

# Pavee Pathways

Good Practice Guidelines for drug & alcohol services working with Travellers



#### ISBN: 1 897598 30 0

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## Acknowledgements

These good practice guidelines were made possible by the combined effort of a research steering group, service providers and Traveller interviewees. Many thanks go to the Research Steering Group for their support and guidance throughout the entire study.

Thanks are afforded to Brian Melaugh (NUI Maynooth), Daithi Doolan (formerly of CityWide and voluntary rep on the Drugs Advisory Group), Justine Horgan (National Advisory Committee on Drugs) and Brigid Quirke (Pavee Point Management Team). Special thanks to Martin Keane (Health Research Board) for his earnest and committed participation on the steering group; his advice and critical feedback has made a more robust and interesting piece of research.

Thanks to all the staff and managers who facilitated and supported our involvement in their service: Ana Liffey Drugs Project, Coolmine Therapeutic Community, Merchant's Quay, DAISH, TigLinn, Ballymun Youth Action Project, Inchicore Community Drug Team, Canal House, Bray Community Addiction Team and the Traveller Visibility Group.

Finally, a very special thanks to all the Traveller men and women who took part. Their participation will influence the quality of service provision to Travellers in the future.

### Foreword



I am delighted to welcome this research from Pavee Point, which has informed the development of good practice guidelines for drug & alcohol services working with Travellers.

As Minister of State with responsibility for Primary Care, including the National Drugs Strategy, I am very much aware that those who suffer from drug misuse are often at risk of being marginalised from society – and this can be particularly true for the Traveller community. In addition, the experience of marginalisation can make it more difficult for Travellers to access services. That is why it is so important to ensure that the perspective of at risk groups is taken into account in the design of services – the Traveller community being one such group. I am pleased to see that this research draws on the experience of Travellers who use the addiction services.

The overall goal of the research is to develop good practice guidelines that will assist both Travellers and service providers in the use and provision of services into the future. The guidelines offer service providers a list of practical steps they can take to ensure maximum inclusion of the Traveller community and to ensure needs are met according to good practice. The research will also inform the implementation of the National Drugs Strategy in relation to addressing the treatment and rehabilitation needs of Travellers.

Finally, I would like to record my appreciation for the ongoing work of Pavee Point to improve the life of Irish Travellers, and to congratulate all those involved in bringing this report to fruition.

RÓISÍN SHORTALL Minister of State for Primary Care



## Introduction

It is well recognised that minority ethnic groups are particularly vulnerable to substance mis-use, this also applies to Irish Travellers. This is not surprising when one looks at the context in which Travellers find themselves in; high unemployment rates, severe educational disadvantage, poor living conditions, lack of validation of Traveller culture and under-pinning all of this is the issue of racism. It is also accepted that such groups, for a multitude of complex reasons, do not always have access to drug treatment services.

Unfortunately, Travellers have witnessed an increase in substance mis-use amongst our community and we are all too familiar with its devastating effects. We have Travellers getting into financial debt, relationships breaking down, drug dealing and feuding and the ultimate cost is that some Travellers have lost their lives to drugs. At the same time, I am heartened that drugs is no longer a taboo subject in our community and that we all recognise that something needs to be done. This research is a step in that direction and in particular, I welcome the Good Practice Guidelines for Traveller inclusion in drug treatment services.

The ethnic identifier was introduced to the National Drug Treatment Recording System in 2007 and this has proven to an effective tool in data collection and as a result of its inclusion, the following information was obtained; 1098 Travellers sought drug treatment between 2007 and 2010 of which 77.5% were male and 38.6% were under the age of 25 years.

The findings of this research are alarming and should serve as both a warning and a motivation to all of us to work collaboratively in developing the necessary actions and strategies to address the situation. Pavee Point is committed to working in partnership with service providers, Traveller or-ganisations and Government departments by combining our respective experience and expertise to ensure that the range of drug treatment services are inclusive of and responsive to the particular needs of our community as highlighted by this research.

MARTIN COLLINS Director Pavee Point Travellers Centre

## **Executive Summary**

#### Overview

Substance mis-use within the Traveller community has been under the spotlight for nearly two decades. The few studies undertaken on the subject have focused on the perceptions of service providers and non-drug using members of the Traveller community with only minimal data provided by drug mis-using Travellers (Fountain(a), 2006; Van Hout, 2010). Pavee Point's Drugs Programme sought to redress this gap in evidence based information by focusing on the experiences of Travellers who engage with drug and alcohol support services. This study gives a voice to these Travellers, a minority within a minority, with an aim of improving services for all Travellers.

#### Research aim

The aim of this research is primarily to explore Travellers' experiences of engaging in drug and alcohol support services across Ireland by highlighting what they feel works for them as members of a minority ethnic group; culminating in the publication of these good practice guidelines.

#### Research methodology

Semi-structured interviews were conducted with 30 drug mis-using members of the Traveller community (18 women and 12 men). Qualitative information was then thematically analysed. Eight service providers completed an anonymous on-line questionnaire, a focus group was then held with these services to discuss findings and develop realistic and implementable good practice guidelines.

#### Sample profile

Two methods of participant recruiting were used; the gatekeeper approach and the peer referral method (snow-balling). Interviewees ranged in age from 20 to 46 years. The main problematic drug for 29 out of the 30 Travellers interviewed was heroin with the main route of administration being smoking. Four Travellers were currently injecting heroin. Alcohol was the first drug used by 58% of Traveller men, 33% of women reported it was heroin. See Chapter 4 for full profile information.

#### **Finding highlights**

A discussion of the findings can be found in chapter 5 and full summary findings in chapter 7.

#### Engaging with drug and alcohol services: what helps and hinders Travellers.

More than half of the Traveller women interviewed made particular reference to the fact that they would not feel comfortable attending a service alone for the first time. This has implications for the way in which services seek to include Traveller women.

#### The importance of peer referral and the need to support transfer of correct information.

Word of mouth between drug mis-using Travellers was the main source of service information. In a significant number of cases however, the information conveyed from peers set up unrealistic expectations which contributed to engagement being limited or of short duration.

#### The value of outreach as a source of information and referral.

The second most common source of information was outreach, accounting for one quarter of all referrals. Difficulties with reading and writing meant that none of the Travellers interviewed found out about services through printed promotional material such as leaflets and posters.

#### Confidentiality and trust are of utmost importance to Traveller service users.

All service users mentioned confidentiality regarding their drug use and use of services as an issue of prime importance. This is due largely to a fear of family and community members becoming aware of their drug use status. This raises the importance of highlighting issues of confidentiality with Traveller service users early within the engagement process.

#### Traveller reluctance to ask for help requires workers to take a proactive approach.

Nearly half of all Travellers interviewed reported a reluctance to seek assistance for problems once engaged with services. Services can effectively meet the needs of the Traveller community by taking a lead role in exploring the supports required at any given time.

#### Key working and care planning processes need to be fully explained and implemented.

Almost all service users were currently engaged in a key-working process and found this way of working to be of significant benefit to them as they had an identifiable staff member that they were consistently working with. While nearly all Travellers had a key worker, only 39% knew of the existence or function of their care plan.

#### Requesting the disclosure of ethnicity requires explanation and sensitivity.

An awareness of ethnicity should not be based on assumptions resulting from personal traits such as accents, surname or address. Ethnicity should only be determined through the use of an ethnic identifier (question regarding ethnicity) which needs to be carefully explained and any disclosures about ethnicity treated with sensitivity.

#### Service providers can play a key role in the re-establishment or improvement of communication with family members resulting in better care plan outcomes.

Just under half of all service users reported not currently being in contact with their immediate family. Service users in contact with family members reported that, on occasion, their family members had unrealistic expectations of the treatment process or outcomes, which can add further pressure to the recovery process. Services can play a role in meeting with family members and providing both information and education as to how best the family can support the individual.

#### Summary of Good Practice Guidelines

Ten point action plan for Drug & Alcohol Services

This set of guidelines identifies 10 actions which should be undertaken by drug and alcohol services to influence the recruitment, retention and engagement of Travellers. The full recommendations and a description of national support for their implementation can be found in chapter 8.

- 1. Staff induction to include a profile of the organisations service users and information on the organisations approach to engaging Travellers.
- 2. Provide staff with cultural competency training (Pavee Point to provide on request).
- 3. If Traveller service users are contemplating accessing rehabilitation services, the support of a Traveller Peer Support Worker should be offered (pilot underway).
- 4. Facilitate Traveller women to attend initial appointments in friend and family groups.
- 5. Ensure women, in particular, can choose the gender of their key worker/case manager.
- 6. Ensure a user friendly induction process for service users (resources being developed).
- 7. Ensure staff are proactive in asking Travellers what their needs are and what can be done to support them, this needs to be done at regular intervals.
- 8. Engage family members in service user care plans.
- 9. Educate families involved in care plans in relation to the nature of addiction and recovery.
- 10. Service user ethnicity questions (as used in the NDTRS) should be asked after confidentiality has been explained.

#### One action point for regional networks (i.e. Task Forces)

For the needs of drug mis-using Travellers to be met as effectively as possible, outreach services and referral needs to be co-ordinated at the regional level.

1. Ensure that first contact outreach includes Traveller sites/places where drug mis-using Travellers are known to congregate.

#### Four action points for Pavee Point Travellers Centre

Traveller organisations, both local and national, can play a part in the roll out of these guidelines and ensuring that Travellers are supported in their access to drug and alcohol support services.

- 1. Support establishment of Regional Traveller Peer Support Workers (Pavee Point and local Traveller organisations).
- 2. Develop a brief drug worker support pack that organisations can include as part of staff induction and training sessions.
- 3. Cultural Competency Training to be made available to drug organisations.
- 4. Distribute images and posters on the Traveller community promoting diversity and inclusion for display in common areas of services (Pavee Point and local Traveller organisations).







1. During the past 30 years, many changes have taken place within Irish society; these changes impacting on the Traveller community also. Changes within the economy, employment and education structures as well as housing legislation in Ireland have all played a part. This chapter explores these and provides back-ground details to inform this study.

#### 1.1 Who are Travellers?

Different theories exist about the origins of Travellers with it difficult to confirm or deny these theories as Travellers rarely feature in historical records. 'A commonly accepted view is that Travellers are either descendants of dispossessed peasants, or people who became nomads in response to famine, personal misfortune or political upheaval. Another view is that Travellers descend from ancient or pre-Celtic groups who became marginalised during the settlement of Ireland' (Dublin Travellers Education & Development Group (Pavee Point), 1990).

Despite sharing numerous characteristics of the non-Traveller population, Travellers have formed an easily identifiable minority ethnic group within Irish society but are yet to receive ethnic status within Ireland. Ethnicity can be defined as, 'shared characteristics such as culture, language, religion, and traditions which contribute to a person or group's identity' (NCCRI,2007). The view that Travellers are an ethnic group is based on the notion that Travellers are considered so because they regard themselves and are regarded by others as a distinct community based on the following characteristics; their long shared history traced back centuries, their own values, customs and lifestyle as well as their own language called Cant, Gammon or Shelta (Pavee Point Publications, 1992).

Strong immediate and extended family connections, early marriages, larger families and traditional gender roles remain central to Traveller culture as does a dedicated faith to Catholicism. Maintenance of the family unit and pride in the family name are also of paramount importance to Travellers and strengthen their sense of belonging, not only to their family name but also to their community. Being able to identify oneself as a member of the Traveller community is as important as declaring one's nationality. These are identified as protective factors and may have played a part in delaying the spread of drug use within the Traveller community.

#### **1.2 Demographics**

Recording the population of Travellers has, at times, proved to be difficult due in part to their nomadic lifestyle, literacy difficulties and poor uptake of the use of ethnic identifiers by services. The recently published All Ireland Traveller Health Study, commissioned by the Department of Health and Children and carried out by researchers at University College Dublin in partnership with Pavee Point and Traveller organisations throughout Ireland, included a census of the Traveller community. This found that there were 36,224 Travellers living in the Republic of Ireland at the time of the census in 2008 (Kelleher, 2010) which equates to less than one per cent of the total Irish population.

#### 1.3 Life expectancy

The Traveller population is much younger than the non-Traveller population with very few Travellers reaching old age. The All Ireland Traveller Health Study (Kelleher, 2010) found that compared to the non-Traveller population, Travellers experience considerably higher mortality at all ages in both males and females. The problem stretches across the entire age spectrum and the disadvantage is seen from the very start of life. The life expectancies of the Traveller community today are comparable to life expectancies of the non-Traveller population in the late 1940s for men and 1960s for women (Kelleher, 2010). Life expectancy rates for Traveller men are 61 years with the rate for Traveller women being slightly better at 71 years. Sixty three per cent of Travellers are aged under 25 years and only three per cent being over the age of 65.

The main causes of death within the Traveller community include heart disease, strokes, cancer and respiratory diseases. In addition to these, the number of Travellers who have died pre-maturely through

suicide in recent years has increased significantly with the suicide rate being six times higher than in the non-Traveller population; accounting for 11% of all deaths (Kelleher, 2010). Young Traveller men between the ages of 25 and 29 years seem to be most at risk although older Travellers and women are also affected by this issue (Walker, 2008).

#### 1.4 Gender roles

Clearly defined gender roles still exist within the Traveller community although changes are occurring. A typical patriarchal community, Traveller men are seen as the breadwinners while Traveller women assume the role of responsibility for the home, children and often the extended family. Research into attitudes to sex education and sexual relationships has found that Traveller parents are generally strict, as defined by themselves, and are particularly protective of their daughters who are not afforded the same freedom as young Traveller men (Pavee Point Travellers Centre (c), 2010). Kept under close supervision until after they are married, young Traveller women are expected to uphold the integrity of the family name.

#### **1.5 Accommodation**

Seventy three per cent of Travellers in the Republic of Ireland live in a house with a further eighteen per cent living in a trailer or mobile home. The Housing (Miscellaneous) Provisions Act 2002 was introduced with the specific purpose of clamping down on Travellers who were camping around the country as nomadic people. The legislation criminalised nomadism which had previously been a civil offence, resulting in suppression of nomadism, a key part of Traveller culture.

The 1998 Traveller Accommodation Act placed an obligation on local authorities to produce accommodations plans, however, few local authorities have been successful in providing adequate accommodation for Travellers.

#### 1.6 Education

Many Travellers experience poor educational outcomes leading to a high proportion of Travellers with reading and writing difficulties. Early school leaving has been a particular issue for Traveller children with 38.5% of 30-44 year olds and 25.8% of 45-64 year olds stating that they only received primary education (Kelleher, 2010). Improvements have been made in this area in recent years but reading and writing remains a difficulty for many Travellers.

#### 1.7 Employment

Travellers were traditionally craftspeople, horse traders, message carriers, tin-smiths, engaged in the buying and selling of goods and provided a much needed seasonal labour force with a variety of skills; economic activities suited to a nomadic lifestyle. These skills are no longer as relevant to a modern society with the result being that Travellers experience high levels of unemployment. According to the 2006 census of the population, only fourteen per cent of Travellers aged 15 years and over were described as 'at work' compared to fifty three percent of the non-Traveller population of the same age range (Central Statistics Office, 2006).

#### **1.8 Discrimination**

A finding from the All Ireland Traveller Health states that 50% of all Travellers experienced discrimination in a range of daily activities (Kelleher, 2010). In a report on his visit to Ireland, Thomas Hammarberg, Council of Europe Commissioner for Human Rights, stated that 'Travellers have been subjected to discrimination and racism in the fields of education, employment, housing, healthcare, media reporting and participation in decision making' (Hammarberg, 2007).

Discrimination may be direct or indirect. Direct discrimination occurs where a person experiences exclusion or is treated less favourably than another on grounds of their membership of a particular group. The grounds on which direct discrimination occurs are listed as gender, age, marital or parental

status, sexual orientation, religion, race, colour, nationality or ethnic origins including membership of the Traveller community. Travellers' experience of racism and discrimination can lead to feelings of being a social outcast, having low self-esteem, lack of pride in one's ethnic identity as well as feelings of inferiority.

Indirect discrimination is less visible and does not always involve intent. It is most visible in terms of the outcomes for particular groups in relation to services. It occurs where policies, practices, terms or conditions apply which have a significantly adverse impact on a particular group (Pavee Point Travellers Centre(d), 2002).

#### 1.9 About Pavee Point Travellers Centre

Pavee Point Travellers Centre, known by most simply as Pavee Point, was established in 1985. It is a voluntary or non-governmental, organisation committed to the attainment of human rights for Irish Travellers. 'Pavee' is one of a number of words used by Travellers to describe themselves and means 'Traveller' in their own language of Cant.

The organisation is comprised of Travellers and members of the non-Traveller population working together in partnership to address the needs of Travellers as a minority group experiencing exclusion and marginalisation.

The aim of Pavee Point is to contribute to improvement in the quality of life and living circumstances of Irish Travellers, through working for social justice, solidarity, socio-economic development and human rights. The work of Pavee Point is based on two key premises:

- » Real improvement in Travellers' living circumstances and social situation requires the active involvement of Travellers themselves
- » Non-Travellers have a responsibility to address the various processes which serve to exclude Travellers from participating as equals in society.

Working at a local, national and international level, Pavee Point has a number of dedicated programmes focusing on improving the lives of Travellers and Roma in Ireland; youth, violence against women, mediation, health, men's health, Roma support, education/training, drugs and an information service.

#### 1.10 Pavee Point Drugs Programme

Established in 2000, the drug programme in Pavee Point came about at a time when the issue of drugs was arising with increased regularity within the Traveller community. The central focus is the promotion of Traveller inclusion in national, regional and local responses to address substance mis-use and to support Traveller organisations in tackling the issue within the Traveller community.

Addiction, alcohol and drug use were the main health-related concerns expressed by Travellers with drug abuse, in particular, being identified as a growing health threat among male Travellers (Kelleher, 2010).

#### 1.11 Inclusion of Travellers in national drug policy

The National Drugs Strategy states that, 'The issues experienced by Travellers in relation to drugs are entwined with issues of inequality and marginalisation. Travellers are more likely to be exposed to the risk factors that lead to problematic drug use' (Dept of Community, 2009).

The strategy also acknowledged that members of the Traveller community experience specific issues relating to the access, knowledge of and continued engagement in service supports.

#### 1.12 Traveller drug use statistics & the use of ethnic identifiers

Under the National Drugs Strategy (Dept of Community, 2009) six communities have been identified as being at high-risk of developing substance related problems within Irish society. These include: new communities, LGBT people, people experiencing homelessness, prisoners, sex workers and members of the Traveller community. Three of the 63 actions contained in the strategy target these at risk groups directly.

In order to fully understanding the needs of Travellers and to develop corresponding policies and strategies to tackle the barriers and issues faced by Travellers, full and accurate information is required. Information needs to be gathered through all stages of involvement within services including access, participation and outcomes. As part of a full and comprehensive understanding of issues, a system of ethnic monitoring needs to be implemented so that information regarding ethnic background can be collected in a sensitive and effective manner. The use of a universal ethnic identifier question asked of all service users is the most effective way of achieving this (Pavee Point Travellers Centre(d), 2002).

The national drug treatment recording system (NDTRS) is a surveillance system designed to record the number of people seeking and accessing drug treatment in any given year. The NDTRS has been in operation in Dublin since 1990 and across Ireland since 1995. It is administered by the Health Research Board with substance mis-use figures being published on an annual basis.

The purpose of ethnic monitoring within drug services is to gather anonymous and confidential information not only on the numbers of Travellers using various drug services and the drug problem they are presenting with but also to measure the level of access, participation and outcomes from services for Travellers and other ethnic groups (Pavee Point Travellers Centre(e), 2006).

In 2007, following a successful pilot in Tallaght and Rotunda hospitals in 2006, the ethnic identifier question was added to the original National Drug Treatment Recording System (NDTRS) allowing for members of the Traveller community to self identify as being from this

minority ethnic group. The inclusion of the ethnic identifier question means that we now have data on members of the Traveller community that report for treatment for substance mis-use.

The statistics for the Traveller community show that between 2007 and 2010 a total of 1098 Travellers sought and accessed drug treatment facilities: 162 in 2007 and 427 in 2010. This increase could also be attributed to an increase in the use of the ethnic identifier in treatment services. Alcohol was reported as the main problem substance among those presenting for treatment, this was followed by opiates (heroin, methadone and other types), and then cocaine (Health Research Board, 2010).

Pavee Point Drugs Programme and the Health Research Board believe that the figures for the Traveller community, captured as part of the NDTRS, are an underestimation of the true figures. Under the National Drugs Strategy (Dept of Community, 2009) six communities have been identified as being towards a high-risk of developing substance related problems within Irish society. Fear of disclosing ethnicity due to previous experiences of discrimination, lack of trust of the person asking the question and the question being asked with no rationale are some of the reasons cited why these figures are under-representative. These reasons highlight the need for further training for staff members collecting the data to ensure they understanvd the reasons and benefits of ethnic monitoring for both the service user and the service. This training is provided by Pavee Point Travellers Centre, on request.

Chapter Two



#### 2.1 Research aim:

The aim of this research is to primarily explore Travellers' experiences of engaging in drug and alcohol support services across Ireland by highlighting what they feel works for them as members of a minority ethnic group. The work also explores the difficulties that Travellers experience when seeking to access drug and alcohol services. The overall goal is to use both sets of experiences to develop good practice guidelines that will assist both Travellers and service providers in the use and provision of services into the future.

The specific objectives of the research are:

- » To engage with a selection of drug and alcohol services nationally to assess their feasibility to act as 'gatekeepers' to potential participants for data collection
- » To conduct in-depth interviews with a sample of Travellers that are placed on different points of the continuum of care
- » To investigate the level of awareness amongst the sample of Travellers of services available
- » To find out what assists members of the Traveller community to access services
- » To elicit what supports or interventions were deemed to work best based on Travellers' personal experiences
- » To compile a list of practical steps service providers can take to ensure maximum inclusion of the Traveller community and to ensure needs are met according to good practice

For the purposes of this research, drug and alcohol support services have been selected to be representative of the four tiers<sup>1</sup> as outlined in the National Drug Rehabilitation Framework (Doyle J, 2010) and consist of outreach services, drop in centres, rehabilitation day programmes, treatment centres and residential treatment facilities.

It should be noted that the members of the Traveller community who were interviewed for the purposes of this research were all currently engaging in support services; having overcome any of the barriers to access. Any findings regarding barriers to accessing services were based on their experiences prior to becoming involved in their current support service.

#### 2.2 Methodology

The findings and discussion of this research are based on information collected from Traveller service users and reflects their own personal views and experiences of seeking and engaging in drug and alcohol support services.

Due to the sensitive nature of the topic, semi-structured interviews were conducted in locations where service users felt comfortable and at ease to share their experiences; in all cases, interviewees decided the location of their interview e.g. in their primary service, cafes etc. Despite the semi-structured nature of the interviews, interviewees were encouraged to speak openly about their feelings and experiences of using support services while researchers ensured the key issues were adequately covered.

<sup>1</sup> Framework for grouping drug and/or alcohol service interventions into tiers which correspond to the level of need of the clients

#### 2.3 Interviewer profiles

Two members of Pavee Point Drugs Team conducted the interviews. Interviewees had a choice of interviewer; male or female; Traveller or non-Traveller. Fifteen individuals chose to be interviewed by a female with each of these individuals also choosing to be interviewed by a non-Traveller.

#### 2.4 Research steering group

A research steering group was established to oversee the direction of the project. This group comprised of representatives from; the Health Research Board, Drug Advisory Group(DAG), Department of Applied Social Studies NUI Maynooth, the National Advisory Committee on Drugs and Pavee Point's Health Programme. The remit of this group was to ensure that the aims of the research were being met and that any obvious gaps in information were minimised.

#### 2.5 Process of service engagement

A two pronged approach was taken in order to get services involved in the research. Firstly, an open call was advertised nationally on a community exchange website detailing the nature, aim, criteria for inclusion and the proposed outcome of the research.

The two stipulations for inclusion were:

- 1. That the service provider was positioned at some point along the Continuum of Care as outlined in the National Framework document.
- 2. That they currently had members of the Traveller community engaging in their service.

In addition to the open call, drug and alcohol support services were targeted in areas where the density of the Traveller population was known to be higher as recorded in the All Ireland Traveller Health Study (Kelleher, 2010). Targeted service providers were contacted by e-mail, letter or telephone to ascertain if they met the inclusion criteria.

A total of 10 services along the continuum of care met the criteria and were willing to participate. They consisted of; drop in centres, day rehabilitation services, treatment clinics, residential centres and Traveller specific services.

#### 2.6 Recruitment of interviewees

Once service providers agreed to take part, the lead researcher contacted key informants from each service to discuss the process in greater detail outlining the approach to be taken and clarifying particular issues such as the anonymity of service users. These key informants included outreach and drop in staff, key workers, case managers and in some cases, service directors.

An information sheet<sup>2</sup> outlining the rationale for the research was devised for these key informants to discuss with potential interviewees. Once Traveller service users were identified and agreed to a preliminary meeting with one or both of the researchers, a time and venue was agreed suitable to the interviewee.

It is acknowledged that the gatekeeper approach has advantages and limitations. On the one hand, it provides convenient access to potential interviewees which can be an advantage when trying to gain access to a hard-to-reach group. On the other, the selection of potential interviewees by gatekeepers may favour participants that had experienced less difficulty in accessing and using services. To promote the research beyond the role of gatekeepers, the two researchers visited a number of services and

<sup>2</sup> See Appendix A

sought to build up rapport with potential interviewees. Establishing trust with all interviewees was essential for engagement as previous studies on Traveller health show the level of complete trust by Travellers in health professionals was only 41% compared to a trust level of 83% in the non-Traveller population (Kelleher, 2010).

#### 2.6.1 Recruitment through peer networks

Word of mouth played a key role in the recruitment of interviewees while taking account of gender, geographical and type of accommodation issues. When one Traveller completed the interview they were asked if they knew of any other Travellers using the service that would like to take part. This is known as the snowball method or chain referral sampling and is best used with groups that are difficult to make contact with or when a level of trust is required before contact is made (Babbie, 1998). Researchers use this sampling method if the sample for the study is very rare or is limited to a very small subgroup of the population (Castillo, 2009).

Again, the use of the snowball method presents strengths and weaknesses with the strengths being increased access to Traveller service users while the weakness can be that the sample consists of individuals who share similar experiences.

In some services, researchers attended drop-ins informally in order to establish trust with service users prior to the interview process. This relationship building process was encouraged and supported by staff members.

#### 2.6.2 Preliminary information meeting

During the preliminary meetings with Traveller service users, the information sheet was again verbally discussed in its entirety. Interviewees were given the opportunity to ask questions at this point and right throughout the interview process. Interviewees were given a copy of this sheet to take away with them as it also contained the contact details of the researchers should any questions arise post interview.

Confidentiality and anonymity were assured at this point as well as the interviewees' right to withdraw from the research at any point of the proceedings.

#### 2.6.3 Informed consent

Travellers that agreed to take part, following the preliminary information meeting, were asked to give their informed consent by signing a consent form<sup>3</sup>. The guarantee of anonymity was reiterated again at this point as was the interviewee's right to withdraw without recourse.

#### 2.7 Ethical procedures

This research was conducted in accordance to the National Advisory Committee on Drug's Research Ethics – Guidelines on good research practice (O'Gorman, 2002).

#### 2.7.1 Data storage

All data recorded from interviewees was securely stored throughout the entire research process with access to information only granted to the two researchers involved, anonymised data was available to the research steering committee. Once data was collected, all information was anonymised with each interviewee being assigned a reference number which was used throughout the coding, memoing and write-up stages.

Researcher field notes, written records and tape recordings were stored in a locked cabinet or in password protected files.

3 See Appendix B

#### 2.7.2 Rewarded participation

Interviewees received a small donation in the form of a gift voucher to acknowledge their time and participation in the research. Monetary rewards for participation 'reflect the ethical principles of respect and dignity' (C L Fry, 2005).

It should be noted that it is not standard practice for Pavee Point to reward participation in research projects and has never done so to date. However, on this occasion it was deemed appropriate as the gifting of a voucher adheres to good practice guidelines for conducting research with people who are homeless and have a substance addiction.

#### 2.8 Research Process

#### 2.8.1 Traveller service user information

In-depth interviews were held with 31 members of the Traveller community engaging in services at different points along the continuum of care. These interviews were semi-structured with open-ended questions used to elicit relevant data. Interviews ranged from 30 minutes to 80 minutes in duration.

The sample size was dictated by the data collected and when saturation of information was reached, in that no further interviews are regarded as adding to the work. Sample size in the majority of qualitative studies should generally follow the concept of saturation – when the collection of new data does not shed any further light on the area of investigation (Glaser, 1967).

Data was recorded using a Dictaphone or mini-disc recorder and then fully transcribed by the research team to ensure confidentiality of the participants. All transcripts were anonymised before analysis.

#### 2.8.2 Researcher field notes

To supplement the data collected from Traveller service users, researchers completed their own field notes on each location where the interviews were held and on other pieces of information that may not be captured during the interview process.

#### 2.8.3 Service provider information

When all interviews with service users were completed, an on-line questionnaire was devised and sent to all service providers that facilitated access to interview participants. Eight out of 10 questionnaires were returned in total. The purpose of this questionnaire was to gather data on engaging with members of the Traveller community from a service providers' point of view.

Returned questionnaires were anonymous so service providers could share their opinions of working with members of the Traveller community without being identified. This anonymised method of data collection was also adopted with health providers during the recent All Ireland Traveller Health Study (Kelleher, 2010).

#### 2.9 Sample Profile

A total of 31 interviews were conducted with 30 being valid for use in this research. All interviewees identified themselves as being a member of the Traveller community thus meeting the selection criteria.

More Traveller women put themselves forward to participate (n=18) than Traveller men (n=12). The perception that illicit drug use among Traveller women is not a common activity was reported by Fountain(a)(2006), Van Hout(2009) and Walsh(2010). However, all three studies have an over-reliance on the perceptions of service providers and non-drug using members of the Traveller community, with only minimal data provided by drug-using Travellers.

Two thirds of all (n=26) interviewees classified themselves as being unemployed and were currently receiving social assistance. The All Ireland Traveller Health Study found that 87% of Travellers were classed as being unemployed (Kelleher, 2010). Health, housing, educational attainment, racism and discrimination all impact on these levels.

Heroin was the main problem drug for 29 out of the 30 interviewees with smoking being the method of administration for almost all of these.

#### 2.10 Data analysis

All interviews were fully transcribed and analysed with a coding system being developed to highlight emergent themes or patterns to facilitate the final write up. The frequency of interviewees' responses were quantified using a computerised spreadsheet with the data under-going primary coding, then axial coding before being re-checked by an independent person to assure accuracy.

#### 2.11 Bias and limitations

The use of the gatekeeper and peer referral method of recruitment ensured that the data collected from interviewees represented a mix of age, gender, profile, geographical area and stage of recovery. To facilitate validation of data, cross verification of transcripts was carried out by independent observers.

#### 2.12 Issues for researchers

#### 2.12.1 Interviewer preference

Fifteen interviewees had specific requests for the type of person they were interviewed by. These requests were gender and ethnicity based. Of the Travellers that did not specify a preference, their interviewer was assigned based on availability. These specific requests limited the availability of one interviewer which extended the initial timeframe for the project.

#### 2.12.2 Missed appointments

Due to the nature of addiction and the chaos it brings, a considerable number of scheduled appointments were missed by the interviewees. When this occurred, alternative arrangements were put in place with the key worker or staff member to be passed on to the interviewee. On some occasions, interviews took place after numerous missed appointments. This inevitably led to the need to extend the duration of the research.

# Chapter Three

# Literature Review



#### 3.1 Overview

This chapter presents the findings from national and international literature on good practices within drug and alcohol treatment settings in relation to service provision to minority ethnic groups.

Few of the studies examined were devoted specifically to highlighting good practices for services engaging with minority ethnic groups. The majority of the literature tended to focus on the impact cultural differences can play on treatment outcomes as well as barriers to support services experienced by minority ethnic communities (Reid, 2001; Trelora C, 2004; Wells, Klap, & Koike, 2001; Finn(a), 1994). Within the context of seeking help, the most frequently cited barriers to accessing support services for minority ethnic groups were, firstly, a lack of knowledge of the existence of the service and secondly, the stigma associated with their addiction (Reid, 2001; Fountain(a), 2006; Finn(a), 1994)

In the literature cited in this section, consensus existed among a number of studies that minority ethnic groups are under-represented in drug treatment services. However, this may be explained by an under-use of services rather than an indication of the extent of the need of services (Reid, 2001; Corr, 2004; Finn(a), 1994). It was also acknowledged that many drug services have difficulty in recruiting, retaining and successfully treating users from minority ethnic communities (Finn(a), 1994).

Most of the studies cited in this section highlight that minority ethnic substance mis-users who seek and gain support from services have to assimilate into support structures modelled on meeting the needs of the dominant population (Vandevelde, Vanderplasschen, & Broekaert, 2003; Finn(a), 1994; UK Drug Policy Commission, 2010). It also highlights that minority ethnic groups often fail to access such supports for this very reason.

A number of studies that specifically focus on Traveller issues cite the impact of cultural norms, traditions and the social determinants of health can have on the ability of substance mis-using Travellers to engage fully with their treatment. Previous experiences of discrimination in society, in general, is also noted as having an impact on attendance and engagement rates (Fountain(a), 2006; Kelleher, 2010). International research concurs with these Traveller specific findings.

The imperative need to acknowledge ethnicity of service users was cited by many sources (Corr, 2004; Finn(a), 1994; Vandevelde, Vanderplasschen, & Broekaert, 2003) as was the need to differentiate between sub-groups within minority ethnic groups i.e. Traveller women in this case (UK Drug Policy Commission, 2010).

Sources examining practical service provision state that for people from different ethnic or cultural backgrounds, one to one key-working/case management is the approach that suits these sub-groups best. Initial difficulties regarding the forming of trusting relationships with staff and the belief that their confidentiality is assured are acknowledged as impacting on these support structures (Finn(a), 1994; Trelora C, 2004).

The provision of culture competency training to service staff was cited as improving the outcomes for minority ethnic groups throughout the continuum of care. Ensuring a culturally responsive approach facilitates services to identify and address any cultural issues that affect levels of substance mis-use and/ or recovery either positively or negatively (Sue & Sue, 2008; Finn(a), 1994; Corr, 2004; UK Drug Policy Commission, 2010).

#### 3.2 Drug use amongst the Traveller community

There is limited information on the extent of drug use amongst the Traveller community, as is the case with other minority ethnic communities. With the introduction of an ethnic identifier question in 2007 to the National Drug Treatment Recording System, official figures on the number of Travellers accessing drug treatment were available for the first time.

According to these figures, 1098 members of the Traveller community have accessed drug treatment facilities in Ireland in the years from 2007 - 2010 (Health Research Board, 2010). This figure is believed to be an under-estimation for two reasons; firstly, not all services complete the assessment and secondly, Travellers are not always willing to disclose their ethnicity without trust being established first. The All Ireland Traveller Health Study showed that over half of all (53%) Travellers were worried about experiencing unfair treatment with 41% only having complete trust in health professionals. 48% of Travellers don't feel that most people can be trusted. This lack of trust has a direct impact on the level of engagement of Travellers in general health services (Kelleher, 2010).

#### 3.3 Traveller specific literature

Overall, there is a limited amount of literature examining the use of drug services by members of the Traveller community. In the literature that is available, the impact of the social determinants on Travellers' health and on engagement levels in general health services is a focus (Kelleher, 2010). Poor educational and employment outcomes coupled with experiences of social exclusion, racism and discrimination are all recognised as contributors to illicit drug and alcohol use. The presence of these factors for Travellers led to this community being categorised as at risk in the National Drugs Strategy (Dept of community, 2009).

Research found that when Travellers do access drug services, it is predominantly Traveller men who engage rather than Traveller women (Fountain(a), 2006; Van Hout, 2010; Walsh, 2010). In contrast to this literature, this research had more Traveller women(n=18) participate than men(n=12). Different methodologies used could be the reason for this. International research focuses on the use of drug services by minority ethnic groups but does not explore levels or patterns of use between genders.

Word of mouth is the main source of information about services for members of the Traveller community and is also found to be the same for other minority ethnic groups worldwide (Walsh, 2010; Finn(b), 1996).

A history of solving problems within the immediate or extended family, leading to a reluctance to seek outside help, also emerged as a common theme across all Traveller specific literature as did difficulties in establishing trust with service providers.

Traveller specific literature also cites the incidence of home detoxes amongst drug mis-using Travellers. Trying to tackle their addiction alone, in this manner, can often be the first option Travellers take to prevent their family from finding out (Fountain(a), 2006).

The need to record and acknowledge Traveller ethnicity in order to effectively meet the needs of this community was also noted.

#### 3.4 Uptake & engagement in services

The literature notes the changing profile of service users during the past decade, due to growing numbers of ethnic and cultural minority clients, requiring a culturally responsive approach (Vandevelde, Vanderplasschen, & Broekaert, 2003; Finn(b), 1996; Health Research Board, 2010).

Reid et al(2001) found that reactions to illicit drug use in minority ethnic communities is often associated with denial, shame, stigma and the loss of face within the community. This results in a reluctance to tell others of personal problems and presents many difficulties when it comes to seeking help for an addiction.

In addition, Reid states that illicit drug users from minority ethnic groups are, 'less likely to seek help from a local doctor for fear of rejection, discrimination, loss of confidentiality, personal shame or community stigma' (Reid, 2001). Concerns about confidentiality and the impact it has on initial engagement and retention rates were` experienced by other minority groups also (UK Drug Policy Commission, 2010; Corr, 2004; Fountain(b), 2009). In the majority of cases, information and/or support was sought from a close friend or relative. Research on Black African, Caribbean and Asian groups in England shows that these minority ethnic groups, *'lack information about illicit drugs and about the existence of drug information, advice and treatment services and the help they can offer'* (London Drug & Alcohol Network, 2009). Traveller specific literature also finds the same experience for members of the Traveller community (Fountain(a), 2006; Van Hout, 2010).

There is also evidence that this lack of knowledge of how services operate leads to unrealistic expectations for services which augments levels of frustration and impacts negatively on engagement; expecting immediate responses and a resolution to drug problems upon entering drug service (Kelly, 2009; Corr, 2004).

#### 3.5 Approaches to working with minority ethnic groups

The majority of sources acknowledge the need for service providers to become aware of the ethnicity of their clients as familiarity with their cultural values leads to effective communication, forming of relationships and better outcomes for minority ethnic clients (Finn(a), 1994; Global Youth Network, 2004). Finn(b, 1996) states that, *'services have a moral obligation to enlighten themselves to the life experiences of disadvantaged groups among which many ethnic communities are included*.

Providing outreach services targeting those who are hard to reach, such as Travellers, is seen as a mechanism to overcome possible barriers to access (Corr, 2004; Finn(b), 1996). Outreach should be co-ordinated across services and incorporate an element of peer involvement.

Taking a pro-active and interactive approach is cited as being a method that works for minority ethnic groups as it often overcomes their reluctance to ask for help due to their personal shame regarding their use of illicit drugs (UK Drug Policy Commission, 2010; Reid, 2001).

In addition to taking a pro-active approach, the inclusion of family members is seen as a vital component and source of support to members of minority ethnic groups. Literature reports that to exclude family members from intervention plans, stabilisation and rehabilitation processes will impede the positive outcomes for the individual user (Reid, 2001; Tucker, 1985).

Facilitating and encouraging family members to accom pany service users, especially for initial visits, is cited as providing essential support and protection to the drug user (Finn(b), 1996). This accompaniment service also helps improve continued engagement for the drug user and also promotes future engagement with the family.

International research has shown that services that display art work that is representative of the culture of its minority clients promotes the overall levels of friendliness and comfortableness experienced by the service users.

Intensive one to one key-working and case management structures, involving inter-agency partnerships, was recognised as the best approach to take when working with individuals from minority ethnic communities (Tucker, 1985). This approach to engagement had a greater chance of an individuals' needs being met and prevented them from falling through the gaps.

#### 3.6 Ethnicity, cultural responsiveness & training

Identifying the ethnic and cultural composition of current and future caseloads has been cited as improving the overall cultural responsiveness of services. Finn (b, 1996) defines cultural responsiveness as, 'showing awareness of and respect for cultural differences among ethnic and racial groups, and taking these differences into consideration in providing drug user treatment to minority clients.'The composition of service users is extracted through the use of ethnic identifier questions in initial and subsequent assessment forms.

Taking a pro-active and interactive approach is cited as being a method that works for minority ethnic groups as it often overcomes their reluctance to ask for help

the issue of matching staff and service users along ethnicity and racial lines is somewhat conflicting. Pena and Koss-Chioino(1992) state that service users from a minority background may prefer to work with a staff member from the majority population as they do not trust members of their own ethnic group to keep their information confidential. On the other hand, Lopez et al(1991) found the opposite; rates of engagement were higher when minority service users were matched with staff from similar background. Rebach(1992) draws the middle ground by stating that minority service users should have minority staff available to them if and when they choose to engage.

Empirical data on

#### Many of the international research

sources state that the automatic use of the same approaches with every service user from a particular culture should be avoided as it is recognised that sub-populations within minority communities do exist; different experiences based on gender, age, location etc (Dept of community, 2009; Finn(b), 1996; Fountain(b), 2009). Common practice within most services is to adopt an individualistic approach to all service users; this should also apply to those from minority ethnic backgrounds while taking account of cultural diversity and experience of racism (National consultative committee on racism and interculturalism, 2002).

The provision of cultural responsiveness/competency training was cited in many national and international literature as being the most effective mechanism for increasing cultural awareness, knowledge and skills required to meet the needs of minority ethnic service users (Corr, 2004; Colette Kelly, 2009; Cunningham, 1993; Fountain(a), 2006). 'The diversity even within racial or ethnic groups and the complexity of associated subcultures make cultural competency training appropriate for all staff, including members of minority groups' (Brach C, 2000).

Working in partnership with specialist support agencies for minority ethnic communities and inviting community leaders in to assist with cultural responsiveness training is also internationally recognised as being effective (Finn(b), 1996).

#### 3.7 Conclusion

Literature examining drug use within the Traveller community from a drug mis-using Traveller's point of view is extremely limited. Sources of information that are available tend to focus on barriers to access and engagement with much of the information pertaining to Traveller men only.

Comparative international research conducted with other minority ethnic groups shows some similar experiences with the Traveller community. There is a consensus that the different ethnic and cultural backgrounds of minority service users needs to be recognised, and that when ethnicity is acknowledged it can be a positive addition to the development of care plans and progression pathways. However, differing cultural norms and values between and within minority communities also needs to be acknowledged ensure service user needs are to be met.

The stigma, shame and sense of honour attached to the family unit, surrounding illicit drug use, for Travellers and other minority communities can prevent engagement with services as can a lack of information about the services available. Word of mouth referrals and family members being facilitated to accompany service users for initial engagement can support access to services.

Due to the increasing number of minority ethnic service users, the need for services to be culturally responsive is also increasing. Initial and on-going training for all staff is one way of achieving this.

# Chapter Four

# Service User Demographics

#### 4. Service User Demographics

This chapter looks at the profiles of the Travellers who took part in the research to provide clarity on their particular needs and to inform the context of subsequent chapters. It provides an overview of the demographics of the Travellers as well as providing information on their socio-economic circumstances at the time of the interview. The categories examined include:

4.1	Overview
4.2	Family status
4.3	Accommodation
4.4	Highest level of education
4.5	Employment status
4.6	Age & substance first used
4.7	Main problematic drug
4.8	Route of administration
4.9	Current analysis of drug use
4.10	Engagement in & adherence to

4.11 Familial addictions

Interviewers asked the demographic questions at a point in the interview when rapport had been built and a level of trust established. This was to ensure that interviewees felt comfortable enough with the interviewer to respond truthfully to the questions. Chapter five discusses the importance of trust being established in all interactions with Traveller service users prior to any in-depth assessments taking place.

methadone maintenance

Every effort has been made to maintain the anonymity of all Travellers interviewed, therefore, some data has been excluded where it referred to an individual case which could jeopardise this anonymity.

#### 4.1 Overview

The findings of this research are based on data collected from 30 Travellers; 18 female and 12 male. Patterns of drug use within the Traveller community, as in the majority population, are fluid and influenced by many internal and external factors. The inclusion of the ethnic identifier question in the National Drug Treatment Recording System in 2007 has provided us with some insight into the drug and alcohol usage patterns for Traveller men and women who report for treatment.

Earlier research found that the number of female Travellers using services was significantly less than their male counterparts. 'The majority of Travellers accessing treatment services were reported to be male and presenting with alcohol addiction' (Van Hout, 2010). While this may still be the case, when recruiting Travellers to participate in this research interviewers found it more difficult to find male Travellers hence the unequal gender balance (18 women, 12 men).

Since the use of drugs has been brought forward as an issue within the Traveller community, the focus has tended to be on Traveller men only. It was not deemed to be an issue effecting Traveller women as they experience much less freedom than Traveller men meaning that they would find it much more

difficult to gain access to illicit drugs. While it has been recognised for many years that there has been an overuse of prescription drugs amongst Traveller women, the amount of women coming forward to participate in this research shows that the use of illicit drugs is now an issue for Traveller women also – a fact that needs to be known within the Traveller community to ensure that supports can be put into place. It also highlights the need for an ethnic identifier to be used universally across drug services to assist in the monitoring of this situation.

Throughout the findings, a number of differences emerge between the experiences of drug use amongst Traveller men and women. These differences will be explored further in those sections.

One notable difference in the profile of the interviewees was the difference in the mean age between Traveller men and Traveller women; mean age for women was 32 years compared to 27 years for Traveller men. These figures, coupled with the information from section 4.6, would show that the Traveller women we interviewed began using drugs at a later age than Traveller men.

#### 4.2 Family status

Interviewees were first asked to classify themselves as either single, married, co-habiting, separated or divorced at the time of being interviewed. Only the self-identified status at the time of interview was recorded.

Fourteen (47%) of all Travellers interviewed said they were married and six (20%) reported to being single. Marriage remains a significant part of Traveller culture but these figures suggest that, for this cohort of the Traveller community it is less than for the rest of the Traveller population. It was somewhat surprising that less than half of the interviewees were married given the popularity of marriage among the Traveller community. Perhaps further research is required to explore the effect of substance mis-use on opportunities to marry within the community.

Interviewees were also asked if they currently had any children. In some cases, interviewers recorded in their field notes that respondents felt uncomfortable answering this question. It should be noted that this feeling of being uneasy with the question may have resulted in some less than truthful replies.

22 (73%) out of 30 respondents were parents with the size of the family ranging from one child to five children. The average family size for this sample is 2.2. This falls well below the average family size of four for the overall Traveller community as recently recorded in the All Ireland Traveller Health Study (Kelleher, 2010). Fifteen (83%) of the 18 women interviewed and seven (58%) of the twelve men were parents.

Of the 22 Travellers who said that they were parents, only six stated that they were currently caring for their children by themselves or with their partner. In other circumstances, children were being cared for by their grandparents, extended family member or the state.

#### 4.3 Accommodation

This section outlines the reported accommodation status of respondents at the time of interview. 4 (13%) out of 30 Travellers reported being homeless<sup>4</sup> at the time of interview with the remainder living in various forms of accommodation.

The most common form of accommodation for the interviewed Travellers was living on a halting site/ group housing<sup>5</sup> (27%) followed by private rented accommodation (20%) and council provided housing (20%). 5 interviewees stated that they were currently in transitional housing where they were awaiting the allocation of a council flat or a private rented accommodation.

4 Defined as those who are staying with friends or relatives because they have no other accommodation

<sup>5</sup> Specific accommodation for the Traveller community.

This data shows greater variation in the type of accommodation being used among this group compared with findings from the All Ireland Traveller Health Study which found that 73% of all Travellers living in the Republic of Ireland live in a house with 18% living in a trailer or mobile home.

#### 4.4 Highest level of education

The All Ireland Traveller Health Study found that 38.5% of Travellers aged between 30-44 years had primary school as their highest level of education (Kelleher, 2010). Among the people we interviewed, three quarters of the men (n=9) and 67% of the women(n=12) reported primary school as their highest level of education. Nine of the women and five of the men we interviewed reported that they commenced secondary education but dropped out within the first year; only two of the women completed the Leaving Certificate with none of the men reporting this achievement.

The data on school completion among this group of Travellers would suggest an association with early school leaving. These early school leaving figures for the Traveller community will, in some cases, have an impact on literacy levels. This needs to be considered in all interactions with Traveller service users, in particular, when the understanding of written policies and procedures is required. Poor literacy skills have been identified as one of the named barriers Travellers face when accessing health and drug services (Fountain(a), 2006; Point(a), 2005). This factor is likely to also contribute to the fact that no service users reported finding out about services through written materials such as posters and leaflets with all referrals being made through personal communication with either a family member, friend or professional.

Four Traveller women had completed FETAC accredited courses in recent years while one male Traveller was preparing for Junior Certificate.

#### 4.5 Employment status

As discussed in Chapter One, Travellers have historically been craftspeople and labourers providing much needed seasonal work on farms around the country. With the introduction of modern technology, the demand for an unskilled labour force dwindled. This has been reflected in the employment figures for the Traveller community as a whole.

4.8% of all Travellers in the Republic of Ireland classified themselves as being either self-employed or employed during the All Ireland Traveller Health Study(2010).

In this research, 26 of the Travellers interviewed(87%) classified themselves as unemployed and in receipt of social welfare payments. This reflects the figures from the 2006 census of the population where only fourteen per cent of Travellers aged 15 years and over were described as at work compared to fifty three per cent of the same age range for non-Traveller population (Central Statistics Office, 2006).

The remaining 4 interviewees(13%) classified themselves as being in current employment with 3 of these four (10% of total) being employed through a FAS Community Employment<sup>6</sup> scheme. In this case, interviewees were engaging in a Community Employment scheme in a day rehabilitation and education programme.



<sup>6&#</sup>x27;A regular part-time employee is one who has been in continuous service of an employer for at least 13 weeks, is normally expected to work at least 8 hours a week and does not come within the scope of legislations which the Act amends.' Worker Protection Act 1991

#### 4.6 Age & substance first used

This section looks at the age that the interviewed Travellers first used drugs and also looks at the drug first used. Again, a noticeable difference emerges between Traveller men and women

This research found that the majority of male Travellers interviewed began using substances (alcohol and drugs) at a very early age (11-16 years) while the first use of substances for female Travellers was considerably later at between 21-25 years.

Perhaps the relatively older age range within which the women reporting their first experience with substance use can be explained by them leaving the family home to get married. Within the Traveller community, when Traveller women get married they more often than not move to live in the vicinity of her new husband's family. This can mean leaving the supportive network of their own family behind and having to adjust to living in a new environment with new people.

The age of first using for Traveller men mirrors that of the general population as found in the National Drug Treatment Recording Statistics produced annually (Health Research Board, 2010).

All of the Traveller men interviewed said that they commenced their drug or alcohol use before the age of 20 compared with only half of women. Perhaps the relatively earlier initiation into substance use among the men we interviewed is associated with early school leaving as three quarters of male interviewees reported primary school as their highest level of education.

The fact that Traveller women tend to commence their drug use later in life increases the likelihood of them being married and having a family of their own.

When asked what was the first substance used alcohol (n=12) was the most commonly reported by interviewees with opiates<sup>7</sup> (n=7) reported as second. However, there is a marked difference between the genders again which needs to be highlighted and noted.

Surprisingly, a further thirty three per cent of females stated that heroin was the first drug they ever used including alcohol and nicotine. Fifty eight per cent of Traveller men (n=7) interviewed stated that alcohol was the first substance used in comparison to only thirty three per cent of Traveller women (n=6). Surprisingly, a further thirty three per cent (n=6) of females stated that heroin was the first drug they ever used including alcohol and nicotine. This finding for Traveller women, although reported by only six of the women, is interesting given the Gateway Hypothesis which argues that the use of hard drugs such as heroin tends to follow the use of softer drugs (Kandel, 2002). Seventeen per cent (n=2) of the Traveller men interviewed said that they started on heroin.

Some of the Traveller women said that once they were addicted to heroin they then began drinking when they didn't have the money to finance their drug habit.

Of the Traveller women who stated their reason for starting on heroin, the most commonly reported response was pressure from their husband or partner. These women described themselves as living in abusive relationships with pressure to use coming from their husbands or partner. This possibly highlights the need to implement initiation prevention programmes targeting Traveller men in order to prevent Traveller women being inducted into opiate use in this manner.

7 Hereafter referred to as heroin.

Many of the Traveller men interviewed said that they started using heroin after they had been using other, softer drugs for a while. In many cases, it was used to come down off party pills, cocaine or speed.

Alcohol remains a significant factor in the formation of substance use addiction for both Traveller men and women but in particular for Traveller men. Traveller men reported that their alcohol use led to them making rash decisions when offered drugs with peer pressure and social context also playing a significant part especially at events such as weddings, funerals and christenings.

#### 4.7 Main problematic substance

The main problematic substance reported by interviewees is the drug that they currently feel they have the most difficulty in controlling their use of. This is the standard definition used by the Health Research Board in the collection of their National Drug Treatment Recording Statistics. It is important to bear in mind that the main problem substance does not mean that respondents only use one drug or only have a problem with that named substance. Interviewees may be using one or more substances but at the time of interview they were asked to name one substance as proving most difficult for them.

The National Drug Treatment Reporting System reports that heroin was the main problem drug for 62.8% of Traveller cases in 2009 (Health Research Board, 2010). The role of heroin as the main problem drug was also reported by 85% of the people interviewed in this study. Alcohol (7%), cannabis(4%) and prescribed drugs(4%) were less problematic among our interviewees.

What is interesting from the data provided by the Travellers we interviewed is that 89% of the women(n=16) reported heroin as their main problem drug compared to 83% of men(n=10). This self-reported heroin use among Traveller women appears to be at odds with perceptions among non-drug using Traveller women. For example, in a recent study by Walsh(2010) seven non-drug using Traveller women were of the view that it was only male Travellers who use drugs and that it would be highly unusual for women to get involved, except on occasions when they may casually share prescribed medication to alleviate some type of ailment. The number of respondents stating that their main problem drug is prescription drugs is surprisingly low as a recent report from Traveller organisations (Pavee Point Travellers Centre(b), 2011) examining the use of benzodiazepines would suggest it to be much higher but does mirror the findings of the 2009 NDTRS<sup>8</sup>.

Cocaine and ecstasy were not reported as being the main problem substance by any interviewees. Ninety three per cent of all Travellers interviewed were poly-drug users, meaning that they were using more than one drug at the current time.

	Total (n=30)	Females (n=18)	Males (n=12)
Heroin	26 - 87%	16 - 89%	10 - 83%
Alcohol	2 - 7%	1 - 6%	1 - 8%
Hash	1 - 4%	0 - 0%	1 - 8%
Prescribed drugs	1 - 4%	1 - 6%	0 - 0%
Cocaine	0 - 0%	0 - 0%	0 - 0%
Ecstasy	0 - 0%	0 - 0%	0 - 0%

#### Figure 1 Main problematic substance

<sup>8</sup> Main reason for seeking treatment: Benzodiazepines – Traveller community 5% - NDTRS 2009, Health Research Board

#### 4.8 Route of administration

This section presents the results from the route of administration question. It outlines the most commonly reported method of consumption of the main problem drug(s) by respondents, in this case, heroin.

Smoking was the most commonly reported route of administration for heroin for both Traveller men and women. However, a quarter of all men (n=3) interviewed said that they were currently injecting heroin with 6% of Traveller women (n=1) reporting intravenous use. Chapter 5 highlights the point that when a trusting relationship is developed between staff members and a service user from the Traveller community that the individual may not disclose their progression to injecting for fear of 'letting the staff member down'. Therefore, route of administration should never be assumed and injecting harm reduction practices should be offered universally.

#### 4.9 Current analysis of drug use

Interviewees were asked if they felt they had their drug use under control at the moment. Sixty per cent (n=18) felt that they currently had their drug use under control with 40% (n=12) stating that they felt that their main drug of choice was still controlling them. This finding was irrespective of the type of service being used and indicates that continued support needs to be offered and put in place through a care planning structure to ensure the risks of relapse to vulnerable service users is minimised.

#### 4.10 Engagement in treatment options

This section assesses the number of interviewees who are currently receiving treatment for their substance addiction. In this case, the form of treatment is opiate substitution or methadone maintenance. It also examines the levels of adherence to this treatment regime and highlights the number of interviewed Travellers who, at some stage in their drug use, attempted a home detox; detoxification from heroin that is not medically supervised.

Just over three quarters (76%) of the Travellers we interviewed stated that they were currently registered on a methadone maintenance programme. This figure does not count the six Travellers currently engaging in residential treatment and one Traveller whose main problem substance is alcohol.

Rates of engagement in maintenance programmes were similar for both Traveller men and women. Six of the people in receipt of prescribed methadone reported incidents of non-compliance with the prescribing regime. Missing the clinic or wishing to continue their use of heroin were the main reasons given for this non-compliance. The interviewers noted a distinct lack of knowledge on the prescribing protocols for methadone and general information on how this substitute drug works. Some male Travellers stated that they only went to the get methadone when they didn't have any money to buy heroin. Using services as a supply of drugs when money isn't available to buy heroin, defeats the purpose of being on a maintenance programme and should be addressed within the dispensing clinic.

Limited knowledge of treatment procedures is also reported in other research reports for service users from minority cultural backgrounds (UK Drug Policy Commission, 2010; Vandevelde, Vanderplasschen, & Broekaert, 2003), which highlights the need for information to be tailored to specific subgroups within the general service user population.

Nearly half of all Travellers interviewed (n=13) had attempted a home detox from heroin with only one interviewee saying that their attempt was successful. Attempting a home detox, that is not medically supervised, is not recommended and should be discouraged by service providers. More Traveller women than men attempted a home detox making Traveller women more vulnerable to the withdrawals associated with this procedure; severe stomach and muscle cramps, vomiting, diarrhoea, severe anxiety, loss of appetite and insomnia to name a few common withdrawal symptoms. Alternative options such as a community detox could be explored instead.

Research has discussed the impact cultural characteristics can have on the prevalence of home detoxes among ethnic groups. Wanting to keep the problem within the family and not discussing it outside of this unit can result in an increase in the number of home detox attempts (Finn(a), 1994; Fountain(a), 2006). None of the interviewees ever engaged in a community detox<sup>9</sup> which represents a significant area of service provision that could be further developed for this service user group.

#### 4.11 Familial addictions

This section reports on the number of addictions within the family by breaking it down into parental and sibling addictions.

Results are based on responses from 29 Travellers as one respondent did not wish to disclose.

Twenty one of the Travellers we interviewed reported that one or both of their parents had an addiction while they were growing up. All but one reported that alcohol addiction was the main issue for their parents. One interviewee said that alcohol and cannabis addiction was in the family home throughout adolescence and early adulthood. Early exposure to alcohol and/or drugs has been found to increase the likelihood of children forming an addiction in later life (Haase, 2010). Twenty of the people who responded to this question reported that alcohol and drug use was common among their siblings in the family home.

<sup>9</sup> A detoxification off methadone or benzodiazepines that takes place in the community but that is closely monitored by the individual's doctor and a psycho-social service provider (Progression Routes Initiative, 2009)







# Chapter Five



#### 5. Research Findings

This chapter outlines the views of 30 Travellers who were interviewed as part of this research on what works best for them when using drug and alcohol support services. The findings are presented under a number of themes that were identified through analysis of the data. The themes are consistent with the objectives of the study. Some quotes may be altered slightly to retain anonymity and to avoid the identification of services. Lessons from international research will also be drawn upon.

Before proceeding to outline the main thematic findings of the research, it is worth highlighting an important issue that arose during the data collection and which is developed in 5.1. This concerns the availability of female Travellers for interview and the data generated from these interviews. The themes include:

- 5.1 Visibility of Traveller women as service users
- 5.2 Awareness of & access to support services
- 5.3 Referral pathways for Travellers to services
- 5.4 Process of service uptake
- 5.5 Service engagement & retention levels
- 5.6 Service provision beneficial supports & identified issues
- 5.7 Traveller service user & staff relations
- 5.8 Engagement in key working & care planning processes
- 5.9 Ethnicity & cultural awareness
- 5.10 Service user relations
- 5.11 Impact of familial support

#### 5.1 Visibility of Traveller women as service users

This research is quite unique as it manages to give a voice to Traveller women who are currently engaging in services. By using the gatekeeper and snowballing methods, this research managed to interview 18 Traveller women and 12 Traveller men engaging in services across Ireland. The inclusion of female Traveller service users represents an important addition to the research evidence on substance use in the Travelling community, and builds on previous research by Van Hout, 2010 and Walsh 2010 which suggested that illicit drug use among Traveller women was not a common activity. This research clearly finds a different situation – Traveller women are using drug support services.

There can be number of reasons for this difference between the research findings. Firstly, Traveller women may not have put themselves forward to participate in previous research based on the data collection methods, thus remaining uncounted. Secondly, Traveller women with an addiction, may choose to remain invisible when engaging in such services by not identifying themselves as members of the Traveller community and therefore not being considered for inclusion when the gatekeeper approach is used. Thirdly, the fact that the research was being conducted by a recognised Traveller organisation may have had an impact on female participation rates.

Throughout the remaining themes, differences between Traveller men and women occur frequently.

#### 5.2 Awareness of & access to support services

This section looks at how members of the Traveller community first engage with services, where they source their information from, who refers them and the extent of knowledge of the supports available to them once they are engaging.

This research found that Travellers' knowledge of local drug and alcohol support services was limited with 33% (n=10) reporting that they had limited or no prior knowledge of the existence of services available to them in their immediate locality. As some of the interviews were conducted in rural and satellite towns, this finding could possibly reflect the lack of services existing in these areas.

Having limited or no knowledge of the existence of services is also reflected in international research as an experience of minority ethnic groups. A recent report on the use of services by ethnic minority communities in the UK captures the impact of this lack of knowledge, 'the lack of awareness (of the existence and nature of drug services) also hinders access to treatment for problematic drug users, and means that, if treatment is accessed, there is an unrealistic expectation of what can be achieved and the process by which it is achieved (UK Drug Policy Commission, 2010).

Over two thirds of those interviewed had some knowledge of the services available to them. The predominant source of this information came through word of mouth (n=22) from current Traveller users of the service in the form of a recommendation. The following extract from an interview with a male Traveller illustrated this type of trust that is placed on the word from other Travellers who had used substance support services.

## 'The first person to tell me about here was a Traveller and I thought because he told me, it must be alright.' Traveller man(m11)

Literacy difficulties can partially explain the use of word of mouth as a peer referral mechanism, however, non-Traveller drug users also use this method e.g. IV drug users use it to spread information on reducing risk around injecting.

In some cases, information passed on by word of mouth from other Traveller service users was inaccurate and did not reflect the true nature of the service. In some cases, interviewees spoke of being told that services try to brain wash their clients or that certain clothes need to be worn at all times. The effect of having incomplete or inaccurate knowledge led to interviewees making a number of decisions; not to access a service at all, not fully engaging/make use of all supports available or withdraw from a service all together as their understanding of the nature of the service didn't reflect the reality. This was particularly the case for residential treatment centres and reflects similar factors identified in research with Black African, Black Caribbean, Chinese and Vietnamese communities in Britain (UK Drug Policy Commission, 2010; Fountain(a), 2006).

Service providers need to be aware that while word of mouth recommendations are highly effective for the Traveller community, the information being transferred needs to be as accurate as possible thus creating realistic expectations about the level of service provision available to the Traveller community. Word of mouth recommendations should not be underestimated and suggested ways of developing this mechanism for Travellers, as a form of accurate transfer of information, are included in the guidelines chapter.

The predominance of word of mouth as the main source of information, coupled with high levels of literacy difficulties, may explain why none of the Travellers we interviewed reported getting information about services from written material such as leaflets, posters or advertising. With this in mind, alternative forms of information dissemination, such as targeted outreach, should be considered over printed material.

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Twenty (67%) of the people we interviewed reported having limited knowledge of the type of supports available prior to them initially engaging with services. An effective induction process, cognisant of potential literacy difficulties, would ensure that Traveller service users would be aware of the entire package of supports available to them and how a service operates. This may improve levels of engagement among some members of the Traveller community.

'I heard the name but never knew what the place was about. I knew it was a residential treatment centre. My cousin was telling me about it but not about what it did so I kind of only knew it existed.' Traveller man (m18)

'I was told it was like an army camp, told different things about it from different people. I didn't know what to expect. One would say that they make you fold your clothes a certain way and that they weigh you. Some people's perceptions of it is that you will be brain washed. Some Travellers think like this, stupid things that come with it like, I don't want to be brain washed. People then start thinking, that's not for me.' Traveller woman (f16)

'I did and I didn't know how the place works, do you know what I mean? Like when I came in here I was coming in to see my key worker so I'd come in and go straight out the door afterwards. I thought you needed an appointment but then I started wondering how a client was sitting in the room or upstairs or whatever until one day I asked and they said no, you don't need an appointment.' Traveller woman (f24)

#### 5.3 Referral pathways for Travellers to services

As discussed in Chapter Two – Context, Travellers experience varying degrees of shame and guilt when they become involved in substance mis-use with the pressure on some being so severe that they choose to cut off all ties with their family. This level of shame can lead to lower uptake of services as Travellers do not want to be seen entering or exiting substance treatment services. This contextual insight is useful to bear in mind when considering some of the factors that prohibit Travellers from accessing services.

Self-referral was reported as the most frequent pathway to accessing services with little difference being recorded between Traveller men and women. Word of mouth recommendations inevitably impact positively on the predominance of this pathway. It also shows the willingness for Travellers to engage in services.

None of the people we interviewed stated that they were referred to a drug or alcohol support service by their General Practitioner(GP) or health facility. The National Drug Treatment Recording Statistics(NDTRS) show that the rate of referrals from GPs for the Traveller community was lower than the non-Traveller community for the years 2007 – 2009 (Health Research Board, 2009). Referrals from health care facilities such as hospitals were higher for the Traveller community for the same period. This would suggest that Travellers are reluctant to share their drug using information with their GP, who would, in many cases, be the family GP.

Gender differences emerge when the secondary and tertiary referral pathways are examined with 22% (n=4) of Traveller women being referred by Probation Officers while this wasn't recorded for any Traveller men in the research. The following extract documents the support provided by the Probation Officer to one female interviewee.

'I was in court last June. I was up for theft. I was attending probation and she asked me if I wanted to attend here and I said that I'd give it a try. She put in a good word for me and she said that I could start here for a year. They gave me a shot at it.' Traveller woman(f05) More men than women were referred to a service by a family member. This is unsurprising as Traveller women hide their drug use from their family members for longer as there is more shame and guilt associated with Traveller women being drug users. In addition, family members acting in a referral capacity is consistent with the view that the family and particularly the mother are a protective influence against the escalation of drug use and related problems in the Traveller community. The following extracts from a male and female Traveller highlights the protective role that mothers can play.

'Who put me in touch first with this service was my mother. She wanted to help me to get off drugs. She was the first person to introduce me to the place. I was gone too far that time and she said you need help and these will give you help.' Traveller man (m15)

'My mother came in with me on the first day and I was glad she did. I don't think I would have come in by myself. All I knew was that I needed help but I'm not sure I would have come in by myself.' Traveller woman (f04)

Significantly, a higher percentage of Traveller men(25%) than women(6%) were referred to a support service through a drugs counsellor. Due to a lack of trust, a fear of people finding out and an unfamiliarity with the counselling process, Travellers have been reluctant to engage in counselling. Despite small numbers, this finding is very positive with counselling emerging as a potential support avenue to be further explored with Traveller service users.

	Total	Females	Males
	(n=30)	(n=18)	(n=12)
Self Referral	19 - 63%	12 - 67%	7 - 58%
Probation Service	4 - 13%	4 - 22%	0 - 0%
Drugs counsellor	4 - 13%	1 - 6%	3 - 25%
Family member	3 - 10%	1 - 6%	2 - 17%
General Practitioner	0 - 0%	0 - 0%	0 - 0%
Hospital or other health facility	0 - 0%	0 - 0%	0 - 0%

#### Figure 2 Referral Pathways to services – by gender

#### 5.4 The process of service uptake

This section explores how Travellers use services. It looks at patterns of first engagement as well as the impact first impressions of a service can have on continued engagement and commitment for Travellers.

When patterns of first engagement were analysed, a marked difference was noted between the experiences of Traveller men and women. More than half of all Traveller women (n=11) clearly stated that they would not feel comfortable to attend a service alone for the first time, irrespective of where

that service was along the continuum of care. Coupled with this, Traveller women reported a significant time lapse between knowing about a service and their first engagement with the average time lapse being in excess of three months.

These findings have important implications for services as not only does it highlight the need for targeted outreach to Traveller women but for outreach workers to offer additional support by accompanying Traveller women to the service if it is their first time to engage. This would also help alleviate the feelings of nervousness on first engagement as reported by over half of all Traveller women interviewed. Targeted outreach for Traveller women and other suggestions for initiating engagement are outlined in the guidelines in Chapter 8.

These differences between Traveller men and women again are unsurprising as Traveller women, from a very young age right until they are married, are not afforded the same level of freedom as Traveller men. While national research has shown that Traveller women have a higher rate of engagement in general health services, they tend to attend with other family members (Kelleher, 2010).

Nearly two thirds of those interviewed reported attending a service for the first time with another drug mis-using Traveller. The close knit nature of the community, coupled with the strength of the word of mouth recommendations, may account for this finding. Again, family and friend connections could provide informal support to potential and existing service users and could be a resource to be further developed within services. The limited knowledge of the service was cited as being the main reason for preferring to be accompanied when first attending services with fear of being discriminated against coming second. The following extracts illustrate the nature of the concerns held by some of our interviewees when initially engaging with services and how the presence of another Traveller helped to support their engagement.

'Well, I knew it (drop in service) was here for about a year. I'm only in Dublin for about three year. I left my home town when I got out of prison and I came here to Dublin to get off drugs. The worse thing I ever done cause I'm worse than ever but I knew this place was here but I didn't really use it. I was ashamed to use it. Then one day I came here with my ex-boyfriend, he's a Traveller and I've been coming in ever since.' Traveller woman(f01)

'My brother has been on it for years. The time that we were staying on the other halting site I got sick on the drug and he asked me to start there(clinic) but I kept saying no, no. I didn't want to because of the shame but he kept at and at me and at me. My brother kept telling me that I'd be there every day in the corner crying so that's the only reason why I went down. I didn't know anything about the clinic so if I didn't have my brother, I'd be in a bad state.' Traveller man(m23)

'I first heard about this place through some friends of mine. They were using it so I came in with them one day. I don't think I would have come in by myself. I was ashamed of using drugs and my confidence was low. I felt suicidal at times.' Traveller woman(f10)

Sections 5.1 to 5.3 highlight the difficult journey many Travellers have to take in order to just get to a service but what happens when they first engage. What are their first impressions? What makes them stay?

Half of the Travellers (n=15) interviewed described their first impressions of their primary service as being positive with a further 37% (n=11) reporting ambivalence. First impressions were noted about the service environment, initial interactions with staff and interactions with other service users. These are particularly important as they feed into the word of mouth referral system for Travellers. If the first impression is negative, this can filter out to a significant number of Travellers delaying or stopping their engagement all together.

Half of all interviewees described their first impressions of their primary service as being welcoming, pleasant, safe and homely. Again, a gender difference emerged here with more Traveller men finding their primary service welcoming compared to Traveller women. This could be attributed to the feelings of nervousness experienced more so by Traveller women making them feel apprehensive about their first engagement. Nearly half of all Traveller males felt that services were inclusive of Travellers in their approach while only a small proportion of females shared this impression.

Nearly half of all Traveller males felt that services were inclusive of Travellers in their approach while only a small proportion of females shared this impression. This feeling of a service being non-inclusive of Travellers could impact on how comfortable a Traveller feels to disclose their ethnicity and on their levels of engagement; as previously discussed in 5.1.

The findings in this section are very promising showing that, in general, Travellers currently engaging with services are pleased with the service provision they are getting. This reporting is consistent with research by (Fountain(b), 2009) which shows that over half of Black Africans said that their experience of using drug and alcohol support services was positive and that their needs were met. However, minority ethnic groups are rarely homogenous in the way they experience social interactions and it needs to be noted that differences of opinions do occur between Traveller men and women. This, again, highlights the need for targeted approaches specific to the needs of Traveller women.

Despite the overall generous comments articulated by most interviewees about the services they engaged with, a small number described their first impressions of services as being chaotic or overly rigid in their approach. The following extract illustrates this experience.

'I thought it was a bit mad. The first day I came in there were loads of people here and someone OD'd and I thought I'm never going back there but then someone told me that that doesn't happen everyday. I was glad I came in with my cousins because they knew what it was about. I just stuck with them but then after a few days I just settled in. I got to know the staff and other people here.' Traveller woman (f30)

#### 5.5 Service engagement & retention levels

The section explores the reasons why Travellers make the decision to use a service, despite their feelings of shame, guilt and their fear of their family members finding out. It looks at patterns of engagement, such as number of times they use the service, duration of service use and issues that impact on retention rates.

In order to elicit the reasons for engagement in a service, interviewees were asked what was their main motivation for seeking support? A large number of responses were recorded with the most frequently reported being highlighted in Figure 3. More than one response was recorded from interviewees.

#### Figure 3: Reasons for first engagement

	Total(n=30)	Females(n=18)	Males(n=12)
Seeking general help	27 - 90%	15 - 83%	12 - 100%
Seeking routine	23 - 77%	13 - 72%	10 - 83%
Seeking greater stability	21 - 70%	11 - 61%	10 - 83%
Alleviate boredom	21 - 70%	12 - 67%	9 - 75%
Somewhere to go	21 - 70%	14 - 78%	7 - 58%
To keep busy	16 - 53%	10 - 55%	6 - 50%
To avoid isolation	15 - 50%	8 - 44%	7 - 58%
Reduce/stop drug use	14 – 47%	6 - 33%	8 - 67%

Nearly all of the Travellers interviewed (n=27) said that the main reason why they first decided to attend a service was to seek general help with issues such as health, housing, social welfare entitlements, issues relating to their children's welfare and legal issues. Seeking general help of this nature, as being the main reason for first engagement, is unsurprising as these are issues that Travellers face on a daily basis even when substance mis-use isn't a problem. As these are deemed to be more acceptable reasons for seeking help over addiction issues by the Traveller community, Travellers stated that they felt more comfortable accessing services under this guise. The following extract illustrates the various supports that Travellers talked about receiving in addition to help with their substance use.

'This place will help me to get clean and to help me to stay off it. Having the routine of coming in here is really important. It passes the day and get rids of boredom. When I'm bored, that's when things go bad for me. I get lots of help from here. Help with my homeless situation, treatment, getting a counsellor, staying off drugs and the police.' Traveller woman(f04)

Seeking a better routine and achieving greater stability of their drug use were the next most commonly cited reasons for first engaging. The motivation for Travellers attending services was primarily on lifestyle issues of which drug and alcohol use would play a significant part. This has an implication for ensuring that providers approach service user needs from an holistic perspective rather than focusing solely on drug and alcohol reduction.

Wishing to reduce or stop drug use featured more prominently for Traveller men than Traveller women. The findings for Traveller women differ from international research which finds that the main reason minority ethnic service users seek support is to become drug free and begin detoxification off their main problem drug (UK Drug Policy Commission, 2010). It should be noted that different methods of collecting data for this section between sources could explain this difference.

Two thirds of Traveller women said that having a place to go was one of the main reasons why they decided to engage with a service initially. Once engaged in a service, Traveller women's attendance tends to remain high with nearly 70% attending on a daily basis. Establishing a fixed daily structure,

built around familiarity of environment and people, would be a part of Traveller women's roles within their community with many assuming traditional gendered roles. This historical role could explain Traveller women's desire for having somewhere to go coupled with their frequency of engagement. Perhaps their desire for 'somewhere to go' and frequency of attendance is partially explained by their desire to get away from their family setting where temptation to use/relapse is perhaps high given that some were introduce to heroin by husbands/partners. This may question the uncritical assumption that the Traveller family unit is a protective factor against drug abuse.

The freedom attributed to Traveller men from a young age and their often lack of daily structure, could explain their more sporadic attendance in services. With the mean age of the Traveller men interviewed being 27 years, most would not have experience of a structured daily routine since school. More Traveller men attend services 2-3 times a week as opposed to engaging on a daily basis.

The Traveller men we interviewed all began using services more than 12 months ago whereas more Traveller women stated that they only commenced engaging with services within the previous 12 months showing that for Traveller women, engagement with support services is relatively new.

Nearly half of all Travellers interviewed (n=14) accessed supports from more than two services concurrently with interviewees categorising one of those services as their primary service<sup>10</sup>.

When the primary service could not meet specific needs, Travellers sought out services that could. Again, this information was sourced through word of mouth recommendations. An example of some of these specific services include: access to counsellors, provision of food or wash facilities or for social activities such as planned outings. Engagement levels in these secondary services was less frequent and for shorter periods of time.

For those Travellers (n=4) who stated that they were current intravenous drug users, needle exchange services were often sought outside of their main primary service for two reasons; firstly, the service did not provide needle exchange and secondly, the Traveller did not want their key worker to find out they had progressed to injecting. In addition, it would appear that when accessing needle exchange facilities, Traveller may be exposed to a wider group of Travellers which could identify them as injectors as the following extract illustrates

'When I was on heroin I used to get my (needle) exchanges there. There was a lot of Travellers using there as well. You'd see them going in and out getting exchanges, getting syringes. A lot of them wouldn't identify themselves. There was people coming from Longford, Tullamore and that to get clean needles. They wouldn't be in the other services.' Traveller man (m09)

This reluctance to share information that brings about further shame and guilt for the service user is discussed further in section 5.8.

Travellers reported that once they were involved in a service, be it the primary or secondary service, that a number of service-related and individual-related factors impacted on their continued engagement.

Believing that the service they are engaging in is strictly confidential was reported as being of utmost importance to all Travellers interviewed and having the most significant impact on their continued engagement. Travellers interviewed did not want certain members of their family or community to know that they are using drugs due to the shame it would bring to their immediate family and grandparents, in particular. The following extracts from the interviews with Travellers illustrates the importance of confidentiality.

<sup>10</sup> Service where they spend most of their time and receive most of their supports.

'It's a safe place and confidential. You're confident like, everything is confidential. If I seen anyone coming in that I knew, I could go up to the room.' Traveller woman(f02)

'It's a very confidential service and that's very important to me. I don't want anything getting out about me that I've spoken to someone in here about.' Traveller woman(f04)

'I thought the outreach worker was going to be judgmental because I'm a Traveller but she wasn't. I felt very comfortable with her and she told me everything is confidential. That really mattered to me. I was ashamed of my drug use and the impact that it was having on my family but she made me feel very comfortable. She's given me information on the issue so I can inform myself.' Traveller woman(f03)

Nearly half of the Travellers interviewed reported that they did not know what to expect from a service resulted in them not fully engaging in supports or withdrawing from the service completely. This resulted in partial or complete withdrawal by service users and is reflected by studies on other minority ethnic groups where a lack of awareness of services and what they had to offer led to an unrealistic expectation of the treatment process (UK Drug Policy Commission, 2010; Finn(a), 1994; Vandevelde, Vanderplasschen, & Broekaert, 2003).

Another factor reported to impact on engagement and retention levels is a dislike of drug use on the premises. Nearly a third of all interviewees stated that they were not in favour of drug use on the premises and this applied to all services. However, there was a greater level of acceptance of drug use in drop in centres. The following extracts illustrate the nature of discontent expressed by some of the people we interviewed regarding the use of drug services for drug-related behaviour by other clients.

'Sometimes I get pissed off though because there's people talking about drugs and it annoys me because you shouldn't be in here. It's to help people not to talk about something when you don't want to be around it.' Traveller woman(f05)

'I don't like people using in the service and stuff like that. It's not right. If people want to do that, they should do that in their own time when others aren't around.' Traveller woman(f30)

In addition to the service-related factors impacting on engagement and retention levels, the Travellers interviewed acknowledged that some of their own personal issues influenced how they participated in a service.

The responsibility expected of Traveller women from a young age and the premature independence afforded to Traveller men can result in a reluctance to ask for help until the situation is acute. Nearly half of all Travellers interviewed (47%) reported that they were uncomfortable asking for help when engaged in a service irrespective of how long they were accessing the service.

Reluctance to seek help and discuss problems outside the immediate family unit is also reported among Black and Asian minority groups accessing drug treatment in the UK. Finn highlights how service users' cultural traits can impact on the levels of success of their recovery. 'Cultural characteristics such as prohibitions against sharing family problems outside the family may make it difficult or impossible for the client to participate effectively in the counselling process unless modifications are made to accommodate the person's values and beliefs' (Finn(a), 1994).

These findings are particularly important in highlighting the need for workers to regularly ask and clarify what Traveller service users' needs are and to pro-actively offer options and solutions. This needs to be done in a way that is culturally appropriate and with consideration of the possible barriers facing service users.

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As has been explored in earlier sections, the shame felt by Travellers who are living with an addiction is immense and influences the choices that they make regarding the timing of their uptake of supports and how this takes place. Nearly half of all Travellers (43%) interviewed said that the shame they felt for being a drug using member of the Traveller community impacted on their ability to engage fully with their primary support service. This is an experience shared by other minority ethnic groups (Corr, 2004).

Nearly half of all Travellers interviewed reported that they were uncomfortable asking for help

In addition to the personal shame felt by Travellers using a service, the perceived or real fear of being judged (33%) or discriminated against (23%) for being a member of the Traveller community was felt by a considerable number of interviewees. Travellers have a long history of experiencing discrimination. This deep rooted experience can result in a decrease in levels of trust of professionals as discrimination can often be anticipated prior to entering a service, whether it exists or not.

These responses are of particular importance for service providers when assessing the possible reasons why Travellers engaging in their service may not be availing of all the supports available to them. They may help to explain why a Traveller service user's engagement is sporadic or why they have completely withdraw from a service. The following extracts illustrate the nature of the ambivalence that can delay members of the Traveller community making contact with service providers.

'When I came here in January, I hadn't a hope, no future. I was pretty messed up in my head about who I was and what I was and I came here to go through the programme and I was terrible for messing around with things. They don't treat me any differently here because I'm a Traveller. At times in other places, I've thought people were treating me differently but I'm not sure if that's because I'm a Traveller or because of being on drugs. It's hard to say.' Traveller man(m28)

'I've had some people do terrible things on me so I take my time to trust people. I had to see if they were going to treat me right and respect me. I wanted to see would they treat me bad for being a Traveller or an addict but they didn't.' Traveller woman(f30)

'Before, I hadn't got the courage to just walk in myself and ask for help or anything. I just couldn't do it. I was just too embarrassed about using drugs because I'm a Traveller.' Traveller woman (f14)

'I wouldn't go because I'd be afraid of being called a knacker. I've never been to it and it probably wouldn't happen but I'd be afraid that it would. I'd be afraid of seeing people that I know there especially other Travellers.' Traveller woman (f03)

The establishment of trust in the service in general and its staff also played a significant role in the level of engagement by Traveller service users. This issue will be explored in greater detail in section 5.7.

#### 5.6 Service provision – beneficial supports & identified issues

This section reports on the benefits of engagement as described by Traveller service users; what type of supports did the Travellers find the most useful and of benefit to their overall well-being? It will also examine the elements of service provision that they felt were not as beneficial or did not meet their needs. Travellers named a significant number of benefits covering all aspects of service delivery both formal and informal.

Significantly, nearly all Travellers (n=28) said that having someone to talk to/share their problems with was what they found to be of most benefit to their overall well-being. As discussed in Chapter One, some Travellers who have an addiction choose to break ties with their family due to the shame and guilt that they feel they have brought upon themselves and their family. This leaves them without an important mechanism of support that they would generally expect to rely on throughout their life.` Breaking away from the support of the family unit can often lead to a complete disconnect from their community, culture, traditions and their recognised way of life. Once engaged in a service that they feel comfortable in, staff members can act as substitutes for this support but the loss of their Traveller identity still remains missing. This, in itself, can impact on their levels of drug mis-use.

A weakened sense of belonging to the Traveller community, coupled with the stigma attached to their drug use, resulted in lower self-confidence and self-worth for those interviewed. Travellers stated that a knock-on effect of engaging with staff members in a service and the service in general, led to an increase in their personal development and confidence levels. Eighty per cent of the people we interviewed (n=24) were quite vocal about the positive changes to their confidence as illustrated by the following extract.

'In the time since I've come here I've really changed. Even my mother sees a big difference in me. Like I've spoken to my mother about things that I've never spoke to her about since coming here. My confidence has really been given a boost. I came in here all over the place. You couldn't talk to me. There was no balance in me. I wasn't talking. I'm much calmer. I'm much more at peace and believe I can do this' Traveller woman(f29)

With increased confidence levels, Traveller service users felt in a better place to be able to explore their options regarding controlling, reducing or stopping their drug use. This was mentioned by 24 of those interviewed who said that they found the development of progression pathways out of addiction to be of benefit to their overall well-being. With eighty per cent (n= 24) of the Travellers interviewed stating that the development of pathways out of addiction were of benefit to them, this type of work could be further developed through a key-working/case management process with staff ensuring that options regarding stabilisation and/or detoxification are addressed on a regular basis.

Traveller service users also found more informal, practical supports of benefit to them as they met their most basic of needs. The provision of tea/coffee making facilities(n=20), access to food provisions(n=20) and having the use of a telephone (n=13) were all stated as being beneficial by interviewees. One of the female Travellers we talked to described the service she was using as resembling a home.

'It's grand here like. It's homely. I like it. The staff is grand like, you can buzz off them. And you can use the phone to phone your mother, make a cup of tea, have a smoke, fag, have a sleep.' Traveller women(f01)

A notable feature of the services being used by the people we interviewed was the provision of a diverse set of supports alongside measures targeted at addressing the addiction. This is an important feature of service provision, particularly for Travellers, as it reduces the clinical nature of addiction measures, thus making them more acceptable to Travellers. The following extracts illustrate the ease in which these people experience and welcome an exploration of measures to tackle their addiction within a supportive context that is also attending to their practical needs.

'I can have a cup of tea and they make you sandwiches and things like. They try to help you like, get into places to get you off your methadone, put you into a detox place. I do reading and writing, I did it this morning for two hours. On other days they try to help you to come off drugs. It's not reading and writing. They are just talking about how to come off drugs and how they affect you and what bad things are about the drugs and the good things about being off them. It helps. I've been clean now for six weeks. That's the longest I've ever been clean.' Traveller woman(f25)

'There's various courses to do. I'm starting one in two weeks time, a stabilisation course. That's twice a week for people wanting to get stable from drugs or people who are drug free. You can access people who are homeless. They can come in and have a shower or whatever they want to. You can take some food away and you can do your washing. You can come in to have breakfast here as well and lunch and that. There's general support and that, like if you are feeling down or in a crisis.' Traveller man(m09)

Improvements in life skills (n=19); such as the ability to manage their accommodation, personal finances, interaction and communication skills were seen by Travellers as impacting positively on their general life circumstances. Behavioural change programmes such as anger management and the development of coping skills were seen as being of significant importance to over half (n=16) of all Travellers interviewed. These benefits came about through a care planning process as will be discussed in section 5.8.

Assistance with reading and writing, in a formal and informal way, was seen as beneficial to fourteen of the Travellers we interviewed. Formal assistance involved the provision of adult education supports, particularly on a one to one basis while informal assistance related to service users getting help to write or read a letter relating to their health, housing or their children's schooling.

Providing support to Travellers who are experiencing literacy difficulties is an important component of service provision as improvements in literacy can often contribute to other changes, as illustrated by the response of this male Traveller.

'When I first came here I couldn't read or write. I had to change my behaviour, my attitude, like that's what this programme is about, changing your attitude.' Traveller man(m13)

Also seen as being of significant benefit to those interviewed was assistance with family interventions (n=19). The particular supports mentioned include assistance with re-establishing contact with estranged family members, mediating family issues brought about by the Traveller's drug addiction and instigating family support for the service user. In addition to this, the provision of counselling supports in-house (n=14) were also highly regarded by Traveller service users. The following extracts from a male and female that we interviewed convey the high regard felt by participants towards counselling and the role of the practitioner in providing this support.

'I get well looked after here. My needs do be met. I do get counselling and there's good people here for me to talk to. It's a friendly, family environment. There's always someone to encourage me to keep going.' Traveller man(m12)

'It gives me that bit more encouragement to keep going and to get help because I didn't know where to go. I didn't have anyone to meet or talk to and the days used to drag in. I love chatting with her (counsellor) now. It's very important.' Traveller woman(f14)

The provision of childcare facilities was reported as being a huge benefit to engagement by a number of Traveller women (n=9) with its availability impacting positively on levels and frequency of engagement. It should be noted that only three of the  $10^{11}$  services provided childcare facilities which suggests that this is an areas that services can improve on.

The benefit of general assistance with parenting issues was reported by significantly more Traveller women (n=8) than men (n=1). These supports included staff attendance and advocacy at family case conferences, the development of reunification strategies and practical supports regarding the care of children.

The availability and provision of an outreach service was seen as a benefit to half of all respondents (n=15). This reflects previous findings where Travellers were reluctant to engage in services due to the shame of being a Traveller with an addiction or being known by other service users. The importance of having targeted outreach that meets both the needs of Traveller men and women cannot be underestimated and is discussed further in Chapter 8.

The Travellers interviewed did mention some aspects of services that they felt were not of benefit to their overall well-being. While these were far fewer in number, it should be noted that these responses only reflect the opinions of those Travellers who managed to overcome the obstacles to accessing services in the first place and do not reflect the views of those who have yet to avail of these supports.

Seventeen per cent of the Travellers interviewed said that they disliked being exposed to drugs either inside or outside of services. The availability of drugs in or around services was seen as a deterrent to some Travellers who felt they weren't in control of their drug use enough to be able to not take up on what was on offer.

'Going for my phy<sup>12</sup> everyday there's people all standing outside asking me if I'm looking and I say yeah, give me two, give me three give me more(referring to bags of heroin). I don't want to go down there. I'm not used to that. I'm used to ponies and horses and getting up in the morning and looking after the horses and going with them for the day but I can't now.' Traveller man (m23)

'You can get anything in this place. Everyone was using it to sell the drugs.' Traveller woman (F24)

Following on from this point, mixed stability levels of other service users was also seen as a negative aspect to some services as this was reported as impacting negatively on some Travellers' stability levels.

The concerns expressed by some of the Travellers about drug dealing and signs of drug use in and around services reflects their expressed preference to be involved in pathways out of addiction.

Limited access to staff and staff shortages was noted by 13% (n=4) of interviewees as not benefitting their overall well-being and goes against the fact that the majority of Travellers (n=24) said that having someone to talk to was the most beneficial aspect of service provision. Needs not being met or not being met quick enough was mentioned by 17% (n=5) of those interviewed. Although the number of interviewees raising these concerns are quite small, nevertheless, given the importance placed on informal networking among the Traveller community, negative experiences such as these reported here can be passed on to other Travellers who may need support with addiction and could delay or prevent them engaging. Some of the comments made by interviewees included:

*'I'll be honest with you, I come in here one day a week asking for help and I'm not getting it. I'm coming for a good year and no change.'* Traveller man(m11)

<sup>11</sup> Childcare facilities were provided by a drop in centre, rehabilitation day programme and a female residential centre.

<sup>12</sup> Abbreviation for physeptone, now referred to as methadone.

'There's a medical person here alright but it does be always packed. You're just left there on your own.' Traveller woman(f01)

Breaches in confidentiality (n=2) and not having a choice of accessing a Traveller member of staff (n=2) were seen as issues for some interviewees. Research has shown that the employment of a culturally diverse staff team can play a role in both the recruitment and retention of service users from minority cultural backgrounds. Vandevelde et al (2003) found that the employment of staff members from culturally diverse backgrounds improved the services' ability to reach their target group and resulted in the cross-fertilisation of cultural knowledge amongst the team.

The employment of culturally diverse staff members facilitates an element of choice; of being able to choose to engage with a staff member with shared cultural experiences, values and beliefs or to engage with someone from a completely different background. In-reach from Traveller organisations is one cost efficient way of achieving this situation and is discussed further in Chapter Eight.

#### 5.7 Traveller service user & staff relations

This section presents findings on the working relationships between Travellers we interviewed and service staff and highlights the most productive forms of interaction between the two.

When it came to discussing their working relationships with staff, the Travellers interviewed delineated staff members into two categories; general staff<sup>13</sup> and key workers/case managers. Opinions relating to general staff are discussed in this section.

When asked questions in this section, interviewees inevitably referred to staff members by name. To ensure the anonymity of both staff members and service providers, all identifiable information has been removed from service user quotes.

Over two thirds of Travellers interviewed (n=22) described general staff members as being approachable, supportive, accommodating or helpful in their work practices. Staff were described in this manner irrespective of any concerns raised by a number of interviewees about the limitations of service provision in the previous section. This is a significant point as it shows that the Travellers we interviewed were able to separate out the person or staff member from the overall service. This also suggests that general staff working in services are not see as a barrier

to access or use of the service; this is particularly beneficial considering the word of mouth referral mechanism favoured by Travellers.

Over two thirds of interviewees (n=21) said that they felt that general staff members were understanding of their individual circumstances in their approach to their work with them. Interviewees felt that staff members were cognisant of their particular issues as a result of being a drug mis-using member of the Traveller community.

Significantly, sixty three per cent (n=19) of all Travellers interviewed said that they found staff to be friendly and non-judgmental in their interactions with them; showing that the majority did not perceive service providers to be stigmatising against Traveller service users. Over two thirds of Travellers interviewed described general staff members as being approachable, supportive, accommodating or helpful

<sup>13</sup> As distinguished from key workers. General staff provide assistance on a needs basis often in the absence of the service user's key worker.

Overall, slightly more Traveller men than women scored general staff higher across all categories when it came to their feelings of their mutual working relationship apart from one area; ability to have some fun with the staff member, where Traveller women scored staff much higher. This could be explained by the fact that Traveller men have been engaging in the services for a longer period of time thus facilitating closer relationships with general staff.

Being able to have some fun with staff members didn't feature as prominently for Traveller men as Traveller women. The importance of having fun or 'buzzing off the staff' normalises the client/worker relationship and clearly meets the need to belong for Traveller women. Staff can become the closest thing to family members that Travellers, in particular Traveller women, may have experienced in a while, thus normal familial interactions such as having fun increase in importance.

Some of the women we interviewed took some time to trust members of staff, in some cases, it took months to build initial trust. As the following extracts illustrate, there were often a number of inter-related factors preventing the development of trust.

'I thought she was going to be judgmental because I'm a Traveller but she wasn't. I felt very comfortable with her and she told me that everything was confidential. That really mattered to me.' Traveller woman(f03)

'When the new staff started, I felt awkward. I didn't talk to the male staff. I'm too ashamed. I prefer to talk to women anyway. Learning to trust the new staff takes a while. I was in an abusive relationship so I don't trust people easily. Staff need to wait for me to open up and not put pressure on me.' Traveller woman(f04)

'I would have a serious problem with trust issues because of where I came from. I would not have trusted in people a lot when you're in addiction. It took me a while (to establish trust), probably about two months.' Traveller woman(f16)

Taking a pro-active approach was stated as being the best approach to take with Traveller service users by nearly half of all respondents. A pro-active approach is one where staff take opportunities to assess the needs of service users on a regular basis and includes a wider vision of recovery and building quality of life or harm reduction when the levels of risk are so high that a plan to reduce them is vital. Taking this approach would work towards counteracting the finding that both female and male Travellers find it difficult to ask for help so will often wait until the problem is spotted by a staff member. 'Clients whose culture teaches them to be passive may feel it is wrong for them to take some kinds of positive steps to avoid threats to recovery' (Finn(a), 1994). This can also be influenced by low levels of education and poor literacy skills.

This finding highlights the need for some form of standardisation of pro-offered supports that ensures service users are aware that they are not being singled out but are being offered a standard high quality intervention. The current introduction of more standardised practices is occurring within Ireland over the next number of years in relation to care planning and case management. This offers opportunities for systems to be developed in a way which meets the needs of Travellers for services to be offered in a way which makes clear that they are non-judgmental and non-discriminatory.

Travellers also reported finding it initially difficult to accept one to one help from staff as it was an unfamiliar experience. Interviewees stated that offered support was often rejected due to its unfamiliarity and because it made them feel uncomfortable; being unsure how to accept help. When the individual recognised that the supports offered were universal, i.e. not just targeted at them, they were more willing to accept the help. This rejection of support may be viewed as a lack of engagement by staff. When supports are offered to members of the Traveller community, it should be made clear that the same process is conducted with all service users.

Staff members who worked from a place of equality and fair treatment of all, coupled with an understanding of aspects of Traveller culture were deemed to be the best staff members and were sought out by Travellers. The following extracts illustrate the importance to Travellers of being treated with respect and equality by services.

'When I first came here there was just a good vibe that I got. When I first came here it felt like a good place, a place where I could get myself together. Nice surroundings. A place where I could stop lying to myself. The staff when I first came in, they were a friendly manner and they explained to me what this place does and what it's about. It really ticked all the boxes for me.' Traveller man(m12)

'When I first came here, I was not used to it. I will never forget it. The staff were on to me straight away and said, look relax and take it easy for the first few weeks. They showed me a lot of respect. They genuinely did and that's what I like about it. They did not judge me because I am a Traveller or a criminal or had charges or put gear into me. They just showed me respect. Nobody showed me that before. At times, I found it hard to handle. People never offered me things like that before. People that offered me something before always wanted something back but they didn't. That I found hard to handle.' Traveller man(m13)

'This place really helps you because you can come in and talk to someone when you are feeling depressed or have things going on for you. The staff are great. Everyone is treated the same, there's no difference between any of us. I've never been called any names for being a Traveller in here. Everyone gets along.' Traveller woman(f10)

#### 5.8 Engagement in key-working & care planning processes

According to the National Drug Rehabilitation Framework (Doyle, 2010) key working refers 'to the process undertaken by the key worker to ensure the delivery and ongoing review of the care plan. This framework document defines care planning as, 'a process for setting goals, based on the needs identified through an assessment and planning interventions to meet those goals with the service user.

The process of key-working and the development of care plans were available to all Traveller service users in each of the 10 services engaged in this research project.

Over two thirds (n=23) of interviewees had been assigned a key worker in their primary service with more Traveller women (83%) engaging in this support structure than Traveller men (67%). This could potentially be explained by the finding that more Traveller women than men frequent services on a regular basis thus facilitating the key working process and also assists with the sense of belonging as discussed in previous sections. However, service providers should internally assess the rates on key-working for Traveller men in their service and the possible reasons why it may not be happening.

Overwhelmingly, 96% (n=22) of Travellers interviewed who had been assigned a key worker felt that this was the best way of working for them as they had an identified member of staff in place that assisted them on a one to one basis.

Despite over two thirds stating that a key-worker had been assigned to them, interviewees seemed unsure of what care plans were and how they were developed. Thirty nine per cent (n=9) of those assigned a key worker knew what a care plan entailed and felt that one had been developed with them while 60% reported that interventions had been discussed, agreed and then implemented with their key worker. This difference could be down to different approaches by key workers, different interpretations by Traveller service users or a mix of both. Either way, it highlights the need for further initial and on-going explanation of the key working processes.

Two thirds of those Travellers (n=16) with a key worker in place stated that they seek support from their key worker only rather than going to another general staff member with 61% (n=14) reporting that they had formed a close bond. One downfall to this is that often there is a delay in seeking assistance by Traveller service users if their key worker was unavailable.

Service providers should be aware of these findings as they can work both in the Traveller services users' favour and also against them at times. Interviewers reported in their field notes that while trust is clearly essential for the process to be beneficial, once a close bond is formed some Travellers were reluctant to disclose certain issues to key workers for fear of 'letting them down'.

`'I knew my own self that I was going to go back on them. You need the help with it so I left it go too far before I told my key worker I was back on it. I went through it all last year and I didn't want him to know I was back on it but he was very good. I thought when I told him that he'd be fed up with me but he stood by me again this year.' Traveller woman(f17)

In another instance, a service user reported getting into a pattern of 'rewarding' herself with alcohol after meetings with her key worker as she felt she had off loaded a lot of problems and therefore deserved it.

'After my key worker leaves, I feel like I've got a load off my chest. Sometimes though I've drank that evening as a reward for feeling so good.' Traveller woman(f03)

Travellers being key worked reported that this process worked best when issues or actions were discussed, an intervention agreed and open lines of communication were established so feedback on progress took place. 70% of those being key-worked (n=16) stated that agreed actions were followed up on by their key worker. In balance, key working is an approach that is acceptable to Travellers.

As discussed under section 4.10, nearly half of all (n=13) Travellers interviewed had attempted a home detox off heroin. These attempts to detox show a strong desire to become drug free but are not recommended as they lack medical supervision. Key workers need to ensure they highlight the potential risks associated with this form of detoxification while providing appropriate alternative approaches.

2 out of the 23 (9%) Travellers with key workers said that they had a gender preference for the role with one Traveller man and one woman stating that they prefer to discuss issues of a personal nature with a female member of staff. The reasons for this varied with the male service user feeling 'more comfortable showing his emotions' with a female key worker while previous sexual and domestic violence perpetrated by a male was cited as the reason for this preference by the female Traveller.

'I'm after building that kind of bond with her like. I can trust her. You have to have trust. I can't open up if I don't trust anybody.' Traveller man(m18)

'Mary is my key-worker and it took a while to trust her. It took about three months. I told her things and when I didn't hear them back from anyone I knew I could trust her. She is my key-worker and I go to her with specific problems.' Traveller woman(f04)

'Now I've got a key worker, I'm more stable. I meet her once a week to talk about what issues I have going on and that and how my drug use is. It makes a big difference. After a few weeks of coming in I built up a bond and a bit of trust the staff and the key worker.' Traveller man(m09)

'It's a great support, the key worker. You need a key worker when you go through something like this.' Traveller man(m18)

#### 5.9 Awareness of ethnicity & cultural awareness

This section examines the level of awareness of an individual's ethnicity<sup>14</sup> by the service provider and the impact this can play on the engagement of Travellers with services. The concept of cultural awareness <sup>15</sup> will also be highlighted.

The National Drug Treatment Recording System (NDTRS) began recording Traveller ethnicity in 2007 by asking the following question; are you a white Irish Traveller? The NDTRS forms are used by a number of treatment and support services nationwide with the assessment taking place on first engagement with a service. Despite over two thirds stating that a key worker had been assigned to them, interviewees seemed unsure of what care plans were or how they were developed.

As discussed in Chapter One – Context, the use of an ethnic identifier allows for service providers to form a profile of their service users, ensure they are meeting their specific needs and facilitates an analysis of drug use trends amongst particular cohorts of their client group.

It is important to bear in mind that the length of time between first engagement and the conducting of this research was quite significant, in some cases. It would not be unreasonable to suggest that this time difference may have impacted on an individuals' ability to accurately recall being asked their ethnicity on first entry.

Only two of the 30 Travellers (7%) interviewed can accurately recall being asked their ethnicity on first engagement with their primary service. These two respondents were referring to a Traveller specific service and a methadone treatment clinic. They also reported that they felt slightly uneasy with the question being asked as a clear rationale was not provided at the time.

25 (83%) Travellers interviewed reported that their ethnicity was not asked with three individuals stating that they could not remember.

Awareness and acknowledgement of a person's ethnic or cultural background should be a core element of service engagement as various cultural traits may impede or accelerate the recovery process (Fountain(a), 2006; Finn(a), 1994; Vandevelde, Vanderplasschen, & Broekaert, 2003). This concept is captured clearly by Sue and Sue when they state that, 'to overlook a client's ethnic or racial group membership is to deny an extremely important aspect of his or her identity' (Sue & Sue, 2008).

23 of the Travellers we interviewed said it was their perception that staff knew these clients were Travellers although this information was not formally recorded by the service. When pressed on this issue to explain this perception, the Travellers we interviewed cited their distinctive accent, their postal address and their attendance with other Travellers as reasons that service providers would identify them as Travellers. This creates two dilemmas for both service users and staff. Firstly, if staff assume a person's ethnicity they may under-estimate the number of Travellers accessing their services. In addition, assumed ethnicity cannot be officially recorded on the NDTRS assessment forms resulting in a national under-estimation of the numbers of Travellers seeking and accessing drug treatment. It may also result in the specific needs of Traveller service users going unmet, impacting on word of mouth referrals to other Travellers.

<sup>14</sup> Shared characteristics such as culture, language, religion, and traditions which contribute to a person or group's identity (National consultative committee on racism and interculturalism, 2007)

<sup>15</sup> Someone's cultural awareness is their understanding of the differences between themselves and people from other countries or other backgrounds, especially differences in attitudes and values. Oxford, 2010

If staff assume the ethnicity of Traveller service users and assume incorrectly, there may be a higher incidence of Travellers reporting that their specific needs are not being met with staff underestimating the number of Travellers accessing their service.

When the ethnic or cultural background of a service user is known, assumptions should not be made that all members of this group share the same values, beliefs and traits. Throughout this chapter, there have been significant differences highlighted between male and female Travellers under various headings showing that differences can and do occur within a minority group. These differences need to be considered on a gendered basis rather than stereotyping all service users from the Traveller community as having the same needs (Finn(a), 1994) Cheung, 1993).

As in previous sections, Travellers(n=10) reported the need for trust to be established with staff before they disclosed their ethnicity. Most Travellers chose to self-disclosure their ethnicity once they had been engaging in a service for some time.

A noticeable gender difference emerged regarding the self-disclosure of identity with 50% (n=9) of women and only 17% (n=2) of men sharing their ethnicity with service staff. Traveller women tend to be more recognisable as Travellers due to their particular dress style which was highlighted by this female Traveller.

'Yeah, I think they should ask people just for people's own comfort and to let them know who they are and where they are. For their own piece of mind that they(staff) do know. You'd know by looking at us that we're Travellers and there would be settled people in the room but still, it's nice to be asked.' Traveller woman(f14)

However, 22% Traveller women (n=4) said that they would not self-disclose their ethnicity with no Traveller men reporting this.

Reasons for non-disclosure for all Travellers interviewed ranged from being ashamed of their ethnicity (7%), fear of being discriminated against due to previous experiences (20%) and not wanting to be labelled (23%). Twenty three per cent of all respondents (n=7) stated that they disagree with the ethnicity question being asked and as illustrated by the following extracts, some Travellers would prefer the option of volunteering this information instead of being asked.

'When I came here I wasn't asked if I was a Traveller and I don't think people should be asked. Why should they be? We're all the same. I think it would be very rude of anyone to ask me that. I don't ask them what background they are from so why should they ask me. So what if I'm a Traveller? I'm not ashamed of being a Traveller and I'll tell people if I want to tell them but I don't think anyone should be asked. It's obvious I'm a Traveller though, by the way I talk so I'm sure people know.' Traveller woman(f10)

'I was talking to one of the staff then and he knew the name and he asked if I was a Traveller and I said I was. I don't think people should be asked. I think people should say it if they want to say it and when they feel comfortable. I wouldn't have said it when I came in the door but I would have said it in time. When I trusted them but I also felt that if they are going to judge me, let them judge me. I am who I am. There's no point in hiding that.' Traveller woman(f29)

A key finding from this data was that once ethnicity, either assumed or real, was known by service staff, 73% of interviewed Travellers (n=22) stated that this knowledge did not affect the service they received. One respondent stated that knowledge of their ethnicity did impact on the level and quality of supports provided by their primary service.

#### 5.10 Relations between Travellers & non-Traveller service users

This section briefly examines the relationship between the Travellers interviewed and non-Traveller users of their service. Having a peer support network is recognised as providing essential support when engaged in active drug use and when trying to stabilise and detox. This can be of increased importance to some Travellers who are no longer in contact with their family and in some cases, their entire community.

53% (n=16) of interviewees said that they had a good relationship with non-Traveller service users in their primary service with the sharing of experiences being noted as being of particular importance (n=15). 43% (n=13) said that they received support from non-Traveller service users and were also able to provide support in return at various stages of their engagement.

Those engaging in Traveller specific services reported having the best relationships with their peers with drop in facilities being described as the most difficult.

It also shows that despite only 3 of the 6 interviewees who attended residential treatment facilities reporting that inter-peer relations were good, all cases (n=6) stated that they received vital support from their peers. Practices such as 'buddy systems' or 'big brother/sister programs were reported as being of particular benefit to service users.

Twelve respondents stated that they preferred a mix of Traveller and settled peers in services. Over a quarter of interviewees reported isolating themselves from other service users at various times during their engagement; this is linked to a dislike of drug use and mixed stability levels amongst service users. Again, a difference was noted between the genders in this area with more Traveller men choosing to isolate themselves in comparison to Traveller women. The following extracts illustrate this point.

'I've never had any problems with other people in here. If I don't like someone, I just don't go near them. They leave me alone, I leave them alone. That's the best way really.' Traveller woman(f10)

'I get on ok with other people. I keep to myself. This isn't me. This drug problem isn't me. They don't really know me.' Traveller man(m11)

'Everybody is here for their own problems and obviously we have our little conflicts but that's not on an everyday basis. Things can go on but we have a house group twice a week so we sort our differences out. It's not that we are roaring and shouting at each other.' Traveller woman(f29)

Other research on the area of Traveller specific or integrated service provision seems divided. Van Hout (2010: 40) reported that service providers were unsure as to whether an integrated or segregated approach for Travellers is the most effective form of drug support while Vandevelde et al (2003: 226) state that, 'professionals and clients stressed the importance of not organising specific and separate treatment for minority clients, as this would isolate them from other autochthon (majority) clients'.

Travellers interviewed for this research, on the whole, were very happy with the service they received as reflected throughout previous sections.

#### 5.11 Impact of familial support

Research has shown that being part of and having a sense of belonging is a key feature of Traveller culture and way of life (Gmelch, 1976). Strong family connections to immediate and extended family structures continue throughout Travellers' lives. This is also reflected in the findings of this study.

The support of family members was repeatedly stated as being of utmost importance to interviewees with positive family involvement impacting on levels of stability, engagement in support facilities and the maintenance of a drug free lifestyle.

Fifty seven per cent (n=17) of all interviewees stated that they were currently in contact with their family members and that this contact was supportive in nature. However, there are differences between Traveller men and women when this figure is broken down. Two thirds of Traveller women interviewed (n=12) said that they were currently in contact with their immediate family members. In light of previous findings, which highlighted the fact that Traveller women may experience more shame and guilt for being drug users than Traveller men, this finding could suggest that they go to great lengths to try to conceal their drug use from their family members in order to remain in contact with them.

Only four (13%) interviewees claimed to have received no support at all from their immediate family with over half(n=16) believing that family support is essential to achieve a drug free lifestyle and to maintain recovery.

When current contact with family members was analysed by service type, differences began to emerge. Travellers who were engaging in residential treatment programmes had the highest rate of being in contact with family members.

While family support was deemed to be crucial throughout the addiction cycle, 73% (n=22) felt that their immediate family members had a limited knowledge of the nature of addiction and therefore made unreasonable demands of them. Sixty three per cent (n=19) stated that their family members were ashamed of their drug use with thirteen per cent (n=4) having intense pressure put on them to detox. This is an important finding in relation to the way services engage with family members and highlights the role Traveller organisations need to play when it comes to educating the entire community on drug awareness issues.

Pressure to detox impacted negatively on the level of contact with family members with a direct correlation between familial pressure and service users choosing to dis-connect from their family. Thirteen per cent (n=4) of service users decided to dis-connect from their family members by either ceasing all contact or moving away. This was the same sub-group that felt intense pressure from their family members to detox. Bearing in mind the importance of belonging to family structures, these decisions to remove themselves from their family would not have been made lightly.

'When my family found out I was using, it was a disaster. Everything just changed. I have another brother now that's with it and because of me getting sick like that's why he went on it as well. The family are lost over it now I have to say. They didn't know whether to ignore me or throw me away or just have me back and keep me there in case anything happens to me like an overdose or depression. They were asking what kind of help would I need for that and I would explain to them the kind of help that I'd need for it.' Traveller man(m26)

'What worked best for me was the support. It was a big thing when I was in addiction. I did not have that support at times because I closed off people. I probably could have had that support but I just closed off.' Traveller woman(f16)

'Yeah I do think family support is important. Sometimes though the shame just gets to you and you feel judged. The only way I could deal with that was to walk away. I lost connection with the community then. I didn't want to be around any Travellers.' Traveller woman(f25)

Chapter Six



## Service Provider Experiences

#### 6. Service provider experiences

This chapter looks at the experiences of working with members of the Traveller community from a service providers' perspective. Similar to the approach undertaken with the Traveller service users, providers were also given the opportunity to share how they worked with people from a minority ethnic group.

An online questionnaire was sent to the 10 services involved in the research to be completed anonymously, therefore, providing an opportunity for service providers to honestly share their experiences. The questionnaire was developed from the findings of the interviews with the Traveller service users and examines all aspects of their service provision to this minority ethnic group. This method of data collection was also used to capture the experiences of health care professionals in the All Ireland Traveller Health Study.

Eight of the 10 service providers completed the questionnaire reflecting the experiences of services right across the continuum of care. Where possible, the experiences of the service providers will be compared with the findings of the Travellers interviewed. Comparisons with other research of the views of service providers will also be used.

Under some sections, responses were not received by all eight services. This will be noted when applicable.

The chapter divides the feedback into the following categories:

- 6.1 Type of services available
- 6.2 Number of Traveller service users
- 6.3 Knowledge of & accessibility of service
- 6.4 Service engagement
- 6.5 Service provision
- 6.6 Engagement in key-working & care planning processes
- 6.7 Service user relations
- 6.8 Ethnicity & cultural awareness

#### 6.1 Type of services available

This section identifies the type of services available to all service users, including Travellers, as described by their core work areas. Respondents could name more than one type of area.

The most commonly reported core area of work was harm reduction practices (n=7).

The provision of vocational education services (n=6) was the second most commonly reported area of work. The type of education services provided were very broad and ranged from assistance with reading and writing, one to one literacy tuition to accredited courses. The emphasis of these services on education supports is particularly relevant as approximately half of all Travellers (n=14) interviewed viewed the formal and informal assistance with their reading and writing as being of benefit to them and impacted on their continued engagement.

Drug prevention work (n=5) was the next most common core area of work by service providers followed by family support<sup>16</sup> and crisis interventions. With the support of family members repeatedly stated as being of utmost importance to Traveller interviewees, the emphasis on family support as a core area of work for service providers acknowledges this.

#### 6.2 Number of Traveller service users

This section asked service providers how many Travellers currently use their service and if they have noticed a change in Traveller engagement levels over the past two years. The responses varied greatly.

The average number of Travellers engaging in the eight services that responded was 18, however, there was a huge discrepancy between services. One service reported that they were currently engaging with 56 members of the Traveller community while another reported engaging with two. Those reporting the highest attendance by Travellers were services targeting active users; those still using illicit drugs. Possibly the relatively high numbers estimated by some services are explained by the other Travellers recommending this particular service.

Respondents were asked if they had noticed any change in the numbers of Travellers using their service over the past two years. Six services felt that there has been an increase in the number of Travellers using their service within the previous 24 months although accurate figures were not available.

Unsurprisingly, no service reported a decrease in the number of Travellers engaging with their service during the same period while some reported that it had remained static (n=2).

#### 6.3 Knowledge of & accessibility of services

In this section, service providers were asked questions regarding Travellers' knowledge of and ease of accessibility to their service. Seven of the eight services provided responses to this section and shared how they believe Travellers heard about their service and their patterns of first attendance.

There was a perception among five of the responding services that word of mouth among Travellers was how they learnt about the existence of services. These perceptions are in line with the experiences of almost three quarters of the drug-using Travellers we interviewed.

Three services felt that outreach workers provided initial information on services to drug-using Travellers and one service thought it could be provided by local clergy. None of the responding services were of the view that statutory bodies were instrumental in introducing services to drug-using Travellers.

None of the Travellers interviewed said that they found out about a service through printed material saying that difficulties with reading and writing prevented this from happening. Service providers were asked if they believed that the printed material, used to highlight the supports provided by their service, would be easily understood by members of the Traveller community.

Only two providers felt that promotional material was easily understood by Travellers; difficulties with reading and writing attributed to this low figure. Five felt that this material was in a format that should be easily understood by Travellers. One service provider felt that their printed material wasn't in an easy to understand format with one other provider stating that they were unsure. The production of printed material should be considered at length to assess its effectiveness for meeting the needs of all service users. The inclusion of service users in the development of it, where possible, could prevent this uncertainty from taking place in the future. In effect, there is disagreement between providers and services users on how useful printed material is as a means of disseminating information on service availability.

<sup>16</sup> Provision of support to family members of a person addicted to a substance(s). Usually takes place in the form of weekly support meetings.

To counteract the potential for literacy difficulties to prevent Travellers from knowing about or using a service, five of the eight service providers developed specific approaches. Forming links with local Traveller organisations was one such positive approach as was providing information verbally and following up with a phone call.

Service providers were also asked to name factors that they believe either impact positively or negatively on Travellers accessing their service. Six services responded to questions in this section.

The establishing of a trusting relationship between staff and Traveller service users was reported by three respondents as having a positive impact. This is echoed by the Travellers who were interviewed as 43%(n=13) said that the establishment of a trusting relationship with staff is considered to be very important.

The provision of childcare, drop in facilities and the service being in a central location were also felt to impact positively on Traveller accessibility to services.

Factors that were felt to negatively impact on accessibility and levels of engagement included a fear of confidentiality being broken and a lack of information among staff on Traveller culture. Again, this mirrors what Traveller service users said during their interviews.

Repeating the services' procedures regarding the maintenance of client confidentiality and the occasions when confidentiality may need to be broken will help the formation of this trusting relationship (Finn(a),1994).

#### 6.4 Service engagement

This section looks at the level of understanding service providers have regarding how their Traveller clients use their service. It explores patterns of first engagement, use of service and how Travellers avail of the supports on offer from the service providers' point of view.

Seven of the eight providers felt that their Traveller service users find it more difficult than non-Traveller service users to understand how to use their service and avail of the supports on offer to them. When service users were asked about their level of awareness of supports provided by their primary service, 67% said that they had limited knowledge. This led to reduced uptake of supports available and on occasion, unwittingly breaching service protocols. Measures to counteract this will be addressed in Chapter 8 – Guidelines.

Research highlights the fact that the structure and organisation of drug and alcohol support services is designed for the majority population resulting in minority groups, including Travellers, not making the best use of supports on offer (Vandevelde, Vanderplasschen, & Broekaert, 2003).

Three of eight respondents felt that members of the Traveller community are less likely to attend their service alone for their first engagement. While no gender difference was noted, this finding mirrors how Traveller service users described their first time attending services.

Three quarters of service providers (n=6) said that the Travellers engaging with them attended with other Travellers for their first visit. This corroborates service user findings where 63% of all Travellers interviewed stated the same response.

When it came to perceptions of attendance, five of eight providers said that Travellers were about as likely to attend for appointments and to arrive on time as non-Traveller service users. Only one service provider reported an issue with their Traveller service users arriving late for appointments.

#### 6.5 Service provision & structures

This section looks at specific supports available and policies in place that may influence work with minority ethnic groups such as Travellers. The findings in this report all point towards recognised ways of working with Travellers to ensure maximum benefit of engagement. Outreach is recognised as an ideal way of targeting hard to reach groups such as Travellers. As most Travellers would not attend a service alone for their first visit and in the majority of cases, usually attend with another drug-using Traveller, having an outreach worker make initial contact and offering to escort a Traveller to the service may overcome this problem.

Seven of the eight services interviewed said that they provided outreach to their service users with four of these seven conducting outreach specifically targeting the Traveller community. This outreach takes the form of prison, hospital and home visits as well as targeting well known tapping and scoring spots used by Travellers.

One way services can promote an ethos of equal access and fair treatment for all is to have a social inclusion or equality policy in place. These policies can influence the way the service and staff operate when working with minority ethnic service users. Pavee Point can provide Traveller Proofing documentation that can assist in the development of such policies. A social inclusion policy<sup>17</sup> is one that actively promotes the inclusion of everyone in delivery of services, including those that are hard to reach. Members of a minority ethnic group, including Travellers, would be deemed to be hard to reach clients.

Five of the eight participating services currently have a social inclusion policy in place. One service reported not knowing if they had one. In order for such policies to influence the way supports are provided, every member of staff should know and be familiar with the content of it. This should be reviewed through line management structures and reviewed on a regular basis.

When asked when their social inclusion policy was implemented four of the five said that it has always been in place.

Three of the five services have reviewed their policy since it was implemented with two unsure if such a review has taken place.

This uncertainty among a minority of services of the existence, implementation and review procedures for social inclusion policies within services requires attention if the policy is to influence all work practices.

When it comes to the implementation of these policies and how they filter down to the individual, service users need to understand the rationale for them and how they should adhere to them.

Three of the eight services said that Travellers found internal policies and procedures about as easy to understand as settled service users. However, two services felt that Travellers found them very difficult to understand.

International research has shown that there is a discord between professionals and service users from minority ethnic backgrounds with professionals reporting higher incidences of difficulties with internal policy issues than the service user

17 For an example of a social inclusion policy go to www.progressionroutes.ie

Five of the eight participating services currently have a social inclusion policy in place. (Vandevelde, Vanderplasschen, & Broekaert, 2003). This highlights the need to discuss relevant policies in a manner that can be understood in order to minimise issues between staff and services users.

The breaching of internal policies by Traveller service users can result in reduced retention rates and poorer treatment outcomes.

#### 6.6 Engagement in key-working & care planning processes

Services were asked if they engage in key working with their service users and work towards the development of individual care plans.

Six of the eight services currently provide key-working supports and develop care plans with their service users. One service offers key-working supports depending on the needs of the service user(s).

All services engaging in key-working practices felt that Travellers participate well in the process with no apparent difference between Traveller and settled service users. It is widely recognised that the provision of case management/key-working structures increases the likelihood of minority ethnic groups, such as Travellers, achieve better retention rates in support services and outcomes from treatment facilities (Finn(a), 1994; Vandevelde, Vanderplasschen, & Broekaert, 2003).

The Travellers interviewed said that they found key-working the best approach to assist with their progression pathways and overall well being as it provides a one to one, confidential space thus meeting numerous needs at the one time.

#### 6.7 Traveller service user & staff relations

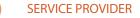
This section looks at the experiences of service providers when engaging with members of the Traveller community and their perceptions of what impacts on these engagements.

Seven of the eight services said that their Traveller service users find it difficult to establish trusting relationships with staff. This concurs with the findings gathered from service users we interviewed and findings reported by Sue & Sue; 2008, Kelleher: 2010 and Finn(a), 1994. Previous experiences of discrimination in general services can impact on how easy Travellers establish trusting relationships with others. Service providers need to be aware of this and allow time for these relationships to form.

Four of the eight services regularly engage with Traveller advocates to assist in meeting service user needs and to support service delivery. For the purposes of this research, a Traveller advocate is defined as a member of the service users' family or a representative from a Traveller specific support service. Support from family members was seen as being of utmost importance to the majority of Travellers interviewed so this finding from service providers acknowledges the family as a source of potential support. An additional three services said that they engage with Traveller advocates on a less frequent basis.

To explore if service providers found the day to day working with members of the Traveller community any different to other service users, questions were asked regarding how easy or difficult Travellers find it when seeking particular forms of support. Chapter 5 highlighted the fact that, for some of the Travellers interviewed, having the confidence to ask for help was difficult and was affected by elements of their cultural background also.

Four providers said that they believe that their Traveller service users find it difficult to ask questions about their drug use in Seven out of eight providers felt that their Traveller service users find it more difficult to establish trusting relationships with staff.



general. Providers also felt that Travellers had difficulty in asking for information on treatment options and their progression pathways. This is echoed by all service users as being a true reflection of the case and highlights the need for a pro-active approach by staff members.

Six of the eight service providers felt that their Traveller service users had no difficulty in understanding the vocabulary the staff use in their every day interactions. Understanding the terminology used by staff will play a role in the development of an effective, trusting relationship between staff and service user.

When it comes to an understanding of their addiction, the nature and possible causes, five providers felt that their Traveller service users found it difficult to understand or explain their addiction. Having an understanding of the addiction cycle, in addition to knowing your options of progression pathways, is an area that could be explored further with Travellers.

Four providers felt that Travellers did not perceive to have any difficulty in understanding harm reduction practices. As discussed in Chapter 5, when some Travellers build up a trusting relationship with staff, they can be reluctant to disclose the true extent of their drug use and, in particular, if they have progressed onto intravenous use. Being pro-active is one way to ensure Travellers receive information on harm reduction regardless of the level of their use.

Alarmingly, six of the seven services felt that their Traveller users did not understand the potential health implications of their drug use. When this is linked to the previous point, it highlights further the need for staff to be pro-active in their approach and to inform Traveller service users of the many health risks associated with regular and prolonged drug use.

#### 6.8 Ethnicity & cultural awareness

This section looks at the use of an ethnic identifier in services and how service providers feel about asking such a question. The need for cultural awareness training and past experiences of it will also be looked at.

As discussed in Chapter One – Context, the use of an ethnic identifier allows for service providers to form a profile of their service users, ensure they are meeting their specific needs and facilitates an analysis of drug use trends amongst particular cohorts of their client group. When conducted as part of a national framework, drug trends for sub-groups of the population can be analysed yearly on a national basis.

Four of the seven services<sup>18</sup> said that they thought having an ethnic identifier in place was helpful when providing supports to Travellers. With just over half of service providers seeing a benefit in the use of ethnic identifiers, this could impact on the frequency and how this question gets asked as part of an induction or assessment process.

Only three of the seven services currently use an ethnic identifier. One provider said that Travellers are allowed to identify themselves while another feels that it is not necessary and could be a barrier to Travellers engaging. The findings from the Traveller service users' paints a similar picture. Some Travellers would prefer to identify themselves when they have established trust with the staff and when they know the service meets their needs. Again, the use of ethnic identifiers is discussed in Chapter 8 – Guidelines.

When asked if Travellers experienced discrimination in the type of service they provide, considerable variation emerged between service providers. Just under half (n=3) said that Travellers experience discrimination sometimes(in-frequently) with a further two believing that it occurs often(on a regular basis). The remaining three felt that Travellers rarely or never experience discrimination in drug and alcohol support services.

<sup>18</sup> One service was Traveller specific so was excluded from this section

Reasons for this discrepancy could be impacted by where the service is placed along the continuum of care or that the understanding of discrimination is not consistent. Through a care planning process, staff and Traveller service users could explore what discrimination means so a common understanding is formed.

One service provider highlighted the fact that the Traveller community experience the same hostility that the majority of all drug users experience, however, a form of double discrimination is felt by Travellers who are using drugs. Having knowledge of how this could impact on Travellers is an essential part of cultural awareness training.

Two services had previously received Traveller cultural awareness training with the remainder yet to undertake it. With elements of one's culture having the potential to play a positive and negative role on drug use, an awareness amongst staff of these elements should be promoted.

## Chapter Seven

# Summary Findings



#### 7. Summary Findings

This chapter presents a summary of the main findings that have emerged from our data collection and analysis and which are covered in detail in chapter five. These findings were used to form the basis for workshops with service providers in the development of recommendations for service provision.

#### 7.1 Engaging with drug and alcohol services: what helps and hinders Travellers.

Over two thirds of all Travellers interviewed attended services for the first time with other drug mis-using Travellers. More than half of the Traveller women we interviewed made particular reference to the fact that they would not feel comfortable attending a service alone for the first time. This has important implications for the way in which services seek to include members of the Traveller community, particularly Traveller women.

#### 7.2 The primary importance of peer referral and the need to support transfer of correct and useful information.

Travellers had limited knowledge of the array of drug services that were available to them. Word of mouth between drug mis-using Travellers was the main source of service information. In a significant number of cases however, the information conveyed from peers set up unrealistic expectations about services which contributed to engagement being limited or of short duration.

#### 7.3 The value of outreach as a source of information and referral.

The second most common source of information was outreach, accounting for one quarter of all referrals; attesting to the value of outreach for Travellers. Difficulties with reading and writing meant that none of the Travellers interviewed found out about services through printed promotional material such as leaflets and posters: face to face outreach overcomes this issue. Services should look to build on this mode of service delivery incorporating a peer based approach where possible facilitating easier access to hard to reach clients such as Travellers.

The lack of statutory services as agents of referral also attests to the potential to develop these types of service providers as potential conduits of information and initial referral.

#### 7.4 Positive first impressions can be built upon.

Half of all respondents reported positive first impressions of their primary service, with around a third presenting mixed views. This indicates that there is room for services to improve on the way in which they are initially perceived and that improvements would, in general, be building upon a strong base, potentially influencing word of mouth recommendations.

#### 7.5 The importance of holistic/social supports and clear progression pathways.

The primary reason for instigating first engagement was the need to seek assistance for specific issues. It should also be noted that nearly all Travellers interviewed said that having someone to talk to/share their problems with, was found to be of most benefit to their overall well-being. Services can improve engagement with drug using Travellers by being aware that needs extend beyond their drug addiction and that small pieces of work and establishing client rapport can act as important gateways to more thorough care planning.

More than three quarters of those interviewed stated that when progression pathways were identified, they felt that this was of significant benefit to them. With nearly half of all (n=13) Travellers interviewed

having attempted a home detox off heroin, this indicates a strong desire to become drug free. However, home detoxes are not recommended due to the lack of medical supervision. Key workers need to ensure that the care planning process outlines various supported detox and rehabilitation options and that these are discussed at regular intervals throughout the key working relationship.

#### 7.6 Confidentiality and trust are of utmost importance to Traveller service users.

All service users mentioned confidentiality regarding their drug use and use of services as an issue of prime importance. This is due largely to a fear of family and community members becoming aware of their drug use status. This raises the importance of highlighting issues of confidentiality with Traveller service users early within the engagement process.

Travellers require time to build trust with staff members. To avoid this potentially being seen as an unwillingness to engage, staff should be made aware of this with Travellers being afforded the time for trusting relationships to be established.

#### 7.7 Traveller reluctance to ask for help requires workers to take a proactive approach.

Nearly half of all Travellers interviewed reported a reluctance to seek assistance for problems once engaged with services. Services can effectively meet the needs of the Traveller community by taking a lead role in exploring the supports required at any given time. This was identified as the most beneficial staff approach by almost half of all interviewees. Structured processes such as key-working and/or case management may facilitate this, although in more informal situations actively asking Traveller service users what the service can do for them should also be prioritised and undertaken at frequent intervals.

Taking a pro-active approach, identifying individual needs and following through on commitments also assists with the establishment of trust and influences word of mouth peer recommendations.

#### 7.8 Service providers play a key role in reducing feelings of isolation.

The most commonly reported benefit of engaging in a service was reported to be 'having a staff member to talk to' by two thirds of all service users. The intense feelings of guilt and shame experienced by Travellers that use drugs, which has been cited in Fountain; 2006, Van Hout; 2010, can lead to increased feelings of isolation from their family, peers and community. Service providers can work towards alleviating these feelings of isolation, which can be an important building block in establishing rehabilitation pathways.

## 7.9 A culturally diverse staff team creates an element of choice for Traveller service users and enables the cross-fertilisation of cultural knowledge amongst the team.

Giving service users from minority ethnic groups the opportunity to choose to engage with a staff member with shared cultural experiences, values and beliefs has been reported by Finn (1994) as playing a key role in their recruitment and retention rates. It also needs to be noted that a number of Travellers will sometimes select a non-Traveller worker as they find themselves more comfortable in sharing experiences with someone outside their immediate culture and community. Choice of ethnicity should, as far as possible, be facilitated. Where this is not possible within a specific staff team, partnerships with Traveller organizations could be made to facilitate this choice.

#### 7.10 Key working and care planning processes need to be fully explained and implemented

While 96% of Travellers interviewed knew their key worker, 39% were unsure of the existence or function of their care plan. This raises the need for greater focus on care planning and education for service users as to possible progression pathways. In addition, when the Travellers interviewed recognised that the supports offered were universal i.e. not just targeted at them, they were more willing to accept help. International research has also found that key working is the best way of working with minority ethnic service users as it reinforces confidentiality and trust issues. However, the over-familiarisation with one staff member can lead some Travellers to be reluctant to disclose certain issues such as progression to injecting or relapses as they may disappoint their key worker. These issues need to be openly discussed as part of the cycle of addiction as does the professional aspects of the working relationship in order to support service user openness and honesty.

#### 7.11 Requesting the disclosure of ethnicity requires explanation and sensitivity.

International research has found that an awareness and acknowledgement of a service users' ethnic or cultural background should be a core element of service engagement as cultural traits may impede or accelerate the recovery process. An awareness of ethnicity should not be based on assumptions resulting from personal traits such as accents, surname or address. Ethnicity should only be determined through the use of an ethnic identifier which should be used universally with all service users providing Travellers with the opportunity to self identify.

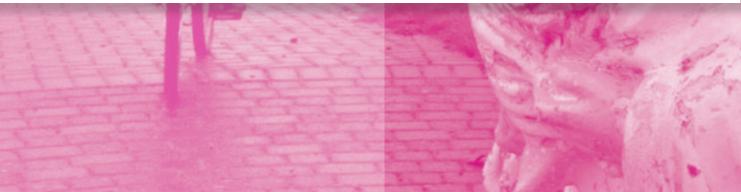
#### 7.12 Service providers can play a key role in the re-establishment or improvement of communication with family members resulting in better care plan outcomes.

Just under half of all service users reported not currently being in contact with their immediate family. Not having contact with family members often means a complete disassociation from the entire Traveller community; from the shared norms, values and beliefs that are part of that community, this results in extreme feelings of isolation. Often, Traveller drug users will decide to leave their family to prevent their family from feeling the shame and stigma of their drug use. This cuts off an important potential source of support. Assisting the service user to re-establish communication, through a care planning process, can impact positively on service user outcomes and their general sense of belonging to their community.

Service users in contact with family members reported that, on occasion, their family members had unrealistic expectations of the treatment process or outcomes, which in turn can add further pressure to the recovery process. Services can play a role in meeting with family members and providing both information and education as to how best the family can support the individual. Community reinforcement models may be useful in guiding this type of intervention.

## Chapter Eight





#### 8. Good Practice Guideline Overview

This chapter outlines guidelines for drug and alcohol services to ensure they are accessible to and can effectively meet the needs of Travellers. This research has highlighted, that in order for this to take place, there is a need for a co-ordinated approach involving regional networks such as Task Forces and Pavee Point Traveller Centre. Guidelines are also included for these networks.

The guidelines were developed in conjunction with drug services representing both low and high threshold services<sup>19</sup> and reflect the findings from the interviews with Travellers. They also reflect current international good practice. To ensure that these guidelines are implementable, the vast majority of actions can be undertaken with little or no additional resources. The following pages provide further detail on the 15 actions.

#### 8.1 Ten point action plan for drug & alcohol services

This set of guidelines identifies 10 actions which can be undertaken by drug and alcohol services to influence the recruitment, retention and engagement levels of Travellers.

## 1. Staff induction to include a profile of the organisations service users and information on the organisations approach to engaging Travellers.

New staff members should be informed of the profile of the organisations service users so they are aware of the particular needs and approaches to be taken with individuals from different ethnic or cultural backgrounds. A useful resource in relation to this will be the brief drug worker support pack that is being developed based on the research findings.

#### 2. Provide staff with cultural competency training & ensure inclusion policy in place.

International research has shown that cultural competency training of service staff has improved the outcomes for minority ethnic groups. Cultural competency training, based on the findings of this research and targeted at drug and alcohol services, can be provided by Pavee Point Drugs Programme and is outlined further in 8.3.

## 3. If Traveller service users are contemplating accessing rehabilitation services, contact should be made with a Traveller peer support worker, if requested.

Research has shown that Travellers have very limited knowledge of services available to them and how they operate. Word of mouth recommendations from other Travellers is the main source of information about services. With this in mind, Pavee Point Drugs Programme, in partnership with local organisations, are establishing a network of Travellers who have completed drug rehabilitation. The role of Traveller Peer Support Workers is to provide information in an accessible and culturally relevant way and to supplement the supports provided by key workers to members of the Traveller community.

4. Facilitate Traveller women to attend initial appointments in friend and family groups.

With initial engagement patterns and the establishment of trusting relationships with staff, proving to be more difficult for Traveller women, special supports should be put in place. Traveller women should be encouraged to attend services, for their first engagement, with friend or family groups. This information can be passed on through

<sup>19</sup> Including Ana Liffey Drugs Project, Coolmine Therapeutic Community, Inchicore community drug team, Ballymun Youth Action Project & DAISH Traveller specific project.

targeted outreach. Staff should offer to escort Traveller women to the service should there be no friend or family member willing to attend. This option of third party support should be offered for initial assessments and appointments.

## 5. Ensure women, in particular, can choose the gender of their key worker/case manager.

For some Traveller women, cultural preference and/or previous experiences of domestic abuse can result in a preference to talk to women only; especially in the early stages of engagement. While this can be overcome, Traveller women should be given the option of choosing the gender of their key worker/case manager, where possible.

#### 6. Ensure a user friendly induction process for service users.

Wanting an immediate solution to illicit drug use problems and unrealistic expectations about what a service can offer, has resulted in Travellers dis-engaging from services while also influencing their word of mouth recommendations. A clear induction process examining expectations, supports and progression pathways, as well as being appropriate for those with low literacy is required. A detailed and careful explanation of why confidentiality is important to the service should accompany standard confidentiality information.

## 7. Ensure staff are proactive in asking Travellers what their needs are and what can be done to support them.

With a history of solving problems within the family, coupled with feelings of shame and guilt associated with illicit drug use, some Travellers are reluctant to ask for outside help even when it is on offer. This tendency was also noted by organisations working with a significant amount of Travellers. Staff members should be pro-active in their approach by asking Traveller service users if they have any particular support requirements. Possible progression pathways should also be discussed at regular intervals.

#### 8. Engage family members in service user care plans.

The use of illicit drugs can bring about denial, shame, stigma and loss of face within the Traveller community resulting in some Travellers deciding to break all ties. When a Traveller has dis-connected from their family, staff should ascertain if this relationship could be a possible source of support. With consent from the service user, family members should be encouraged to play a role in the service user's care plan.

## 9. Educate families involved in care plans in relation to the nature of addiction and recovery.

When support is provided from family members, unrealistic expectations regarding detoxifying from illicit drugs may be placed on the drug user. Services should be aware of this potential pressure and take steps to educate families involved in the service user's care plan; on the cycle of addiction, relapse and recovery.

## 10. Service user ethnicity questions (as used in the NDTRS) should be asked after confidentiality has been explained.

Some Travellers are reluctant to disclose personal information, including their ethnicity, until they are familiar with a service and an element of trust has been established with staff. When using point of entry data recording assessments, where there hasn't been sufficient time to establish rapport with the Traveller service user, staff should clearly outline the rationale for the form and for asking the ethnicity question. Confidentiality of answers should be assured.

#### 8.2 One action point for regional networks (i.e. Task Forces)

For the needs of drug mis-using Travellers to be met as effectively as possible, outreach services and referral needs to be co-ordinated at the regional level. Drug task forces are best placed to do this.

1. Ensure that first contact outreach includes Traveller sites/places where drug mis-using Travellers are known to congregate.

To avoid drug mis-using Travellers falling through the gaps and not being included in outreach supports from local services, task forces should co-ordinate the shared responsibility of this role across its funded services. Research indicates outreach is more effective when it involves peer workers. Peer outreach may be implemented in partnership with existing local Traveller organisations or by establishing Traveller peer workers within a specific organisation. Traveller peer support workers could be current or past users of a service and following the completion of training. Pavee Point is available to support the establishment of a Traveller Peer Support Network and through the provision of training.

Where services are involving current or past Travellers as Peer Support Workers a peer worker policy should be put in place. See www.progressionroutes.ie/QuADS for a template.

#### 8.3 Four action points for Pavee Point Traveller centre

Traveller organisations, both local and national, can play a part in the roll out of these guidelines and ensuring that Travellers are supported in their access to drug and alcohol support services.

#### 1. Support establishment of Regional Traveller Peer Support Workers.

With word of mouth referrals being the most common source of information about services for Travellers, the development of Regional Traveller Peer Support Workers can play a part in promoting progression to rehabilitation services. Establishing this resource will involve training and supporting Traveller volunteers who have been through drug rehabilitation services and can provide a support to other Travellers contemplating rehabilitation.

In co-operation with local services, Pavee Point Drugs Programme is establishing a network of Travellers who have successfully completed rehabilitation. Supports provided to these workers include:

- » No cost FETAC Level 6 training certification
- » Peer worker training
- » Support through peer network and staff

If services wish to put a service user in contact with a Peer worker, or if a Traveller is interested in joining the network they should contact a member of the Pavee Point Drug Team on (01) 878 0255.

2. Develop a brief drug worker support pack that organisations can include as part of staff induction and training sessions.

This pack will draw on the findings from this research and will include useful tools to engage Travellers and their families which are in line with the Traveller Proofing Toolkit previously developed by Pavee Point. It will include information on the following and will be available by contacting Pavee Point Drug Programme or by downloading from the website www.pavee.ie/drugs by February 2012.

- i. Information on Traveller culture
- ii. First engagement patterns
- iii. Induction and information for Travellers
- iv. Ensuring confidentiality and trust building
- v. Engaging families
- vi. Outreach strategies
- vii. Progression pathways
- viii. Recording ethnicity

#### 3. Cultural competency training to be made available to drug organisations.

Providing a cultural responsive approach to minority ethnic service users is essential to their continued engagement. Pavee Point will provide this training to drug and alcohol services in line with DANOS HSC3111 'Promote the equality, diversity rights and responsibilities of individuals' or other relevant frameworks. This training will draw on existing capacities within staff teams as well as presenting new information.

## 4. Distribute images and posters on the Traveller community promoting diversity and inclusion for display in common areas of services.

International research has shown that promoting an ethos of diversity and inclusion within services impacts positively on service users' first impressions and overall engagement rates. Pavee Point, in conjunction with local Traveller organisations, will distribute posters promoting Traveller culture to drug and alcohol services to promote a welcoming a diverse service.

## **Glossary of Terms**

# - Taken from the National consultative committee on racism and interculturalism (2007)

#### Anti-Racism and Intercultural Training

Anti-racism and intercultural training seeks to challenge racism and to contribute to creating the conditions for a positive and inclusive working environment for everyone within an organisation.

#### Data Collection

In the context of improving Government service provision to minority ethnic groups, data collection refers to the process of capturing data from one or more primary or secondary sources. Some key data categories are: ethnicity, country of birth, religion and language.

(See also Ethnic/Equality Monitoring)

#### **Ethnic Group**

In the UK an ethnic group was defined by the House of Lords as a group that regards itself or is regarded by others as a distinct community by virtue of certain characteristics that will help to distinguish the group from the surrounding community<sup>20</sup>.

(See also ethnicity and minority ethnic group).

#### Ethnic Monitoring/Equality Monitoring

Ethnic or equality monitoring is the process used to collect, store and analyse data about people's ethnic backgrounds. Ethnic monitoring can be used to:

- highlight possible inequalities;
- investigate their underlying causes; and
- remove any unfairness or disadvantage.<sup>21</sup>

#### (See also Data Collection)

#### Ethnicity

Shared characteristics such as culture, language, religion, and traditions which contribute to a person or group's identity. Ethnicity has been described as residing in:

• the belief by members of a social group that they are culturally distinctive and different to outsiders

• their willingness to find symbolic markers of that difference(food habits, religion, forms of dress, language) and to emphasise their significance

• their willingness to organise relationships with outsiders so that a kind of 'group boundary' is preserved and reproduced.

#### **Equality Proofing**

Ensuring that all policies and decisions have taken full account of the needs of different equality groups

<sup>20</sup> Commission for Racial Equality, www.cre.gov.uk/duty/grr/glossary/html5 21 ibid

and considered the possible impact of policies on different groups.

#### Institutional Racism

'The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin which can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting

prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantages minority ethnic people.<sup>22</sup>

Institutional racism is similar to systemic racism, except that systemic racism primarily relates to systems, policies, and procedures; whereas institutional racism relates to the entire institution, including people.

(See also Systemic Racism).

#### Interculturalism

Interculturalism is essentially about interaction between majority and minority cultures to foster understanding and respect. It is about ensuring that cultural diversity is acknowledged and catered for. "Developing a more inclusive and intercultural society is about inclusion by design, not as an add-on or afterthought. It is essentially about creating the conditions for interaction, equality of opportunity, understanding and respect."<sup>23</sup>

#### Minority Ethnic Group(s)

Sometimes also described as 'Black and minority ethnic group(s)', this means a group whose ethnicity is distinct from that of the majority of the population. The term 'ethnic minority' is sometimes used, but the term 'minority ethnic' draws attention to the fact that there are

majorities and minorities, all with their own ethnicity – white Irish people are the majority ethnic group. Although this is the NCCRI's preferred term, one limitation of the term 'minority ethnic group' is that it can infer that people from a minority ethnic background are

immediately identifiable with, or would wish to be identifiable with, a particular group. Service providers should be aware that this is not always the case.

(See also Ethnic Group and Ethnicity).

#### Multiculturalism

Multiculturalism acknowledges the need for recognition and celebration of different cultures in a society. Multiculturalism differs from one country to another and has had varied success. One criticism has been that it allowed the growth of parallel communities with little interaction between them, whilst glossing over issues such as racism and economic deprivation.

(See also Interculturalism).

#### Racism

Racism is a specific form of discrimination and exclusion faced by minority ethnic groups. It is based on the false belief that some 'races' are inherently superior to others because of different skin colour, nationality, ethnic or cultural background. The United Nations International Convention on the Elimination of All Forms of Racial Discrimination defines racial discrimination as "Any distinction, exclusion, restriction or preference based on 'race',

<sup>22</sup> The Stephen Lawrence Inquiry: Report of an inquiry by Sir William Macpherson of Cluny, (1999) Cmd 4262-1, London: HMSO

<sup>23</sup> Department of Justice, Equality and Law Reform, (2005) Planning for Diversity, the national Action Plan Against Racism, p.38.

colour, decent, or national or ethnic origin which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on a equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life".

#### Systemic Racism

System racism is found in the systems of an organisation, i.e. in policies, procedures and practices. It is often unintentional but can have a negative impact on a minority ethnic group(s). It is unlikely to be identified and tackled unless proactive steps are taken by the

organisation. Systemic racism is similar to institutional racism, except that systemic

racism primarily relates to systems, policies, and procedures; whereas institutional racism relates to the entire institution, including people.

(See also Institutional Racism).

#### Traveller

'Travellers are an indigenous minority, documented as being part of Irish society for centuries. Travellers have a long shared history and value system which make them a distinct group. They have their own language, customs and traditions.'<sup>24</sup>

Travellers may or may not live a nomadic lifestyle. The recognition of Travellers as an ethnic group is a contested issue. To date the Irish Government has not recognised Travellers as an ethnic group whereas many NGOs, expert and specialised bodies do recognise Travellers as an ethnic group, and in Northern Ireland Irish Travellers are recognised as an ethnic group. Until this issue is resolved, the compromise achieved in the National Action Plan Against Racism is to refer to 'Cultural and Ethnic Minorities in Ireland', a term which is inclusive of Travellers, without necessarily recognising Travellers as an ethnic group.



<sup>24</sup> Pavee Point: www.paveepoint.ie/pav\_culture\_a.html

## **Appendices**

#### A – Information Sheet for interviewees

**Researcher's Name:** 

(use block capitals)

#### **Organisation:**

Pavee Point Drugs Programme 46 North Great Charles Street Dublin 1 01 – 8780255 Ext 106

Title of Study: Good Practice Guidelines from drug and alcohol services working with Travellers

#### Outline of research study:

This piece of research will begin by going into different services/projects/places that provide support to people who are using drugs and/or alcohol to ask members of the Traveller community why they go there? What is it about this service that you like? How did you hear about it? Are there any other services you use? Can you think of any way that you would like to change this service so it can better meet your needs? Is there anything that you don't like about it? Why do you think members of the Traveller community come to this service?

This information is really important and once we are finished meeting with Travellers from all of the services we will write up a report called, The Good Practice Guidelines from drug and alcohol services working with Travellers'. This will be given to all services around the country so they can decide if they want to change the way they work like the services in the report. All drug and alcohol services should aim to be open to people from other communities so this piece of research gives you the chance to have your say.

All of the information you provide will be treated as strictly confidential. Your name will not be used in the report at all nor will any information that could possibly identify you.

Any tape recordings of one to one interviews conducted with you are solely for the purposes of writing up the report and will be destroyed immediately after transcription.

#### **Guarantee of Confidentiality:**

The researcher declares that every possible effort will be made to securely and safely store the information given by the respondent and to refrain from disclosing its content to any unauthorised personnel.

#### **B** – Consent Form

Researcher's Name:			
(Use block capitals)			
Organisation:			
Title of Study: Good Practice Guidelines from drug and alcohol services working with Trav	ellers		
<b>Consent:</b> (To be completed by the participant – delete as necessary)	YES/NO		
1. Have you been fully informed/read the information sheet about this study	YES/NO		
2. Have you had an opportunity to ask questions and discuss this study?	YES/NO		
3. Have you received satisfactory answers to all your questions?			
4. Do you understand that you are free to withdraw from this study?			
At any time			
Without giving a reason for withdrawing			
Without your withdrawal an adverse effect for you	YES/NO		
5. Do you agree to take part in this study the results of which are likely to be published?	YES/NO		
6. Have you been informed that a copy of this consent form will kept by the researcher?	YES/NO		
7. Are you satisfied that any information you give to the researcher will be kept confidential?	YES/NO		
Name of Participant (printed)			
Signature: Date:			
Signature of Researcher: Date:			

## C- Breakdown of participating service providers

	Total (n=30)
Outreach services	4 - 13%
Drop in centres	7 - 23%
Rehabilitation Day programmes	7 - 23%
Treatment centres	4 - 13%
Residential Treatment facilities	5 - 17%
Traveller Specific drug service	3 - 10%

### D - Sources of Referral

	Total (n=30)	Females (n=18)	Males (n=12)
Self Referral	19 - 63%	12 - 67%	7 - 58%
Probation Service	4 - 13%	4 - 22%	0 - 0%
Drugs counsellor	4 - 13%	1 - 6%	3 - 25%
Family member	3 - 10%	1 - 6%	2 - 17%
General Practitioner	0 - 0%	0 - 0%	0 - 0%
Hospital or other health facility	0 - 0%	0 - 0%	0 - 0%

### E - Reasons for primary engagement in services

	Total (n=30)	Females (n=18)	Males (n=12)
Seeking general help	27 - 90%	15 - 83%	12 - 100%
Seeking routine	23 - 77%	13 - 72%	10 - 83%
Seeking greater stability	21 - 70%	11 - 61%	10 - 83%
Alleviate boredom	21 - 70%	12 - 67%	9 - 75%
Somewhere to go	21 - 70%	14 - 78%	7 - 58%
To keep busy	16 - 53%	10 - 55%	6 - 50%
To avoid isolation	15 - 50%	8 - 44%	7 - 58%
Reduce/stop drug use	14 – 47%	6 - 33%	8 - 67%

### F - Engagement in multiple services

	Total (n=30)	Females (n=18)	Males (n=12)
One service only	6 - 20%	4 - 22%	2 - 17%
Two services	8 - 27%	4 - 22%	4 - 33%
More than two services	16- 53%	10 - 6%	6 – 50%

### G- Totals for key-working & care planning processes

	TOTAL (n=30)	Females (n=18)	Males (n=12)
Key worker assigned	23	15	8
	TOTAL (n=23)	Females (n=15)	Males (n=8)
Issues/actions discussed & agreed	18 - 78%	12 - 80%	6- 75%
Clear distinction between key worker & other staff	17 - 74%	11 - 73%	6 - 75%
Seeks support from key worker only	16 - 70%	11 - 73%	5 - 62%
Trust essential component of relationship	16 - 70%	10 - 67%	6 - 75%
Key worker available when needed	16 - 70%	11 - 73%	5 - 62%
Key worker follows up on tasks	16 - 70%	11 - 73%	5 - 62%
Close bond formed	14 - 61%	10 - 67%	4 - 50%
Care plan in place	9 - 39%	5 - 33%	4 - 50%
Gender preference for key worker	2 - 9%	1 - 4%	1 - 12%

## **Contact details - Traveller organisations**

## Pavee Point Travellers Centre

46 North Great Charles Street Dublin 1 Tel: +353 1 878 0255 Fax: +353 1 874 2626 Email: info@pavee.ie

To contact Pavee Point Drugs Programme directly:

Pavee Point Drugs Programme Web: www.pavee.ie/drugs

John Paul Collins: Development Worker

johnpaul.collins@pavee.ie

Thomas Joyce: Traveller Peer Support Worker thomas.joyce@pavee.ie

Siobhán Cafferty: Co-ordinator

siobhan.cafferty@pavee.ie

### Irish Traveller Movement

4/5 Eustace Street Dublin 2 Tel: +353 1 679 65 77 Fax: +353 1 679 65 78

#### National Traveller Women's Forum

Unit 4 First Floor Tuam Road Centre Tuam Road Galway Tel: +353 91 771 509 Email: ntwf@iol.ie

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