

# **EVALUATION OF PRE DEVELOPMENT AND INTRODUCTORY YEAR OF THE PEER-LED PRIMARY HEALTH CARE PROGRAMME FOR TRAVELLERS**



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**EVALUATION OF PRE DEVELOPMENT AND  
INTRODUCTORY YEAR OF THE PEER-LED  
PRIMARY HEALTH CARE PROGRAMME FOR  
TRAVELLERS**

**Final Prepared on Behalf of Galway Traveller  
Support Group and the Traveller Health Unit,  
Western Health Board**

**By**

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## EXECUTIVE SUMMARY

The Traveller Health Unit of the Western Health Board was set up in 1996 to improve the quality of life and health of Travellers. One of the key areas identified by the unit to address Traveller health issues was the training and employment of Travellers as community health workers. A peer led primary healthcare training programme was therefore developed in partnership with Galway Traveller Support Group. The aim of the programme is to train Travellers as community healthcare workers to enable them to provide a community based health service to members of their own community.

The training programme commenced in January 2000 in Galway city as a pilot project with a view to using it as a model for health promotion elsewhere in the region. The training consists of a five year part time course. At present two phases of the training have been completed- the pre development phase and the introductory year.

The aim of the study is to establish the effectiveness of the pre development and introductory year of the primary healthcare training programme. The research methodology for the evaluation comprised of group discussions and a survey of participants after each phase of the training.

The key findings arising from the evaluation can be summarised as follows:

1. After each phase of the training the vast majority of participants perceived that their knowledge/ability in terms of a range of key areas was better than before they attended the training.
2. All participants reported that they were able to use the skills that they had learnt on the course.
3. Knowledge of health issues and literacy were reported as being key skills that were learnt during the course.
4. The vast majority of participants after each phase of the training rated the modules delivered as excellent or good.
5. In terms of overall opinion all participants after each phase of training thought that the course was either excellent or good.
6. Suggestions for improvements included improvements in the amount of financial assistance, the availability of crèche facilities and becoming involved in fieldwork during holidays.

It is clear from the evaluation that those attending the training programme have benefited considerably from attending. It is hoped that the skills developed can be built upon in the remaining phases of the training. The following recommendations are given

to help facilitate the successful development and delivery of the remaining phases of the training:

1. Efforts should be made to increase the response rate of course participants in future evaluations of the course.
2. The following elements of the training should be examined to establish whether they can be enhanced and built upon:

- ## Group dynamics
- ## Knowledge of local political representation
- ## Government reports
- ## Networking
- ## Roles and responsibilities of national and local government
- ## Citizenship
- ## Environmental and social literacy

3. Financial assistance, crèche facilities, and fieldwork should be reviewed to determine whether changes could be made to better serve the needs of course participants.

4. Future phases of the training should ensure that consideration is given to the expected outcomes that were established at the beginning of the training programme; namely

## There will be trained, skilled, Traveller Community Health Workers promoting a model of Traveller participation in the promotion of health

## Job opportunities will be made available for Traveller Community Health Workers within the health services

## The Traveller Community Health Workers will work in conjunction with health care personnel

## There will be greatly increased accessibility and acceptability of health services to the Travelling community resulting in increased uptake of preventative and after care services in particular

## The Community Health Workers will work in partnership with health service providers developing an integrated approach to improving the uptake of services.

(Western Health Board and Galway Traveller Support Group, 2001)

# Contents

	<u>Page</u>
<b>EXECUTIVE SUMMARY .....</b>	<b>2</b>
<b>1. INTRODUCTION .....</b>	<b>5</b>
1.1 BACKGROUND.....	5
1.2 PRIMARY HEALTHCARE TRAINING PROGRAMME.....	7
1.3 AIMS AND OBJECTIVES .....	8
<b>2. METHODOLOGY .....</b>	<b>9</b>
2.1 INTRODUCTION .....	9
2.2 DISCUSSIONS WITH COURSE PARTICIPANTS .....	9
2.3 SURVEY OF PARTICIPANTS.....	9
<b>3. DISCUSSIONS WITH COURSE PARTICIPANTS .....</b>	<b>11</b>
3.1 INTRODUCTION .....	11
3.2 KEY SKILLS LEARNT.....	11
3.3 USING SKILLS LEARNT .....	11
3.4 FAVOURITE PART OF COURSE.....	12
3.5 DIFFICULTIES EXPERIENCED ATTENDING THE COURSE .....	12
3.6 SUGGESTED IMPROVEMENTS TO THE COURSE.....	12
<b>4. SURVEY OF PARTICIPANTS.....</b>	<b>14</b>
4.1 INTRODUCTION .....	14
4.2 PERCEIVED KNOWLEDGE AND ABILITY LEVELS .....	14
("&% DfjgcbU# fci d8Yj Ycda Ybh.....	14
("&& =blfcXl Mjcb lrc 7ca a i b]lm8Yj Ycda Ybh.....	15
("&" =blfcXl Mjcb lrc Df]a Ufnk YU]h 7UFY.....	15
("&( HfUj Y`Yf`gg Yg#CcV]U Dc `]Mh.....	16
("&) @]MfUM#Bi a YfUMh.....	17
("&* 5XX]h]cbU`A cXl `Yg]b`h`Y=b]fcXl Wtfn]MUF`cZ]h Y7ci fgY.....	17
4.3 USING SKILLS LEARNT .....	18
4.4 PERCEPTIONS OF TRAINING MODULES.....	18
4.5 OVERALL OPINION OF COURSE.....	19
4.6 AREAS OF IMPROVEMENT .....	19
4.7 ADDITIONAL COMMENTS.....	19
<b>5. DISCUSSION .....</b>	<b>20</b>
5.1 INTRODUCTION .....	20
5.2 RESPONSE RATE .....	20
5.3 DEVELOPMENT OF KNOWLEDGE AND KEY SKILLS .....	20
5.4 PERCEPTION OF TRAINING .....	21
5.4 AREAS OF IMPROVEMENT .....	21
5.5 LIMITATIONS OF THE STUDY .....	21
<b>6. CONCLUSIONS AND RECOMMENDATIONS.....</b>	<b>22</b>
<b>7. REFERENCES.....</b>	<b>24</b>
<b>APPENDIX 1 .....</b>	<b>25</b>
<b>APPENDIX 2 .....</b>	<b>29</b>

# 1. INTRODUCTION

## 1.1 Background

Travellers are a distinct community within Ireland who are particularly disadvantaged compared to the general population in terms of their health status. They die at a younger age and suffer from diseases that are more characteristic of the developing world. The Traveller community is also disadvantaged in that they have experienced racism and discrimination from the settled community. Barry et al. (1989) discovered that:

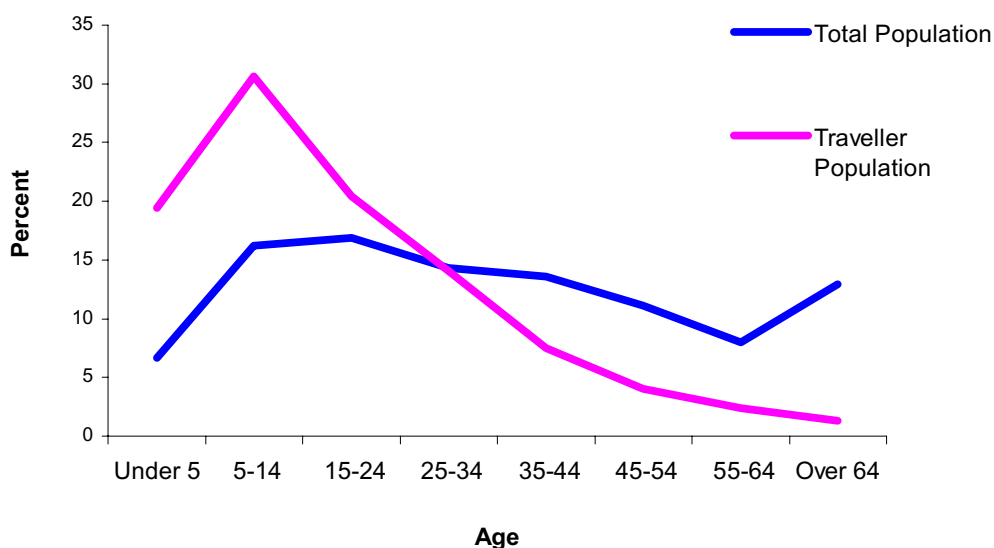
- €# Traveller life expectancy is still at levels experienced by the settled population in the 1940's.
- €# Male Travellers can expect to live 9.9 years less than settled males and female Travellers can expect to live 11.9 years less than settled females.
- €# The infant mortality rate is over double that of the settled population.
- €# The still birth rate is over double that of the settled population.

The Traveller community are also disadvantaged in that they have experienced racism and discrimination from the settled community. This racism and discrimination also extends to health professionals. In a survey of 200 Travellers throughout Ireland (O'Donovan et al, 1995) it was reported that 35% of Travellers have ever felt discriminated by someone in the health services because they were a Traveller. In terms of use of health services by Travellers, the study found:

- €# A low uptake of preventative services.
- €# A lack of information and education on health issues.
- €# A high rate of GP use and accident and emergency services.
- €# A high rate of prescriptions.

Figure 1.1 shows the difference between the Traveller population and the settled population in terms of percentage population by age as of 1996. The percentage of Travellers under the age of 30 is much higher than the percentage of the settled population under the age of 30. Fifty per cent of Travellers as counted in the 1996 Census of Population were under the age of fifteen.

**Figure 1.1: Age Profile of the Settled Population and the Traveller Population (1996)**



(Source: Central Statistics Office, 2001)

The last complete census of Travellers in Ireland was undertaken in 1986. This reported a national population of 15,888 Travellers which was 0.4% of the population and only 50% of these were housed (Barry and Daly, 1988). The 1996 census estimated that there were 10,891 Travellers in Ireland (Central Statistics Office, 2001). However, it is widely acknowledged that this was a gross underestimate as it excluded Travellers in housing. The Traveller Health Strategy (Department of Health and Children, 2001) have estimated that in 2000 there were approximately 24,000 Travellers in Ireland and that their numbers have grown more than fourfold in the last 40 years.

Table 1.1 shows that in 1986 there were 3007 Travellers residing within the Western Health Board area. This represented 19% of the Traveller population, which is the largest concentration of Travellers outside Dublin. Unpublished local authority data indicate that this pattern has been maintained.

**Table 1.1: Traveller Population in the Western Health Board**

Western Health Board Counties	No	%
Galway	2140	71
Mayo	600	20
Roscommon	267	9
Total	3007	100

Source: Barry and Daly, 1988

## 1.2 Primary Healthcare Training Programme

The Alma Ata Declaration (World Health Organisation, 1978) gives the following definition of primary healthcare:

*“Primary healthcare is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self reliance and self determination.*

*It is the first level of contact of individuals, the family, and the community with the national system, bringing care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.”*

The Traveller Health Unit of the Western Health Board was set up in 1996 to improve the quality of life and health of Travellers. One of the key areas identified by the unit to address Traveller health issues was the training and employment of Travellers as community health workers. A peer led primary healthcare training programme was therefore developed in partnership with Galway Traveller Support Group. The aim of the programme is to train Travellers as community healthcare workers to enable them to provide a community based health service to members of their own community.

The training programme commenced in January 2000 in Galway city as a pilot project with a view to using it as a model for health promotion elsewhere in the region. The training consists of a five year part time course (five half days per week per semester). It is based on a programme devised by Pavee Point and the Eastern Health Board in 1995 and has been developed to suit the needs of the community in the Western Health Board.

At present two phases of the training have been completed - the initial set up phase commenced in January 2000 with only two trainees participating and gradually from January to September the numbers of the participants increased from 2 to 12. This set up phase was solely co-ordinated by a community development worker. This period was viewed by the organisers as a pre pilot phase. The participants were introduced to the focus of primary health care training, and given the opportunity of a trial period in the training where one could adjust to a class room environment, new words and language, and development of the group etc. In Sept 2000 the start of the pre development year began. Eight of the twelve participants committed themselves to primary health care training and a further eight participants were recruited. The public health nurse began as co-ordinator at the start of this phase. In April 2001 a new community development worker co-ordinator was recruited following the resignation of the community development worker who initially co-ordinated the programme. Halfway through this phase one of the trainees voluntarily left the programme and another trainee was recruited in lieu. The training modules identified in the set-up phase and pre development phase can be seen in table 1.2



**Table 1.2: Training Modules for the Pre Development and Introductory Year of the Primary Health Care Training programme**

<b>Pre Development and Introductory Year</b>	
<p><b>PRE DEVELOPMENT</b>                      Personal Group Development                      Introduction to Community Development                      Introduction to Primary Health Care (Health Issues etc.)                      Traveller Issues/Social Policy                      Literacy/Numeracy</p>	<p><b>INTRODUCTORY YEAR</b>                      Personal and Group Development                      Community Development                      Primary Healthcare                      Traveller Issues/Social Policy                      Literacy/Numeracy                      Introduction to Computer Skills                      General Healthcare</p>

During the pre development and introductory year participants were involved in a number of visits to healthcare professionals/facilities to combine theory with practice. It is envisaged that course participants would accompany health professionals for a given time period to learn more about the health board and health professionals role within it. This would also reinforce skills learnt in the classroom training modules. The main work placement module is planned to commence in subsequent phases of the training.

### **1.3 Aims and Objectives**

The aim of the study is to establish the effectiveness of the pre development and introductory year of the primary healthcare training programme. More specifically the objectives of the study were to determine:

1. Participant’s confidence and capacity to take part in the training programme.
2. Changes in perceived knowledge and ability levels as a result of the training.
3. The ability of participants to use the skills learnt.
4. Perceptions of key elements of the training.
5. Any difficulties encountered during the course.
6. Aspects of the training that could be improved.

## **2. METHODOLOGY**

### **2.1 Introduction**

The research methodology for the evaluation comprised the following:

1. Group discussions with participants
2. Survey of participants

### **2.2 Discussions with Course Participants**

During the pre development and introductory year of the course, participants were asked to attend a group discussion to establish:

- €# The skills that had been learnt to date
- €# Any difficulties encountered in attending the course

It was hoped that the discussions would facilitate the planning of future phases and provide additional insight into the results of the subsequent elements of the research. A total of ten Traveller women attended the group discussions during the pre development (July 2000), with eight Traveller women attending the introductory year discussions (April 2001).

### **2.3 Survey of Participants**

At the end of the pre development and introductory year of the course, a confidential questionnaire was administered to course participants to ascertain:

- €# Participant's confidence and capacity to take part in the training programme.
- €# Overall changes in knowledge levels as a result of the training.
- €# The ability of participants to use the skills learnt.
- €# Perceptions of key elements of the training.
- €# Any difficulties encountered during the course.
- €# Aspects of the training that could be improved.

The questionnaire was developed by the Department of Public Health, in conjunction with the Galway Traveller Support Group, and the Traveller Health Unit, Western Health Board. The questionnaire administered after of the pre development phase (October 2000) is given in appendix 1 and the questionnaire administered after the introductory year (April 2001) is given in appendix 2. Due to poor literacy levels within the group attending the course, it was decided that a trained interviewer would administer the questionnaire. A total of six participants completed the pre development phase questionnaire and five completed the introductory year questionnaire. The small number of course participants who completed the questionnaires means that they do not reflect the views of all participants. A number of difficulties emerged for Travellers attending the introductory year the day the questionnaires were administered and no follow up was undertaken. Nevertheless, the questionnaire results provided valuable information that can be utilised to develop future phases of the course.

## **3. DISCUSSIONS WITH COURSE PARTICIPANTS**

### **3.1 Introduction**

The Group Discussions aimed to establish the skills that had been learnt, in addition to any difficulties encountered in attending each phase of the course. A total of 10 Traveller women attended the pre development group discussions, with eight Traveller women attending the introductory year discussions. The following outlines the key themes that emerged.

### **3.2 Key Skills Learnt**

The key areas identified as having learnt from the Training Modules in the pre development and introductory year were:

- €# Developed more confidence (e.g. more able to speak out about issues)
- €# Learnt about health in general and Traveller health (e.g. Traveller health status, immunisations, the symptoms of meningitis)
- €# Learnt about the range of health services available
- €# Women's health
- €# Meeting different people
- €# First Aid skills
- €# Improved literacy skills
- €# Keyboard skills

### **3.3 Using Skills Learnt**

After the pre development year, the Traveller women had not had the opportunity to practice any of the skills they had learnt on the course. However they were all confident they would utilise their skills in the future. In particular, being able to inform other Travellers what to do was highlighted. By phase two, the confidence in utilising skills

remained. In addition, a number of participants reported using their skills in various ways such as advising friends and family in terms of immunisations, GP visits, and general health.

### **3.4 Favourite Part of Course**

A few key areas were highlighted as being the favourite elements of the course development course

#### **1. Literacy skills**

Improvements to reading and writing skills gave Travellers an immense amount of satisfaction. All of the participants who had literacy difficulties were able to write their own names and some had moved onto learning computer skills.

#### **2. Meeting the Public Health Nurse**

Meeting with the public health nurse during fieldwork was found to be most useful as it gave a better insight into what the job involved.

#### **3. Craftwork**

Craftwork was particularly highlighted after the introductory year as a favourite part of the course. Participants made a patchwork quilt which outlined their history. Completing the quilt gave them an immense sense of pride and satisfaction.

### **3.5 Difficulties Experienced Attending the Course**

Overall, few difficulties were experienced in attending the course. Some however did have difficulties organising crèche facilities, particularly for the pre development phase of the training. It was perceived that crèches would not accept children because they were Travellers.

### **3.6 Suggested Improvements to the Course**

Although very happy with the course, a number of improvements were suggested:

#### **1. Money**

An improvement in the amount of financial assistance that was provided was suggested. In particular, financial assistance was sought for childcare provision, travel expenses and payment over the holiday period with set tasks such as fieldwork during holiday time.

#### **2. Crèche**

Attendance at the course would be greatly facilitated if there were more availability of crèche facilities. Most of the women seeking such facilities reported experiencing discrimination and it was suggested that there was a need to set up a crèche for Travellers that would be run by Travellers.

### **3. Fieldwork**

All of the participants were keen to become involved in fieldwork during the holiday period. They believed that this would enable them to learn more and also practise what they had learnt. They also indicated that they should get paid whilst undertaking the fieldwork. It would give them the opportunity to get out of the house more and meet other people. Other Primary Health projects were cited as examples of where this approach was pursued (e.g. Tullamore).

### **4. Holiday Period**

It was felt that the three-month holiday period was too long, particularly as the course allowance is not given during this period.

## 4. SURVEY OF PARTICIPANTS

### 4.1 Introduction

At the end of phase one and two of the course, participants completed a questionnaire to ascertain the skills learnt, overall changes in knowledge levels, and perceptions of the training. A total of six participants completed the phase one questionnaire and five completed the phase two questionnaire.

### 4.2 Perceived Knowledge and Ability Levels

Participants were shown a list of the key elements of each module of the training and asked if they believed their knowledge/ability in terms of each element was better, the same, or worse than before the training. The results of each module will now be outlined.

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In both the pre development and introductory year, most participants felt that they were better than before the training on all of the personal development aspects (table 4.1). The areas that a small number felt they did not improve on in phase one were working as a group (17%) and talking about Traveller issues (17%). The areas that a small number felt they did not improve on in phase two were speaking out within the group (20%) and understanding body language (20%). None of the participants felt that they were worse after the training in the topic areas listed.

**Table 4.1: Perceived Knowledge/Ability of Personal/Group Development Since Attending Training**

	Better		The Same		Worse	
	No	%	No	%	No	%
<b>PRE DEVELOPMENT</b>						
Working as a group	5	83	1	17	0	0
Speaking out within the group	6	100	0	0	0	0
Being able to listen	6	100	0	0	0	0
Talking about Traveller issues	5	83	1	17	0	0
Understanding body language	6	100	0	0	0	0
Saying what you feel	6	100	0	0	0	0
<b>INTRODUCTORY YEAR</b>						
Working as a group	5	100	0	0	0	0
Speaking out within the group	4	80	1	20	0	0
Being able to listen	5	100	0	0	0	0
Talking about Traveller issues	5	100	0	0	0	0
Understanding body language	4	80	1	20	0	0
Saying what you feel						

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In the pre development and introductory year, most of the participants felt better than before the training in most areas of the community development module (table 4.2). All of the trainees in the pre development phase felt that their understanding of why communities come together, their understanding of community development and their ability to work together to make changes in their communities was better than before. When asked about their ability to deal with arguments in the group, 50% stated that this was better than before the course while 50% stated that it was the same as before the course. It must be stated that most of the trainees stated at this point that there were no arguments in the group but they felt that if there were they would better able to deal with them. In the introductory year, only a small number of participants (20%) felt that they had not improved in knowing why communities come together, dealing with arguments and working together to make changes. None of the participants in the pre development and introductory year felt that they were worse than before the training in the topic areas listed.

**Table 4.2: Perceived Knowledge/Ability of Community Development Since Attending Training**

	Better		The Same		Worse	
	No	%	No	%	No	%
<b>PRE DEVELOPMENT</b>						
Knowing why communities come together	6	100	0	0	0	0
Your understanding of community development	6	100	0	0	0	0
Dealing with arguments within the group	3	50	3	50	0	0
Working together to make changes in your community	6	100	0	0	0	0
<b>INTRODUCTORY YEAR</b>						
Knowing why communities come together	4	80	1	20	0	0
Your understanding of community development	5	100	0	0	0	0
Dealing with arguments within the group	4	80	1	20	0	0
Working together to make changes in your community	4	80	1	20	0	0

The participants were also asked what they understood by the term ‘community development’. Responses were received from 66% of participants over both phases. The most popular response was that community development consisted of ‘trying to make things better’. Other terms mentioned included; ‘stand up for each other’, ‘they’ve done things better for themselves since the group started’, ‘we all stand up together and if we want to write a letter to a TD we can and it’s great to be in a group’.

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This module covered Traveller health, causes of death and illness among Travellers, talking to friends and family about their health and first aid. All of the trainees in the pre development and introductory year felt that their knowledge/ability in terms of these issues was better than before attending the training (table 4.3).



**Table 4.3: Perceived Knowledge/Ability of Primary Health Care Since Attending Training**

	Better		The Same		Worse	
	No	%	No	%	No	%
<b>PRE DEVELOPMENT</b>						
Traveller health compared to settled people's health	6	100	0	0	0	0
Main causes of death and illness among Travellers	6	100	0	0	0	0
Talking to friends and family about their health	6	100	0	0	0	0
<b>INTRODUCTORY YEAR</b>						
Traveller health compared to settled people's health	5	100	0	0	0	0
Main causes of death and illness among Travellers	5	100	0	0	0	0
Talking to friends and family about their health	5	100	0	0	0	0

(This part of the course covered such issues as the Task Force Report, knowing the different Traveller organisations, the importance of linking with other groups, the main issues affecting the Travelling community, the responsibilities of local and national government, the reasons for voting and knowledge of their local TDs. The majority of the participants in the pre development and introductory year felt that their knowledge in most of the areas listed was better than before the training (table 4.4). The area that leaves scope for improvement in phase one was knowledge of your local TD where 50% of participants felt the same as before the training. In phase two, a total of 60% felt that their knowledge of the Task Force report was the same as before the training while 40% felt that they had not improved their knowledge regarding responsibilities of local and national government, the reasons for voting and knowledge of your local TD. None of the participants in the pre development and introductory year felt that their knowledge had got worse after the training.

**Table 4.4: Perceived Knowledge/Ability of Travellers Issues and Social Policy Since Attending Training**

	Better		The Same		Worse	
	No	%	No	%	No	%
<b>PRE DEVELOPMENT</b>						
The Task Force Report	6	100	0	0	0	0
Knowing the different Traveller organisations	6	100	0	0	0	0
Importance of linking with other groups	6	100	0	0	0	0
Main issues affecting the Travelling community	5	83	1	17	0	0
Responsibilities of local and national Government	5	83	1	17	0	0
The reasons for voting	5	83	1	17	0	0
Knowledge of your local TD	3	50	3	50	0	0
<b>INTRODUCTORY YEAR</b>						
The Task Force Report	2	40	3	60	0	0
Knowing the different Traveller organisations	4	80	1	20	0	0
Importance of linking with other groups	3	60	2	40	0	0
Main issues affecting the Travelling community	5	100	0	0	0	0
Responsibilities of local and national Government	3	60	2	40	0	0
The reasons for voting	3	60	2	40	0	0
Knowledge of your local TD	3	60	2	40	0	0

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The issues covered in this module included making a shopping list, understanding street signs, making a phone call, giving and taking messages, asking questions and answering questions. The majority of the participants stated that their knowledge of the issues covered in this module was better (table 4.5). The area that leave scope for improvement in phase one was making a shopping list where 33% felt that they had not improved after the training. In the introductory year a total of 40% of participants felt that they had not improved in understanding street signs. None of the participants in the pre development or the introductory year felt that their knowledge was worse than before the training.

**Table 4.5: Perceived Knowledge/Ability of Literacy and Numeracy Since Attending Training**

PRE DEVELOPMENT	Better		The Same		Worse	
	No	%	No	%	No	%
Making a shopping list	4	67	2	33	0	0
Understanding street signs	5	83	1	17	0	0
Making a phone call	5	83	1	17	0	0
Giving and Taking messages	5	83	1	17	0	0
Asking questions	6	100	0	0	0	0
Answering questions	6	100	0	0	0	0
INTRODUCTORY YEAR						
Making a shopping list	4	80	1	20	0	0
Understanding street signs	3	60	2	40	0	0
Making a phone call	5	100	0	0	0	0
Giving and Taking messages	4	80	1	20	0	0
Asking questions	5	100	0	0	0	0
Answering questions	5	100	0	0	0	0

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An introduction to computer skills and a general health module were introduced to the introductory year of the course. Table 4.6 shows that the majority of participants felt that their knowledge of the topics covered in the introductory year had improved as a result of the training. All of the participants stated that their knowledge improved about the importance of a balanced diet, the effects of smoking on your health, the benefits of taking exercise and getting the most out of GP visits. In the introduction to computer skills 20% felt that they had not improved and 20% felt that they were worse as a result of the training. However it must be noted that not all of the participants took part in computer classes as participation was dependent on literacy level and some participants were attending literacy classes at the time of the computer classes.

**Table 4.6: Perceived Knowledge/Ability of Additional Subjects Included in the Introductory Year**

Subject	Better		The same		Worse	
	No	%	No	%	No	%
Introduction to computer skills	3	60	1	20	1*	20*
Importance of a balanced diet	5	100	0	0	0	0
Effects of smoking on your health	5	100	0	0	0	0
Benefits of taking exercise	5	100	0	0	0	0
Getting the most out of GP visits	5	100	0	0	0	0

### 4.3 Using skills learnt

After each phase of training all participants stated that they were able to use skills that they had learnt on the course. The main skill that was used was their knowledge of health and its impact on their families (84%). Two participants for example reported informing their families about vaccinations. Others stated that they would know what to do in the event of an accident. Communication skills were highlighted, such as improved reading ability and being able to use the telephone.

These findings are similar to those obtained in the group discussions (section 3.3). However, during the group discussions participants reported not having had the opportunity to use the skills learnt after the pre development phase. This can be explained by the fact that the pre development phase group discussions took place three months earlier than the survey of the pre development phase (July 2000 compared to October 2000) giving more time for skills to be used.

### 4.4 Perceptions of Training Modules

Participants were asked to rate their opinion of each of the training modules that were delivered during the pre development and introductory year of the course. Table 4.7 shows that the vast majority of participants in phase one and two felt that the modules delivered were either excellent or good. A small number of participants in the pre development (33%) and introductory year (20%) stated that they did not know their overall opinion of the community development module. A small number of participants in phase two (20%) also rated the personal development module and the literacy and numeracy module as reasonable. However, none of the participants felt that the modules were poor or very poor.

**Table 4.7: Perception of Training Modules**

	Good (score 1 or 2)		Reasonable (score 3)		Poor (score 5 or 6)		Don't Know	
	No	%	No	%	No	%	No	%
<b>PRE DEVELOPMENT</b>								
Personal Development	6	100	0	0	0	0	0	0
Community Development	4	67	0	0	0	0	2	33
Primary Healthcare	6	100	0	0	0	0	0	0
Traveller Issues	6	100	0	0	0	0	0	0
Literacy + Numeracy	6	100	0	0	0	0	0	0
<b>INTRODUCTORY YEAR</b>								
Personal Development	4	80	1	20	0	0	0	0
Community Development	4	80	0	0	0	0	1	20
Primary Healthcare	5	100	0	0	0	0	0	0
Traveller Issues	5	100	0	0	0	0	0	0
Literacy + Numeracy	4	80	1	20	0	0	0	0

#### 4.5 Overall Opinion of Course

In terms of overall opinion, table 4.8 shows that after each phase of training all participants thought that the course was either excellent or good.

**Table 4.8: Overall Opinion of the of Course**

	PRE DEVELOPMENT		INTRODUCTORY YEAR	
	No	%	No	%
Excellent	4	67	0	0
Good	2	33	5	100
Reasonable	0	0	0	0
Poor	0	0	0	0
Very Poor	0	0	0	0

#### 4.6 Areas of Improvement

In terms of the training programme, participants did not report any areas that could be improved. The majority of the comments were positive and related to the hard work of the staff.

#### 4.7 Additional Comments

Participants were given the opportunity to give additional comments about any aspect of the course. The main comments received referred to the size of the room where the training took place. It was felt that the room was too small for 16 people. In addition, difficulties organising crèche facilities due to discrimination was also highlighted

## **5. DISCUSSION**

### **5.1 Introduction**

The peer led primary healthcare programme was set up to train Travellers as community healthcare workers. After five years training it is anticipated that the participants will be able to provide a community based health service for their community. To facilitate the achievement of objectives, the training is being evaluated on an ongoing basis. As such, this report provides an evaluation for the first two phases of the training. The key issues arising from the evaluation will now be discussed.

### **5.2 Response Rate**

To ensure that a complete and accurate evaluation is obtained, it is necessary to obtain feedback from all those who attended the training programme. This was not achieved for the group discussions nor the survey of participants. All participants attended the group discussions for the pre development phase, yet only 50% for the introductory year. A total of 60% completed the survey after the pre development phase, yet only 30% completed the survey after the introductory year. A number of difficulties emerged for Travellers attending the introductory year the day the questionnaires were administered and no follow up was undertaken. This issue needs to be addressed in future evaluations of the course, particularly as there are only 16 Travellers attending the course. Despite the low response rate it must be noted that the evaluation does provide a valuable assessment of the effectiveness of the course to date.

### **5.3 Development of Knowledge and Key Skills**

For Travellers to become community healthcare workers it is important for them to acquire a number of key skills such as communication, assertiveness, and literacy skills, in addition to acquiring knowledge in areas such as general health, Traveller health, and community development. After each phase of the training the vast majority of participants perceived that their knowledge/ability in terms of all these key areas was better than before they attended the training. The group discussions in particular demonstrated how participants were confident in areas such as speaking out about issues and meeting people. The group discussions also highlighted knowledge of health issues and literacy as key skills that were learnt. All participants also reported that they were able to use the skills that they had learnt on the course. In particular they highlighted that they were now able to advise their family and friends about health issues such as general health, GP visits and immunisations/vaccinations. This demonstrated the potential of participants to deliver community based health services in the future.

Although the majority of participants have developed key skills there are some elements of the training where perhaps there may be some scope for improvement in that some participants believed their knowledge was the same as before attending the training. As such, the following elements of the training may need to be examined to establish whether they can be enhanced and built upon:

- ☞ Group dynamics
- ☞ Knowledge of local political representation
- ☞ Government reports
- ☞ Networking
- ☞ Roles and responsibilities of national and local government
- ☞ Citizenship
- ☞ Environmental and social literacy

#### **5.4 Perception of Training**

The vast majority of participants after each phase of the training rated the modules delivered as excellent or good. This was also reflected in their overall opinion of the course. The group discussions revealed that literacy skills, meeting the public health nurse, and craftwork as favourite parts of the training.

#### **5.4 Areas of Improvement**

Although few difficulties were experienced attending the course, a number of areas of improvement were suggested. In particular, improvements to the level of financial assistance, availability of crèche facilities, and becoming involved in fieldwork during holidays were highlighted. It is important that these issues are reviewed to determine whether any action needs to be taken. This will help to facilitate participants continued attendance on the course.

#### **5.5 Limitations of the Study**

The study was designed to ascertain the overall impact on participants after each phase of training. It did not provide an individual assessment of change for each participant. As the list of participants attending the training changed (with some dropping out, and new people joining the training programme) any changes between phases may have been due to the influence of different participants. This issue should be considered when designing evaluations of future phases of the training, although it is unlikely to have had a significant impact on the results of the current study.

## 6. CONCLUSIONS AND RECOMMENDATIONS

The evaluation of the first two phases of the peer-led primary training programme for Travellers aimed to assess whether the training modules were delivering their objectives, and as such benefiting the Travellers who attended the training. The evaluation consisted of group discussions and a survey of participants after each phase of training. The key findings arising from the evaluation can be summarised as follows:

1. After each phase of the training the vast majority of participants perceived that their knowledge/ability in terms of a range of key areas was better than before they attended the training.
2. All participants reported that they were able to use the skills that they had learnt on the course.
3. Knowledge of health issues and literacy were reported as being key skills that were learnt during the course.
4. The vast majority of participants after each phase of the training rated the modules delivered as excellent or good.
5. In terms of overall opinion all participants after each phase of training thought that the course was either excellent or good.
6. Suggestions for improvements included improvements in the amount of financial assistance, the availability of crèche facilities and becoming involved in fieldwork during holidays.

It is clear from the evaluation that those attending the training programme have benefited considerably from attending. It is hoped that the skills developed can be built upon in the remaining phases of the training. The following recommendations are given to help facilitate the successful development and delivery of the remaining phases of the training:

1. Efforts should be made to increase the response rate of course participants in future evaluations of the course.
2. The following elements of the training should be examined to establish whether they can be enhanced and built upon:

- €# Group dynamics.
- €# Knowledge of local political representation.
- €# Government reports.

- €# Networking.
  - €# Roles and responsibilities of national and local government.
  - €# Citizenship.
  - €# Environmental and social literacy.
3. Financial assistance, crèche facilities, and fieldwork should be reviewed to determine whether changes could be made to better serve the needs of course participants.
  4. Future phases of the training should ensure that consideration is given to the expected outcomes that were established at the beginning of the training programme; namely
    - €# There will be trained, skilled, Traveller Community Health Workers promoting a model of Traveller participation in the promotion of health.
    - €# Job opportunities will be made available for Traveller Community Health Workers within the health services.
    - €# The Traveller Community Health Workers will work in conjunction with health care personnel.
    - €# There will be greatly increased accessibility and acceptability of health services to the Travelling community resulting in increased uptake of preventative and after care services in particular.
    - €# The Community Health Workers will work in partnership with health service providers developing an integrated approach to improving the uptake of services.

(Western Health Board and Galway Traveller Support Group, 2001)



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# APPENDIX 1

**PEER LED TRAVELLER TRAINING PROGRAMME EVALUATION**  
**MODULE 1-5: PRIMARY HEALTH CARE**  
**DEPARTMENT OF PUBLIC HEALTH, WESTERN HEALTH BOARD**

We would like to obtain your views about the series of day training courses in primary health care you recently undertook. Completion of the questionnaire will only take a few minutes, and your responses will be treated anonymously and confidentially.

Q1 Since taking part in the course, do you feel you are better than before, the same as before, or worse than before about the following?  
**(SHOW LIST AND READ)**

CODE IN GRID (CIRCLE NUMBER) →	Better	The Same	Worse
Working as a group	1	2	3
Speaking out within the group	1	2	3
Being able to listen	1	2	3
Talking about Traveller issues (e.g. health, accommodation)	1	2	3
Understanding body language (e.g. the expressions on a persons face)	1	2	3
Saying what you feel	1	2	3
Knowing why communities come together	1	2	3
Your understanding of community development	1	2	3
Dealing with arguments within the group	1	2	3
Working together to make changes in your community	1	2	3
How Traveller health compares with settled people	1	2	3
The main causes of death and illness among Travellers	1	2	3
Talking to friends and family about their health	1	2	3
What to do if someone had an accident	1	2	3
The Task Force report	1	2	3
Knowing the different Traveller organisations	1	2	3
The importance of linking with other groups	1	2	3
The main issues affecting the Travelling community	1	2	3
The responsibilities of local and national government	1	2	3
The reasons for voting	1	2	3
Knowledge of your local T.D.	1	2	3
Making a shopping list	1	2	3
Understanding street signs	1	2	3
Making a phone call	1	2	3
Giving and taking messages	1	2	3
Asking questions	1	2	3
Answering questions	1	2	3

Q2 What do you understand by the term 'Community Development'?

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Q3 Have you been able to use anything that you learnt on the primary health care course?

Yes	1	<b>GO TO Q5</b>
No	2	
Don't know	3	

Q4 What were you able to use?

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Q5 What is your overall opinion of the following parts of the training:

<b>CODE IN GRID (CIRCLE NUMBER)</b> →	Excellent	Good	Reasonable	Poor	Very poor	Don't know
Personal development (e.g. assertiveness and communications training)	1	2	3	4	5	9
Community Development (e.g. what are communities and how ordinary people can make a difference and bring about change)	1	2	3	4	5	9
Primary Health Care (e.g. the causes of death and illness among Traveller people)	1	2	3	4	5	9
Traveller issues/Social policy (e.g. the different Traveller organisations in Ireland)	1	2	3	4	5	9
Literacy and Numeracy (e.g. reading and adding up)	1	2	3	4	5	9

Q6 What is your overall opinion of the First year/term of the primary health care course?

Excellent	1
Good	2
Reasonable	3
Poor	4
Very poor	5

Q7 Are there any particular parts of the training that could be improved?

Yes	1	<b>GO TO Q9</b>
No	2	
Don't know	3	

Q8 Which parts of the training could be improved?

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Q9 Further comments/suggestions

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**THANK YOU FOR YOUR ASSISTANCE**

## **APPENDIX 2**

**PEER LED TRAVELLER TRAINING PROGRAMME EVALUATION**  
**MODULE 1-5: PRIMARY HEALTH CARE**  
**DEPARTMENT OF PUBLIC HEALTH, WESTERN HEALTH BOARD**

We would like to obtain your views about the series of day training courses in primary health care you recently undertook. Completion of the questionnaire will only take a few minutes, and your responses will be treated anonymously and confidentially.

Q1 Since taking part in the course, do you feel you are better than before, the same as before, or worse than before about the following?

**(SHOW LIST AND READ)**

CODE IN GRID (CIRCLE NUMBER) →	Better	The Same	Worse
Working as a group	1	2	3
Speaking out within the group	1	2	3
Being able to listen	1	2	3
Talking about Traveller issues (e.g. health, accommodation)	1	2	3
Understanding body language (e.g. the expressions on a persons face)	1	2	3
Saying what you feel	1	2	3
Knowing why communities come together	1	2	3
Your understanding of community development	1	2	3
Dealing with arguments within the group	1	2	3
Working together to make changes in your community	1	2	3
How Traveller health compares with settled people	1	2	3
The main causes of death and illness among Travellers	1	2	3
Talking to friends and family about their health	1	2	3
The Task Force report	1	2	3
Knowing the different Traveller organisations	1	2	3
The importance of linking with other groups	1	2	3
The main issues affecting the Travelling community	1	2	3
The responsibilities of local and national government	1	2	3
The reasons for voting	1	2	3
Knowledge of your local T.D.	1	2	3
Making a shopping list	1	2	3
Understanding street signs	1	2	3
Making a phone call	1	2	3
Giving and taking messages	1	2	3
Asking questions	1	2	3
Answering questions	1	2	3
Introduction to computer skills	1	2	3
The importance of a balanced diet	1	2	3
The effects of smoking on your health	1	2	3
The benefits of taking exercise	1	2	3
Getting the most out of your visit to the doctor	1	2	3

Q2 What do you understand by the term ‘Community Development’?

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Q3 Have you been able to use anything that you learnt on the primary health care course?

Yes	1	<b>GO TO Q5</b>
No	2	
Don't know	3	

Q4 What were you able to use?

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Q5 What is your overall opinion of the following parts of the training:

**CODE IN GRID (CIRCLE NUMBER)** →

	Excellent	Good	Reasonable	Poor	Very poor	Don't know
Personal development (e.g. assertiveness and communications training)	1	2	3	4	5	9
Community Development (e.g. what are communities and how ordinary people can make a difference and bring about change)	1	2	3	4	5	9
Primary Health Care (e.g. the causes of death and illness among Traveller people)	1	2	3	4	5	9
Traveller issues/Social policy (e.g. the different Traveller organisations in Ireland)	1	2	3	4	5	9
Literacy and Numeracy (e.g. reading and adding up)	1	2	3	4	5	9
Computer Skills	1	2	3	4	5	9
General Health	1	2	3	4	5	9

Q6 What is your overall opinion of the Second year/Phase of the primary health care course?

Excellent	1
Good	2
Reasonable	3
Poor	4
Very poor	5



Q7 What did you think of your work placements? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q8 Are there any particular parts of the training that could be improved?

Yes	1	<b>GO TO Q9</b>
No	2	
Don't know	3	

Q9 Which parts of the training could be improved?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q10 Further comments/suggestions

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\_\_\_\_\_  
\_\_\_\_\_

**THANK YOU FOR YOUR ASSISTANCE**