputs

This is the numbers that explains '*what happened*'. Outputs generally include data on how many interventions were provided, for how long and to how many people.

Outcomes

This is information that aims to '*record the change that happened as a result of the intervention*'. The most common way to get outcome data is to record behaviour or other information about health before and then after an intervention. Sometimes outcomes are best recorded a few months after an intervention, i.e. if six people attended a smoking cessation group then a good outcome may be recording how many people gave up and are still not smoking after three months.

Impact

Impact is a measure or a number of measures that aims to '*describe what happened to a group of people or an individual after a professional intervention*'. There may

be six different interventions that target different aspects of heart health over a number of years. To record overall impact there is a need to assess whether these interventions had an affect on the incidences of heart disease in the whole Traveller community.

Note that when looking at impact, the idea of breaking distance must be taken into consideration. Breaking distance implies that once health behaviours are improved this may take many years to result in changes to impact data, i.e. if a third of the community improve their diet and the amount of exercise they do, this may not have an impact on heart disease until five years later. Also impact at a community level can be challenging to work out as many factors may have an impact on the issue. However, when this can be done it is a very powerful tool for influencing policy makers and those who decide how resources are allocated.

Measuring Outputs, Outcomes and Impact

The approach to recording outputs and outcomes aims to balance the amount of time available for information management with the need for good quality data. To ensure that this is practical a staggered approach to outcome measurement is planned, which will see annual output data supplemented by two areas of quality outcome information collection and analysis each year. To record impact, baseline information will be collected at the beginning, middle and end of the strategic plan. Information collection is described in the table below.

Table 4: Information collection on measurement of each Goal

Goal	Outputs	Outcomes	Impact
Through individual habit changing (i.e. increase in fitness, reduction in smoking) and access to more regular health screening and early medical intervention there will be an improvement in cardiovascular health. This will result in a reduction in Type 2 diabetes and heart related illness. Baseline data will be recorded regarding the heart health risk of Travellers in the South East.	The number of person hours ² spent on fitness, health, diet or cardiovascular interventions.	Number of Travellers who received Information re; heart health. Number of Travellers who self identify heart health risk factors with the support of the TCHPs and are assisted to access Primary Care GP.	A record of number of Travellers who were assisted and engaged with Primary and Acute Care.
Increased suicide awareness and innovative responses supported by the Traveller Men's Health Projects will reduce rates of male suicide by 10%*, which will result in lives saved.	The number of person hours spent on positive mental health initiatives and suicide awareness with men.	Number of men engaging in positive mental health initiatives. Number of men referred/signposted to primary care.	Community mapping exercise, undertaken at year one, three and five in order to ascertain the known about suicides in the last year (managed by the Co-ordinator ³)
There will be an increase in Travellers who access early screening for cancer, which means that cancer will be detected earlier. This will result in lives saved.	The number of person hours spent on awareness raising with regard to cancer screening and the importance of accessing this screening and supporting Travellers to register for same.	The number of individuals receiving the cluster service / group work who have received Information and Awareness re; heart health. The number of Travellers who have attended screening for breast, skin, cervical, colorectal and other cancers (as relevant to age, profile etc). To be recorded as part of the initial and follow up assessments.	In year two the Co-ordinator will discuss potential impact measures with oncology and other hospital or nursing personal.
There will be a 20%* increase in Travellers engaging with positive mental health initiatives, and individual and group sessions in order to support Travellers to recognise and access treatment for depression and anxiety. This will improve the quality of life of Travellers.	The number of person hours spent on mental health.	Number of Travellers engaging with positive mental health initiatives and engaging with health services regarding their own mental health.	Summary of all output and outcome data from year one to year five.

There will be a 20%* increase in Travellers accessing mainstream substance misuse services and receiving effective treatment. This will improve the quality of life of Travellers.	The number of person hours spent on raising awareness of Substance Misuse services and Family Support Services.	none	Annual reports to be provided by addiction services based on ethnic identifier.
10%* of the Traveller community will attend awareness sessions or programmes on managing anger or domestic violence.	The number of person hours spent on managing anger or domestic violence.	none	Summary of all output and outcome data from year one to year five.
Families receiving supports through cluster service provision model will have the same uptake of immunisations and vaccinations as the general population. Families requiring supports will have a nominated Traveller Community Health Worker (who supports approximately 8 – 15 families) and receive family health need assessments and targeted supports.	The number of person hours spent on families in the cluster model.	The number of families with full immunisation records ⁴ . This will need to be agreed between relevant health staff, which will be led by the HSE Traveller Health Co-ordinator in year three.	Summary of all output and outcome data from year one to year five. Undertaken by the Co-ordinator or consultant at year five.
Arrangements for co-ordinated care will be made with the following health services across the region: primary health care services, community health networks, hospitals, screening services, mental health, disability, community and voluntary agencies and other priority services that emerge during the lifespan of this plan. This will result in better Traveller access to services in 75%* of cases.	The number of agencies engaged with in relation to potential coordinated care agreements.	Number of arrangements. Number of gaps and blocks resolved.	Improvements in care will be cross-referenced with the Traveller Survey (see below).

*Where increase or decrease percentages are given. These can only be measured when the ethnic identifier for Travellers is in place nationally.

- 1 Data will need to be maintained in excel sheet by the TCHW Project Co-ordinator, however to make the recording engaging for all TCHWs services may elect to use a chart and sticker system (for example), so that the time spent on each area is clear to everyone. Ideally recording is integrated into weekly/daily routines.
- 2 Person hours mean the time that each person received a service, so a one hour session for ten people is ten hours, which is the same recorded output as providing two people with five hours of support. This is to be recorded at the group and individual level.
- 3 Note that efforts will be undertaken to locate research supports that can be accessed at no cost to assist in the methodology design, this may be an HSE Staff member with research experience or potentially an academic with an interest in the area.
- 4 Note that this requires co-ordination with the Public Health Nursing Departments as well as other HSE departments in the South East Community Health Organisation area and will be promoted as part of the partnership working goals.

<i>Goal</i>	<i>Outputs</i>	<i>Outcomes</i>	<i>Impact</i>
Priority health services receive Traveller health and cultural competency training. This results in an improvement in service delivery as evaluated by Travellers.	The number of person hours spent on cultural competency training.	Cultural awareness outcomes will be measured by a follow up survey on changes undertaken as a result of training (managed by the HSE Traveller Health Co-ordinator).	Survey of Traveller perception of cultural competency of services (year one, three and five). This will involve a simple one-page survey that asks rating on cultural competency or services. This will be undertaken in each area, ideally collecting the views of 25 – 35 Travellers. Results can be incorporated into cultural competency training.
An increased number of Travellers are employed in health services or are progressing through education with a view to being employed in the health service e.g. counselling, fitness instructors, etc.	The number of Travellers who are engaged in accessing training.	The responses from Travellers engaged in study in relation to a survey or interview in relation to how well supported they feel to manage the challenges of studying.	Number of Travellers completing training, continuing with training in year five or obtaining employment in health and social services.
A 'gaps and blocks system' is developed which ensures that meaningful information is delivered from TCHPs to the THU by a logging / email system. Based on the information in the system clear targets and goals are developed locally/regionally by the relevant authorities in relation to housing and education.	The number of gaps and blocks logged.	Number of issues resolved, agreements and targets developed as a result of the process.	Summary of all output and outcome data from year one to year five (undertaken by the Co-ordinator or consultant at year five).

Part 9

Appendix



Part Nine: Appendix I

The Traveller Health Projects and their Host Organisations

There are eight Traveller Community Health Projects & four Traveller Men's Health Projects in the South East Community Health Organisation Area:

KILKENNY TRAVELLER HEALTH PROJECT

Kilkenny Leader Partnership, Patrick's Street, Kilkenny

There is one Traveller Community Health Project in Kilkenny, which employs one part-time Co-ordinator and five Traveller Community Health Workers.

CARLOW TRAVELLER HEALTH PROJECT

St Catherine's Community Services Centre, St. Joseph's Road, Carlow

Carlow Traveller Community Health Project, which employs one part-time Co-ordinator and four Traveller Community Health Workers.

There is also predevelopment Traveller Health Project in Carlow based in St Catherine's also.

WEXFORD TRAVELLER HEALTH PROJECTS

There are two in Traveller Community Health Projects based in County Wexford.

North Wexford Traveller Community Health Project employs a part-time Co-ordinator and four Traveller Community Health Workers.

South Wexford Traveller Community Health Project employs a part-time Co-ordinator and five Traveller Community Health Workers (three of whom are HSE employees).

Wexford Local Development Ltd, Spawell Road, Wexford host both of these projects.

WATERFORD TRAVELLER HEALTH PROJECTS

There are two Traveller Health Projects based in Waterford City and County.

Waterford City Traveller Community Health Project Employing a part-time Co-ordinator and five Traveller Community Health Workers.

Dungarvan Traveller Community Health Project employs a part-time Co-ordinator and three Traveller Community Health Workers.

Both of these Health Projects are based in **Waterford Traveller Community Development Project, Parish Centre, Ballybeg, Waterford City.**

South Tipperary has two Traveller Community Health Projects

CLONMEL TRAVELLER HEALTH PROJECT

Clonmel Traveller Community Health Project employs one part-time Co-ordinator and three Traveller Community Health Workers (HSE employees).

Based in **South Tipperary Development Company Ltd. Clogheen Business Park, Cahir, Co Tipperary.**

TIPPERARY TRAVELLER HEALTH PROJECT

Tipperary Traveller Community Health Project employs one part-time Co-ordinator and five Traveller Community Health Workers. Based in **Tipperary. Rural Traveller Project Ltd, Unit 4, Rossmore Village Tipperary Town, Tipperary.**

Traveller Men's Health Projects

South Tipperary Traveller Men's Community Health Project

Based in: Tipperary Rural Traveller Project Unit 4, Rossmore Village Tipperary Town, Tipperary.

Waterford Traveller Men's Community Health Project

Based in: Waterford Traveller Community Development Project, Parish Centre, Ballybeg, Waterford City.

Wexford Traveller Men's Community Health Project

Based in: Ferns Diocesan Youth Project Ltd., Francis Street, Wexford.

Carlow Kilkenny Traveller Men's Community Health Project

Based in: St. Catherine's Community Services Centre, St. Joseph's Road, Carlow.

Family Support / Integrated Childcare Project for Travellers

Fr McGrath Centre, St. Joseph's Road, Kilkenny employs one part-time Family Support Worker, co-funded by TUSLA and Kilkenny County Council.

Appendix II

Outline of Identified Traveller Health Project Strengths

The following table describes programmes that are new or have been done before and need to be formalised into a programme and rolled out across the region.

Table 3: Areas to develop modularised programmes based on past work

Area of work (potential partners in brackets)	Strengths identified through process
1) Chronic Conditions Prevention and Access to Primary care	THU, Traveller Health Liaison nurse
2) Family Health Needs Assessment	Working Group
3) Cluster model of service provision (including implementation family health needs assessment)	Tipperary, Waterford, South Wexford
4) Men's Fitness Programmes (using diet, exercise etc.)	Waterford, Traveller Health Liaison Nurse
5) Mental Health Initiative	Tipperary & Clonmel / Waterford
6) Mobile Outreach Units	Carlow / Kilkenny
7) Training Religious Leaders	Subgroup required
8) Premarital course / Strategy for Referral and Promotion	Subgroup required
9) DVD (HSE Health Promotion and Improvement Department)	Kilkenny
10) Parenting programmes (HSE)	Carlow
11) Did Not Attend Pilot	Kilkenny / Carlow / Wexford
12) Vaccination System	THU
13) Multi Agency Risk Assessment Conference (MARAC) (Ref: 15)	THU
14) Healthy cooking programme	Kilkenny, Waterford
14) Inter-agency agreement for Local Authorities regarding health issues	Tipperary

Outline of Development of Cultural Competency Training for Service Champions

The Champions' model for Traveller cultural competency training will be developed to build upon the very successful Traveller Culture Awareness Training, developed by the Regional Traveller Health Network. What makes the champions training different is that those who participate will be supported to implement specific changes in their work practice and support others to do the same. There will be follow-up with staff to offer supports for this. The Traveller Champion training includes the following components:

- Identification of organisational champions to promote Traveller friendly service delivery and promotion of this model.
- A list of specific actions to be undertaken following training and action planning within the session on how to implement these. Actions could include some of the following:
 - 1) Use of Traveller friendly posters,
 - 2) Introduction of policy,
 - 3) Training for colleagues,
 - 4) Supervision support for champions
 - 5) Agreement on how non-Traveller friendly service delivery will be responded to,
 - 6) Potential agreements on partnership provision or supports,
 - 7) Internal policy change.
- Follow-up to review the number of actions undertaken and any further supports provided.

The development of Champion training will draw upon work undertaken by National Traveller Organisations in relation to programmes developed to date.

Prioritisation of Services

The following services have been identified as requiring cultural competency training include:

1. Health services / social work services
2. Local Authority / public representatives
3. Schools / training institutes
4. Media / business / Chamber of Commerce
5. Gardaí
6. Social Services (i.e. Intreo)

Part 10

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