

# Evaluation of Year Two of the Peer-Led Primary Health Care For Travellers Training Programme



Report By:  
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Galway

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**EVALUATION OF YEAR TWO OF THE PEER-LED PRIMARY  
HEALTH CARE FOR TRAVELLERS TRAINING PROGRAMME**

(September 2001-July 2002)

**Final Report**

by

**The Department of Public Health**

**Western Health Board**

**Galway**

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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 Travellers 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. In relation to the course itself, there is a large emphasis on the women working in partnership with the course leaders and that they have a feeling of ownership of the programme.

The aim of the present study was to establish the effectiveness of Year two of the Primary Healthcare Training Programme. The evaluation was very much participative on the students behalf and was undertaken with their full consent. All students participated in the group discussion and were interviewed on a one-to-one basis, thus eliciting the views of all students on the course.

More specifically, the objectives were to determine:

1. Changes in perceived knowledge and ability levels as a result of the training
2. The ability of participants to use the skills learnt

3. Perceptions of key elements of the training
4. Any difficulties encountered during the course
5. Aspects of the training which could be improved

Key findings of the evaluation can be summarised as follows:

1. Most of the participants were very positive about the course in general.
2. The increase in self esteem, self-confidence and self-pride was very much evident from the interviews and group discussion with the women.
3. All participants perceived that their knowledge/ability in terms of a range of key areas was better than before they attended the training, in particular knowledge in relation to key health issues. Many of those interviewed stated that prior to doing the course they didn't know about the difference in life expectancy between the Traveller population and the Settled population.
4. All participants reported that they were able to use the skills that they had learnt on the course both amongst their own families and their own communities. The use of these skills and the passing on of information, both with their own families and the wider Traveller Community, demonstrates the need for these types of peer-led initiatives.
5. Knowledge of health issues and literacy were reported as being key skills that were learnt during the course.
6. In relation to negative aspects of the course, there were very few, the majority revolving around the issue of accommodation for the course, in that the current premises weren't ideal.

## EXECUTIVE SUMMARY

In conclusion, the results of this evaluation demonstrate the continued positive influence the training is having on the women attending the course. The knowledge, attitudes, and behaviours of those attending the course have been further developed compared to those prior to doing the course, especially in relation to health related issues. From the interviews and the group discussions, it can be seen that the women are putting their newly developed skills into use and are having a positive influence on those around them, both within their families and in the wider Traveller Community. This sharing of knowledge, and passing on of information, clearly demonstrates the positive influence this peer-led training course is having.

## CHAPTER 1 INTRODUCTION

### 1.1 Research Background

Travellers are a distinct ethnic minority 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. Barry *et al.*,(1987) discovered that:

- Traveller life expectancy is still at levels experienced by the Settled population in the 1940's
- The life expectancy of male Travellers is 9.9 years less than Settled males whilst that of female Travellers is 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 experience racism and are discriminated against by 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 felt discriminated by

someone in the health services because they were a Traveller. In terms of the use of 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
  
- A high rate of prescriptions

The most recent Census of Population was undertaken in May 2002, and for the first time people were asked if they belonged to the Traveller Community, however the census figures are only about 80% accurate (Pavee Point Travellers Centre, 2003).

There are approximately 31,000 Travellers living in Ireland according to the Department of the Environment national count in 2001, this compares to 23,681 enumerated by the Central Statistics Office (CSO) in their Census Report 2002. CSO figures indicate that Travellers account for 0.6% of the total National population.

Presently there are 4,199 Travellers residing within the Western Health Board area (Table 1.1) which represent approximately 18% of the Traveller population of Ireland and is the largest concentration outside of Dublin. Longford (1.8%) was the county with the highest

proportion of Travellers per local population in 2002, followed by Galway City (1.6%), Galway County (1.4%) and Offaly (1%) (CSO 2002).

**Table 1.1 Traveller Population within the Western Health Board**

	Males	Females	Total	Rate. per 1,000 total Traveller Population
Galway City	503	555	1058	16.1
Galway County	979	978	1957	13.7
Mayo	413	405	818	7.0
Roscommon	192	174	366	6.8
Total WHB Area	2087	2112	4199	11.0
Ireland	11708	11973	23681	6.0

**Source: CSO 2002**

The demographics of the Traveller community also differ widely than that of the general population. Whilst 2002 Census Figures by age for the Traveller population in the Western Health Board area are not yet available, the age profile of the Traveller population compared to the overall population shows marked differences (Table 1.2). Whilst the age population for those aged 0-4 years accounted for 21.1% of the general population, the corresponding figures for the Traveller population was 42.2%. Older Travellers (i.e. those aged over 65 years) accounted for just 3.3% of the total Traveller population, in the general population this accounted for 11.1% of the population. The median age for the Traveller population is 18 years compared with a national figure of 42 years. Caution must be exercised when interpreting the Traveller Census figures however, as is estimated that there is only an 80% accuracy rate. Approximately 20% of Travellers were reluctant to self-identify in the last Census, this is understandable as they have historically been identified

for negative reasons.

**Table 1.2. Travellers by Age Group - National**

Age Group (Years)	No. Ireland	% Ireland	% Ireland applied to WHB No.
0-4	3408	14.39	604
5-14	6593	27.84	1169
15-24	4850	20.48	859
25-34	3386	14.30	600
35-44	2332	9.85	414
45-54	1458	6.16	258
55-64	878	3.71	157
65 and +	776	3.28	138
Total	23681		4199

**Source: CSO 2002**

The high birth rate prevalent in the Traveller Community contributes to high proportions in the younger age groups and lower proportions in the older age groups. Higher mortality rates in the Traveller population also contributes to the lower older age group. Long term stress, anxiety and low self esteem have been shown to have powerful health consequences such as depression, increased susceptibility to infection, diabetes and an increased risk of heart attack and stroke (Marmot, 1986).

Table 1.3 shows that 65% of all Travellers in the Western Health Board region are in private households (including permanent Traveller specific accommodation ) with 28% living in temporary dwellings (caravans, mobile homes).

**Table 1.3. Travellers – Type of Accommodation**

Type of accommodation	Galway	Mayo	Roscommon	WHB N (%)
Permanent Housing Unit	2002	512	140	2654 (65%)
Temporary Housing Unit	726	253	191	1170 (28%)
Not Stated	239	42	2	283 (7%)
Total number of persons	2967	807	333	4107

Source: CSO 2002

## 1.2 Primary Healthcare Training Programme

The Traveller Unit of the Western Health Board was set up in 1996 to improve the quality of life and health of Travellers within the region. One of the key areas identified by the unit to address Traveller health issues was to train and employ Travellers as Community Health Workers. A peer led Primary Healthcare Training Programme was therefore developed in partnership with the Galway Travellers Support Group. The aim of the programme is to train Traveller Women as Community Health Workers to enable them to provide a community based health service to members of their own community and also address the inequalities which exist in terms of health care provision for Travellers.

The pilot phase of the training ran from January to July 2000 in Galway City, with the pre-development phase commencing in September 2000. The training consists of a five-year part time course, running Monday to Friday in the morning. The Programme follows a Community Development approach to Primary Health Care and provides training in five core areas - Health, Community Development, Personal and Group Development, Literacy and Traveller and Social Issues.

## INTRODUCTION

At present three years of training have been completed. The Pilot phase and Year One have previously been reported upon (Evans *et al.*, 2002). Year Two commenced in September 2001 and ran until July 2002. This phase built upon the foundations, which were laid down in the Pre development training delivered previously. Sixteen Traveller women started the training in Year One and 15 Traveller women continued with the training and completed Year Two. The training modules covered at this stage of the programme can be seen in table 1.4.

**Table 1.4 Year Two Training Modules on the Primary Healthcare for Travellers Course**

<b>Year 2 Training Modules</b>
<b>Personal and Group Development</b>
<ul style="list-style-type: none"> <li>• Assertiveness Training.</li> <li>• Confidence Building.</li> <li>• Presentation Skills.</li> <li>• Traditional Cures First Aid Box.</li> </ul>
<b>Community Development</b>
<ul style="list-style-type: none"> <li>• Community, Development and Community Needs.</li> <li>• Euro Training and Outreach Work.</li> <li>• General Election Training.</li> <li>• National Traveller Health Strategy.</li> </ul>
<b>Primary Health Care</b>
<ul style="list-style-type: none"> <li>• Children's Health.</li> <li>• Dental Health.</li> <li>• Emotional Health.</li> </ul>
<b>Traveller Issues</b>
<ul style="list-style-type: none"> <li>• National Traveller Organisations.</li> <li>• Traveller Culture and Identity.</li> <li>• NCCRI Consultation on Racism.</li> </ul>
<b>Literacy</b>
<ul style="list-style-type: none"> <li>• NCVA in Caring for Children.</li> <li>• Individual Work Plans Covered</li> </ul>

During Year Two Site Visits were arranged to various areas of Health and Community Services to meet and make links with relevant personnel working at these Services. There was also participation in the Citizen Traveller Exhibition and Round Table Discussion at the Raddison Hotel, in addition to a visit to Egan House Cultural Centre, and Traveller exhibition in Tuam.

### **1.3 Aims and Objectives**

The aim of the study was to establish the effectiveness of Year two of the Primary Healthcare Training Programme. More specifically, the objectives were to determine:

1. Changes in perceived knowledge and ability levels as a result of the training
2. The ability of participants to use the skills learnt
3. Perceptions of key elements of the training
4. Any difficulties encountered during the course
5. Aspects of the training which could be improved

## CHAPTER 2 METHODOLOGY

### 2.1 Introduction

The research methodology for the evaluation comprised of the following:

1. Participative group discussion with the course participants
2. One-to-one interviews with all course participants

### 2.2 Participative Group Discussion

A Participatory Learning Action (PLA) approach was used to evaluate Year Two of the Primary Health Care Programme. PLA and Participatory Educational approaches (Freire, 1985) all contribute to a growing body of international work on community research methods through which the views of local people can be heard and by which they can consequently be involved directly or indirectly in defining policy. Participatory appraisal consists of three interrelated activities: research, education and collective action. Principles generally include valuing local knowledge, using an interactive rather than an extractive approach to information and verifying each stage of the process by using a variety of tools to elicit the same information. This approach in the Evaluation was facilitated by an external facilitator with 12 participants attending the workshop. An independent observer also attended, taking notes and also recorded the workshop (with permission from group members) for accuracy of result analysis.

Each module delivered in Year Two was depicted by a picture/symbol to help the participants remember what each module involved. In total there were 49 pictures, depicting the 49 modules posted up around the room. The posters were grouped together representing each of the modules. Each picture had three faces around it:

- Smiley, to indicate complete satisfaction with a session
- Not smiley, to indicate neither satisfaction or dissatisfaction with a session
- Frown, to indicate dissatisfaction with a session

Each participant had stickers and was asked to put a sticker near one of the faces to depict how happy/satisfied they were with each of the sessions. The sessions were grouped together for each module. Each module was discussed individually, once everyone had put their sticker on the poster indicating how satisfied/dissatisfied they were with the sessions. The discussion probed into why participants were satisfied/dissatisfied with each aspect of the module and what could be done to improve the session.

It was hoped that the discussion would provide additional insight into the results of subsequent elements of the research.

### **2.3 One-to-one Interviews**

In addition to the group discussion it was decided to conduct one-to-one interviews with all the women to supplement the information obtained from the discussion group. Fourteen interviews in total were conducted. It was felt that some of the women would refrain from

voicing their opinion in the larger group discussion and that the interviews would overcome this problem. Each interview was conducted by a trained independent interviewer and was recorded with the permission of each individual. The interviews took place after Year Two training was complete, over two mornings in the Galway Travellers Support Group office.

The overall aims of the interviews were to establish:

1. Overall perception of the course
2. The ability of participants to use the skills learnt
3. Perceptions of the key elements of training
4. Any difficulties encountered during the course
5. To identify aspects of the training which could be improved
6. Fears/Concerns for future training

Appendix 1 details the questions used for the one-to-one interviews. The questions were developed by the Department of Public Health, Western Health Board in conjunction with the Galway Travellers Support Group.

All course participants agreed to be interviewed and to have the interview recorded.

## CHAPTER 3 RESEARCH RESULTS

### 3.1 Group discussion results

#### 3.1.1 Literacy

Most participants were happy with the reading, writing and childcare (NCVA certificate) sessions, however some participants were unhappy with the room in which the reading sessions were conducted. It was up two flights of stairs and was quite a small stuffy room. Some participants found it hard to concentrate in such surroundings and found it quite stressful. However most participants were grateful to have had the opportunity to learn to read and write, and are enthusiastic about developing this skill further over the remainder of the course.

#### 3.1.2 Traveller Issues

Participants had initial difficulty remembering some sessions, especially those around the Government, Dáil Eireann, the President and the Traveller Health Strategy. Those who remembered the session on the Traveller Health Strategy were satisfied with it, and welcomed the opportunity to learn about the Strategy.

In relation to the session on the President, some reported being unhappy with the session,

however this was more to do with the President signing the law on the Housing Miscellaneous Act prohibiting travelling rather than the session itself.

Participants were happy with the sessions on racism and prejudice, and felt they now understand what racism is, in addition to knowing what it feels like. Participants were happy that there was a question included in the recent census on Travellers for the first time. They felt that at last they were being acknowledged.

### **3.1.3 Community Development**

Attending meetings was included in the community development module. The reactions to these were mixed with some of the participants welcoming the opportunity to attend meetings, whilst others weren't comfortable with this. Those who were happy to go to the meetings felt they were confident enough, as a result of the training, to stand up and contribute to the meeting, however a number of participants were unhappy attending meetings. They felt when they went to meetings they couldn't understand the 'big words' used and they felt intimidated.



(Course participants during a Community Development session)

A number of participants weren't happy with the presentation session, however this was more to do with not liking/wanting to do presentations rather than the actual session.



(Course participant, Kate Ward, giving a presentation on Vaccinations)

### 3.1.4 Health

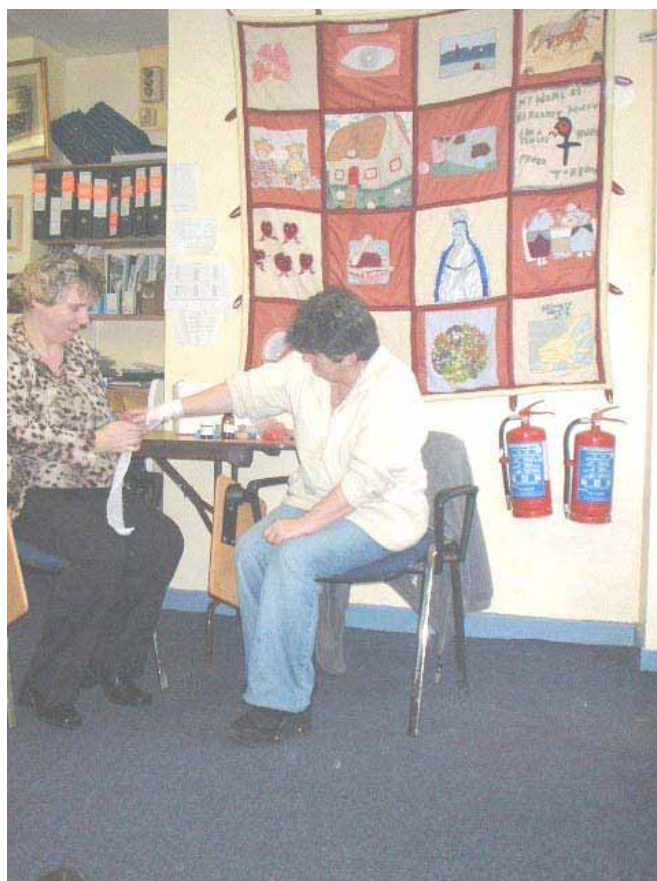
In general there was very positive feedback in relation to all the health sessions. Participants were very enthusiastic about learning health-related topics. There was a general attitude that they could use what they learnt to help their own families, and maybe eventually those in their community. One session, which received extremely positive feedback, was that dealing with immunisations. This was one, where a number of participants reported being able to use/pass on the information within their own families. All participants recognised the importance of immunisations and the dangers associated with not getting children immunised. Another popular session was that on toy safety and what to look for when buying toys.



(Course participants in a discussion during one of their small group work sessions)

### **3.1.5 Personnel Development**

In relation to the session on ‘a good enough parent’, respondents felt that they were being told how to deal with children, even though they had already raised or are raising their own children. The resentment wasn’t towards the facilitator but rather the content of the session. The session on making a first aid box was also well received. These sessions explored the use of traditional remedies to develop a culturally appropriate first aid box. Also, the women made crafts (St Bridgid’s crosses) and wrote poems for Mary MacAlleese, as a celebration of St Brigid’s Feast Day which were then delivered to the President on the women’s behalf.



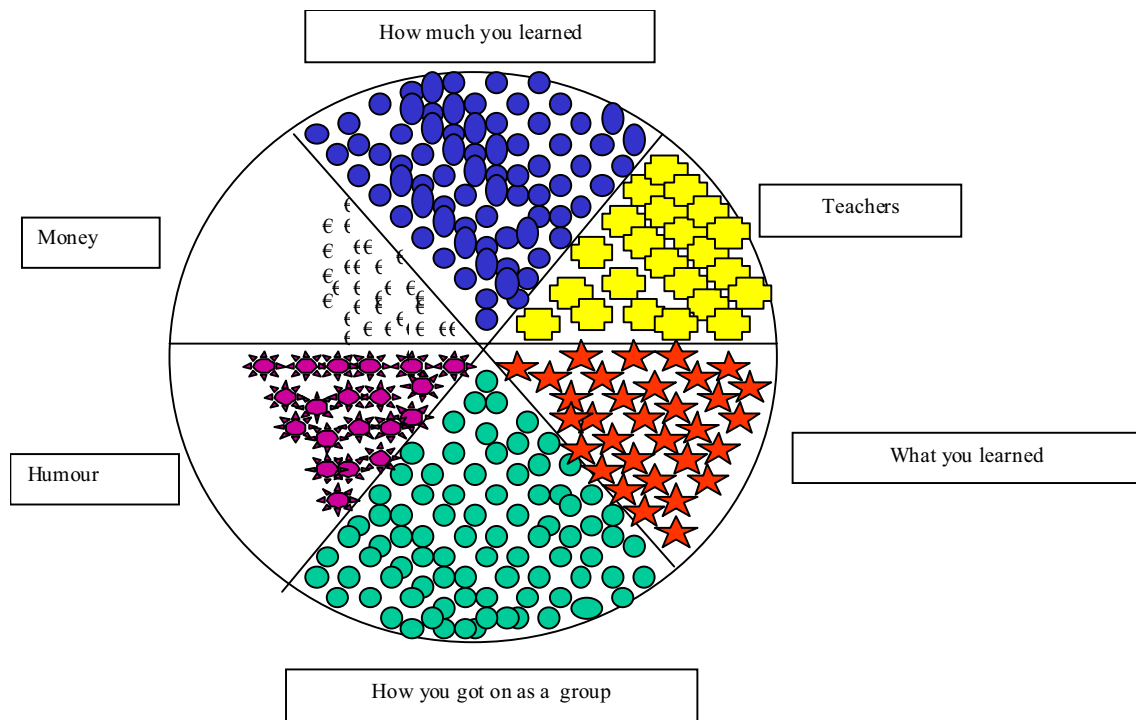
(Course participants, Mary Margaret Sweeney and Maureen Stephens demonstrating some first aid skills)

### 3.1.6 Course in General

Following the formal evaluation respondents were asked how they knew it was a good course, and how it benefited them. Six areas were identified and depicted on a circle. They were then asked to fill in the section of the circle in relation to how satisfied they were. A fully coloured section indicated total satisfaction. Figure 3.1 depicts the satisfaction of participants with the Primary Healthcare Training Course. As can be seen, there was total satisfaction with four out of six course aspects discussed. Money to attend the course was

the area where least satisfaction was expressed.

**Figure 3.1: Satisfaction of participants with various aspects of the course**



### 3.2 One-to-one Interviews

The interviews were conducted over two morning sessions. Each interview took between 10 and 20 minutes to complete. All interviews were recorded with the permission of the interviewees. Interview questions can be seen in Appendix 1. In general the feedback from the interviews was positive, with very few negative aspects identified. This mirrored the outcome of the group discussion. The main themes, which arose from the interviews, were very similar to those identified in the group session:

### 3.2.1 Course in General

The course in general was held in high regard and there were very few negative comments. Any negative comments received were in relation to the accommodation, which is outside the control of the participants. When asked if they would recommend it to other Travellers all agreed that they would.

*“I’d have encouraged them to go and try out the course, the course is very good. It’s one of the best things that happened in Galway for Travelling women educating them, things they didn’t know about. They didn’t know much about health or about injections or how to look after their selves or how to get up and speak for their selves or go to meetings, so when we landed on this course we learned all that stuff and it was very very good. Every class I done for the last two years, I’ll be two years here in September, and every one of them was very very good”*

*“When I started out I wasn’t able to write my own name. Now I’m able to write my own name. Yeah, because Travellers never got that opportunity in my time. I suppose that’s why the Travellers health is so bad. My husband now is sick, and before I started he wouldn’t go to the doctor and now he’ll make sure if he’s out of his tablets he’ll go on and get them....and before that (the course) I couldn’t get him to the doctor”.*

### 3.2.2 Positive Aspects of the Course

When asked about the most positive or the best aspect of the course a number of areas were identified by different interviewees, however the one cited most often was the health

module and “*learning about the health*”. The course participants were really grateful to be given the opportunity to learn about health. The majority of those interviewed stated that they had not realised before the course started the importance of such things as immunisations.

*“Learning more about the vaccinations in kids, I didn’t know anything about vaccinations when I came here, when I first started. And I don’t even think my oldest one was even vaccinated at the time. And I came in here, you’ll learn more about what the measles and mumps and rubella can do to kids, so that’s how I learned more so I’m more excited, that I learned that much about it.”*

Prior to attending the course, most did not know that Travellers health is poorer than that of the Settled community and that they have a lower life expectancy than Settled people.

*“Travellers never got this opportunity, I suppose that’s why Travellers health is so bad. When we came here we didn’t know how many (Travellers) die before settled people”*

All course participants were enthusiastic about learning health-related issues, and felt confident in passing that information on to their own families.

*“Well as I said when we came in we didn’t know where we stood, do you know we didn’t know anything at all, about sickness and the injections and*

*health and everything like that. Because I buried a baby, a year and three months and I didn't even know what she died from, until I came in here"*

The literacy classes were also very well received, however some participants felt once a week was not enough and would like extra literacy classes.

*"Learning to read and write. Because when I came in here first now I couldn't even write, even my name I couldn't even, Mary and Karen started me off one day, making me write in spite of myself, they wouldn't write it down for me, they were explaining to me and I had to write it out. So then when we went literacy Bridget started teaching us and it was a great improvement to where I can learn to, where I can pick out bits, do you know numbers"*

*"I'd like to be able, do you know, to sit down there and be able to write your own bit of a letter or your own bit of a note, that no one would know your business, do you know that sort of a way"*

Other positive aspects of the course related to an increase in overall self-esteem, self-confidence and self-pride.

*"It has helped me to understand. It has me, it helped me, my own self-esteem, we'll put it that way, knowing that I can stand up for myself. And all*

*my life I thought that we should never question anybody, we were put down that much, who were we to ask them what were they saying, but now we will. I know I will."*

*"But you see loveen, Mary nor Karen nor you, you don't know what's in here what you've learned, because I had nothing in here at the start of it, you know, and I'm kind of proud of myself that I have learned so much. Now I know that I'm somebody which I never thought in my life but now I know that I am an important person."*

*"As I did say when you come in here you have no education, how to write your name, you don't know A from B, you don't know nothing. So when you gather up all your little skills and put them in here in the brain, like a computer lock it in there, do you know what I mean, well then you think to yourself well I know such-and-such. I am important and I have learned, you know, you sit down to yourself and you say well I learned that, and I learned this, I'm proud of myself, you know. It's a great feeling to have, and nobody will ever know that only the one that knew nothing and started off."*

Prior to attending the course many participants would not have attended meetings and would not have had the confidence to speak up at them.

*"I wouldn't stand up (at meetings) and I wouldn't say what, I'd never do that before I came into this course. Even if they were talking there about me I wouldn't stand up and say, you know, I always thought well who am I to*

*stand up, do you know what I mean? You build your confidence very much since I came in here.”*

Many participants welcomed the course as an opportunity to meet other Traveller women and to get out of the house.

*“Because a lot of the women have come along great with their selves and other things that, do you know that one time you never left the house and all that, since this became (the course) you get out in the morning and during the school like, your able to come in the morning for a few hours, then it gets you out, it’s good for you because most of the Traveller women didn’t mix much or go out much.”*

### **3.2.3 Negative Aspects of the Course**

As already mentioned, there were very few negative comments made in relation to the course. The main issue was that of accommodation, in that the premises are too small to accommodate the Primary Healthcare group and another group, there are a lot of disturbances and interruptions.

*“If we had our own place there’d be more, we could do something with it, we could invite other centres to it, you wouldn’t be ashamed, because when we go to other centres they have big places and they have a lovely kitchen, they have everything they want. But we’re down in the little corner, you’d be ashamed sometimes of people coming to you.”*

*“I’d like if they got a different, a bigger place, a nicer place, do you know our own place. You know, sort of downstairs now if we’re having a session and the ones in the back is in and out, in and out. And if they’re having a session we’re in and out and in and out too. Do you know what I mean, we’re upsetting them and they’re upsetting us.”*

One interviewee commented that at times friction within the group can be an issue, however, generally this was quickly addressed by the course co-ordinators when it did occur.

Some interviewees had issues with some of the module components in particular where they had someone talking to them about child rearing.

*“The bit I didn’t like very much was about, training us how to look after children, because I have seventeen, God bless them, and reared them all, and I hadn’t facilities as what they have now.”*

*“That’s the only thing I’d take out now is what I told you, how to raise the family, how to be a good mother.”*

Another component, which received some negative feedback, was the session relating to death and depression.

*“Two girls came, two girls comes in there now, they were alright there now they were talking about something first, it was, but then they were coming in*

*talking about death, you know like... that brought back a lot of memories to people in the place, so we told them then we didn't want that, you know, bringing death up because it was hurting everybody. Everyone started crying at the same time"*

*"That session now with the two girls, I can't think of their names there, about depression and all that, I don't know, did you ever feel like they sit there and they tell you things and then you go crying."*

Though this was a negative aspect of the course, the outcome also highlighted one of the positive aspects in that the women managed to change these sessions, demonstrating their 'ownership' of the course:

*"We told them (course leaders) that we didn't want to talk about that, we wanted women back who didn't talk about that (death). So they came then and they were talking about anger".*

#### **3.2.4 Skills learnt and ability to utilise them**

All course participants felt they had learned very useful skills whilst on the course. Whilst not all participants felt they would be confident enough to use the skills in a community setting, they all stated they would be able to put the skills to use in their own home. Some had already started putting their skills and knowledge into practice with their own families.

*"I have a daughter now and she's married when I go down, or even when*

*she's on the phone, 'Mammy the child is sick, there's such a thing up, what would be up with the child'? Of course I'll advise, 'don't be asking me, just bring the child straight to the doctor', I'm not there to say what's wrong with the child. And I'd say to her 'Nora, I'll ring back in an hour and I hope to God that that child is gone to the doctor'"*

*"I have two daughters and I do tell them on the phone, stop giving the children coke as much now because it's bad for their teeth and all this sort of thing. Do you know the stuff, and right diets to give, what sort of food and all the injections and all those sort of things,"*

*"She didn't know nothing about the vaccinations or anything like that now, because it's her first baby, I told her like that she has to get the baby vaccinated and the whole lot. Go down to the health clinic and give the baby's name and to get out an appointment telling her when to go down next again. And she did now, she has about three injections got."*

Additionally, some of the women had started putting their skills into use within their own communities.

*"It was very important in another session I had last year about accidents, what to do, but I went through that myself now when I was in Gort, I saved a boys life. Outside the caravan where he had a accident, he was bleeding to death, I know him, the mother is a widow, and I went out with a blanket and I put the blanket around him, I put a pillow under his head, he lost seven pints*

*of blood before ambulance came or the nurse or the doctor came, so he went to Dublin and he lost his eye. But thank God he lived. His mother came back six weeks after and she thanked me for what I done, because if I didn't go and put the blanket around him to try and stop the blood he'd die."*

### **3.2.5 Proposed improvements to course**

The majority of interviewees thought the course needed no improvements. When asked about aspects of the course they would like to remove, all respondents replied they wouldn't take out any of it because they were all important. A number of interviewees made some suggestions as to what they would like included in the course for next year. One of the suggestions was more literacy classes to be included, as mentioned previously some participants felt that one class per week was not enough.

*"I love literacy now going down there of a Friday, we have her Friday morning, but it was only the once in the week. You wouldn't learn that much like in one day now, you'd want to be going twice or three times in the week at least."*

Driving lessons were mentioned by a number of interviewees.

*"Well it is a part of health as well I'll tell you this, if you're able to drive you not depending on anyone. And my husband sometimes would be more times in the hospital than he does be at home, so if I was well able to drive I wouldn't have to depend on him, he could stay at home. It is a part of your job like if you have to go to meetings you can drive off to your meetings and you don't have to be waiting on this one to pick you up or that one to pick you up. That's a part of it."*

Cooking lessons and exercise classes were also mentioned.

### 3.2.6 Working within the community

A number of interviewees had already put the skills to use within their own communities.

*“Now the time they were doing the Euro, I handed out all of the leaflets and the little calculators, and I covered a lot of areas. They were very very thankful to get the information they needed”*

However, whilst some course participants had used their skills within the community, a number of problems were expected in the future when they have finished their training, in relation to being accepted within their own community and by the settled community. Additionally, some course participants felt they would not have the courage or self esteem to go into the community.

*I'd be shy now to walk from house to house, very shy, I'm very very shy. And I wouldn't like to go into people's house and ask them questions, I won't unless there's somebody else with me, but not on my own. Somebody has to be with me. I wouldn't mind if there was someone with me going and asking questions then like, but I wouldn't do it on my own.*

*Because all they'd say to you, the Traveller, is 'who are you, who are you trying to tell me to do this'? 'who do you think you are'?*

Despite the fears and worries of working within the community and of being accepted as a health worker, the majority of the participants welcomed and looked forward to the time when they were fully qualified to go out into the community to help raise awareness of health issues and services available to Travellers.

*“Well I’d be nervous about starting when I was in the community, like how people would take to me like, would they treat me alright, if I went out there, like a Traveller talking to a Traveller.”*

*“The important part of this is what I learn. I can pass it on to my children and their children can pass it on to some other body. And when I’ve qualified with my with my three years with the help of God I intend to go out there and try to save other Travellers lives.”*

They were fully aware though that they needed to build up a certain amount of trust between themselves and the community before they will be able to help them.

*“Well I suppose you’ll have to kind go a couple of times first, you know, do you know build up your relationship with them and the way that they can trust you. If they tell you anything it’s only between you and that person you’re talking to, do you know what I mean?”*

*Well there isn’t, there isn’t much you can do you see, if they’re not accepting they’re accepting, it’s my door and I don’t want you here. What can you do*

*only walk away, there's nothing else you can do. If people don't want to talk to us we can't make them talk, and it's the worst thing ever you done is to pressure people. You have to get to know people first and have a good relationship with them, and then you can start talking and working with them.*

### **3.2.7 Other comments**

All interviewees highlighted the personal benefits of doing the course. Additionally, they had a great respect for the course co-ordinators, whom they felt respected and listened to them.

*"The teachers was very nice and they're very good, you know, I got on very well with them."*

Within the group, there is a lot of support and camaraderie amongst the women, and they are willing to help each other in various ways.

*"..I have a bit of education and I know what's happening in the line of reading and things, but for the ones that wouldn't have it like you'd have to explain to them and help them"*

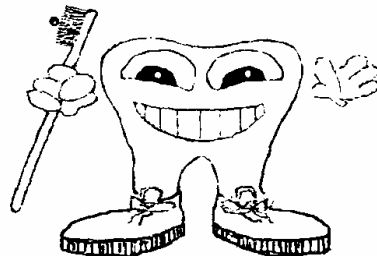
*"there'd be a line waiting 'here, will you help me with this, will you help me with that', but like you have to help them, that's what it's all about, it's about learning and passing on what you've learnt to them"*

Other comments made by the women related to small, relatively inexpensive differences which can be made to the health services which can have an important impact on those using the services. For example,

*“...about the dentist, say they could just put the little logo at least they’d know what the letter was for, you know what I mean, different things like that, I think it’s very good”.*

Subsequent to this research, the women on the course made recommendations to the Galway City and County Dental Department which included re-wording the dental cards, improve writing by dental personnel, and stamp with dentists name. Additionally, the group designed their own logo of a tooth, which they recommended to be included on the dental card. All of the above were adopted by the dental department. An enlarged version of the dental graphic is now on the door of the waiting room in Dental Department, Health Centre, Shantalla.

**Figure 3.2 Logo designed by the Course Participants which now appears on all Dental Appointment Cards from the Galway City and County Dental Department**



## CHAPTER 4 DISCUSSION

### 4.1 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. This interim report provides an evaluation for year two of the training. The evaluation was very much participative on the students behalf and was undertaken with their full consent. All students participated in the group discussion and were interviewed on a one-to-one basis, thus eliciting the views of all students on the course.

In relation to the course itself, there is a large emphasis on the women working in partnership with the course leaders and that they have a feeling of ownership of the programme.

### 4.2 Positive Aspects of the Course

The evaluation highlighted the many positive aspects of the course in relation to what the students took from the course, but also in relation to what they contributed to it.

#### 4.2.1 Self Esteem

The increase in self esteem, self-confidence and self-pride was very much evident from the interviews and group discussion with the women. Many reported that they now had the

confidence to ask questions in necessary situations, stand up and contribute in meetings, in addition to giving people advise on topics which they covered in the course. For example, health related issues or on the Euro change over. The increase in self-pride and self-esteem was also very evident when the women discussed the literacy classes. Many stated that prior to doing the course they couldn't even write their own name, whereas now two years into the course they were able to read and write, and things like being able to write their own letters gave them enormous pride in themselves.

The personal development sessions enabled the women to develop their own skills while at the same time giving them confidence and self-belief in themselves.

#### **4.2.3 Health Related Issues**

The increase in knowledge in relation to health-related issues was very evident from the discussion with the women. All women showed huge enthusiasm for the health modules, in addition to realising how important they were. Many of those interviewed stated that prior to doing the course they didn't know about the difference in life expectancy between the Traveller population and the Settled population. The affect these sessions had on the women in relation to their knowledge, attitudes and behaviours towards these topics is very apparent when the women discussed how they have used the health information to help those in their families and those in the wider Traveller Community. Some of the women managed to affect behaviour change with their close relatives, for example one woman related how prior to her doing the course her husband refused to attend a doctor, however once she was able to explain the importance of the visit, he now attends without hesitation.

The course had a big influence on attitudes, behaviours and knowledge of the women in

relation to immunisations. The majority of the women prior to doing the course had no knowledge as to what immunisation was and why it was important to get their children vaccinated. This was the one issue, which all the women raised during the interviews and the group discussions. Many of the women now actively encourage their own relatives to get their children vaccinated. This issue alone demonstrates the positive effect peer-led courses like this can have on the wider Traveller Community.

### **4.3 Negative Aspects of the Course**

In relation to negative aspects of the course, there were very few, the majority revolving around the issue of accommodation for the course, in that the current premises weren't ideal.

Other issues, which arose related to specific sessions, one in particular in which death and depression were discussed and it upset many of the women. However, though this was a negative aspect, something positive arose from it in that the women voiced their opinion as a group, and these sessions were changed, thus demonstrating the women's input to and ownership of the course.

### **4.4 Skills learnt, the ability to use them, and working within the Community**

All of the women agreed that they now have more knowledge and skills than they had prior to doing the course and that some of their attitudes and behaviours have changed. These skills range from literacy skills in the form of reading, writing and use of a computer to health-related skills. Whilst not all participants felt they would be confident enough at this stage to use the skills in a community setting, they all stated they would be able to put the skills to use in their own home. Some had already started putting their skills and knowledge

into practice with their own families. The use of these skills and the passing on of information, both with their own families and the wider Traveller Community, demonstrates the need for these types of peer-led initiatives.

#### **4.5 Study Limitations**

There were some problems with the participative group discussion, in that some of the women were reluctant to voice their own opinions in front of the whole group, rather they preferred to stick with the majority opinions of the group. However this was overcome with the one-to-one interviews, where individual opinions were given in confidence.

In the group discussion where individual sessions were discussed, many women had difficulty remembering the specific sessions, due to the time lag between the sessions and the evaluation.

## CHAPTER 5 CONCLUSIONS AND RECOMMENDATIONS

### 5.1 Conclusions

The results of this evaluation demonstrate the continued positive influence the training is having on the women attending the course. The knowledge, attitudes, and behaviours of those attending the course have been further developed compared to those prior to doing the course, especially in relation to health related issues. From the interviews and the group discussions, it can be seen that the women are putting their newly developed skills into use and are having a positive influence on those around them, both their families and in the wider Travelling Community. This sharing of knowledge, and passing on of information, clearly demonstrates the positive influence this peer-led training course is having. Fifteen women continue to attend the course, and, by the end of their training the women will have gained enough experience and knowledge and have enough self-confidence to work within their own Communities as Healthcare workers.

### 5.2 Recommendations

One area of the course which some of the women were apprehensive about was working within the community and their acceptance as Healthcare Workers within their own Community. Though they did recognise that to be able to have a positive influence on their Community, a certain amount of trust needs to be built up some women still felt that they lacked the self-confidence to go out into the community. It would be recommended that future training focus on this issue so as to be able to achieve the overall aim of the programme, which is that:

## CONCLUSIONS AND RECOMMENDATIONS

- There will be trained, skilled, Traveller Community Health Workers promoting a model of Traveller participation in the promotion of health.
- In terms of future evaluations of the training programme it would be recommended that the fieldwork component of the course should be evaluated on its completion due to the fact that it is an integral component of the course and it is important to monitor the Women's experiences when working within the community.

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## APPENDIX 1

### Questions for One-to-one Interviews

1. What did you think about the course in general?
2. Do you feel this is your course?
3. Do you feel you have your own say?
4. What has been the best bit of the training so far?
5. What did you like about it?
6. What didn't you like about it?
7. What has been the worst bit of the training so far?
8. Has the course helped you? How?
9. Was the course difficult? How?
10. Was there anything you were worried/fearful about before you started?
11. How do you feel about that now?
12. Do you think you'll be able to use the skills you've learnt out in the community?
13. Were there things that stopped you coming to the course at any time? What could be done to help this?
14. Is there anything you would change in the course to make it better?
15. Is there anything not included in the course which you'd like included?
16. Is there any part of the course you'd take out?
17. For future training is there anything that concerns you? And what do you think should be done to make it easier?

## Appendix 2

Photographs of some of the course activities during the year Sept 2001-July 2001



*Participants taking part in the NCVA Caring for Children sessions*



Ms Nell Donovan

**Some of the Women at the Traveller Cultural Exhibition in Tuam Co Galway**



*Ms Tina Donovan receiving her Children's Dental Health Certificate of Achievement*



## *Course Participants*



### **Co-ordinators**

Mary Breen Public Health Nurse (2000 to 2003)  
Noeleen Kealy Community Worker (2003 to present)  
Karen McGuire Community Worker (2001 to present)

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