

‘The Impact of the Troubles’

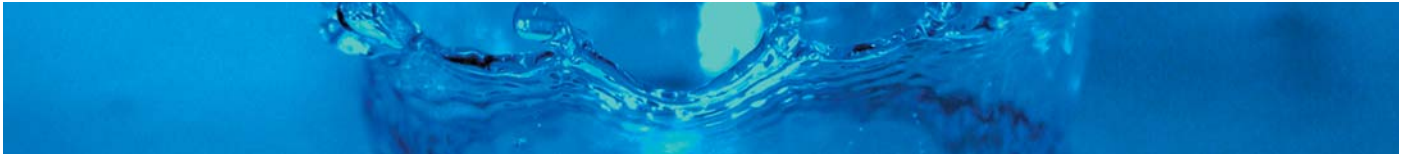
An Evaluation of a Programme of Troubles Related
Awareness Raising Training Delivered to
Health and Social Services Staff

**Southern Health and Social Services Board
Trauma Advisory Panel**

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Southern Health & Social Services Board





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Foreword

The Southern Health and Social Services Board Trauma Advisory Panel seeks to contribute to improve service provision for people affected by the Troubles.

The Panel was established in response to recommendations made by the Bloomfield Report (1998) 'We Will Remember Them' and the Social Services Inspectorate Report (1998) 'Living With The Trauma of the Troubles' and 'The Victims Strategy 2002'. These reports acknowledged the impact of the Troubles on health and wellbeing and recommended awareness raising training for staff in health and social services settings.

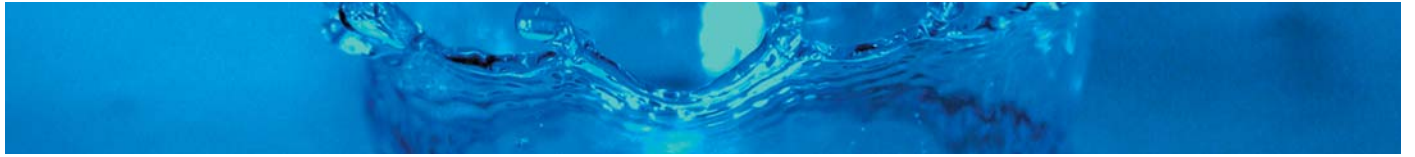
The Trauma Advisory Panel successfully obtained funding to develop and deliver this training.

The purpose of the training was to:

- a. Assist participants to acknowledge and recognise the impact of the Troubles on themselves and others.
- b. Enhance professional practice and service delivery.
- c. Increase understanding and awareness of the impact of the Troubles on the health and wellbeing of individuals.
- d. Develop awareness of the nature of trauma and of appropriate and available resources.

This report is evidence of the successful achievement of these aims and outlines a model of training which can be replicated and be a resource for other agencies. The training was positively evaluated by participants who welcomed the opportunity to reflect on the impact of the Troubles on themselves and on the people with whom they work. Not only did the training raise awareness of the needs of service users but it also identified issues and needs of participants both personally and professionally.

The report contains recommendations in respect of the delivery and effectiveness of future training across the public sector and its inclusion in induction and pre-qualifying training programmes. It also recommends that the training is evaluated from the perspective of the victim/survivor.



I am grateful to the Trauma Advisory Panel for commissioning and publishing this work, and to the steering group who monitored and promoted the training.

The Family Trauma Centre is commended for developing and delivering the training across the Southern Health and Social Services Board and the Victims Unit, Office of the First Minister and Deputy First Minister (OFMDFM) and Department of Health and Social Services and Public Safety (DHSSPS) are thanked for the funding and for their co-operation.

Colm Donaghy
Chief Executive
Southern Health and Social Services Board



Acknowledgements

The Southern Health and Social Services Board is to be commended for its vision in responding to the needs of those affected by the Troubles, through the development of an Awareness Raising Training Programme. This initiative was facilitated by funding made available by the Victims Unit, Office of First Minister and Deputy First Minister. The Southern Health and Social Services Board, Trauma Advisory Panel and the Steering Group appointed to oversee this work are thanked for the valuable help, support and guidance provided throughout the training programme. We are grateful to Clare Quigley Trauma Advisory Panel Co-ordinator for her commitment to this training programme.

The authors of this report would like to acknowledge the very real contribution made by those who participated in the training programme. We are grateful to the many Southern Health and Social Services Board staff who attended the training and those who took time to complete the questionnaires. Their responses provided valuable insight and helped to shape the programme.

The Family Trauma Centre Training Team wish to acknowledge the insight gained into the impact of the Troubles in the area through the experience of delivering the training. The programme enabled the training team to meet with a diverse group of staff throughout the Southern Health and Social Services Board area which provided a valuable learning opportunity. On many occasions they were moved by the stories told by participants of how the Troubles had impacted on their personal and professional lives and the efforts they had made in addressing the needs of those affected by the Troubles. Through delivery of the training, the team gained a greater understanding of the influence of the Troubles in the Southern Health and Social Services Board area.



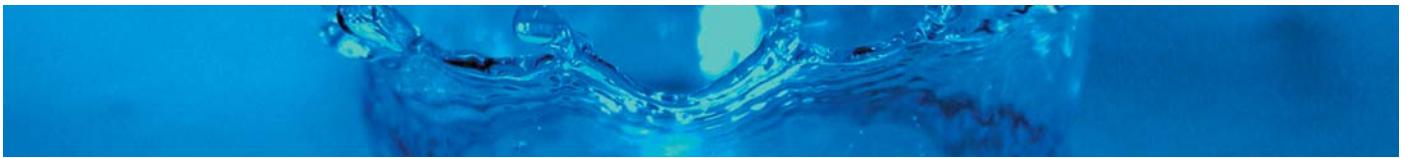
Policy Context

In 1997 a Victims Commissioner Sir Kenneth Bloomfield was appointed and reported on his findings in a report “We Will Remember Them” published in 1998. The Social Services Inspectorate (SSI) reported on the needs of those affected by the Troubles and published “Living with the Trauma of the Troubles”. The Southern Health and Social Services Board (SHSSB) Trauma Advisory Panel (TAP) was established in 1998 in response to recommendations made in these reports. Both reports acknowledged the impact of the Troubles on the health and wellbeing of the population and recommended awareness raising training for staff who work in health and social services settings. The Victims Strategy developed by the Office of the First and Deputy First Minister (OFMDFM) in 2002 “Reshape Rebuild Achieve” recommended “that all relevant Health and Personal Social Services staff are aware of how to respond to the health and social needs of victims and their representatives”. The SHSSB TAP identified the need for awareness raising training. There was concern that those affected by the Troubles mistrusted the services provided by statutory agencies. The SHSSB TAP felt that these difficulties could be addressed through the development and delivery of a training strategy. In 2003, the SHSSB TAP successfully applied for and obtained funding from the Victims Strategy Implementation Fund to develop such a training programme. In 2004, the Family Trauma Centre was awarded a contract to develop and deliver a training programme across the SHSSB area. The training was delivered in 2004-2005.

Role of the Southern Health and Social Services Board, Trauma Advisory Panel

The SHSSB TAP identified several key outcomes, some of which could be achieved through the training programme:

- To encourage a more sympathetic and understanding approach to the needs of victims/survivors.
- To enhance consultation and assist future partnerships.
- To help rebuild trust in statutory services and address the perceived negative image identified in the SSI report.
- To ensure that future policy and service delivery would be sensitive to and reflect victims/survivors needs.



- To pilot this training in the SHSSB which, if positively evaluated, could be rolled out to other Boards and statutory agencies.
- To assist individuals whose problems may be rooted in undisclosed Troubles related events.

The SHSSB TAP set up a multidisciplinary, Inter-Trust Steering Group to oversee the project. They identified objectives to be achieved through the training programme.

- To increase the level of understanding of the impact of the Troubles upon individuals who suffered physical and/or psychological injury.
- To develop awareness of the impact of trauma on people.
- To develop awareness of the needs of "hidden" victims of the conflict.
- To facilitate a process whereby staff could acknowledge the impact of the Troubles upon themselves and the whole population.

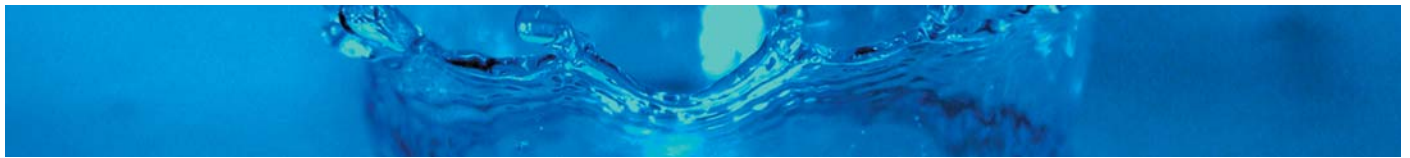
Overseeing Role of Steering Group

The Steering Group had a clear role and remit in this process:

- To ensure that the background to the training programme and its purpose was disseminated widely within Health and Personal Social Services staff.
- To act as the driving force for the dissemination of training programmes on a multi-disciplinary basis across Trusts.
- To advise on the content material for awareness raising training.
- To advise and partake in the tendering process and agree a training provider.
- To advise on practical arrangements for the delivery of training programmes.

Development of Training Pack

In early 2004 the Manager of the Family Trauma Centre worked in partnership with the SHSSB TAP Co-ordinator and the SHSSB TAP Steering Group to develop the training pack. The training pack needed to reflect how the Troubles had impacted specifically on the population of the SHSSB. The training attempted to reflect the local issues and rural aspects of the area. This involved giving consideration to the very different experiences across the area, for example, the differences between



those who lived and worked in Craigavon or Armagh and those who lived or worked in the Border area. The Steering Group were very knowledgeable about the area in which they worked and in which many of them resided. Ensuring that the training was relevant to the all staff was essential. The SHSSB TAP Co-ordinator had compiled information on the impact of the Troubles on the Board's area, this provided a rich resource for the work conducted by the Family Trauma Centre.

The Awareness Raising Training Pack

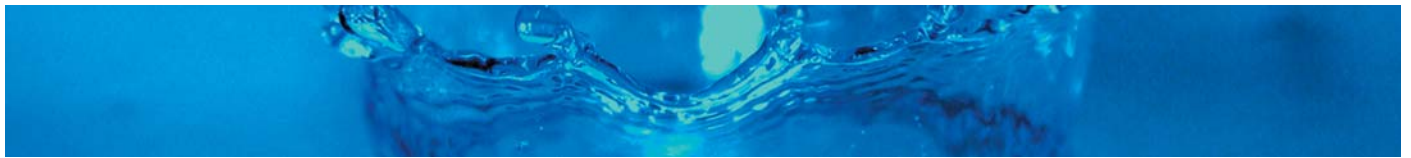
The Awareness Raising training pack was developed in partnership with the Steering Group and the Family Trauma Centre. It was important that the Training Pack included information for participants about relevant service provision; how to refer to these services; how to talk to their clients about these issues; and how they might be more mindful of these issues in their various working situations. This would increase awareness of specific local needs and ensure that staff would be more able to meet those needs.

The training pack contained a participant pack, a participant handout and questionnaires. The participant pack provided information about:

- The background to the training.
- Information on the SHSSB TAP and contact details.
- Information regarding self-care and confidentiality.
- A Directory of Service Provision which listed local specialist resources which staff could refer to. All those attending the training received a copy. The directory was launched a few months after the training started and a copy was sent to all who had participated in training prior to the launch of the directory.

The second part of the training pack, the participants' handout, contained:

- A programme of the training session.
- An outline of the exercises that were to be used.
- Copies of all slides included in the presentation.



The slides formed a comprehensive resource containing:

- Statistics relating to Troubles related death and injuries in the SHSSB area.
- Guidance on trauma and trauma symptoms.
- Information about the impact of the Troubles in the SHSSB.
- Suggestions about how participants might use this information in their own employment context.
(See Appendix 1).

The training programme was quality assured by the SHSSB TAP steering group before the Family Trauma Centre began the pilot training programme across the SHSSB area. The pilot training programme was evaluated and slightly modified before rolling out the full training programme.

Evaluation

In order to increase the potential outcome, the Steering Group proposed that the training programme provided a unique opportunity to gather information about the experiences of staff in the SHSSB, in regard to their exposure to Troubles-related trauma. Each member of staff who attended the training was asked to fill in a pre and post-training questionnaire (Appendix 4). These questionnaires asked the same series of eight questions, which explored the extent of personal and professional experiences of the Troubles, the impact of the training and how it was evaluated. By looking for differences in how staff responded to the same question before (Pre-Training Questionnaire) and after (Post-Training Questionnaire) it was possible to measure whether or not staff felt better equipped to deal with Troubles related trauma in their work environment.



Model of Training Delivery

An adult learning model was adopted for the training programme which was delivered in half-day sessions. This was incorporated into the training pack, which was designed to be both experiential and participatory. The quality assurance process involved regular consultation with the SHSSB Board Steering Group and the TAP Coordinator. In addition to the quality assurance provided by the Steering Group, the Family Trauma Centre also asked an external trainer from the Centre for Trauma and Traumatic Stress in Nottingham NHS Trust to quality assure all the training materials and questionnaires.

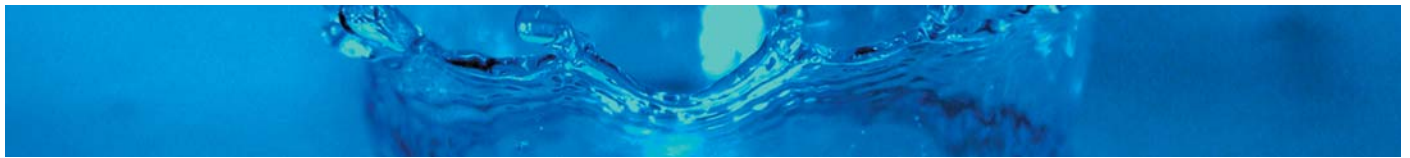
Ensuring Standards and Consistency

A 'Training for Trainers' programme was developed and delivered to all the training team engaged in delivering this Awareness Training Programme. In order to ensure a consistent standard of training delivery, all the pilot training sessions were delivered by the Manager of the Family Trauma Centre shadowed by a member of the training team. This provided a further training opportunity for the trainers and was a valuable contribution towards ensuring the consistent quality of the training.

Ensuring Ethical Standards

The aim to raise the level of awareness of the impact of the Troubles related was both visionary and sensitive. An ethical and sensitive approach was required as it was envisaged that some staff attending the training would have direct Troubles related experiences. In order to achieve this aim it was agreed that two trainers should deliver each Awareness Raising Training session participants were given a choice about their inputs into the training, i.e. speaking or not speaking in the group exercises. This respected those who felt unable to participate verbally. Trainers also informed participants verbally and in writing where they might receive psychological support if the training raised personal issues. Additionally, trainers made themselves available during and after the sessions if participants wished to speak to them, or seek help or advice about difficulties that arose for them during the training sessions.

Some members of staff did avail of the opportunity to speak to trainers on a one-to-one basis. Family Trauma Centre staff stayed behind on several occasions



to deal with difficult issues that had been triggered by the session. Having two trainers present allowed the opportunity for one trainer to be available should a participant become distressed and need to leave the session. There were many powerful self disclosures during the training sessions by participants relating both to their personal and professional lives. At times these personal and professional issues overlapped. Some staff had experienced direct trauma, for example, the death or murder of a close family member. Other staff described intimidation and attacks on their homes, or on their cars. Their stories about paramilitary style punishment attacks on children and other attacks on people with whom they were working were particularly disturbing.

The availability of a second trainer created an additional sense of safety or containment, making it possible for these personal conversations to occur. Training sessions were also confined to twenty participants in order to promote small group dialogue and create safety.

Delivering the Training Programme

Prior to delivering the training programme the SHSSB TAP Steering Group undertook a great deal of preparation work. Information in respect of the training was sent to the DHSSPSS, the Chief Executives of each of the four Trusts in the SHSSB, the Director of the SHSSB and the OFMDFM Victims Unit. The aim was to ensure maximum co-operation, to facilitate the attendance of staff and to make sure that the training was endorsed at the highest level.

The pilot training programme began in June 2004 and was delivered in a range of locations to provide choices of where and when to attend. After the pilot programme, a report was presented to the SHSSB TAP. Presentations to the Chief Executives and Senior Managers in the SHSSB were also arranged. These highlighted the context of the training and the favourable evaluation of the pilot. The aim of these presentations was to promote the Awareness Raising Training and gain the support of senior staff in the SHSSB. The aim was also to open the debate about the service needs of people affected by the Troubles and thereby influence policies and service provision. It was hoped that their endorsement of the training, within each of the Trust Areas, would facilitate the delivery of training to staff members in the Board area.



Evaluation of Awareness Raising Training

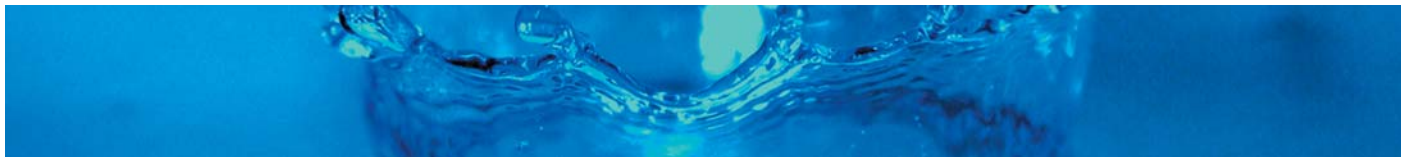
Over 500 people attended the Awareness Raising Training, 50 of whom were managers and senior staff who attended a condensed version aimed at promoting uptake amongst their staff.

In total, 453 participants attended the Awareness Raising Training sessions and were invited to engage in an evaluation of the training. All those attending the full Awareness Raising Training were given a series of questionnaires to complete. These comprised a Pre and Post-Training Questionnaire, and an Evaluation of the Training itself.

A pilot questionnaire was completed by 135 participants who attended Awareness Raising Training between June and September 2004. The pilot questionnaire was then revised before being administered to all those who attended the Awareness Raising Training between September 2004 and June 2005.

The demographic information obtained relating to the pilot and revised questionnaire suggested that the group of people attending during the June 2004 to September 2004 were very similar in terms of age, gender and occupation, to the group who attended between September 2004 and June 2005. Therefore the present statistical analysis of the 313 responses to the revised questionnaire is statistically representative of the whole sample, and these findings are presented below.

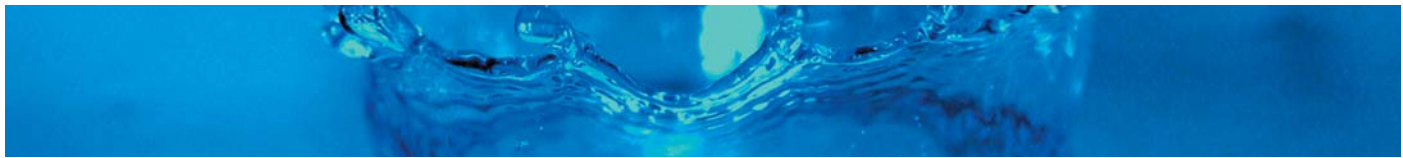
The information gathered from this large cohort of SHSSB staff (453 respondents to the pilot and revised version of the questionnaires) has the potential to inform a much wider debate about the ways in which the population of Northern Ireland have been affected by the Troubles. As the Health Service is one of the largest employers in Northern Ireland, the staff who attended the Awareness Raising Training Programme could be considered to be broadly representative of the Northern Ireland population as a whole. Given this, it would be valid to use the findings from this research to inform a much wider debate about the impact of the Troubles on the population as a whole.



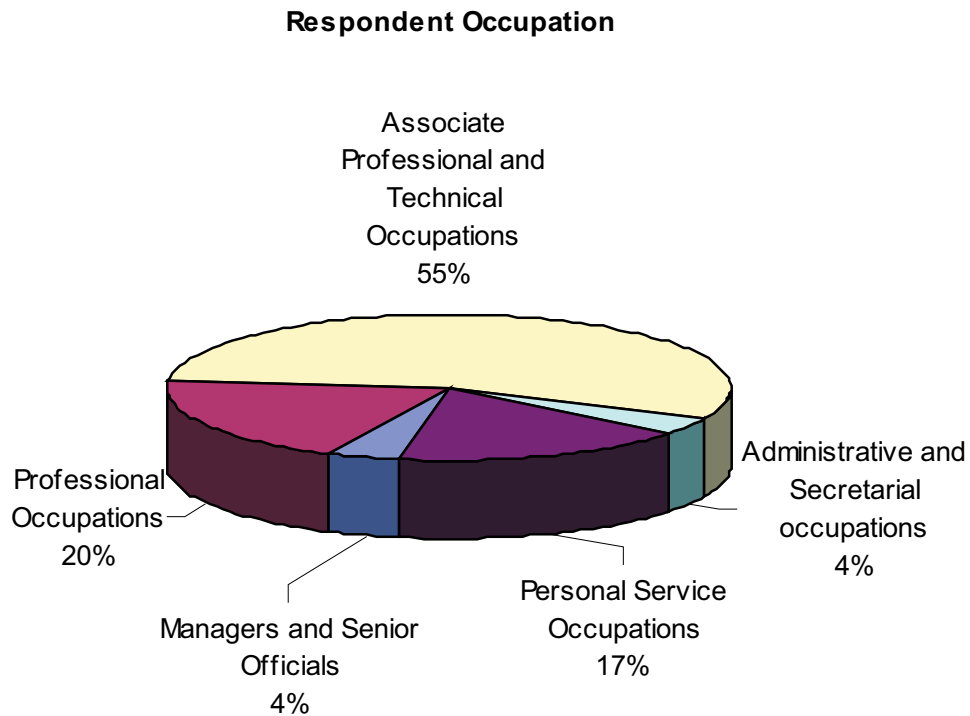
Demographics

Participants who attended training sessions between September 2004 and June 2005 ranged in age from 20 to 60. Overall, the majority of respondents were aged between 41-50 years (34.6%) and 31-40 years (29.1%). 92% of respondents who supplied information on their gender were female, 1.9% (6) of the respondents withheld this information. The occupations of all 303 respondents who supplied information on their occupation were classified into ‘major groups’ using the Standard Occupational Classification 2000 (SOC 2000). The SOC 2000 is the latest edition of the UK’s official occupational classification, and has been used in most government publications since 2001(See table below for details of the characteristics of the major groups used in the SOC 2000).

SOC 2000: Major Groups: General Nature of Qualifications, Training and Experience	
Major Group	General Nature of Qualifications, Training and Experience for Occupations in SOC Major Groups.
Managers and Senior Officials	A significant amount of knowledge and experience of the production processes and service requirements associated with the efficient functioning of organisations and businesses.
Professional Occupations	A degree or equivalent qualification, with some occupations requiring postgraduate qualifications and/or formal period of experience-related training.
Associated Professional and Technical Occupations	An associated high-level vocational qualification, often involving a substantial period of full-time training or further study. Some additional task-related training is usually provided through a formal period of induction.
Administrative and Secretarial Occupations	A good standard of general education. Certain occupations will require further additional vocational training to a well defined standard (eg. typing or shorthand).
Personal Service Occupations	A good standard of general education. Certain occupations will require further additional vocational training, often provided by means of a work-based training programme.
Additional Major Groups not listed above: Skilled Trade Occupations, Sales and Customer Service Occupations, Process, Plant and Machine Operatives, and Elementary Occupations.	
Source: Office for National Statistics (2000) Standard Occupational Classification 2000 Volume 1: Structure and descriptions of unit groups. London : The Stationery Office.	

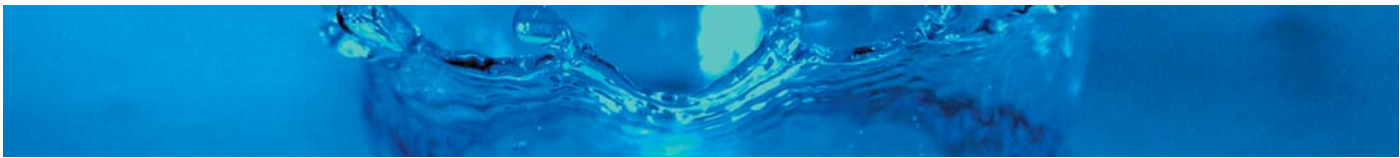


Of those attending the training 53.5% (162) were classified as 'Associate Professional and Technical Occupations' (e.g. Nurses). 19.1% (58) were classified as having 'Professional Occupations' (e.g. Social Worker). 16.5% (50) were classified as having 'Personal Service' Occupations (e.g. Nursing Auxiliary, Care Assistant). 'Managers and Senior Officials' and 'Administrative and Secretarial' classifications accounted for 4% (12) and 3.6% (11) respectively. Nine respondents (3%) supplied insufficient information about their occupation to allow it to be classified using the SOC 2000.



Employment Location

Three hundred and three people completing the questionnaires provided information about their employment location.



Trust Worked For	No. Attending	Percentage
Armagh and Dungannon HSST	88	29.0
Craigavon and Banbridge HSST	77	25.4
Craigavon Area Hospital	38	12.5
Newry and Mourne HSST	90	29.7
Other (includes those indicating they work regionally, or for agencies out side of the Trusts, eg. employed by the Board or Educational services)	10	3.3
NB: A further 10 people did not supply this information.		

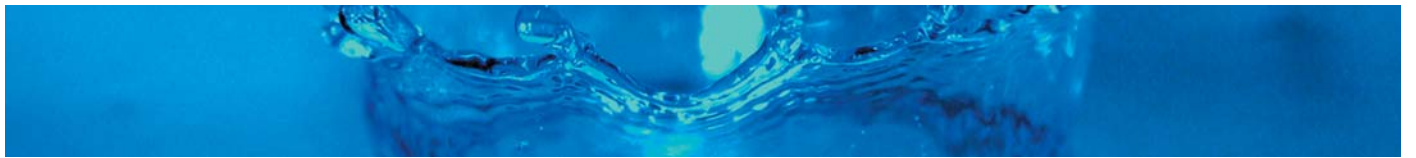
Analysis

The evaluation and pre and post training questionnaires are analysed separately on the following pages. The Evaluation Section includes basic information such as the quality of the presentation, delivery, relevance. The Pre and Post Questionnaire Analysis section looks specifically at differences in participant responses to questions before and after the training, and explores whether these differences are statistically significant.

Evaluation Section

310 out of 313 respondents (99%) completed the Evaluation section of the questionnaire Appendix 4.

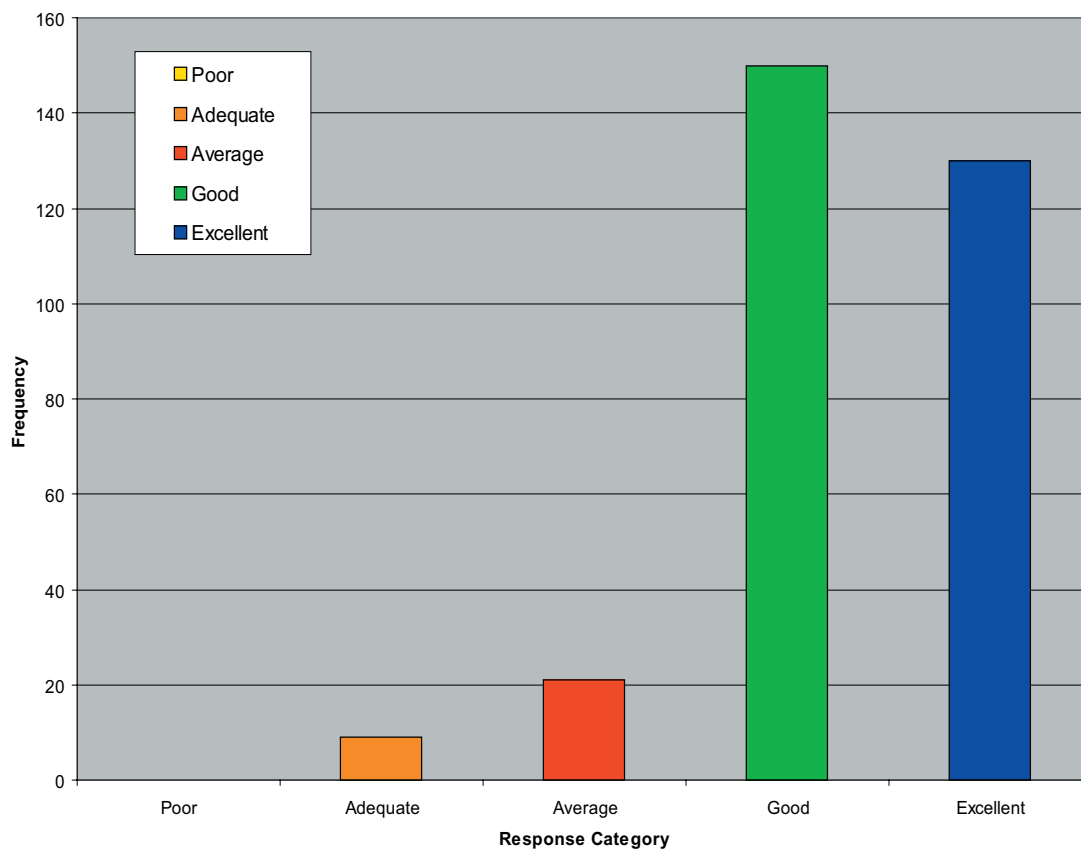
Firstly, respondents rated the quality of the presentations under five headings, with space provided for additional comments. They then answered a Likert scale¹ question relating to how much the training session had raised their awareness of the impact of the Troubles on clients, patients and service users. Finally, they answered an open-ended question concerning what ways they would wish their learning and development to be supported. (See Appendix 2 for all tables, graphs and bar charts relating to the Evaluation section).



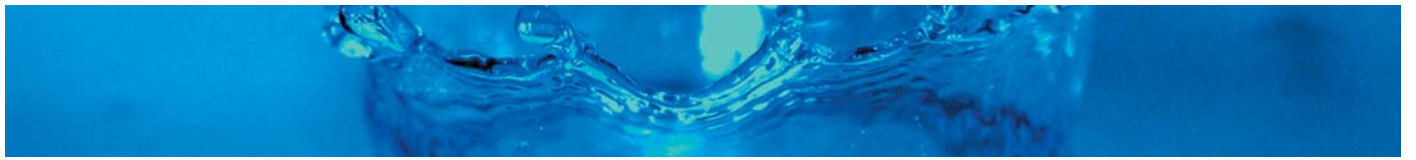
Quality of the Presentation

The evaluation of the quality of the presentation was overwhelmingly positive. Over 73% of respondents indicated that they felt the relevance of the presentation to their work/organisation was 'Good' or Excellent¹.

Bar Chart Illustrating Expertise, Presentation / Delivery of Tutor(s)



¹Likert Scale: The Likert Scale approach has been used in this study to allow participants to indicate their response to questions or statements using a scale. They choose a number on a scale of one to nine to indicate they are 'not at all confident' (one), moderately confident (five), or very confident (nine).

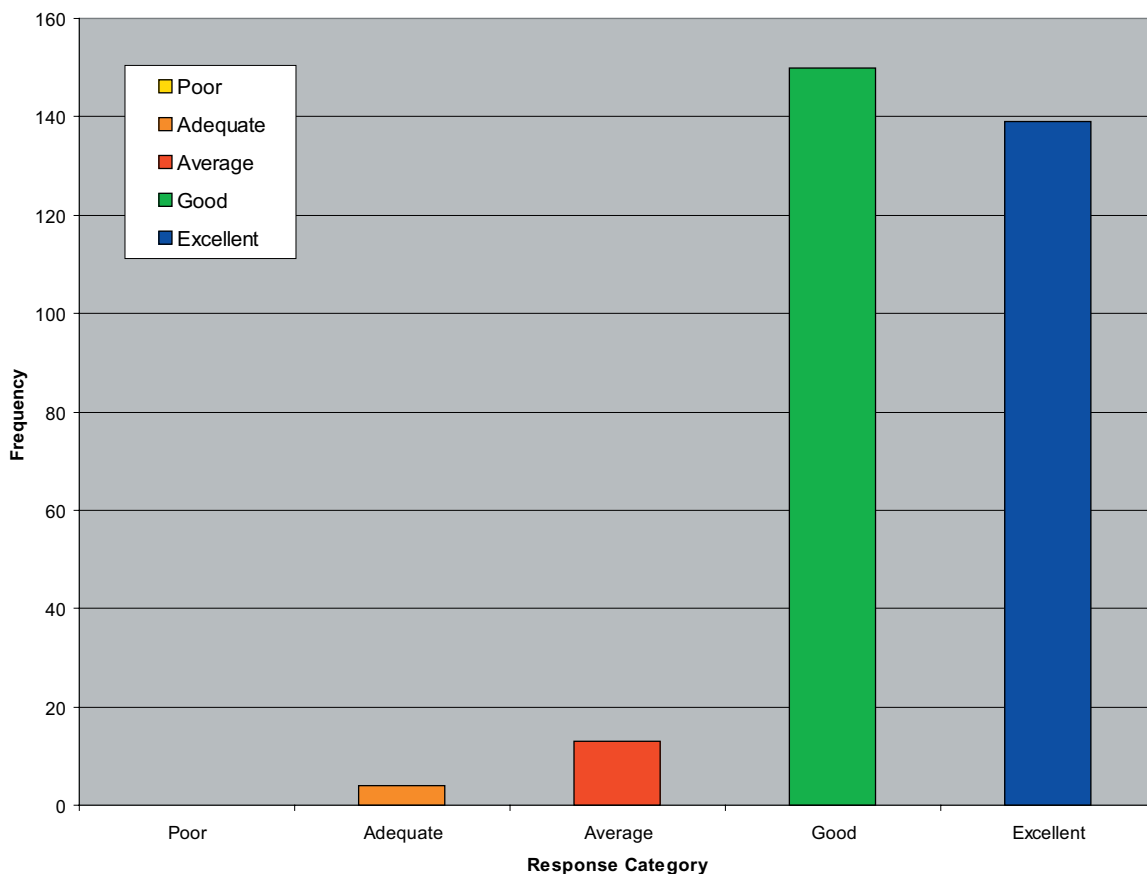


Expertise, Presentation/Delivery of Tutors

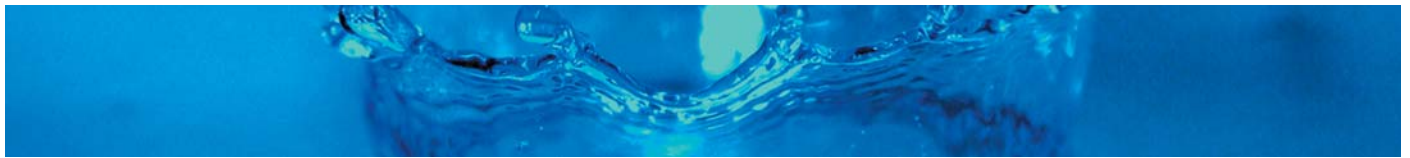
As the bar charts illustrate, over 90% rated the expertise, presentation/delivery of the tutors as 'Good' or 'Excellent'; and the quality of the handouts and audio-visual material was felt to be 'Good' or 'Excellent' by over 94% of respondents.

Quality of Handouts/Audio-Visual Material

Bar Chart Illustrating Quality of Handouts / Audio-Visual Material



The course design, extent of member participation, group work and variety were felt to be 'Good' or 'Excellent' by over 82% of respondents. Finally, over 81% indicated they felt the usefulness of the practical exercises to be 'Good' or 'Excellent'.



Qualitative Evaluation

Of those who responded to the qualitative question, “any other comments?” their very positive feedback further highlighted their feeling that the training had raised their awareness:

“Training raised my awareness of the significance of the impact of the Troubles and the number of people/families affected” -Outreach Nurse.

Another qualitative question asked “What else could be done to support your learning and development in relation to working with the impact of the trauma of the Troubles?” Responses to this question consistently made reference to a desire to further develop their skills and receive more information:

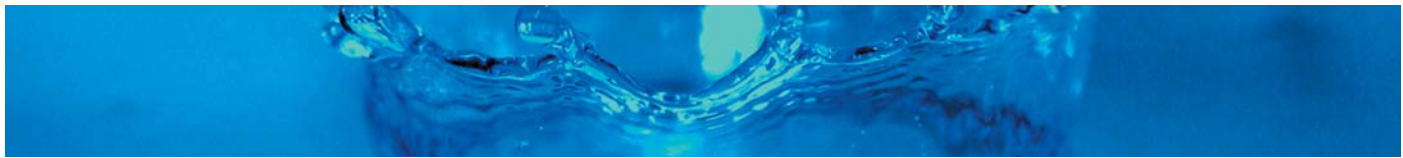
“Ongoing awareness raising training needed including support from management”-Social Worker.

It was suggested that the training should be made available to their colleagues:

“Increased awareness for colleagues through training sessions such as today”-Nurse.

During the pilot training respondents raised the issue of the lack of availability of literature on the impact of the Troubles. They suggested that literature and leaflets should be circulated around the Trusts, to explain available services. The publication of the TAP Directory of Services, which was distributed at later training sessions went some way to meet this demand. The trainers indicated that they had been requested to supply extra training packs and directories, which participants wanted to distribute to colleagues who had not attended the Awareness Raising Training. Other issues raised included a suggestion that more Troubles related information should be provided during basic professional training programmes to prepare staff to practice in Northern Ireland. Some respondents suggested provision of a more comprehensive follow-up session to deal with the issues raised:

“A follow-up session to see how the awareness / training session impacts on practice”-Social Worker.



Pre and Post Training Questionnaire Analysis (see Appendix 4)

The pre and post-training questionnaires were distributed to all participants as part of their 'Participant Packs'. 313 out of 318 (98.4%) questionnaires were returned. Overall, participants' post-training scores were higher than their pre-training equivalents. Statistical testing indicated a statistically significant increase in scores for seven of the eight comparisons.

Impact of Training on Staff

The analysis suggested that following the Awareness Raising Training, respondents indicated that they felt more informed about the effects of the Troubles on the people of Northern Ireland (statistically significant change in mean from 4.77 to 6.26). This is illustrated in the bar chart below, which shows the difference in mean score prior to the training (Pre) and following the training (Post).

Item 1: How much or how little do you know about the effects of the Troubles on the people of Northern Ireland?

Statistically significant increase post-training

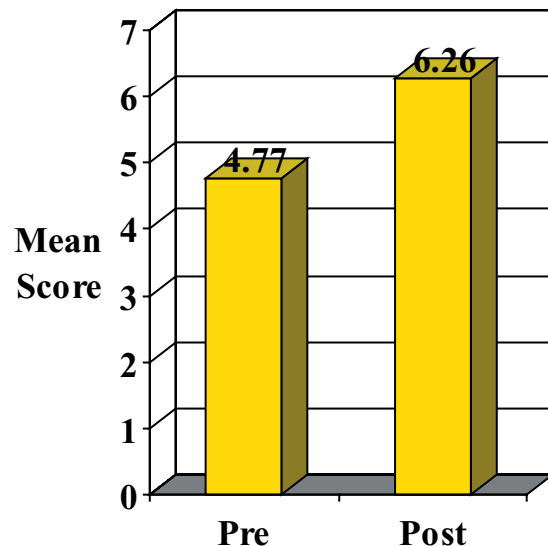
1 = Nothing at all

3 = A little

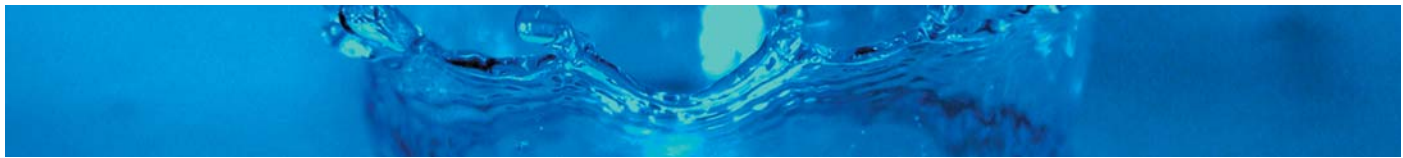
5 = Moderately informed

7 = Well informed

9 = Very well informed



Regarding encountering the impact of the Troubles in the workplace, respondents indicated that they 'occasionally' encountered the impact of the Troubles in their work. The relatively small increase in the post-training score was statistically



significant, suggesting perhaps that after training staff were more attuned to the possible impact of the Troubles on their client group.

Knowledge of specialist services for those affected by the Troubles in the SHSSB area showed the greatest significant increase post-training (a mean of 2.72 pre-training to 5.13 post-training). This suggests that the half-day training sessions went a long way to help equip staff with knowledge about specialist services which they indicated they did not have prior to attending the Awareness Raising Training. The bar chart below illustrates the increase in the average score before and after training.

Item 3: How much or how little do you know about the specialist services for those affected by the Troubles in the SHSSB area?

Statistically significant increase post-training

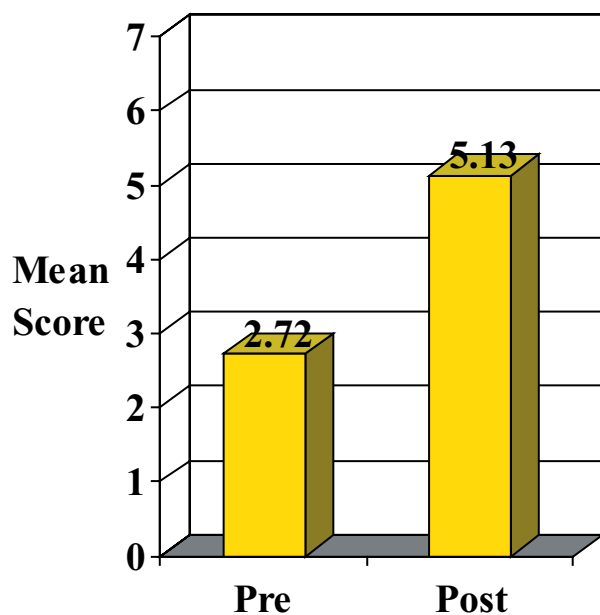
1 = Nothing at all

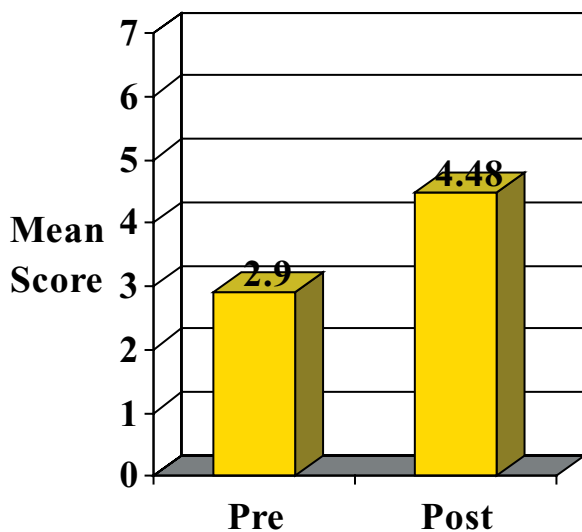
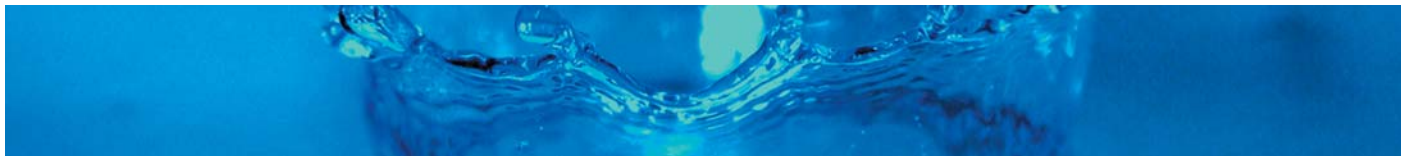
3 = A little

5 = Moderately informed

7 = Well informed

9 = Very well informed





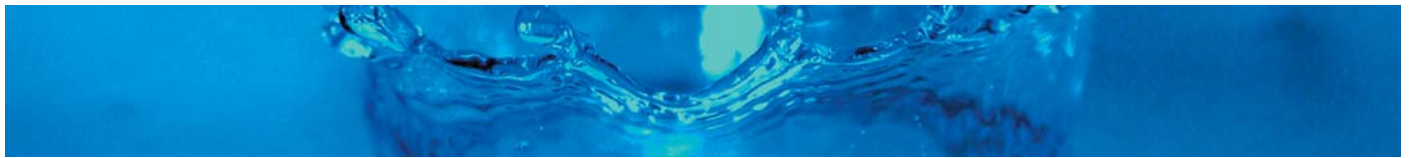
Item 5: How confident and professionally well equipped do you feel to talk and assist clients, patients or service users affected by the Troubles?

Statistically significant increase post-training

- 1 = Not confident
- 3 = A little confident
- 5 = Moderately confident
- 7 = Confident
- 9 = Very confident

Prior to training, respondents indicated they felt 'a little bit anxious' talking about the effects of the Troubles in their place of work. The awareness raising training did not raise this anxiety by a statistically significant amount (mean score rose from 3.33 to 3.49). As illustrated below, respondents indicated that they felt more confident and professionally well equipped to talk to and assist clients, patients and service users affected by the Troubles (mean score rose from 2.9 to 4.48 post-training).

A similar pattern was observed in relation to respondents' feelings of confidence and being professionally well equipped to deal with colleagues affected by the Troubles (mean score rose significantly from 2.81 to 4.1 post-training). Respondents indicated that they felt that the Troubles had 'moderately' affected their community (the mean score increasing from 5.4 to 5.62 pre to post), which revealed that participants may have considered the effect of the Troubles on their community in a slightly different light following the training. With regards themselves and their families, respondents scoring indicated that they believed the Troubles had affected them in the range of 'a little' to 'moderately', (the mean score increased significantly from 3.99 to 4.34 post-training). This suggested that following training people had a greater recognition and awareness of the impact that the Troubles had on themselves and on their families.



Occupational Differences in Scores

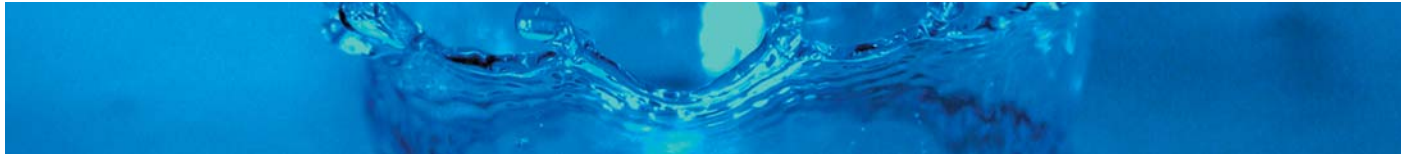
Given participant comments in the Evaluation Section regarding training needs, the researchers decided to explore possible differences both between and within the various occupational groupings who had attended the Awareness Raising Training. This included looking at any differences between pre professional staff and post professional staff, within particular occupational groups. The mean score for each occupational group was plotted on a line graph to permit exploration of possible differences in scores between the various occupational groups. As the SOC 2000 did not necessarily locate similar occupations within the same occupational grouping, the occupations of all those who provided information were reallocated to one of the following groupings:

- Administrative and Clerical
- Ancillary and General
- Nursing and Midwifery
- Social Services
- Allied Health Professionals
- Medical
- Other

Of those attending the Awareness Raising Training the three largest groupings were Nursing and Midwifery, Social Services, and Allied Health Professionals. These groups were found to score the various items similarly pre and post awareness training, and to have shown similar increases in scores to each question post-training. Small differences were also observed between and within occupational groups.

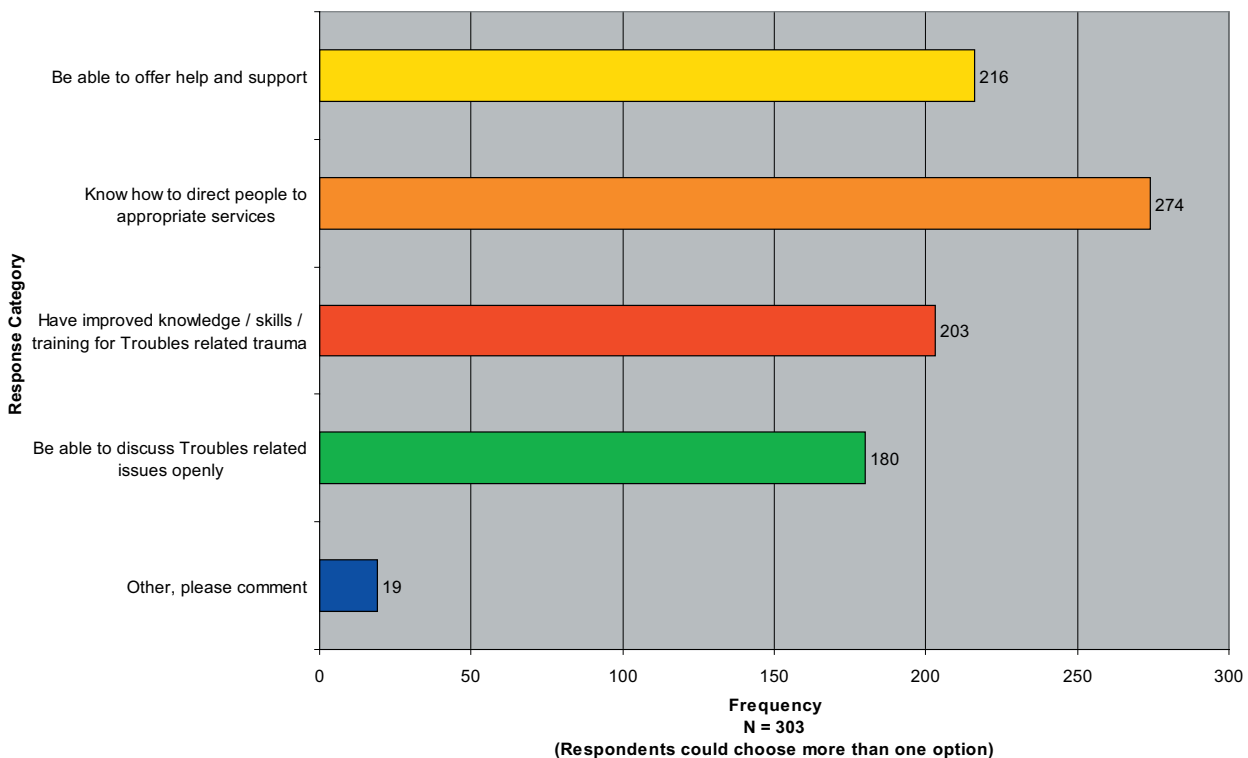
Assessing and Meeting Training Needs

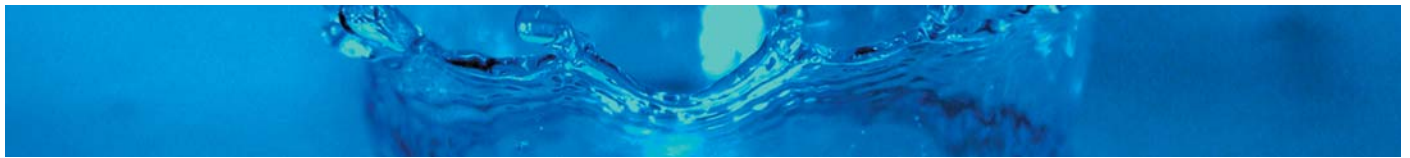
Analysis of the responses and comments has illustrated that many staff have identified a range of ongoing training needs. Many of these needs could not be met by a half-day training session. However, the pre and post training questionnaires included questions designed to explore what participants realistically wanted to gain from the training session, and whether they felt the training had provided them with realistic examples they could use in practice. The responses to these questions



were very positive, indicating that the design of the training session had maximised the utility of the half-day session. Before the training, participants were asked what they would like to be able to do for people affected by the Troubles in their 'patch'? Staff indicated that they wanted to 'be able to offer help and support', 'know how to direct people to appropriate services', 'have improved knowledge, skills and training for Troubles related trauma', and 'be able to discuss Troubles related trauma'. The graph below provides details, and evidence that there was a good fit between the needs of the staff and the design of the training programme.

Bar Chart for Pre-Training Item 9





Qualitative Responses

A number of respondents completed the 'Please comment' option. Comments included:

“Have a better understanding of this in relation to my job and in relation to how the Trust needs to acknowledge these issues for the community it serves”-Senior Social Worker.

“Be empathetic/understanding”-Health Promotion Worker.

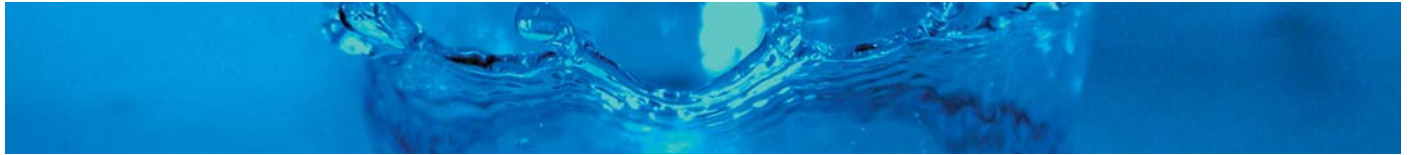
“Be able to talk freely about the Troubles”-Family Support Worker.

“Diffuse ‘angry’ situations that can be quite intimidating when person misjudges your religious/political beliefs”- Physiotherapist.

Similar to earlier responses, some comments related to training and competence, and the role of the Trust. Others highlighted particular skills they felt were important. One commented that the use of alcohol is a major factor for people whose lives have been affected by the Troubles, while another suggested it would be useful to study models used in other countries which experienced conflict around the world.

Post-training respondents were asked: “Do you feel this training has given you realistic ideas to take with you to your workplace?” The majority of respondents score this item as 7 out of 9, and the mean response of 5.95 out of 9, would suggest that the session had indeed provided them with some realistic ideas that could be taken to the workplace.

The huge response to the qualitative 'What/How' section of this item, which received 111 responses, indicates that the Awareness Raising Training Programme was very successful in meeting its primary objective. People took the time and were able to articulate the many ways the Troubles featured in their practice and their own lives. Staff had developed more realistic awareness about this and for many, the years of silence on this issue was broken. As the sample of responses below illustrates, the feedback was very powerful and positive. Many indicated that the session had



raised their awareness of Troubles related trauma. A large number also indicated that they intended to integrate what they had learned during the session, into their professional practice. Some participants specifically commented on the usefulness of the session in terms of 'reflection' on both a personal and professional level. 'Openness' was raised as a theme as participants indicated that they valued the opportunity to talk openly about these issues;

“Am now more aware of the extent of the impact of the Troubles, psychological as well as physical” -Clerical Officer.

*“Will be more aware of how Troubles affect every one of us” -
Community Development Worker.*

“Importance of asking the question ‘Do you feel you have been affected by the Troubles’. Reinforces for me the importance of giving an opening to clients to discuss relevant issues” -Community Addiction Nurse.

*“Now more aware of affects of ‘Troubles’ on me personally and therefore, will be aware of everyone else”
- Nurse (Mental Health).*

“Time to reflect on issues that may be around for people, communities”-Social Worker.

*“Openness. Previously we were all aware but it was not discussed”-
Student Health Visitor.*

“ Feel that permission has been given to allow this topic to be talked about.” Occupational Therapist.



Summary of Evaluation

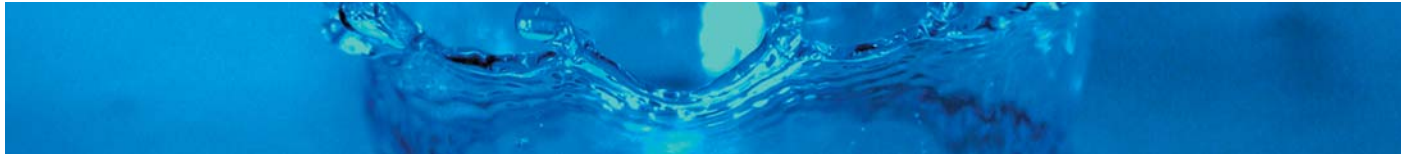
The evaluation of the training by participants, in terms of content and delivery, was overwhelmingly positive. Participants felt that the training had raised their awareness of the impact of the Troubles on clients, patients, service users and on themselves. Their willingness to engage in the evaluation indicates a readiness to open up this area for debate.

Impact of the Training

Statistically significant increases in the mean scores indicate that following the awareness raising training:

- Participants felt they had more knowledge of the effects of the Troubles on the people of Northern Ireland.
- Had a greater awareness of how often they encounter the impact of the Troubles in their workplace.
- Had improved knowledge of specialist services in the SHSSB area.
- Felt more confident and professionally well equipped to talk and assist clients, patients and service users affected by the Troubles.
- Felt more confident and professionally well equipped to deal with colleagues or staff affected by the Troubles.
- Had a greater awareness of the effect of the Troubles on themselves, their families, and their communities.

The responses to the training exercises, suggests that many themes are common throughout the SHSSB area-: loss, hatred, fear, sectarianism, the 'ongoing' nature of the Troubles. Intimidation of workers, and fear of misconceptions were highlighted as themes impacting on the work of staff across the SHSSB area. Some themes were mentioned by staff from particular Trusts within the SHSSB area, for example, working during the Drumcree situation, and the 'post Drumcree' atmosphere which lasted for several years. Others discussed the particular difficulties involved in working along the border, and the difficulties and dangers of working in conjunction with the Security Forces in order to deliver statutory services.



Responses to Training Exercises

Exercise 1 asked participants to think about the word conflict or the Troubles. Participants were then asked to tell the trainers about the thoughts or issues that came to mind when considering these words.

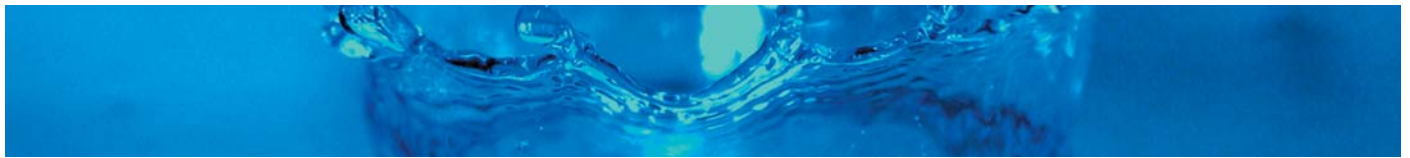
Exercise 1

This exercise is for the whole group.

Consider the word Conflict or the Troubles. When you consider what has happened in Northern Ireland over the past 35 years what thoughts or issues come to mind?

The comments were then written on a flip-chart and grouped together as themes or issues. Different themes were identified and discussed. Issues included segregation/division, sectarianism and politics, access to housing and education, unemployment levels, hatred and fear. Memories of events such as bombings, shootings and roadblocks were discussed. The 'ongoing' nature of the Troubles was a current issue for many and the themes of loss, bereavement, sadness and death were universal.

Some issues were more likely to be mentioned at specific training sites and we have tried to summarise some of these. Staff members attending training in Newry raised thoughts and issues surrounding territory, militarization, the use of (black) humour, public inquiries, and oppression. Those who attended sessions in Armagh talked about hope, "hotspots" in their areas, witnessing the pain of colleagues and service users, and they also mentioned the prevalence of helicopters and the difficulty of 'no go' areas. Participants attending in Craigavon talked about paramilitaries and how they governed many of the housing estates in the area and how intimidation impacted on service users and themselves. Those at Dungannon spoke about the need for constant vigilance and how this impacted on them.



Exercise 2 asked participants to think about how the effects of the Troubles related to their work or family situation.

Exercise 2

This exercise is for smaller groups of five or six.

Consider what we have discussed this morning in thinking about the effects of the Troubles. How do you think this relates to your work or family situation?

Many staff across the SHSSB area indicated they felt they were ‘walking on eggshells’ or ‘walking a tight rope’ in work at times. Concern about service user misconceptions was fairly common, as was the issue of staff intimidation. The Northern Ireland political context and how this influences professional protocols and decisions was also raised. One participant at Banbridge mentioned an example of a possible risk to personal safety by having a name badge which conveyed their perceived religious identity. Many again talked about the ‘post Drumcree’ atmosphere, and urban/rural split, and for others there was little or no impact. One participant in Armagh spoke about how client memories triggered personal thoughts and highlighted the need for boundaries in order to avoid bringing these issues home to their family.



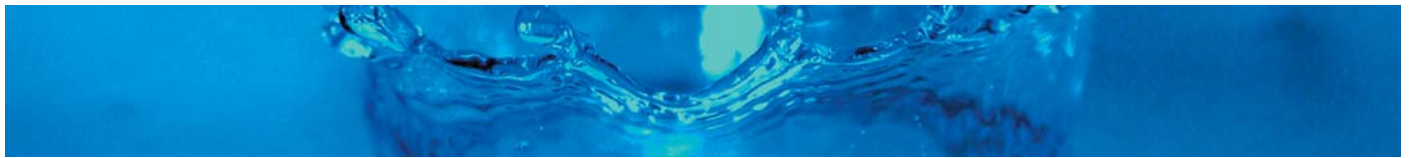
Discussion

The aims and objectives identified by the SHSSB TAP Steering Group were met through the development and delivery of the Awareness Raising Training programme. The following outcomes were achieved;

- Staff participating in the programme developed an increased understanding of how the Troubles have impacted on the SHSSB population.
- Their understanding of the impact on the physical and psychological health of individuals also increased.
- Participants became more aware of the ‘hidden’ needs of victims of the conflict and indicated that this knowledge would enhance their future practice.
- Participants developed more insight into the ways in which the Troubles had impacted on their own lives and into how the training will have a positive impact on their relationship with those with whom they came into contact through their work.
- Participants reported that they felt more confident in addressing the needs of those affected by the Troubles and more knowledgeable about the services available and how to access them.
- The training programme increased awareness and encouraged sensitivity.

Self-Disclosures by Participants

In some sessions, discussion of personal experiences greatly facilitated the outcomes described above. For example, one participant told the training group how her son had been attacked by paramilitaries. When she went with her son to casualty, she felt judged and blamed. She told the group how she used this experience to be more sensitive to the needs of others affected by the Troubles whom she subsequently met through work. Her story was thought provoking for the group and changed the way many of them viewed such attacks. Such an example illustrates how changes in the attitude and awareness of staff can improve the experience of service users.



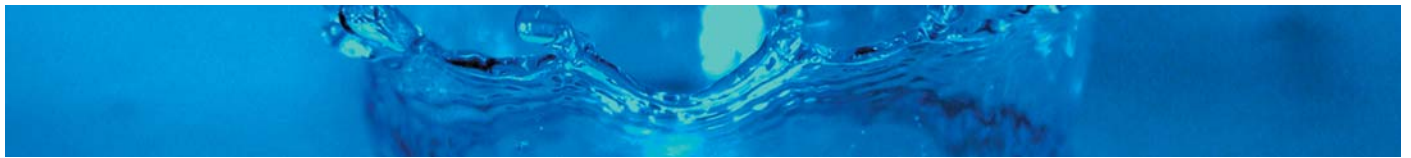
Encouraging Sensitivity

The Awareness Raising Training encouraged sensitivity, by provision of information, knowledge and facilitating empathy. Encouragement of sensitivity can contribute to repairing the negative image that many of those affected by the Troubles have of statutory organisations. However, addressing their negative views will require further direct work with service users. Feedback would certainly suggest that The Awareness Raising Training programme made participants more aware of this issue, and the need for it to be addressed. The training contributed to reducing fear and anxiety, dispelling myths and challenging stereotypes – it broke the silence.

Breaking the Silence

For many of the participants, this training programme was the first opportunity they had to think about or discuss the ways in which the Troubles had impacted on both their personal and professional lives. Many of them commented on this and said how much they appreciated this opportunity. The Awareness Raising Training sessions have confirmed that many participants had experienced severe trauma in their own lives through bereavement, displacement, loss, fear and intimidation. In their working context staff spoke of the difficulties and dangers associated with wearing name badges, as they may influence perception of religious affiliation. At times when the political and security situation was extreme during heightened conflict, these difficulties increased fear and anxiety. Other staff, working in a hospital described the experience of treating the person who in the past had harmed a loved one.

Participants discussed difficult and painful situations which they encountered in their work. They said they had not been prepared through in-service training or induction training to cope with Troubles related issues. They discussed how sectarianism impacted on their working lives and on their clients' lives. During the sessions many revealed they felt high levels of pain and distress about issues that had occurred during their working lives. The training sessions appeared to engage them on a personal and professional level. It would seem safe to assume that for the many staff who have yet to attend Awareness Raising Training, these issues have not been addressed and remain shrouded in silence. This has implications for managers, particularly with regard to staff training, supervision, and development.

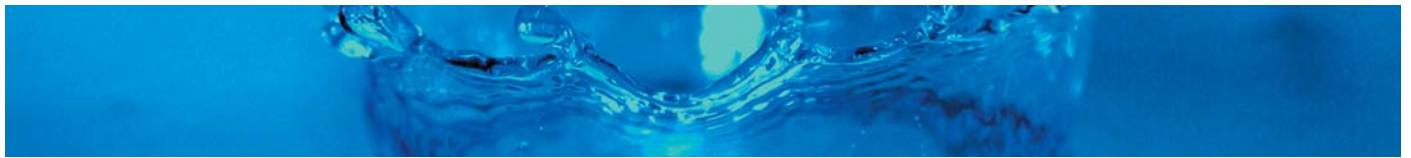


Participation in the Training

One of the main difficulties experienced in delivering the training programme came from problems in recruitment of attendees. Attendance at training sessions did not match the number who had previously registered to attend. This had implications for those who did attend, particularly if the number attending was small. In this situation, some people appeared to feel exposed, which made it difficult for them to remain silent. For others, the small group was positive and appeared to enable them to feel safer so they could speak more freely.

The SHSSB TAP, and participants attending the Awareness Raising Training, identified a range of factors that may have contributed to the lower than expected levels of attendance. Factors identified by staff included the time demands of an increased number of mandatory training programmes. Another factor identified was the reluctance of some managers to release staff to attend the Awareness Raising Training sessions. Whilst acknowledging the difficulties in ensuring adequate cover for wards, residential units or day care facilities, staff described 'lack of management support' as an obstacle to attendance.

While no doubt some difficulties did relate to ensuring adequate cover for facilities, many staff alluded to a culture within the Health and Personal Social Services that discourages discussion of Troubles related issues. From trauma studies (e.g. The Cost of The Troubles Study, 1999) it is evident that methods identified for coping with the Troubles include 'silence, distancing and denial'. These were identified as some of the factors which contributed to the perceived reluctance of some staff and managers to attend the Awareness Raising Training. It was noted that the culture of 'silence', that the Awareness Raising Training was designed to overcome, may have actually prevented staff from being able to attend, due to their reluctance to face difficult issues. For some, particularly those seriously affected by Troubles related trauma, the training programme posed a risk due to fear of exposure, loss of control and their own vulnerability. When providing future training, consideration needs to be given to the needs and fears of the intended participants.



Organisation of Training

The SHSSB TAP staff experienced real difficulties in trying to organise multi disciplinary training for Trust staff across the SHSSB. These difficulties are not exclusive to the SHSSB, as the difficulties in delivering health and social care training in Northern Ireland are well documented. The SHSSB TAP staff had to contact staff in the four Trusts independently and contact staff in each of the different programmes of care within each Trust. This involved frequent contact with a network of administrative staff which was frustrating and inefficient. The complexity of coordinating staff attendance may have contributed to lower levels of attendance than was originally anticipated. The difficulties experienced in recruitment do not detract from the validity of the findings. The decision to evaluate the programme and publish the results has contributed to the body of locally produced studies relating to the Troubles.

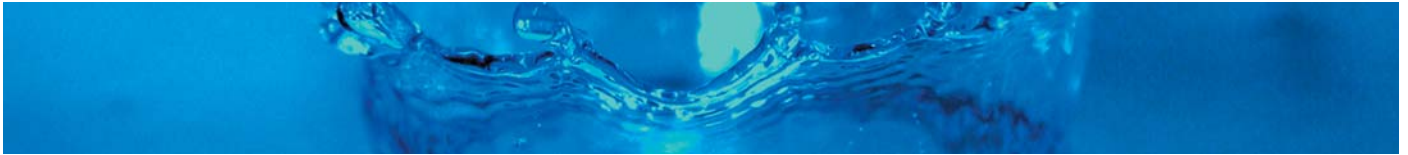
The Way Forward

The training programme as described has been positively evaluated and could now be rolled out to other health and social services or other statutory agencies. The programme is a proven resource which would equally be relevant to those working in the community and voluntary sectors. The training materials could be developed into a booklet format which could be distributed to as a resource.

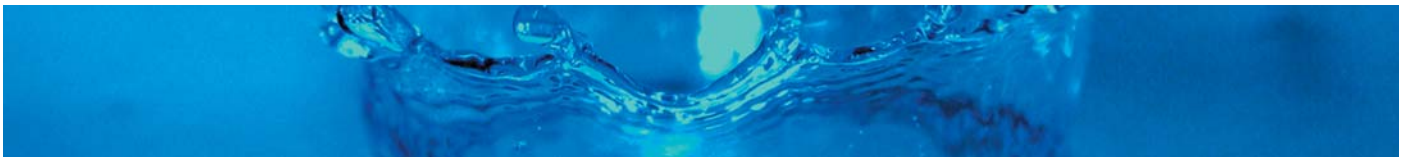


Recommendations

1. This report supports the full implementation of the Awareness Raising Training programme on a rolling basis for all staff in the statutory, voluntary and community sectors. The findings suggest that future training programmes could be delivered in a similar way. Key features that contributed to the success of the Awareness Raising Training included; careful planning, local input, a clear ethical framework, attention to the importance of confidentiality, to local knowledge, to voluntary participation, keeping numbers of participants to under 20, having two trainers on site, and providing the training in a variety of settings and locations. These key features were positively evaluated by the participants. If this training is to be organised for groups of staff in other settings such as the Northern Ireland Housing Executive, or the Social Security Agency, some modification would be required to ensure that it reflected the experiences of the particular staff group, and was locally relevant to their needs.
2. Consideration needs to be given as to the most effective way to promote and deliver this training for other SHSSB staff. The staff identified that they had further training needs after this training programme. Thought needs to be given as to the most effective way of meeting the ongoing training needs of all staff. The inclusion of Troubles related awareness in the induction programme is recommended for all staff. The induction programme provides a mechanism by which the SHSSB and Trusts could ensure that all newly employed staff members are equipped with Troubles related knowledge and skills.
3. Clinical and Therapeutic Training programmes must ensure that they address and include Troubles related issues. The feedback from participants attending the Awareness Raising Training has implications for all clinical and therapeutic training programmes. Staff said they were ill-prepared to deal with Troubles related issues. It is essential to adequately prepare staff for the specific demands required to work within Northern Ireland. Whilst this training provided a welcome opportunity to begin to address difficult issues, some participants expressed a need for further, ongoing training. This may have implications for different professionals, for example, Post-Qualifying Framework for Social Workers.



4. Managers must ensure that staff members are aware of the importance of self-care and the services available to provide this. This was a significant feature of the training. It is important that all SHSSB staff members are aware that there are Trust-provided services (e.g. Staff Care and Occupational Health services) available to them. The Awareness Raising Training has proved that, in addition to previous exposure, staff members continue to feel exposed to Troubles related issues through their work duties. They felt that this is likely to continue in the current political climate. The attention paid to self-care during the Awareness Raising Training was important, and highlighted the continued relevance of this issue for all staff.
5. In order to achieve effective participation in training programmes, consideration must be given to gaining the full endorsement of the SHSSB management structures. Some staff identified that managers could have been more flexible in facilitating staff attendance at the Awareness Raising Training. Both management and staff identified an enduring culture of silence within the HPSS around the issues that were raised by this training. Targeting managers in advance to gain their full endorsement will further break the 'silence' and provide an environment where all staff can attend the Awareness Raising Training with the support of their managers. Ensuring effective delivery may also require that the Awareness Raising Training be made mandatory for new and existing staff. Raising the awareness of managers should positively impact on the way in which services are delivered to service users.
6. Service users must be involved in the future planning and delivery of awareness raising training programmes. Feedback from staff who participated in the Awareness Raising Training programme suggested that it was useful to consider the experiences of service users. Training such as this would be enhanced by the direct involvement of service users in the programme. A representative from a victim/survivor group was a member of the Steering Group for this training and proved a valuable resource. Representatives from victim/survivor groups should be involved in the development of future training programmes.



7. There is a need to address the negative perceptions of statutory organisations held by many of those affected by the Troubles. The SHSSB TAP recognised the need to take steps to address the negative perception of statutory agencies based on the legacy of the past. It is hoped that a programme of this nature will help improve these perceptions through enhancing staff sensitivity. However, as this is such an important issue it warrants further consideration and consultation with service users. Addressing the negative perception of statutory organisations will require working directly with service users. Staff who attended the training felt more confident and professionally well equipped to help service users who had been affected by the Troubles. The Directory published by the SHSSB TAP is a resource which can improve staff knowledge of available resources and how to access services. It is recommended that the Directory is kept up-to-date and is disseminated to all new and existing SHSSB staff. Consideration could also be given to developing a website resource that could be used by all.
8. The SHSSB TAP should consult with victim/survivor representatives to assess the outcomes of this training programme based on feedback from TAP members.



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Appendix 1

Slide Presentation

**Southern Health & Social Services
Board ~ Trauma Advisory Panel**

**The Impact of the Troubles
Awareness Raising Training for
Health & Social Services Staff**

Death rates per 1,000 population

	Incidents	Addresses	Deprivation Score
Newry & Mourne	3.93	1.58	16.15
Dungannon	2.56	2.38	14.40
Armagh	2.50	2.48	-3.10
Craigavon	1.46	1.61	-9.44
Banbridge	0.24	0.81	-14.87
NI Average	1.20	0.14	-4.25

Deaths by location

All deaths by location		Civilian deaths by location	
Belfast	1647	West Belfast	436
Armagh	510	North Belfast	396
Tyrone	361	Armagh	228
L/Derry	353	Tyrone	174
Antrim	198	South Belfast	140
Down	197	Antrim	123
Great Britain	124	East Belfast	89
Republic of Ireland	118	Down	88
Fermanagh	110	Derry City	81
Europe	18	England	70
		Londonderry	68
NI Total	3376	Republic of Ireland	65
Overall Total	3636	Fermanagh	39
		Central Belfast	33
		Holland	5
		Germany	1
		France	1
		Total	2037

Normal responses to a traumatic event

- Sadness
- Anger
- Helplessness
- Guilt
- Numbing
- Tension and restlessness
- Reliving the event
- Fear and anxiety
- Physical reactions
- Difficulty sleeping
- Impaired concentration
- Irritability
- Cognitive and behavioural avoidance



PTSD

Repeated re-experiencing of the event or part of it

Persistent avoidance of triggers associated with the traumatic experience and numbing

Persistent symptoms of increased arousal

The impact of the Troubles

Loss of life

Physical injury - chronic pain, long term physical problems

Psychological problems - deterioration of mental health

Homelessness

Loss of earning - financial difficulties

Loss of land particularly in rural border areas

High military presence - impact on local community

Environmental impact - whole communities living in fear



The Impact of Trauma on Families

Parents have an impaired ability to meet children's needs; emotional, physical and psychological

Post-trauma disturbances affect parental responsiveness

Disengagement from parental roles or neglect

Children can become the focus of parent's trauma symptoms e.g. anger and hostility

Parenting styles can change becoming authoritarian and restrictive

Children & Adolescents

The development of mental health problems such as:

Anxiety problems

Chronic and/or complex PTSD

Addiction problems, often stemming from attempts at numbing emotions and overuse of medication.

Serious behaviour problems

Somatic illness

Problems with eating, sleeping, impulse control, personality and in severe cases personality disorder

Compulsive repetition of traumatic behaviours and sequences Self punishment or self injurious behaviour.



The impact of extreme stress and PTSD on couples

Constricted intimacy and expressiveness, marked by limited affective expression of emotions and a lack of self-disclosure

Overt hostility in the form of unpredictable outbursts of verbal and physical aggression

Total dissatisfaction with life and repeated crises

Difficulty in decision making and poor communication

Role ambiguity affecting the couple and family

The person who was directly traumatised can be left feeling isolated, withdrawn, feeling misunderstood

The impact of trauma on older people

A cumulative wealth of life experience and increased possibility of experiencing loss

Older adults (65 and older) can respond to trauma with PTSD symptoms

Reactions can also be indicated by a deterioration of functioning or an acceleration of the ageing process

Increased feelings of insecurity and vulnerability

Feelings of hopelessness as they may view having limited time to rebuild their lives

Previous trauma memories may be triggered - leading to a feeling of being overwhelmed

Increased feelings of anxiety, fear and depression considering life to be futile and empty, feelings of isolation and loneliness



Ways of Coping with Troubles Related Trauma

Silence

Distancing

Denial

Factors which Influence the Severity of Troubles Related Trauma

Absence of any sense of safety

Living in a 'high intensity' Troubles affected area

No one brought to justice for the offence

Body of murdered family member not located

Family member involved in paramilitary activity

Family member injured by security forces



Current Issues

Increase in community trauma i.e. criminal damage, assault, riots and feuding

Increase in paramilitary style shootings, beatings and related male suicides

Increase in trauma of a continuous nature

Multiple trauma / multiple needs

Increase in sectarian attacks – some areas

Difficulties in interface areas

Ongoing search for truth and justice.

Difficulties in the peace process

Points to consider

“Consider how the Troubles have impacted on you, your family and your community and how this might impact on your work”

The impact of the Troubles is important for all workers in Northern Ireland to consider

This work can place extreme demands on staff

Such situations can make workers feel guilty, frightened, worried about saying the “wrong” thing

Sectarianism can also impact on this work



Points to consider

Listening and hearing the stories is very important

Honesty is important

In general assessments, it can be useful to ask:

- “Has this got anything to do with the Troubles?”
- “Has the Troubles impacted on your life in any way?”

This is particularly important in high intensity
Troubles affected areas

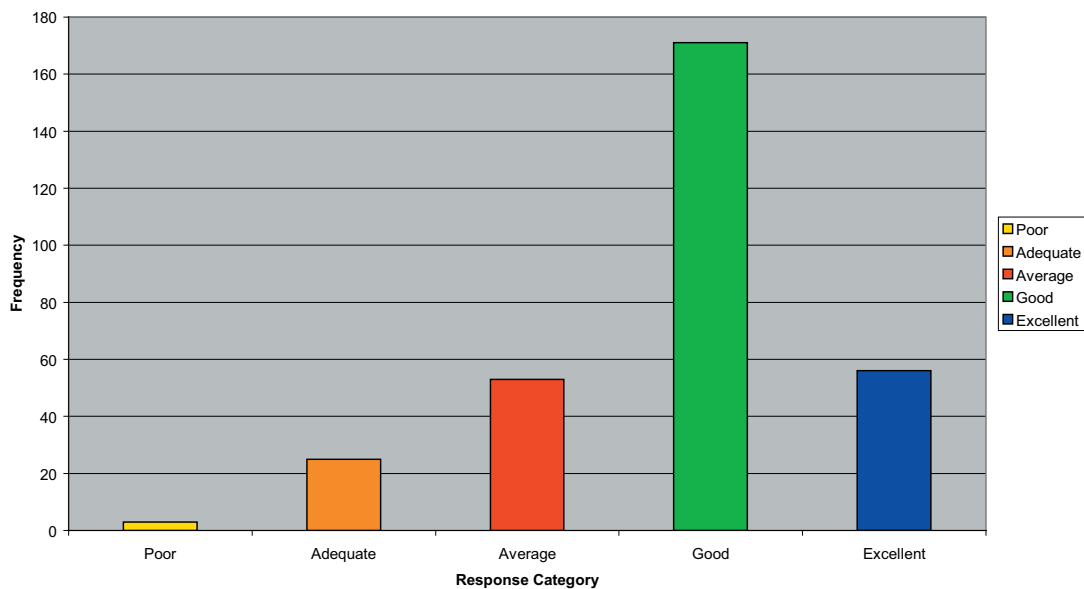
Appendix 2

Evaluation Section Tables, Graphs and Bar Chart

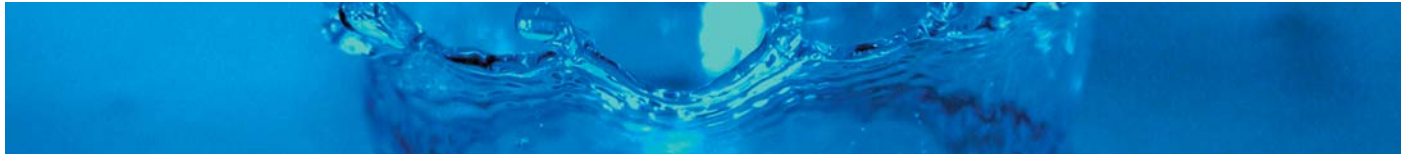
Question 1 – 5: Rating the quality of the presentation.

1. Relevance of Today to Your Area of Work/Organisation

Bar Chart Illustrating Relevance of Awareness Raising Training

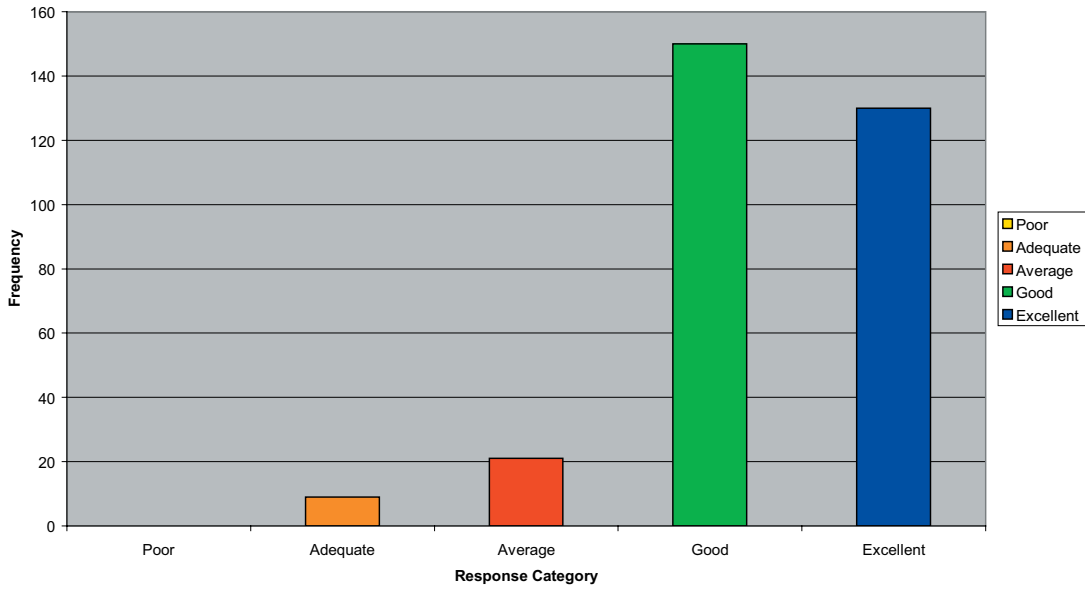


Rating	Frequency	Percent	Valid Percent	Cumulative
Poor	3	1.0	1.0	1.0
Adequate	25	8.0	8.1	9.1
Average	53	16.9	17.2	26.3
Good	171	54.9	55.5	81.8
Excellent	56	17.9	18.2	100.0
Missing Data	5	1.6		
Total	313	100.0		

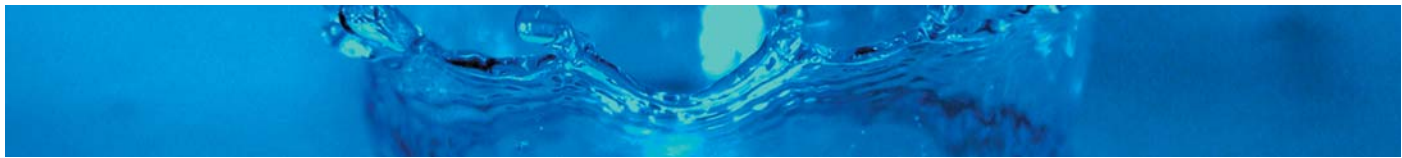


2. Expertise, Presentation/Delivery of Tutors

Bar Chart Illustrating Expertise, Presentation / Delivery of Tutor(s)

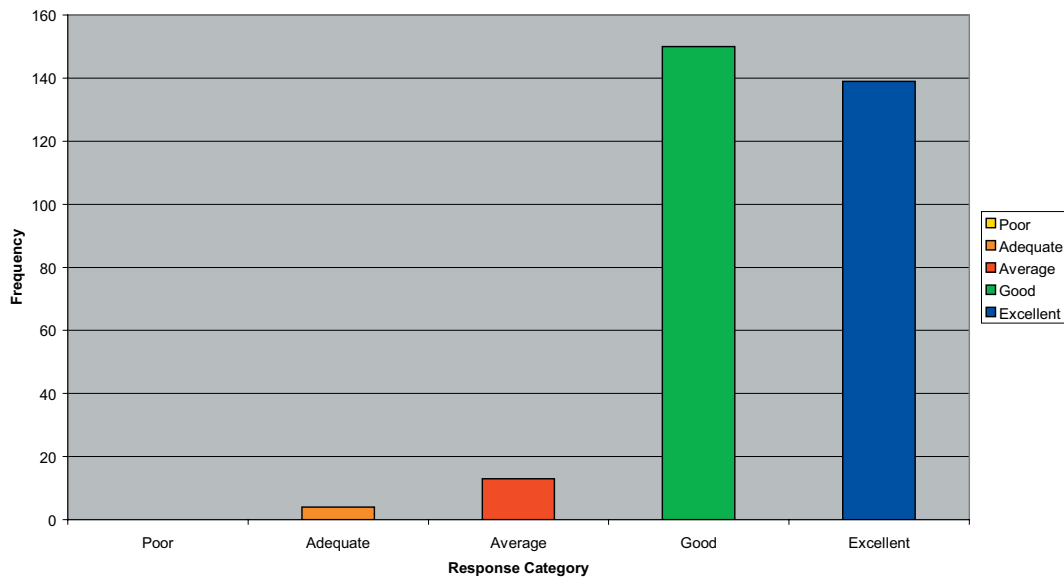


Rating	Frequency	Percent	Valid Percent	Cumulative
Poor	0	0	0	0
Adequate	9	2.9	2.9	2.9
Average	21	6.7	6.8	9.7
Good	150	47.9	48.4	58.1
Excellent	130	41.5	41.9	100.0
Missing Data	3	1.0		
Total	313	100.0		

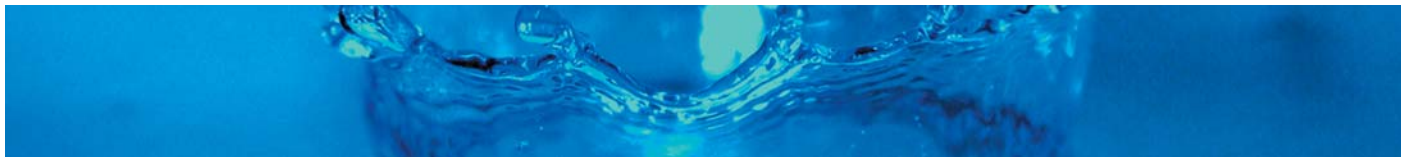


3. Quality of Handouts/Audio-Visual Material

Bar Chart Illustrating Quality of Handouts / Audio-Visual Material

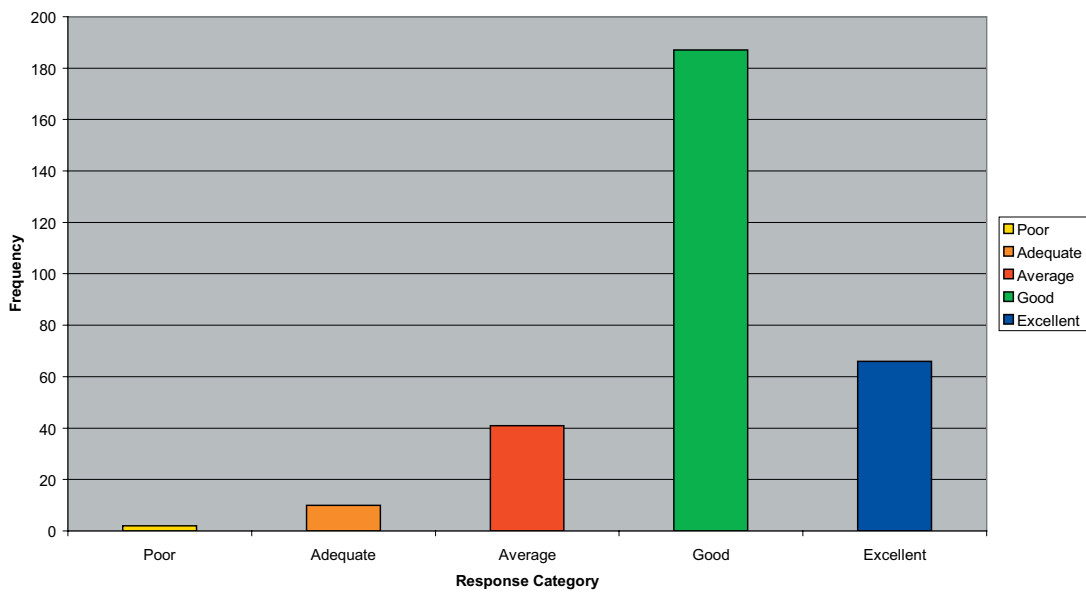


Rating	Frequency	Percent	Valid Percent	Cumulative
Poor	0	0	0	0
Adequate	4	1.3	1.3	1.3
Average	13	4.2	4.2	5.6
Good	150	47.9	49.0	54.6
Excellent	139	44.4	45.4	100.0
Missing Data	7	2.2		
Total	313	100.0		

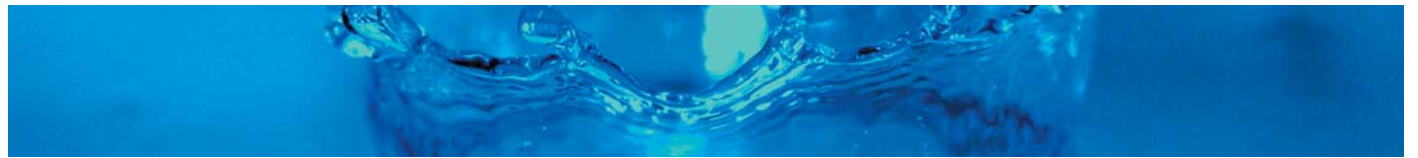


4. Course Design, Extent of Member Participation, Group Work and Variety

Bar Chart Illustrating Design, Participation, Group Work Scores

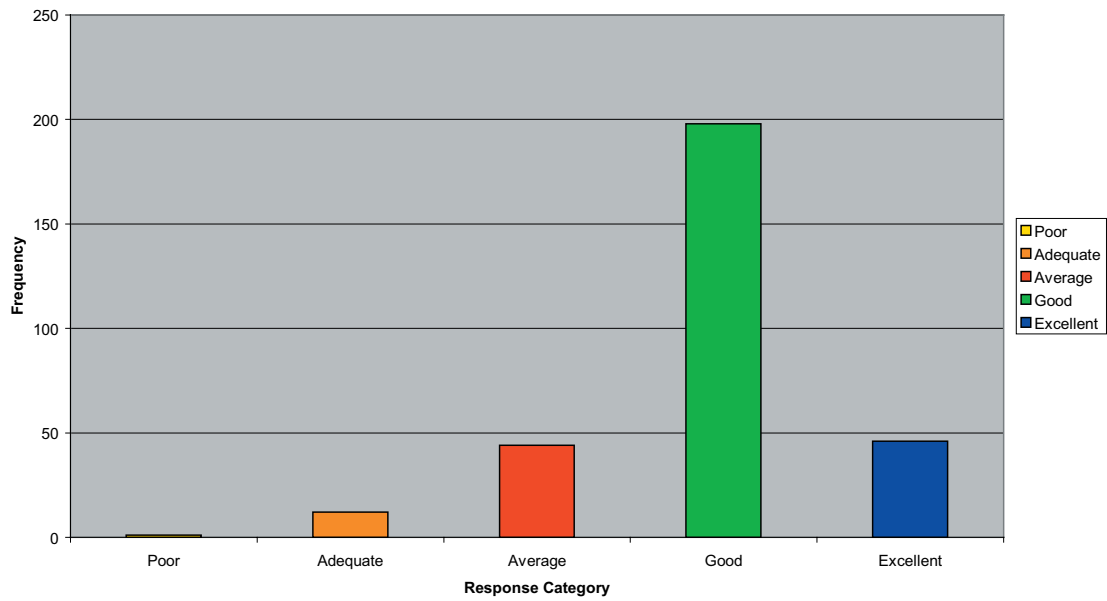


Rating	Frequency	Percent	Valid Percent	Cumulative
Poor	2	0.6	0.7	0.7
Adequate	10	3.2	3.3	3.9
Average	41	13.1	13.4	17.3
Good	187	59.7	61.1	78.4
Excellent	66	21.1	21.6	100.0
Missing Data		2.2		
Total		100.0		

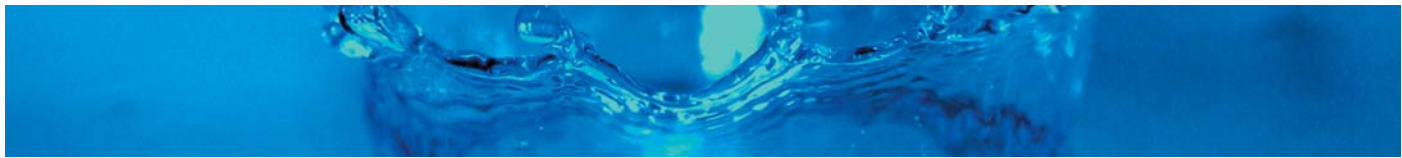


5. Usefulness of Practical Exercises

Bar Chart Illustrating Scores For Usefulness of Practical Exercises

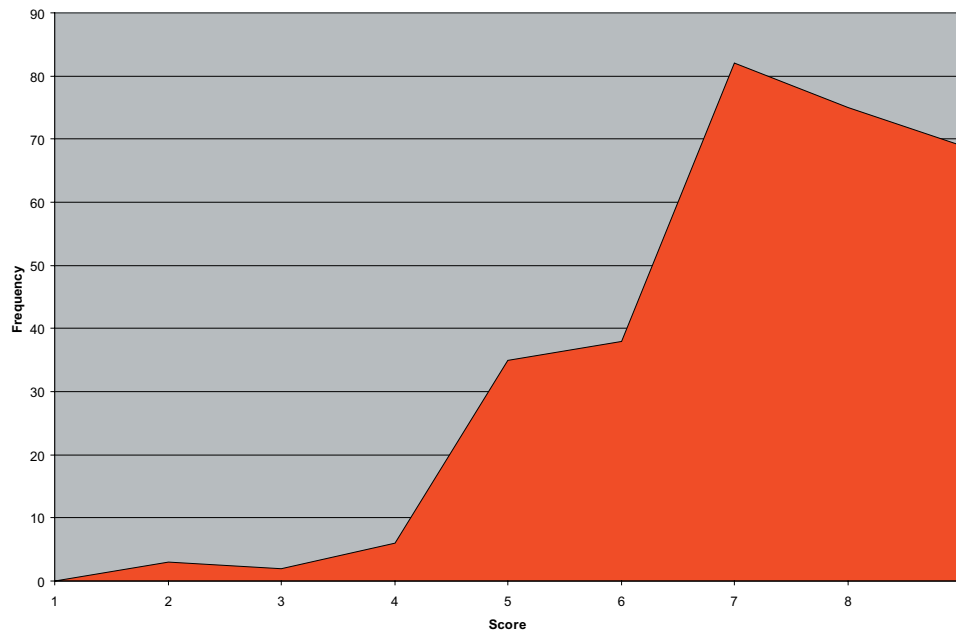


Rating	Frequency	Percent	Valid Percent	Cumulative
Poor	1	0.3	0.3	0.3
Adequate	12	3.8	4.0	4.3
Average	44	14.1	14.6	18.9
Good	198	63.3	65.8	84.7
Excellent	46	14.7	15.3	100.0
Missing Data	12	3.8		
Total	313	100.0		



6. Evaluation of Awareness Raising Training

Line Graph Illustrating Overall Evaluation of Training on a Scale of 1-9



The graph above illustrates that the overall evaluation of the training was very positive. The mean average score was 7.21 out of nine. This is consistent with the response to the pilot training, when the mean average score was equivalent to 7.29 out of nine (8.1 out of 10).

Rating	Frequency	Percent	Valid Percent	Cumulative
1	0	0	0	0
2	3	1.0	1.0	1.0
3	2	0.6	0.6	1.6
4	6	1.9	1.9	3.5
5	35	11.2	11.3	14.8
6	38	12.1	12.3	27.1
7	82	26.2	26.5	53.5
8	75	24.0	24.2	77.7
9	69	22.0	22.3	100.0
Missing Data	3	1.0		
Total	313	100.0		

Appendix 3

Pre and Post-Training Questionnaire Tables, Graphs and Bar Charts

Item 1: How much or how little do you know about the effects of the Troubles on the people of Northern Ireland?

Statistically significant increase post-training

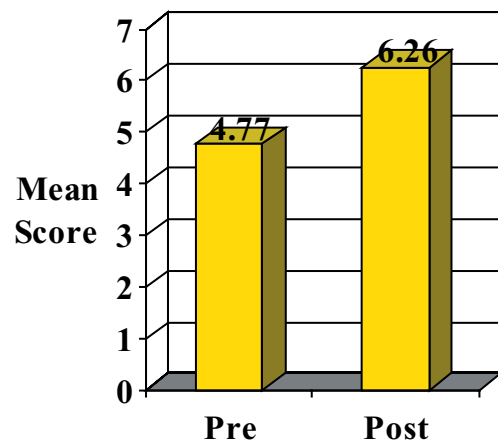
1 = Nothing at all

3 = A little

5 = Moderately informed

7 = Well informed

9 = Very well informed



Item 2: How often do you encounter the impact of the Troubles in your work?

Statistically significant increase post-training.

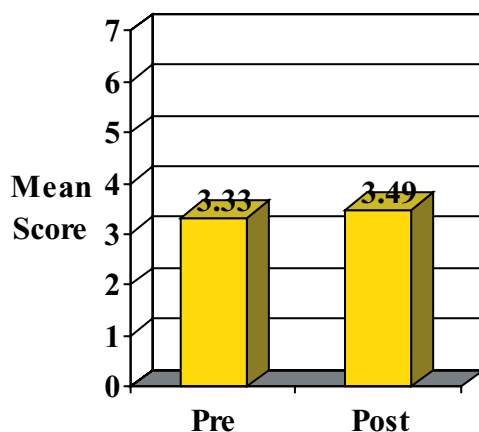
1 = Never

3 = Rarely

5 = Occasionally

7 = Often

9 = Very frequently



Item 3: How much or how little do you know about the specialist services for those affected by the Troubles in the SHSSB area?

Statistically significant increase post-training

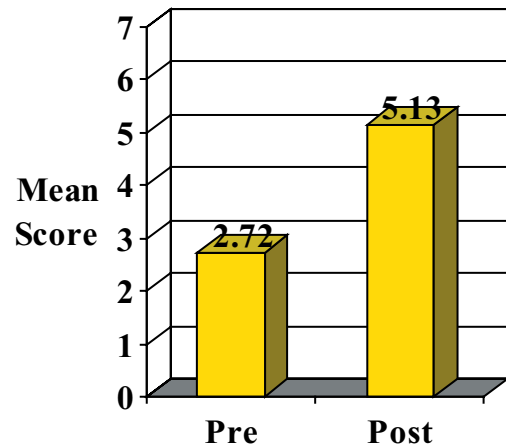
1 = Nothing at all

3 = A little

5 = Moderately informed

7 = Well informed

9 = Very well informed



Item 4: How anxious do you feel about talking about the effects of the Troubles in your place of employment?

Not statistically significant

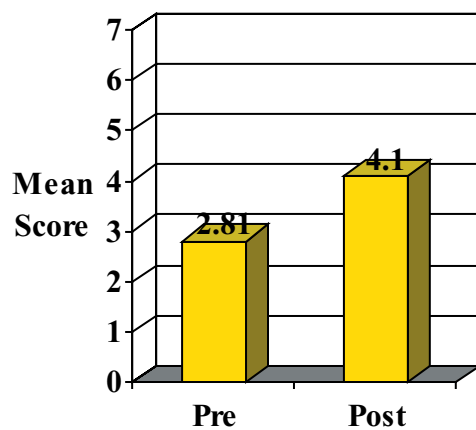
1 = Not anxious

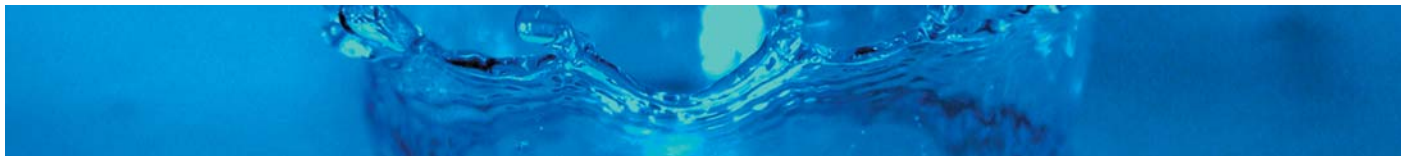
3 = A little bit anxious

5 = Moderately anxious

7 = Anxious

9 = Very anxious

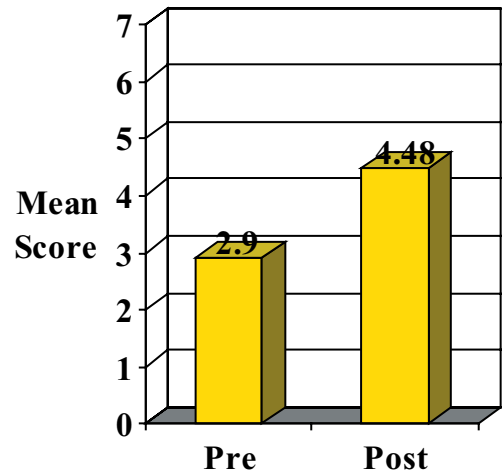




Item 5: How confident and professionally well equipped do you feel to talk and assist clients, patients or service users affected by the Troubles?

Statistically significant increase post-training

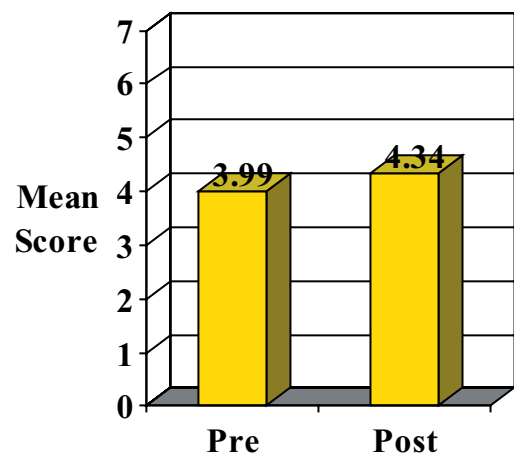
- 1 = Not confident
- 3 = A little confident
- 5 = Moderately confident
- 7 = Confident
- 9 = Very confident



Item 6: How confident and professionally well equipped do you feel to deal with colleagues affected by the Troubles?

Statistically significant increase post-training

- 1 = Not confident
- 3 = A little confident
- 5 = Moderately confident
- 7 = Confident
- 9 = Very confident



Item 7: How much or how little have the Troubles affected your community?

Statistically significant increase post training

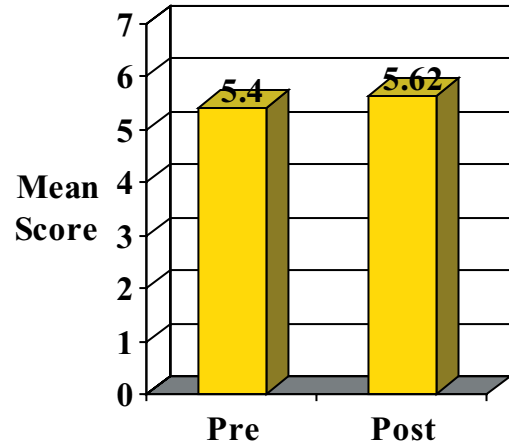
1 = Not at all

3 = A little

5 = Moderately

7 = A lot

9 = Very much



Item 8: How much or how little have the Troubles affected yourself or your family?

Statistically significant increase post-training

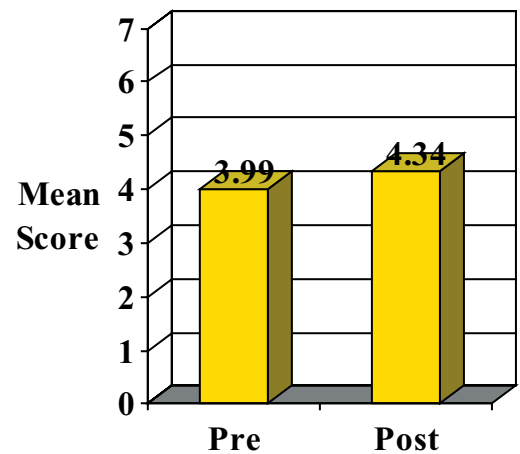
1 = Not at all

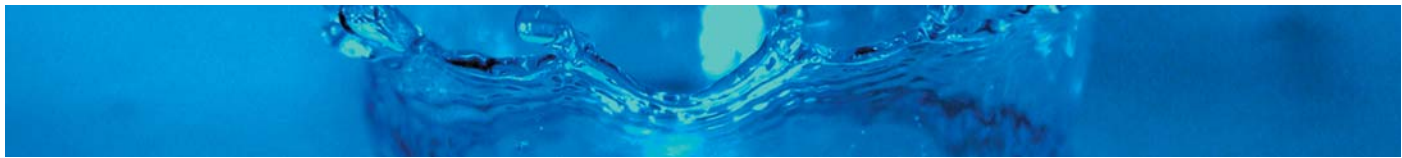
3 = A little

5 = Moderately

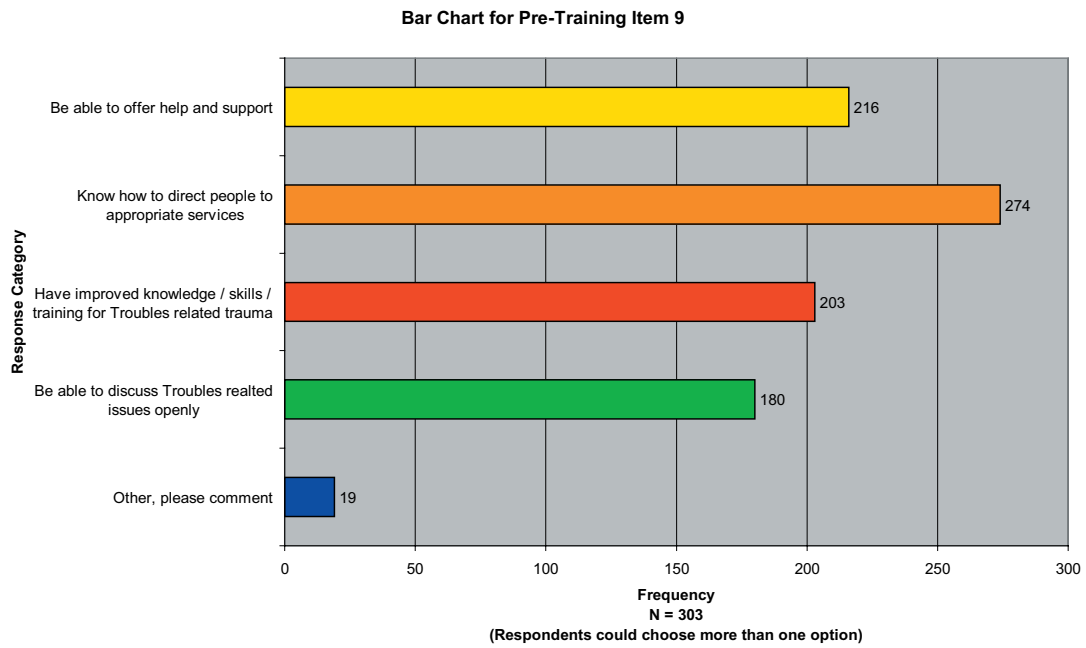
7 = A lot

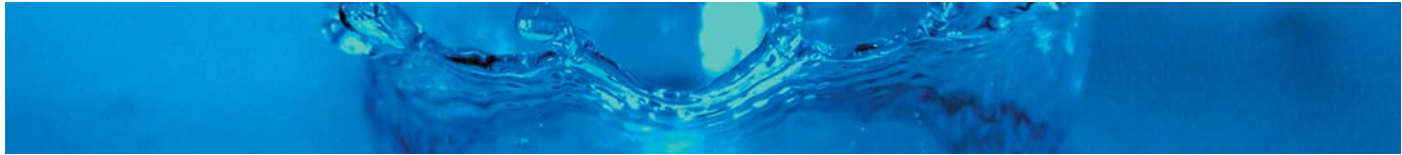
9 = Very much



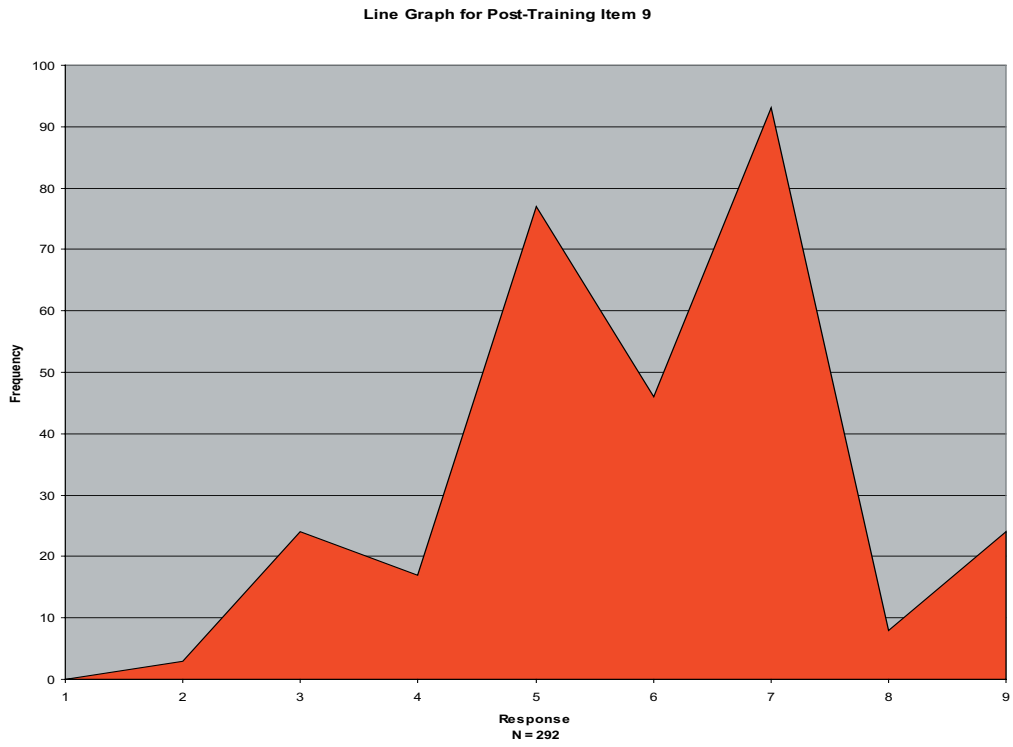


Pre-Training Question 9





Pre-Training Question 9





Appendix 4

Pre and Post Training Questionnaires and Evaluation

Date ___/___/___

Southern Health and Social Services Board Trauma Advisory Panel

Awareness Raising Training for Health and Social Services Staff on the Impact of
the Troubles

Pre and Post Training Questionnaires and Evaluation

We are monitoring the effectiveness of the training you will receive today, and how much it may help you to do your job. In order to do this, we need to know how well equipped you feel you are to work with people who have been effected by the Troubles. In addition to helping us to ensure that future training is delivered both sensitively and effectively, you will contribute to our understanding of how the Troubles affects peoples lives. We invite you to participate by completing three brief questionnaires.

Please complete the **yellow** questionnaire **before** training begins.

Please complete the **green** questionnaire at the **end** of the training session.

Please remember that confidentiality is assured. Please be as open as you can.

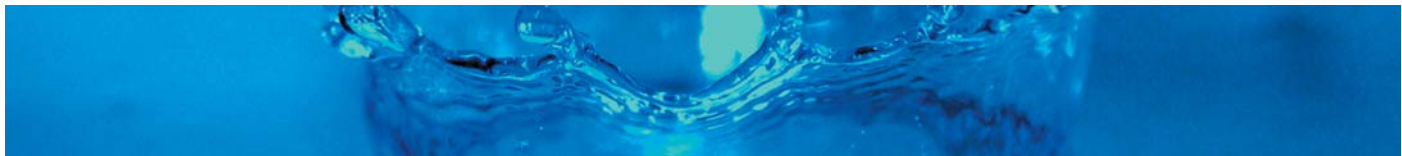
Occupation: _____

Age: _____ years

Gender: Male

Female

(please tick)



Trust area you work for: Armagh / Dungannon Health & Social Services Trust
 Craigavon / Banbridge Health & Social Services Trust
 Craigavon Area Hospital Trust
 Newry & Mourne Health & Social Services Trust
Other *please specify* _____

Trust area you live in: BT____ XXX
Please enter the first half of your postcode.
Last three digits excluded to protect anonymity.

Please turn over...

Pre-Training Questionnaire

Please circle your answer the following questions on a scale of **1 to 9**:

1. How much or how little do you know about the effects of the Troubles on the people of Northern Ireland?

1 2 3 4 5 6 7 8 9
Nothing at all A little Moderately informed Well informed Very well informed

2. How often do you encounter the impact of the Troubles in your work?

1 2 3 4 5 6 7 8 9
Never Rarely Occasionally Often Very frequently

3. How much or how little do you know about the specialist services for those affected by the Troubles in the SHSSB area?

1 2 3 4 5 6 7 8 9
Nothing at all A little Moderately informed Well informed Very well informed



4. How anxious do you feel about talking about the effects of the Troubles in your place of employment?

1 2 3 4 5 6 7 8 9
Not A little bit Moderately Anxious Very
anxious anxious anxious

Any additional comments: _____

5. How confident and professionally well equipped do you feel to talk and assist clients, patients or service users affected by the Troubles?

1 2 3 4 5 6 7 8 9
Not A little Moderately Confident Very
confident confident confident

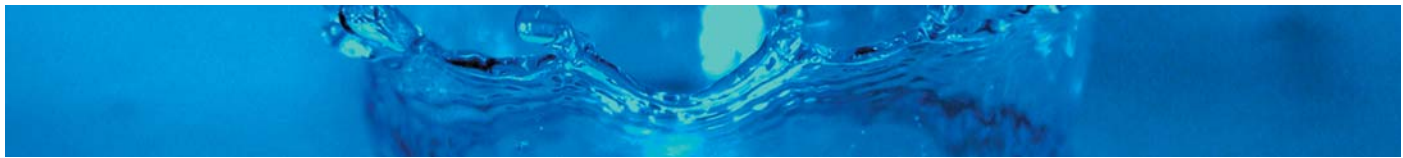
Any additional comments: _____

Please turn over and answer questions on the reverse...

6. How confident and professionally well equipped do you feel to deal with colleagues or staff affected by the Troubles?

1 2 3 4 5 6 7 8 9
Not A little Moderately Confident Very
confident confident confident

Any additional comments: _____



7. How much or how little have the Troubles affected your community?

1 2 3 4 5 6 7 8 9
Not at all A little Moderately A lot Very much

8. How much or how little have the Troubles affected yourself or your family?

1 2 3 4 5 6 7 8 9
Not at all A little Moderately A lot Very much

9. What would you realistically like to be able to do for people affected by the Troubles in your 'patch'? *Please tick*

Be able to offer help and support

Know how to direct people to appropriate services

Have improved knowledge / skills / training for Troubles related trauma

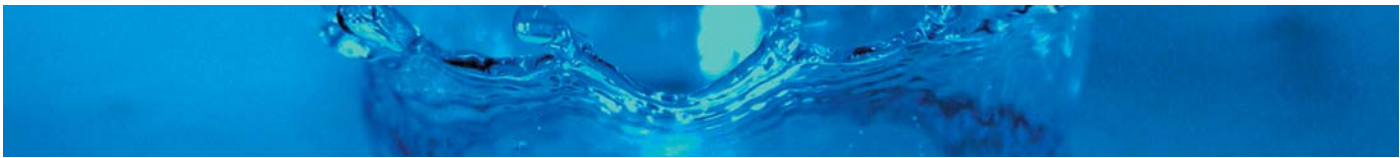
Be able to discuss Troubles related issues openly

Other

Please comment: _____

Thank you very much for your participation.

Please return your completed form to the facilitator, at the end of the session.



Evaluation of Presentation

Please take a few moments to give us your comments regarding today's Awareness Raising Training

Please rate today's training by circling your answers:

1. **Relevance of today to your area of work/organisation:**

Poor Adequate Average Good Excellent

2. **Expertise, Presentation / Delivery of Tutor(s):**

Poor Adequate Average Good Excellent

3. **Quality of Handouts / Audio-visual materials:**

Poor Adequate Average Good Excellent

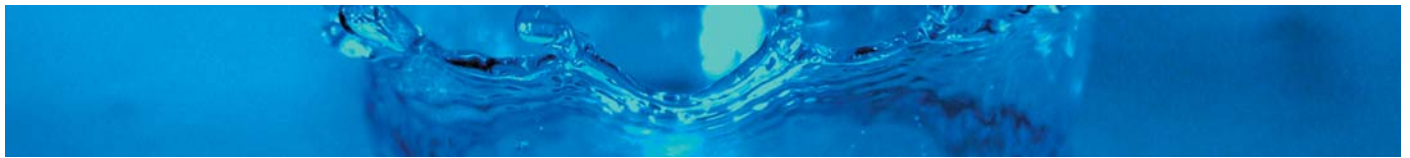
4. **Course design, extent of member participation, group work and variety:**

Poor Adequate Average Good Excellent

5. **Usefulness of practical exercises:**

Poor Adequate Average Good Excellent

Any additional comments: _____



Please complete the Post-Training Questionnaire which follows.

Post-Training Questionnaire

Please circle your answer the following questions on a scale of **1 to 9**:

1. How much or how little do you know about the effects of the Troubles on the people of Northern Ireland?

1	2	3	4	5	6	7	8	9
Nothing at all		A little		Moderately informed		Well informed		Very well informed

2. How often do you encounter the impact of the Troubles in your work?

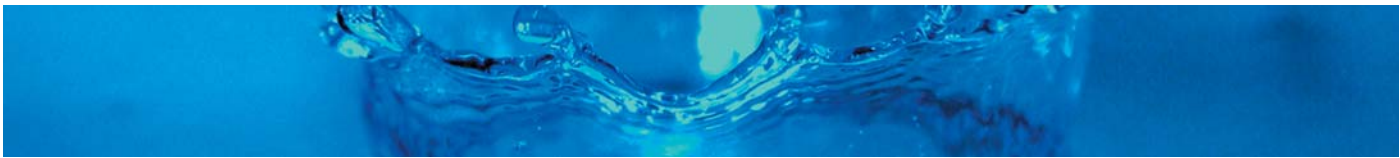
1	2	3	4	5	6	7	8	9
Never		Rarely		Occasionally		Often		Very frequently

3. How much or how little do you know about the specialist services for those affected by the Troubles in the SHSSB area?

1	2	3	4	5	6	7	8	9
Nothing at all		A little		Moderately informed		Well informed		Very well informed

4. How anxious do you feel about talking about the effects of the Troubles in your place of employment?

1	2	3	4	5	6	7	8	9
Not anxious		A little bit anxious		Moderately anxious		Anxious		Very anxious



Any additional comments: _____

5. How confident and professionally well equipped do you feel to talk and assist clients, patients or service users affected by the Troubles?

1	2	3	4	5	6	7	8	9
Not confident		A little confident		Moderately confident		Confident		Very confident

Any additional comments: _____

Please turn over and answer questions on the reverse...

6. How confident and professionally well equipped do you feel to deal with colleagues or staff affected by the Troubles?

1	2	3	4	5	6	7	8	9
Not confident		A little confident		Moderately confident		Confident		Very confident

Any additional comments: _____



7. How much or how little have the Troubles affected your community?

1 2 3 4 5 6 7 8 9
Not at all A little Moderately A lot Very much

8. How much or how little have the Troubles affected yourself or your family?

1 2 3 4 5 6 7 8 9
Not at all A little Moderately A lot Very much

9. Do you feel this training has given you some realistic ideas to take with you to your workplace?

1 2 3 4 5 6 7 8 9
Not at all A little Moderately A lot Very much

What / How? _____

**Thank you very much for your participation.
Please return your completed form to the facilitator, at the end of the session.**



Appendix 5

Membership of Steering Group

Adrian Donnelly – Armagh and Dungannon HSS Trust
Alan Brecknell – Trauma Advisory Panel
Carmel Harney – Armagh and Dungannon HSS Trust
Colette McAnallen – Newry and Mourne HSS Trust
Ian Montgomery – Southern Health and Social Services Board
Imelda Cullen – Craigavon Area Hospital Group Trust
Julie McConville – Craigavon and Banbridge Community HSS Trust
Marian Corrigan – Southern Health and Social Services Board
Sheena McSherry – Craigavon and Banbridge Community HSS Trust
Tom Smith – Southern Health and Social Services Board
Yvonne McShane – Newry and Mourne HSS Trust

In attendance

Clare Quigley, Trauma Advisory Panel Coordinator
Elaine Cranney Trauma Advisory Panel Administrator

Trauma Advisory Panel
Ballybot House
28 Cornmarket
Newry
BT35 8BG
Tel: 028 30833074/30833076
Fax: 028 30833075
Email: traumaadvisory@btconnect.com



Southern Health & Social Services Board