



No Rungs on Our Ladders

Executive Summary

**An Exploration and Discussion on
the issue of Career Development
and Continuous Professional
Development (CPD) for Traveller
Community Health Workers in
Co. Offaly.**

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1. Community Health Workers (CHWs)



Figure 1 Source: OTM, Picture A, two CHWs give a PowerPoint presentation on their work to the crowd at OTM Celebration Event and Picture B two other CHWs are pictured talking with Sabina Higgins wife of President Michael Higgins.

1.1 Traveller Primary Health Care Model – Overview

The Traveller Primary Health Care model is a community based health promotion initiative which has its roots in the Alma-Ata Declaration (World Health Organisation, 1978). It is a community development peer led health initiative which is delivered by Travellers within their own community. The first Traveller Primary Health Care Project (PHCP) was initiated in 1992 and piloted by Pavee Point in Dublin in 1994.

1.2 Traveller Primary Health Care Programme in Co. Offaly

The Offaly Traveller Primary Healthcare Project was initiated in 1999 and set up in 2003 as a partnership between Offaly Traveller Movement and the Health Service Executive (HSE). There are currently over 360 families engaged with this service. The 2011 Census says Offaly has 1,028 Travellers and ranks Offaly as having the tenth highest population of Travellers in the country (CSO 2012:28). These figures are likely to underestimate the actual number of Travellers living in Co. Offaly.

1.3 Community Health Workers

Traveller Community Health Workers (CHWs) are non-clinical health care professionals who are employed on a part time basis through the Primary Health Care Projects (PHCP) to deliver a range of health information, advocacy and advice to members of the Travelling community. It is important to understand that key health messages are often only successfully received and agreed when delivered by a Traveller health worker.

In order for the CHWs to deliver this information to the Traveller community they must participate in ongoing training and upskilling initiatives. Training and development is ongoing throughout the career of a Community Health Worker. This is the process by which these workers internalise the knowledge base of their field and subsequently deliver this health information to the community on an ongoing basis.

In Offaly, five out of the seven CHWs are with the primary health care project since its inception in 1999 (training phase) and are employed in the role of Community Health Workers since 2003. During this period, totalling 16 and a half years the workers have engaged in ongoing training across a range of fields. Rather startlingly however they have obtained no seniority and the duties and responsibilities of their post remain the same as the entry level point.

1.4 Statement of Purpose

There have been a number of published evaluations of Traveller Primary Health Care Programmes (Evans 2002, Harrington 2004 & Keyes & McCabe 2005) which all demonstrate the effectiveness of the PHCP but no meaningful mention or review of HR practices. This paper presents a synopsis of a more extensive paper¹ which explores the issue of Career Development and Continuous Professional Development (CPD) for Community Health Workers in Co. Offaly.

¹ Lovett, M.(2016) *No Rungs On Our Ladders full Document*

2. Career Development & Continuous Professional Development (CPD)



Figure 2-Source: OTM, Community Health Workers in Offaly are co-authors of a Chapter on positive community development in a textbook currently used at third level. The chapter was co-written with Aisling Jackson, Senior Lecturer in Social Care, at Athlone Institute of Technology²

2.1 Career

A career is defined as the combination and sequence of roles played by a person during the course of a lifetime (Super 1980). A career is the sequence of various occupations that an individual undertakes during their lifetime (Arthur & Rousseau 1996:372). In healthy organisations, the majority of employees have aspirations to advance in their roles, to grow in their organisation, and to achieve a sense of fulfilment from their employment.

2.2 Career Development

Career Development is a long term process and may entail individuals exploring and moving through a series of career pathways, identifying future career goals, attracting promotion or undertaking training or education in order to attain specific goals (Patrick & Kumar, 2011:25).

There are numerous theories of Career Development which are largely described as either structural, developmental or sociological. Traditional approaches to career development theories such as Holland (1956) tend to emphasise the importance of individual traits without due consideration to the social and economic environment. Holland's theory has been criticised for its absence of detail on how people become particular personality types (Osipow, 1983:112).

² Kavanagh, Lily (Community Health Worker), McDonagh Sarah (Community Health Worker), McInerney, Briggie (Community Health Worker), McInerney, Mary (Community Health Worker), McInerney, Pinkie (Community Health Worker) and Ashling Jackson *From the inside out -Using peer education in Community Development Practice* in Jackson, A. & C. O'Doherty (eds) (2012) *Community Development in Ireland Theory, Policy & Practice*, Gill Education, Dublin.

Donald Super created a more comprehensive developmental approach based on the individuals' stage of vocational development³ (Super, 1984). While Super's work recognised differences between gender, ethnic, culture and socioeconomic factors it has been criticised for not placing enough emphasis on these factors or on how these elements interact with each other. (Herr 1997).

Sociological models of Career Development are sometimes called 'accidental' or situational theories (Osipow 1973). According to Socioeconomic theory people essentially follow the path of least resistance 'by simply falling into whatever work opportunities happen to come their way' (<http://taracat.tripod.com/careertheory1.html>). Krumboltz (2009) proposed a theory of 'planned happenstance' which placed the existence of unpredictable social factors at the centre of career decisions. Gottfredson's (1981, 1996 in 2002) offered a developmental, sociological perspective of career development. She suggested that men and women are different in their career aspirations. Gottfredson's work focused on the types of compromises that people make and describes two important concepts: *Circumscription* - the process of eliminating unacceptable occupational alternatives based primarily on gender and social class and *Compromise* - the process of modifying career choices due to limiting factors, such as the availability of work (Gottfredson 2002). Gottfredson promotes the idea of *vocational self-concept* and suggests that this concept is central to individual choice of career and subsequent career decision making.

2.3 Career Development and Professional Identity for CHWs

Travellers occupy a unique position in Irish society in relation to health, accommodation, employment and education. *Vocational self-concept* for CHWs therefore does not exist in a vacuum. It is chiselled by a complex interaction of personal, political, historical, sociological, psychological and cultural forces which sometimes circumscribe these women's personal and professional lives.

2.4 Continuous Professional Development

Continuous Professional Development (CPD) is a long term process focused on continuous career enhancement and development. It refers to planning, tracking and documenting the formal and informal skills, knowledge and experience gained by individuals throughout their professional careers. CPD is often developed in response to the specific needs of an individual profession or organisation. There are a number of definitions offered by the various professional bodies in Ireland, all vary in emphasis but are similar in intent. This paper adopts as best fit the definition of CPD offered by the Chartered Institute of Professional Development 2009:

'Continuing Professional Development (CPD) can be defined as the conscious updating of professional knowledge and the improvement of professional competence throughout a person's

³ Donald Super vocational Development stages 1. Growth, 2. Exploratory, 3. Establishment, 4. Maintenance & 5. Decline.

working-life. It is a commitment to being professional, keeping up-to-date and consciously seeking to improve...' (Chartered Institute of Professional Development 2009 cited in Kennedy, 2009:41).

Continuous Professional Development (CPD) is a cyclical process beginning with the identification of CPD needs and working up to an evaluation of activities. This in turn informs future identification of need and the CPD cycle continues. This cycle is represented in the diagram below:



Source: 1 Google images downloaded at:

<https://www.google.ie/search?q=cycle+of+cpd&espv=2&biw=1242&bih=602&tbn=isch&imgil=ZYou82jffTZBvNM%253A%253BvrTOPJnGvsJWjM%253Bhttps%25253A%25252F%252>

Over the past two decades Continuing Professional Development has become progressively more important among individuals, employers and professional organisations where there is an increasing demand for accountability, competitiveness, flexibility and a skilled and competent workforce (O’Sullivan 2003:107). CPD is now seen by most Irish professional organisations as a vital component in building and maintaining staff competence.

2.5 CPD in Health & Education

CPD is gaining increasing prominence in Irish Healthcare and Education systems. There is an obligation to the CPD process contained in the HSE Transformation Programme (2007– 2010) and in the Education and Development of Health and Social Care Professionals in the Health Service (2009 – 2014). Excellent examples of CPD frameworks can be found in the Social Care Profession (CORU 2013) in the Palliative Care Competence framework (Ryan K, et al, 2014).

Perhaps the example most relevant to the Primary Health Care projects is *The Occupational Framework for Childcare Workers* (Dept. of Justice, Equality and Law Reform 2002, CECDE 2006, Dept. of Education and Science 2009) which is documented in Appendix One. It provides a useful breakdown

and definition of occupational profiles and their associated skills and attributes and offers a potential framework for adoption by the Traveller Primary Health Care Programmes. This framework is linked to QQI awards and has resulted in the professionalization of the childcare industry with roles varying from that of Basic Practitioner to Expert Practitioner.

2.6 Evidence base for Community Health Workers' CPD

It is well documented that Continuous Professional Development can take various forms, according to Kelly & McDiarmid (2002) formal training accounts for a great deal of Irish CPD effort (Kennedy 2009). Boud & Solomen (2003) endorse the success of CPD in work based learning. CPD also occurs outside of any formal or structured learning environments. Kennedy (2009) discusses the transfer of knowledge that takes place in workplace mentoring or coaching situations (Schostak et al 2010). Currently there is no specific literature or framework available to direct or support Traveller Primary Health Care Programmes to develop an effective CPD programme.

In Offaly there is strong evidence that the training and development of the Community Health Workers (CHWs) constitutes a programme of continuous professional development but this work is currently unformulated and undocumented. The forms of CPD that Offaly health workers participate in on an ongoing basis include formal and informal training (FETAC QQI level 3 - level 6), participation in Traveller networks, strategic policy development teams, developing Traveller specific teaching materials, attendance at conferences and seminars. Offaly CHWs have demonstrated ongoing involvement and commitment to training, education and development during the lifetime of their careers yet to date the PHCP has not been able to formalise, articulate and evidence their CPD.

3. Research Process

3.1 Positionality

Quantitative Researchers usually try to study a topic of interest to them from a distance and in a ‘scientific and value free’ manner. Shaw (2010) points out that this position is limited as it maintains an idea of a fixed, universal, objective reality that is ‘out there’ to be discovered. ‘A quantitative approach assumes an unproblematic, judgement free relationship between an object in the world and the way in which it is talked about or represented’ (Shaw 2010: 243).

This is a qualitative study which does not feign a positivist notion of thinly disguised objectivity. Rather, the philosophical assumptions that underpin the design and structure of this research are borrowed from an interpretive perspective. Researchers working in an interpretivist paradigm focus on the intersubjective realm; *meaning, what happens in the interactions between us and our world, the context in which we come into contact with participants and the way in which our descriptions (representations) of them are bounded by time and place* (Shaw 2010). Thus in this context the research, the research instrument and paper presented here are considered as a process of interactive meaning-making.

At the time of research in late 2015 the author had worked with the CHWs at Offaly Traveller Movement as Health Manager for a period of one year. This means that she had established relationships with the CHWs and had a level of familiarity with the topics. This paper is the outcome of the situational dynamics between the researcher and the researched and the findings are a reflection of a social world in which both the interviewer and respondents are jointly involved in producing the knowledge and findings associated with this paper.

3.1 Focus Group Questions

This short piece of research centres on uncovering CHWs experience and perceptions of Continuous Professional Development in the PHCP in CO. Offaly. In order to achieve this end a focus group was set up at the offices at Offaly Traveller Movement. The participants were the seven Community Health Workers. The focus group method provided the best available platform for the CHWs to build a narrative around their perceptions, experiences and understandings of the concept of Continuous Professional Development and Career Development. The definition of Continuous Professional Development (P.4 above) was read out and the CHWs and they were given an opportunity to discuss this concept. The following questions were subsequently asked:

1. What Training have you done and what is your highest level of training
2. What are some of your initial thoughts about Continuous Professional Development?
3. Do you feel there is a connection between the ongoing peer education and training that you do as part of your normal work and the idea of Continuous Professional Development?
4. What does the idea of ‘optimising a person’s career opportunities’ mean to you?
5. What does the concept of ‘career planning’ mean to you?

6. To what extent are you satisfied or dissatisfied with your current career situation?
7. In relation to CDP, are there any recommendations that you have, or suggestions you would like to make?

3.2 Demographics

The seven CHWs are all female, two are aged in their 30s, three are aged in their 50s and two are over 60 years old. Five of them have been with the project since its inception in 1999 (training phase).

3.3 Data Analysis Method

The findings were analysed according to a process of thematic analysis and the function of moving data into themes helped the researcher to make comparisons and contrasts between various patterns and to identify certain threads of data that move between the themes⁴.

⁴ See Chapter 4 No Rungs on Our Ladders - full document for further details

4. Findings & Recommendations



Figure 3 Source: OTM, Community Health Worker providing outreach health information

4.1 Summary of Findings:

The central aim of the research and this short discussion paper is to present an exploration and discussion on the issue of Career Development and Continuous Professional Development (CPD) for Community Health Workers in Co. Offaly. The findings and recommendations are discussed below.

4.1.a Absence of Planned Approach

This paper found an absence of a progressive planned approach towards incorporating professional training and development into a programme of career development for Community Health Workers at Offaly PHCP:

- i. At an organisational level training & development is of central importance to the roll out of the programme but training is not accompanied by a structured process of Career Development.
- ii. This absence of attention to career development has contributed to the unusual positioning of these health workers within the organisation, as highly trained effective employees who have systematically remained in entry level posts for the past 16 and a half years. A position that is unparalleled in other professions.

4.1.b A Need to Evidence CPD for CHWs

This paper found that the CHWs are continuously involved in developing their professional skills but there is no formal process of documenting their CPD. There is a need to formalise, articulate and evidence the Continuous Professional Development of CHWs: The absence of a career development framework or programme of CPD is not just in Offaly it appears to be a common omission from Ireland's PHCPs.

- i. In Offaly this omission has contributed to creating stagnant career pathways for CHWs.
- ii. The Offaly CHWs want the introduction of a job grading system or a system that might provide some opportunity for recognition and career progression.
- iii. CHWs have demonstrated ongoing involvement and commitment to training and education. Offaly CHWs engage in a form of ongoing CPD which includes formal and informal training, participation in Traveller networks, strategic policy development teams, developing Traveller specific teaching materials and attendance at conferences and seminars. If appropriate structures were put in place this work could be readily documented and evidenced as CPD and used to develop an appropriate framework and career development strategy for CHWs.



Figure 4 Source: OTM, woman living and raising a family in an unofficial site in Co. Offaly.

4.1.c Personal and Professional Identity

This paper found that the division between personal and professional life for CHWs is complex. The case load of CHWs includes immediate and extended family members, friends as well as strangers. The CHWs lived experience as Traveller women brings a unique insight to their work that can only be gained experientially. This understanding underpins their professional approach and philosophy. The CHWs conceptualise and negotiate their personal and professional identities within a framework that is informed by a history of oppression.

- i. The role of CHW can only be carried out effectively by highly trained Traveller workers, the CHWs believe that the high level of cultural competence that they bring to this role is not appropriately valued as a body of knowledge.
- ii. The Offaly CHWs demonstrate a heightened awareness of the influence of discrimination, oppression and a magnitude of political, sociological and psychological factors in their personal lives as Travellers as well as in their professional identities as Traveller health workers.

- iii. CHWs link the absence of any process of Continuous Professional Development and indeed their own powerlessness to plan and advance their careers independent of Traveller organisations to a long standing history of oppression and discrimination.
- iv. CHWs perceive their poor career development opportunities are part and parcel of a wider package of poor pay and conditions and believe that this is fundamentally linked to their identity as Travellers.
- v. The research data evidenced tensions between absolute dissatisfaction with hygiene factors (pay & conditions) and a strong feeling of personal satisfaction around helping members of their own community and being role models for younger women.

4.1.d Pay & Conditions

Successive budgetary cuts to the service in Offaly have disproportionately impacted on the CHWs.

- i. Harvey (2013) demonstrates that the Traveller sector has experienced significant losses in terms of redundancies, cuts in services and closure of initiatives/projects.
- ii. The Offaly project has been subject to a serious of cuts and the CHWs have been disproportionately affected by these cuts. In 2014 the HSE reduced its funding for the PHCP resulting in a cut to the hours of work of the CHWs from 15 down to 12. This represents a percentage cut of 20%. While the cuts to services in Offaly have adversely impacted on all workers, only the Traveller CHWs experienced a cut of such proportions.
- iv. The cut in hours came at a time when the work load for CHWs was increasing due at least in part to cuts to resources of other statutory, voluntary and community organisations. The reduced working week was thus accompanied by an increased workload and demand for their services

4.2 Recommendations:

The following four sets of recommendations were derived from the focus group session and should be resourced.

4.2.a Recommendation One

- i. Provide a series of facilitated coaching sessions in order to open up discussions around enhancing the CHWs professional competence, employability and career prospects.
- ii. Develop methods of identifying and recording the many ways in which training and development enhances the CHWs professional competence, employability and prospects.
- iii. Use the information obtained above to map a planned Career Development response which identifies and sets out realistic goals, actions and timeframes.

4.2.b Recommendation Two

- i. Develop a framework for Continuing Professional Development as a means by which the CHWs can maintain, improve and evidence their knowledge, skills, competence and professional practice.
- ii. The framework for CPD should be evidence based and provide a method of formalising and articulating all of their current programme of activities. These include credited training, in service health education, participation in Traveller networks, strategic policy development teams, developing Traveller specific teaching materials, attendance at conferences and seminars etc.
- iii. The *Occupational Framework for Childcare Workers* (Appendix One) should be considered for adoption by the PHCP. It provides a useful breakdown and definition of occupational profiles and their associated skills, attributes and educational requirements ranging from basic to expert practitioner. Potentially this is a framework that could easily be translated to the PHCP and would assist with the professionalization and recognition of the CHW role.

4.2.c Recommendation Three

- i. An in depth understanding of all areas of Traveller culture including discrimination and oppression should be placed at the centre of all CPD efforts. Cultural competence should be recognised as a key skill and an important body of knowledge. The occupational profile of CHWs should also indicate their level of cultural competence as basic, intermediate or advanced.
- ii. CHWs should be actively involved in all stages of the design, implementation and evaluation of all CPD efforts.

4.2.d Recommendation Four

- i. Reinstate the CHWs hours of work so as to allow them to appropriately manage their work load and effectively deliver on their work plans.
- ii. Develop a method of job grading that is linked to both CPD efforts and to a system of incremental pay progression. The job grading system should be similar to HSE system of grading and factor in the level of work complexity, decision making, capability, supervision and capacity for advancement of each CHW.

4.3 The National Picture

Offaly would benefit from the adoption of a national approach to CPD. This would provide a standardised framework for professional development, accord recognition and status to the role of CHWs as well as provide for potential mobility of workers across projects. The findings in this study can potentially inform the National Roma Strategy and the development of PHCP for Roma which is currently under way so that lessons from this Traveller PHCP can be learned and usefully transferred.

The high level of Traveller unemployment is both a local and a national issue. Mainstream employment opportunities are often *'outside the reach of Traveller women due in part to low education attainment, traditional gender roles and discrimination from employers'* (National Traveller Women's Forum 2012). This is a complex issue that goes beyond the scope of this short study however the national focus to date has been on creating employment opportunities. The findings in this research suggest that there is an additional need to ensure that Travellers not only have access to employment but have access to career development and progression strategies and do not end up in stagnant dead end positions for the life span of their careers. To this end this paper calls for the development of a *National Traveller Employment and Career Development Strategy* in order to provide a coordinated government response to what is now a national crisis.

Appendix One: Occupational Profiles

Table 1: Outline of the Occupational Profile: Intellectual Skills/ Attributes etc.

Occupational Profile	Intellectual Skills/ Attributes	Processes	Accountability
Basic Practitioner	Elementary understanding of core knowledge areas. Ability to apply solutions to familiar problems. Ability to receive and pass on information.	Ability to carry out routine tasks. Basic competence in a range of clearly defined operations.	Directed activity under supervision. Reliance on external monitoring and quality control.
Intermediate Practitioner	Broad range of core knowledge with some depth. Ability to interpret and reflect on information. Well-developed range of practical skills.	Ability to carry out varied range of tasks in a limited range of different contexts.	Responsibility for own actions under direction. Some responsibility for quality of services within prescribed guidelines.
Experienced Practitioner	Broad range of core knowledge with greater depth. Ability to acquire specialist theoretical knowledge in one area. Ability to access, evaluate, compare and interpret information. Well-developed range of skills and ability to employ in complex non-routine situations.	Ability to select from a broad range of skills appropriate to context. Present information to audience.	Operate with full autonomy with broad guidance/evaluation. Responsibility for quality of services in accordance with specified standards. Limited responsibility for work of others.
Advanced Practitioner	In-depth understanding of comprehensive body of knowledge. Expertise in particular area of knowledge. Generate responses, demonstrating some innovation, to challenging situations. Analyse, evaluate and interpret a wide range of information.	Perform effectively in a wide range of contexts involving creative and non-routine activities. Use judgement in planning, selecting or presenting information, methods or resources.	Full autonomy and responsibility for own actions and those of others. Responsibility for meeting required quality standards.

Expert Practitioner	Mastery of complex theoretical knowledge. Ability to critically evaluate knowledge, concepts and practice. Expertise in research, policy development.	Apply diagnostic and creative skills in a wide range of situations. Engage in planning, policy development and management. Engagement in research, publication and dissemination of knowledge and skills.	Complete autonomy in professional activities. Responsibility for achieving personal and group outcomes. Accountability for all decision making.
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Source: Department of Education and Science (2009) *Developing the workforce in the early childhood care and education sector - Background discussion paper June 2009*, Government of Ireland, Dublin: 10-11.

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