

Traveller Mental Health Initiatives

# Evaluation Report July 2020

**SB**  
SOLUTIONS

  
ciste na  
gcuntas díomhaoin  
the dormant  
accounts fund



An Roinn Sláinte  
Department of Health



National  
Social  
Inclusion  
Office

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# Introduction & Background

# Introduction and Context

## 1.1 Introduction and Purpose of the Report

This report sets out an independent evaluation of the Traveller Mental Health Initiatives (TMHI) programme.

The TMHI programme was funded by the Health Services Executive (HSE) via the Dormant Accounts Fund (DAF) and was developed to:

- Improve mental health outcomes for Travellers and reduce suicide
- Maintain and promote positive mental health and wellbeing
- Improve Traveller access to mainstream health services.

S3 Solutions Ltd was appointed by the HSE in November 2019 to carry out the evaluation. All of the consultation activity informing this report was carried out between May and July 2020.

## 1.2 Overview of the Traveller MHI Programme

A total of €460,000 was awarded across seven projects, the projects funded are listed below:

Project Promoter	Project Name and Detail	Funding Awarded
Pavee Point Traveller and Roma Centre	Traveller Mental Health Community Development Worker	€60,000
	Mental Health Advocacy Worker	€60,000
Donegal Traveller Project	Pilot Programme for Mental Health	€50,000 (€13,337 not drawdown due to Covid-19)
Limerick Youth Service	Traveller Youth Advisory Group across five hubs in the Mid West	€80,000
Meath Travellers Workshop CYWS	Programme of work including horse care, women’s wellbeing, men’s wellbeing, access to mental health services and professional support	€70,000
Smashing Times Theatre Company	“Acting for the future”- using arts to promote positive mental health and suicide prevention	€70,000
Galway Traveller Movement	Traveller led community and youth resilience programme	€70,000

This report has been informed by the following sources:

- Original funding applications
- End of project reports completed by project promoters
- Consultation with project promoters, partners, participants and stakeholders directly or indirectly involved in the projects

The findings are presented in sections 4-6 and culminate in a series of recommendations to inform the delivery of future projects / initiatives that seek to address issues relating to mental health, suicide and access to health services by members of the Traveller community. The earlier sections offer an introduction to the MHI programme, the policy context underpinning the programme and an overview of the projects and their aims, objectives and goals.

## 1.2 The Dormant Accounts Fund (DAF)

The DAF was established by legislation and enables unclaimed funds from accounts in credit institutions in Ireland to be used to support: the personal and social development of persons who are economically or socially disadvantaged, the educational development of persons who are educationally disadvantaged, persons with a disability (within the meaning of the Equal Status Act 2000).

Under the Dormant Accounts Act 2012, the Minister for Rural and Community Development is responsible for the processes by which Government approves measures and projects to which funding may be disbursed under DAF. The Department of Rural and Community Development is required to prepare a three year DAF Disbursement Scheme that sets out the measures to be implemented under the Fund, and an annual Action Plan to give effect to the scheme<sup>1</sup>.

The HSE National Social Inclusion Office, through the Department of Health, was successful in securing funding for the MHI programme under the DAF 2017-2019 Action Plan. The completion of an independent evaluation was required as a condition of the DAF funding for the programme.

<sup>1</sup> <https://www.pobal.ie/programmes/dormant-accounts-fund-daf/>

\*Of €13,337 underspend €5,000 will be allocated to Meath Travellers Workshop for an extension to the Counselling service and €8,337 will be allocated to Pavee Point Traveller and Roma Centre for an extension of their 2 projects.

### 1.3 Funding and Delivery Model

Organisations based within HSE Community Healthcare Organisation (CHO) areas across the state submitted applications for funding to deliver Traveller Mental Health projects. The projects are supported through Traveller Health Units in each CHO location. Community Healthcare Services are the broad range of services that are provided outside of the acute hospital system and includes Primary Care, Social Care, Mental Health and Health & Wellbeing Services. These services are delivered through the HSE and its funded agencies to people in local communities, as close as possible to people's homes.

Traveller Health Units (THUs) deliver appropriate targeted services to members of the Traveller community. THUs fall within HSE CHO (Community Health Organisation) boundaries and are funded via CHO structures.

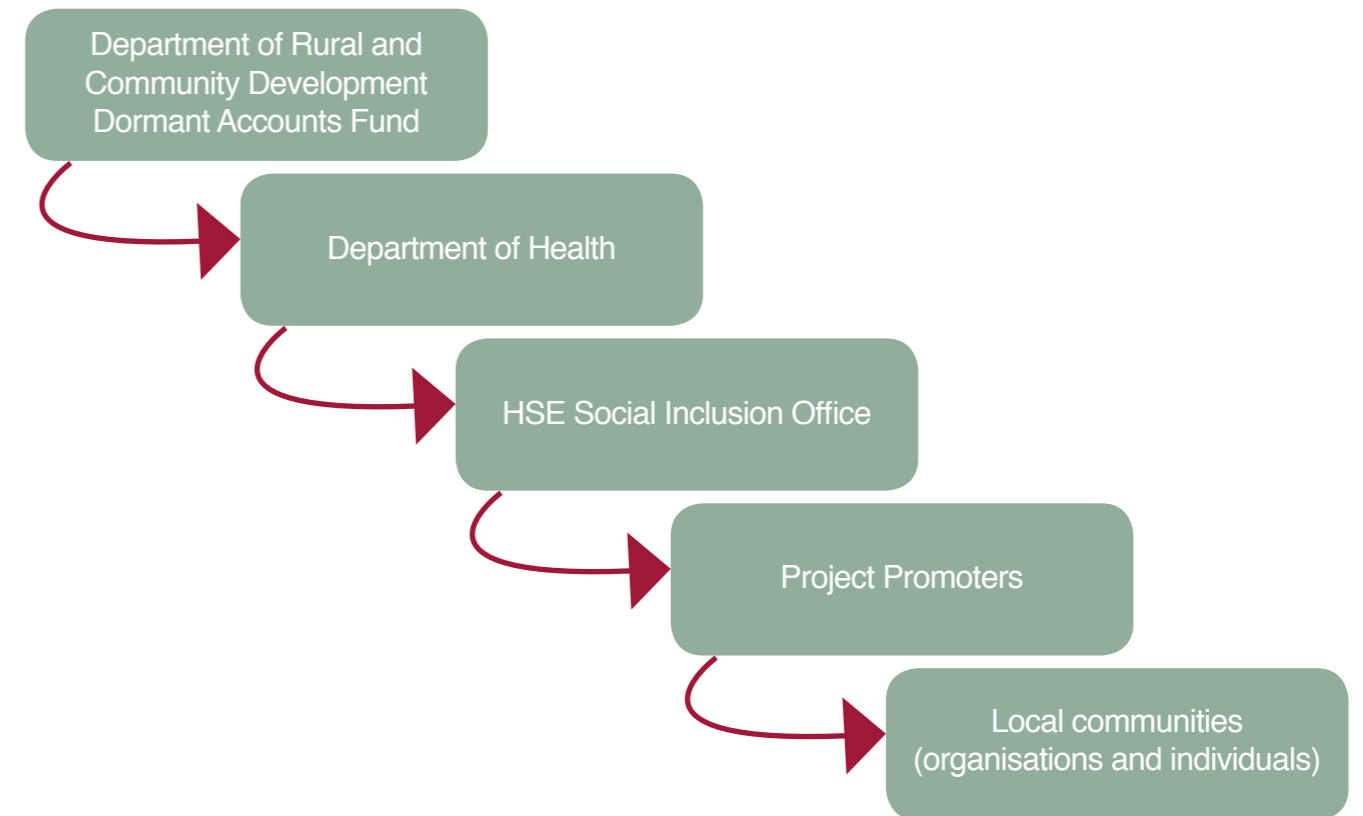
The establishment of THUs recognised the need for collaboration and partnership between health service providers and Traveller organisation representatives in order to identify and prioritise health issues within the Traveller community and to develop appropriate interventions.

The Traveller Mental Health Initiative programme has funded projects operating within each of the following CHO areas:

- ✓ Area 1: Donegal, Sligo/Leitrim/West Cavan, and Cavan/Monaghan
- ✓ Area 2: Galway, Roscommon, and Mayo
- ✓ Area 3: Clare, Limerick, and North Tipperary/East Limerick
- ✓ Area 6: Wicklow, Dun Laoghaire, and Dublin South East
- ✓ Area 7: Kildare/West Wicklow, Dublin West, Dublin South City, and Dublin South West
- ✓ Area 8: Laois/Offaly, Longford/Westmeath, Louth, and Meath
- ✓ Area 9: Dublin North, Dublin North Central, and Dublin North West

\* The Smashing Times project delivered across CHO 6, 7 and 9

The diagram opposite captures the funding and delivery model for the MHI programme and captures how funding is directed via the HSE National Social Inclusion Office from the overall Dormant Accounts Fund. The HSE administered funds following an application process that allowed organisations working with members of the Traveller community to bid for funds in collaboration with other partners where appropriate. The application process enabled organisations to outline their proposal to engage with Travellers and address the issues of mental health, suicide and access to services.



# Evaluation Methodology

## 2.1 Introduction

The HSE Social Inclusion Office commissioned S3 Solutions to complete an evaluation of the MHI programme. The terms of reference detailed that the evaluation was to focus on the performance of the programme and projects within it. S3 Solutions liaised with the Social Inclusion Office representatives to help refine the consultation framework to underpin the evaluation process and data collection. This was to ensure that relevant information could be captured in a consistent format but that also took into account factors relating to engaging with both the Traveller community directly and with projects that are working to support members of this community. The following sub-sections sets out the evaluation methodology.

## 2.2 Data Collection

This evaluation was informed by engagements with the HSE Social Inclusion Office lead for the MHI programme, project promoters and delivery partners, project participants and stakeholders with direct or indirect involvement in the delivery of projects. All data was gathered during the period December 2019 – May 2020. Data collection included:

- 1 Six Semi structured interviews with project promoters – the majority of these interviews were completed via face to face meetings, however social distancing guidelines associated with the Covid-19 response in the period March to June 2020 dictated that two interviews had to be completed via video conference. Interviews involved at least one or more representatives from the project promoter and an interview was completed with each of the six project promoters.
- 2 Twelve Semi structured interviews and four focus groups were carried out with delivery partners and stakeholders such as primary healthcare staff with a direct or indirect involvement in the projects– these engagements were arranged at the convenience of consultees and completed in person or via email, telephone or video conference.
- 3 Nine Focus group discussions were carried out with members of the Traveller community this included:
  - > 2 x focus groups for Galway Traveller Movement project participants – 1 focus group each for Galway city and Ballinasloe (24 participants)
  - > 3 x focus groups with Meath Travellers Workshop project participants – 1 focus group each for men, women and young people (27 participants in total)
  - > 1 x focus group with Pavee Point Traveller and Roma Centre project participants (16 participants)
  - > 1 x site visit Pavee Point Traveller and Roma Centre project participants (10 participants)
  - > 2 x focus groups with Limerick Youth Service Participants – 1 focus group with 5 youth champions and 1 focus group with 7 youth participants

The evaluation team felt that site visits to individual projects to carry out interviews and focus groups would enable a more intimate engagement. Four of the projects facilitated site visits with interviews and focus groups scheduled in advance. For those who were not in a position to arrange site visits, interviews were completed via telephone, email and video conferencing. All consultation relating to the Donegal Traveller Project and Smashing Times project was completed remotely due to Covid-19 social distancing guidelines.

S3 Solutions reviewed all available information relating to project proposals and individual project reports (quarterly and end of project reports). A review of relevant research and government policy documents was also undertaken to provide a context for the TMHI programme and to help inform the analysis and recommendations. The research process involved significant data collection, both qualitative through engagements and quantitative data from project reporting.

## 2.3 Data Analysis

Qualitative data analysis was conducted using thematic and narrative approaches. Categories were developed, coded and reduced. Thematic data from interviews was cross referenced with secondary research reports and quantitative data provided by projects in order to identify emergent themes and issues and to explore the relationships between issues.

The evaluation team adopted an inductive approach to the evaluation, focused on wide ranging engagements with key stakeholders to build an abstraction and describe the key emerging themes relating to the projects and wider TMHI programme. These were transferred into theories/ recommendations towards the end of the process.

## 2.4 Limitations

There are a number of limitations.

A lack of clearly defined indicators i.e. number of Travellers accessing counselling services, and success measures such as the number of Travellers reporting improved mental health and wellbeing, made it difficult to quantify the success of the individual projects, and thus the projects overall:

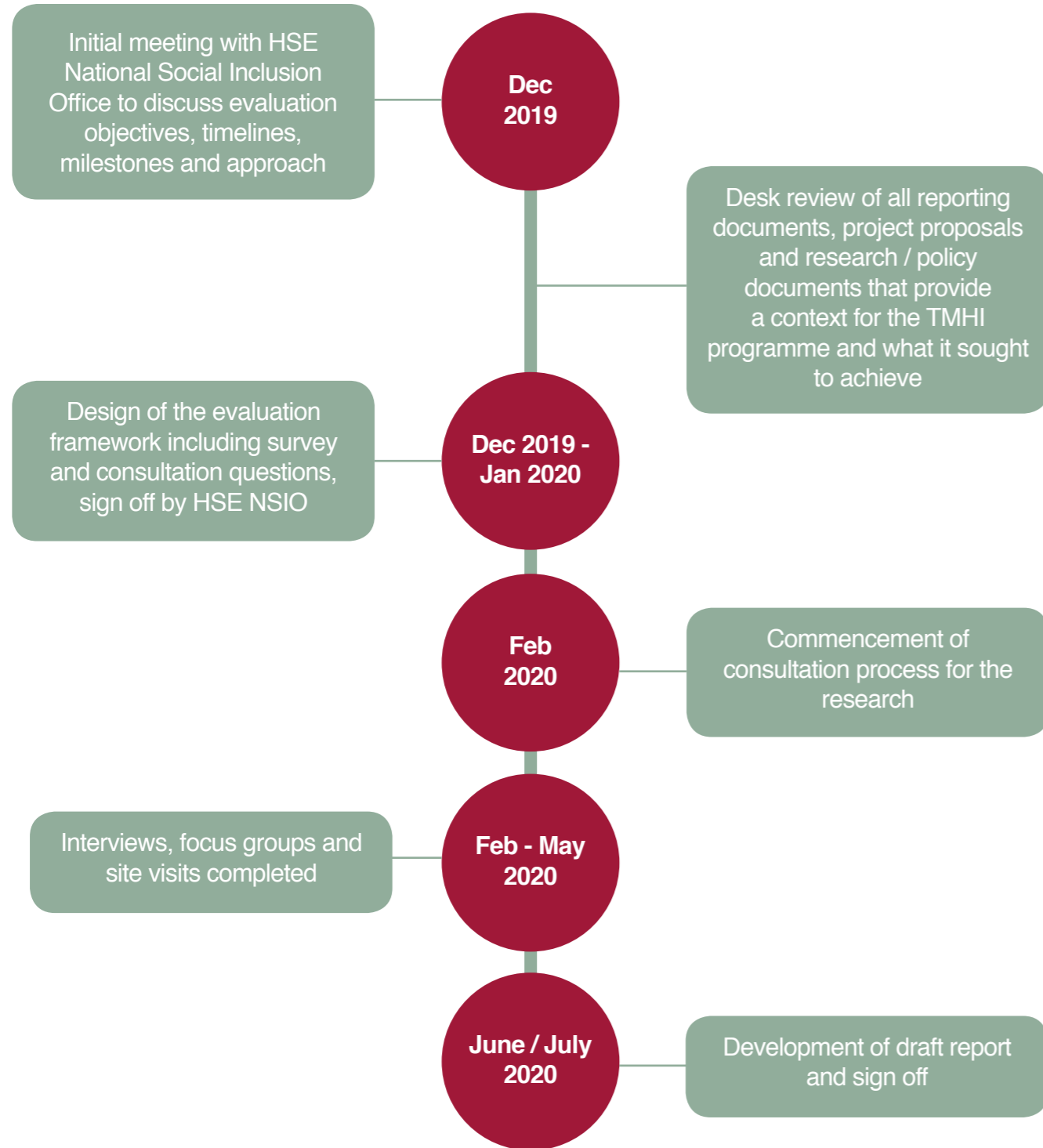
- 1** The key indicators of maintaining and promoting positive mental health and wellbeing and reducing suicide within the Traveller community are difficult to apportion directly to any intervention due to the lack of baseline data.
- 2** In the absence of baseline data in relation to ethnic identification for Travellers, the evaluation is reliant primarily on the qualitative input and feedback from project promoters, stakeholders and Travellers that participated in individual projects.
- 3** Improving Traveller access to mainstream mental health services as a key indicator does not have a quantitative baseline, at present there are no ethnic identifiers in place within the HSE for Travellers therefore we have no quantitative data to measure the extent to which projects have impacted on this project indicator.

These limitations are explored further in sections 4-6 of the report. In relation to the data collection process, efforts were made to enhance the reliability and validity of findings by extending the data collection process and interviewing stakeholders beyond the funded projects. Participant sampling and data collection continued until no new conceptual insights were generated from funded projects and linked stakeholders and the evaluation team felt they had gathered repeated evidence for the thematic analysis, thus reaching theoretical saturation.

As noted previously, the Covid-19 social distancing guidelines restricted the type and quantity of consultation activities that could be completed for the Donegal Traveller Project and Smashing Times led projects.

## 2.5 Evaluation Timeline

The evaluation process commenced in December 2019 and concluded in June 2020.



# Policy and Research Context

### 3.1 Introduction

Given the nature of the TMHI programme and what it sought to achieve, the evaluators felt it was important to provide a context for Traveller mental health in terms of government statistics, key findings from relevant research and the broader policy context. This section of the report is designed to provide context in relation to some of the broader issues effecting mental health and suicide rates amongst Travellers. It is not intended to provide a detailed analysis of all issues facing the Traveller community.

According to the United Nations (UN), inequality is a key obstacle to mental health globally: “Many risk factors for poor mental health are closely associated with discrimination and inequalities in the conditions of daily life. Many risk factors are also linked to the corrosive impact of seeing life as something unfair.”

The Final Report of the Oireachtas Joint Committee on the Future of Mental Health Care<sup>2</sup> acknowledges that poverty, poor housing and socio-economic factors, as well as prejudice and discrimination contribute to a mental health crisis in the Traveller community.

### 3.2 Demographic Profile of the Traveller Community

Presented are Central Statistics Office (CSO)<sup>3</sup> statistics in relation to the demographic profile of the Traveller community living in the state:

- 30,987 Travellers reside in Ireland in April 2016, an increase of 5.1% on the April 2011 figure (29,495)
- Almost 60% of Travellers are under 25, compared with 33.4% of the general population
- Travellers marry younger than the rest of the population, with 32 per cent of 15-29 year old Travellers married, compared with 5.8 per cent in the wider population
- Irish Traveller households comprising of a married couple with children had an average of 5.3 persons per household compared with 4.1 for the general population
- More than 1 in 4 Irish Traveller households had 6 or more persons compared with less than 1 in 20 households in the State overall
- There are 2,257 fewer Traveller households in the private rented sector than in the previous Census
- There are nearly 7 times more overcrowded living conditions among Travellers
- There is over 80% unemployment among Travellers
- Traveller Community National Survey 2017 - 72% of respondents felt that their situation had gotten worse, compared to 10% who felt it got better, a balance of -62%

### 3.3 Overview of Statistics under Key Themes

A number of headline statistics are presented below, they reflect areas of relevance to the TMHI programme and the factors influencing mental health:

Mental Health / Health	Mental Health / Health
> 82% of the Traveller community have been affected by suicide.	> Pavee Point Traveller and Roma Centre state the average age of Travellers completing school is currently age 15. <sup>4</sup>
> Suicide rate is 6 times higher in the Traveller community in comparison with non-Travellers. 65% of these victims are under the age of 30.	> Census (2016) <sup>5</sup> figures indicate 8% of Travellers had completed the Leaving Certification and second level education compared to 73% for non-Travellers.
> 90% of Travellers agree that mental health issues are common amongst the community.	> 1% of Travellers, aged 25-64, had a third level degree compared to 30% of non-Travellers. In 2016, 167 Travellers had a third level qualification (up from 89 in 2011).
> 56% of Travellers report that poor physical and mental health restrict their normal daily activities.	> 13% of Traveller girls completed second level education compared to 69 per cent of the settled community. Over two thirds (67.3%) of Traveller children live in families where the mother had either no formal education or only primary education <sup>6</sup> .
> 62.7% of Traveller women and 59.4% of Traveller men disclose that mental health has not been good for one or more days in the last 30 days.	> Almost 6 out of 10 male Travellers (57.2 per cent) had only primary level education, over four times higher than the general population (13.6 per cent).
> 97% of Travellers die before reaching the age of 65.	> Half of Traveller children do not live in DEIS (Delivering Equality of Opportunity in Schools) school catchment areas.
> Travellers experience significantly poorer health outcomes as they get older. In the 35-54 years age group 57% of non-Travellers said their health was ‘very good’ compared to 29% of Travellers.	
> Traveller Community National Survey (2017) - 72% of respondents felt that the situation (mental health and suicide) had gotten worse, compared to 10% who felt it got better.	

<sup>4</sup> <https://www.irishexaminer.com/ireland/traveller-education-just-13-of-traveller-children-complete-second-level-education-425272.html>

<sup>5</sup> Central Statistics Office 2016 Census data in relation to the demographic profile of the Traveller community living in the State

<sup>6</sup> Department of Education and Skills Advisory Committee on Traveller Education, ‘Report and Recommendations for a Traveller Education Strategy’, October 2005

<sup>2</sup> Joint Oireachtas Committee on Education and Skills Debate, ‘Traveller Education Discussion’ March 2019

<sup>3</sup> Central Statistics Office 2016 - Census data in relation to the demographic profile of the Traveller community living in the State



Employment and Training	Discrimination and Racism
<p>&gt; 82% of Travellers of working age are unemployed. CSO figures record the national unemployment rate as 4.8% (Jan 2020).</p>	<p>&gt; Travellers are 10 times more likely to deal with instances of discrimination than white Irish members of the general public<sup>8</sup></p>
<p>&gt; 10,653 Travellers in the labour force, the vast majority (8,541) were unemployed.</p>	<p>&gt; Irish Travellers are 22 times more likely to face discrimination when availing of private services, particularly in shops, pubs and restaurants<sup>3</sup></p>
<p>&gt; While some of the gap between unemployment rates in the two populations (Traveller and non – Traveller) was due to the lower educational level of Travellers, even after taking this into account Travellers were much more likely to remain unemployed.</p>	<p>&gt; Workplace discrimination faced by Travellers could not be compared as there weren't enough members of the community in the workplace for a representative sample.</p>
<p>&gt; One in eight Travellers (11 per cent) stated that they were unable to work due to a disability. This is almost three times the rate in the general population (4.3 per cent).</p>	<p>&gt; The Council of Europe note<sup>9</sup> there is still 'significant discrimination' towards Travellers in Ireland. It states Travellers are 38 times more likely to experience discrimination in pubs compared to other 'white-Irish' people. It also claims that Travellers are up to 22 times likelier to be discriminated against in trying to access housing.</p>
<p>&gt; 66% of Travellers had participated in at least one training scheme with the average number being 2.4 training schemes. 3% of Travellers participating in these schemes had progressed to employment as a result.<sup>7</sup></p>	
<p>A survey asked the general public if they would employ a Traveller, 17% responded positively. The figures provide an insight into poor rates of progression to employment for Travellers.</p>	

### 3.4 Policy Context

A number of key policies published by the state and/or bodies commissioned by state agencies which report on the issues faced by the Traveller community (specifically mental health and suicide) are considered:

#### 3.4.1 HSE “Connecting for Life”, Ireland’s National Strategy to Reduce Suicide 2015-2020

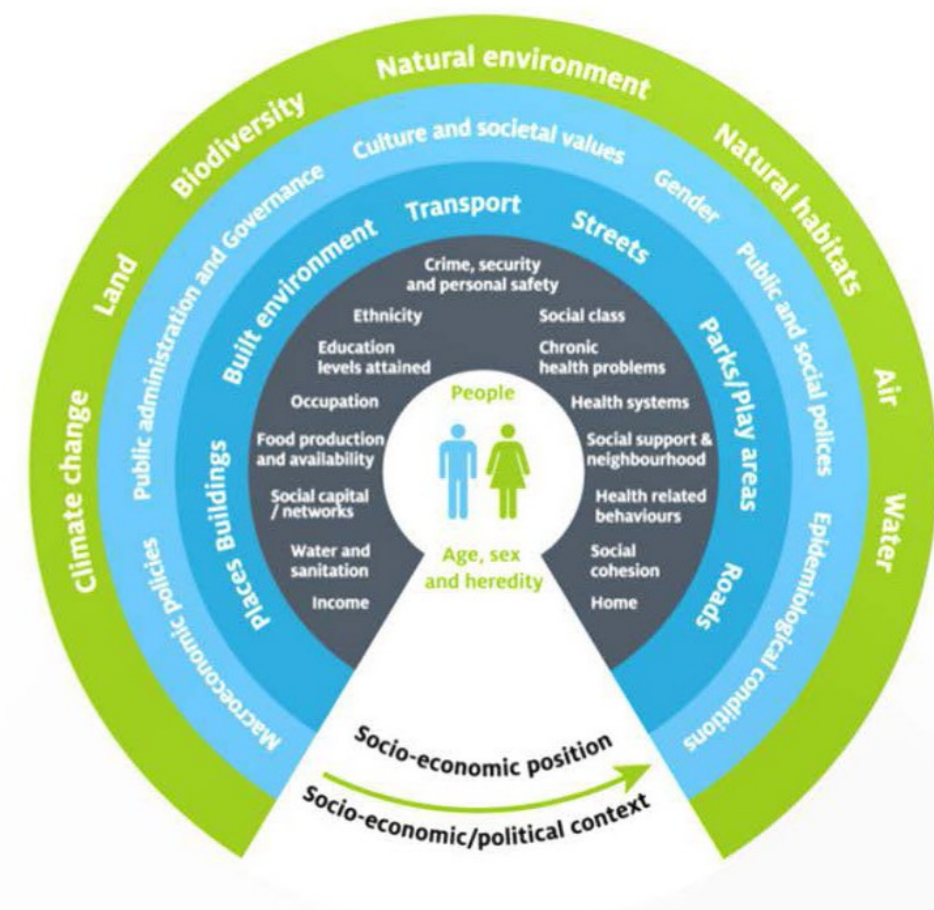
The strategy is focused on reducing the number of lives in Ireland lost to suicide and supporting communities and individuals to improve mental health and wellbeing. The strategy cites research that highlights a link between economic factors such as social deprivation, homelessness and poverty and suicidal behaviour. It also identifies Travellers as one of the priority groups that have higher risk factors in terms of vulnerability or increased risk of suicidal behaviour.

#### 3.4.2 Department of Health “Sharing the Vision – A Mental Health Policy for Everyone”

Published in June 2020, the document represents Government policy for the provision of mental health services and supporting people with mental health problems. The policy notes that multiple factors influence a person’s mental health and reference the determinants of health model detailed below:

### Determinants of Health

(Adapted from Dalghren and Whitehead, 1991 and Grant and Barton, 2006)



7 A national survey of Travellers carried out by Behaviour & Attitudes in 2017 on behalf of Traveller organisations  
 8 Irish Human Rights and Equality Commission (2017), 'Who experiences discrimination in Ireland?'  
 9 European Commission Against Racism and Intolerance, 'ECRI Report Ireland', 2019

The document also references the “priority groups” referenced in the “Connecting for Life Strategy” and the need for targeted and tailored interventions in partnership with organisations that work with those priority groups.

#### **3.4.3 Department of Health “National Drugs Strategy: Reducing Harm, Supporting Recovery” 2017-2025**

The strategy reflects specific issues faced by members of the Traveller community and sets out detailed actions to improve access to services for Travellers. The strategy reports that although Travellers account for just over 0.5% of the total population of the state, 3.6% of those treated for problem drug use in 2015 were Travellers. The strategy acknowledges that poor living conditions and high level of unemployment and educational disadvantage may contribute to higher risk of drug and alcohol misuse amongst Travellers.

#### **3.4.4 Department of Justice and Equality, National Traveller and Roma Inclusion Strategy 2017-2021**

The strategy contains a number of strategic themes and a number of key areas of action. This includes:

- A new system of ethnic identifiers will be developed across the public sector to help to track progress and/or challenges for the Traveller and Roma communities in Ireland; and
- Reinvigorated efforts by the State to ensure that Travellers and Roma interact fully with the public health sector in order to address some of the underlying health-related challenges facing those communities.

There are a number of key actions within the document attributed to mental health, health inequalities and suicide which aim to develop culturally appropriate services, reduce barriers to services, support consultation with Traveller communities and invest in additional mental health resources.

### **3.5 Summary**

The information detailed in this section of the report provides a sense of the scale of the issue facing Traveller communities and health agencies in term of mental health and suicide amongst Travellers and barriers to accessing services. The series of headline statistics outlines the broader factors influencing mental health and suicide challenges. This provides a context for the TMHI initiative programme, from the perspective of available resources, timescale for delivery and potential to impact upon these issues.

# Projects Overview

## 4.1 Introduction

This section includes an overview of each project. For each project it sets out: the target area, the partners, the original rationale for the project, targets and outcomes sought, and how these targets / outcomes were to be achieved. A snapshot of each projects activities has also been included. Please note the following in terms of the information presented:

- Outputs in terms of project delivery are as reported by project lead partners
- Information setting out project rationale is derived from original project applications (not provided by the evaluator and therefore not referenced as such)

## 4.2 Donegal Travellers Project: Traveller Mental Health Initiative Project

### Geographical Remit

The project had a remit across the CHO1 area, the counties covered and Traveller population within each is as follows:

County	Total No. of Travellers
Donegal	1,221
Sligo	556
Leitrim	272
Cavan	900
Monaghan	276

There are Traveller Primary Health area projects in each of these counties with the exception of Monaghan.

### Project Need

Key findings from “Our Geels: All Ireland Traveller Health Study” (2010)

\*€13,337 not drawn down due to Covid-19



### Key Partners

- Donegal Travellers Project (lead partner)
- Sligo Traveller Group
- Cavan Traveller Movement and Cavan Traveller Primary Healthcare Project (EXTERN)
- Leitrim Local Development Company – Traveller Healthcare Project
- Monaghan Regional Drug and Alcohol Forum
- HSE NSIO
- HSE Mental Health Services

## Project Outcomes

Reduce the risk of suicide and self harm in the region including addressing alcohol and drugs misuse



## How

- Carry out a need's analysis of Traveller mental health in the region looking at the uptake of services, mental health challenges and issues identified by mental health providers and the Traveller community
- Deliver a range of programmes across the region to promote positive mental health and well-being.
- Design and develop, in partnership with mental health services, a model of collaborative working to support members of the community and their families who are accessing services and support systems when individuals are discharged from Psychiatric care (including working with the Local authorities where there are accommodation issues).
- Document, evaluate and review actions throughout to disseminate learning at project completion



## Delivery

- Development and mental health worker recruited
- Regional Steering Group established, and four meetings hosted
- Profile of Traveller specific mental health resources/services developed
- 15 Traveller men in Donegal participated in an 8 week 'It's my chance programme'
- Two x 6-week positive mental health and well-being initiatives were delivered to 18 Traveller women in the Donegal Area
- 6 Travellers in the Leitrim area participated in a 6-week stress control programme
- CHO1 Travellers Men's Mental Health and Well-being subgroup was formed - 3 sub-group meetings were carried out
- One Regional Traveller Men's' Health and Well-being event was held in the Bundoran Area - a total of 41 Traveller men participated on the day
- Professional working relationship developed and established with a range of key stakeholders
- Accessible Traveller-proofed directory of available mental health supports developed
- Traveller specific mental health promotional leaflet and pop up banner designed
- 16 team Leaders/Managers in Mental Health Services in Sligo participated in a one-half day Traveller Intercultural awareness Training

### 4.3 Limerick Youth Services: Traveller Youth Mental Health Initiative

#### Geographical Remit

Geographical remit of the project was the Mid West region which incorporates the following within CHO3. There are approximately 1500 Traveller young people aged 10 to 25 years in the Mid west region (calculation based on 2016 Census figures)

#### Project Need

Key findings from the “Our Geels: All Ireland Traveller Health Study” (2010)

Research on Traveller Suicide by Mary Rose Walker

Behaviour and Attitudes National Traveller Survey (2017)

Local consultation via the workshop for the National Traveller Health Action Plan held in Limerick (June 18) and consultation with Traveller young people



#### Key Partners

- Limerick Youth Services (lead partner)
- Mid West Traveller Health Unit
- Youth Work Ireland, Tipperary
- Foroige
- Jigsaw
- North Tipperary Leader Partnership Traveller Primary Health Care Project
- West Limerick Resources Traveller Primary Health Care Project
- Limerick Social Services Traveller Health Advocacy Project
- Ballyhoura Development - Kilmallock Traveller Women’s and Men’s Group
- HSE NSIO
- HSE Mental Health Services

#### Project Outcomes

Reduce the stigma around engaging in mental health services for Traveller young people in distress, aged 18-25 years, and to support them to engage with mental health services

Develop a sustainable approach to Traveller youth mental health engagement and empowerment that has the potential for replication and transferability to other areas and for working on other issues with Travellers

#### How

- Create, develop and support a Traveller Youth Advisory Group (TYAG) across five hubs in the Midwest, to guide the development of the project and to build their capacity to drive and implement the project.
- Create, publish and promote a suite of bespoke communication, information and capacity building measures with the Traveller community to support youth Traveller mental health and wellbeing with young Travellers aged 10-25 years
- A universal approach: the co-production of Traveller youth mental health and well-being materials will be made universally available to Traveller young people aged 10 to 25 years – it is envisaged that this information will reach 70% of this population or 1050 young people.
- A targeted approach: more specific information and engagement pathways will be developed for Traveller young people aged 18 to 25 years experiencing mental distress and it is envisaged that 10-20 Traveller young people will engage directly with mental health services as a result of this project.

#### Delivery

- Successful recruitment of 8 young travellers aged 18-23 as part of TYAG.
- All TYAG participants completed Garda vetting and Children First E Learning Programme.
- Hubs developed and office space bedded in 5 locations across Mid–West including Kilmallock, Askeaton Limerick City, Littleton and Ennistymon.
- TYAG consultation process engaging young travellers in the 5 Hubs re traveller mental health, with engagement in each hub being between 7 to 13 weeks in duration.
- Identification of a suite of youth mental health material universally available and also a more targeted approach for those aged 18 to 25.
- Work with CAMHS/ parents and guardians of Traveller service users to determine barriers and add to the body of knowledge of the TYMHI.
- Engagement has taken place with a number of key agencies including Limerick Social services, CSMT and My Mind with some issues emerging including services understanding/ exposure to traveller culture, or that they may not be seen as traveller friendly.
- Be-spoke capacity building and training programme for TYAG participants developed and delivered throughout the project.
- Regional forum Peer support network developed for all participating stakeholders.

## 4.4 Meath Travellers Workshop: Mental Health Initiative for Travellers

### Geographical Remit

971 Irish Travellers in Co. Meath, which represents 5.05/1000 of the general population in Co. Meath. Meath County Council record that there are 431 Traveller families living in County Meath.

The highest number of families lives in Navan, Trim, Ashbourne and Athboy. The Local Traveller Accommodation Consultative Committee estimate that approximately 1600 Travellers live in the county.



### Project Need

Key findings from the “Our Geels: All Ireland Traveller Health Study” (2010)

National Traveller and Roma Inclusion Strategy (NTRIS) 2017-2021

Morris Open-Space Research (2003)

Meath Local Economic and Community Plan 2016 – 2021

Pavee Point Traveller and Roma Centre Poverty and Traveller Children Briefing Paper

### Key Partners

- Meath Travellers Workshop (lead partner)
- Meath County Council
- SoSad
- Pieta House
- HSE NSIO
- HSE Mental Health Services

### Project Outcomes

Keep Travellers well by promoting positive mental health & well-being through culturally appropriate Initiatives

Facilitate Traveller access to, and outcomes from, mainstream mental health services

Support the development of culturally competent & appropriate mental health services for Travellers that address the specific needs of Travellers are addressed in any mental health initiatives, policies, Initiatives or services being developed

### How

#### Immediate intervention

- Family support
- Talk therapy
- Counselling
- Drop in centre

- Telephone support
- Traveller heritage and culture activities

#### Therapeutic Model

Horse care project - learning and taking responsibility for the care of an animal. Equine-assisted therapy is effective for a wide range of mental health disorders including addiction, depression, anxiety and trauma.

#### Capacity Building

- Self care management workshops
- Health, fitness, food and nutrition programmes
- Physical activity
- Men and Women programmes

### Delivery

- Equine programme 20 people engaged directly with the project
- Health and Fitness 63 people engaged directly with the project
- Networking Women’s group 22 regularly attended
- Networking Women’s International Women’s day - 40 people called in throughout the day
- Beaded pocket programme 6 women participated
- Awareness Play: 320 people attended, further 15 people involved in the question and answer session made up of Mental health experts and support organisations throughout county Meath.
- Balloon Release to celebrate National Traveller day for Remembering people who died by suicide - 45 people attended
- Training: 3 participants x manual handling 3 participants x safe pass 8 participants x first aid
- Men’s group /shed group for 6 men to develop a programme around upholstery, horticulture and gardening
- Counselling Service – 3 clients availing of one hour each per week for the past 6 weeks, a further 5 people on a waiting list
- 553 people directly involved in the project

## 4.5 Galway Traveller Movement: “Power in Participation: Promoting Positive Mental Health and Suicide Prevention in the Traveller Community”

### Geographical Remit

The Traveller population in Galway City and County is the largest outside of the Dublin urban area with over 4,746 individuals recorded (CSO figures 2016).

### Project Need

Galway Mayo Roscommon Suicide Prevention Action Plan 2018 – 2020

Key findings from the “Our Geels: All Ireland Traveller Health Study” (2010)

“Connecting for Life” Ireland’s National Strategy to Reduce Suicide 2015-2020

National Men’s Health Action Plan 2017-2021

Better Outcomes, Brighter Futures: National Policy Framework for Children and Young People 2014-2020



### Key Partners

- Galway Traveller Movement (lead partner)
- Youth Work Ireland (partner)
- HSE NSIO
- HSE Mental Health

### Project Outcomes

#### Overall outcome

Engage and empower the Traveller community to be active agents in influencing and improving mental health and wellbeing with a specific focus on reducing health inequalities

#### Additional outcomes

- > Strengthen and build local Traveller cultural resilience that enables the community to live healthy and happy lives
- > Strengthen the Traveller community connections with mental health services
- > Remove the barriers and create the conditions for meaningful participation in the community centred approaches to improve mental health and wellbeing

### How

- ASIST Training
- Counselling workshops
- “Mind out” Workshops and Training
- World Suicide Prevention Day Event
- Design, development and distribution of information based, marketing and promotional materials such as video, case studies, contact card and flyers

### Delivery

- 700 families in receipt of information and materials (contact card, link to video, suicide case study, busting the myths flier).
- Traveller Resilience Mental Health Contact Card was designed printed and sent with over 30 contacts of mental health services in the city and county which Travellers can engage with.
- 40 Traveller children have engaged in the circus workshops.
- 18 Travellers - Traveller counselling service workshop.
- 120 Travellers – World Suicide Prevention day event.
- 15 Travellers – Mind Out Workshops.
- 3 Traveller women – Mind Out training with NYCI.
- 30 Travellers – ASIST Training.
- 15 Travellers participated in the GTM Stakeholder group.
- 1,100 Traveller heads of household (parents) in receipt of information and materials, 200 Traveller engaged in activities 25 mental health professionals Total 1,325.

## 4.6 Smashing Times: “Acting for the Future”

### Geographical Remit

The project focussed on work with Traveller and Roma communities within the Dublin and Kildare areas. In particular, Traveller and Roma communities in the following areas of Dublin were targeted:

- Tallaght
- Northside
- Ballbriggan



### Project Need

Key findings from the “Our Geels: All Ireland Traveller Health Study” (2010)

“Roma in Ireland - A National Needs Assessment” Pavee Point Traveller and Roma Centre (2018)

Traveller Health Unit Eastern Region Strategic Plan 2016 to 2018

National Traveller and Roma Inclusion Strategy (NTRIS) 2017-2021

### Key Partners

- Smashing Times (lead partner)
- Samaritans
- Tallaght Travellers Community Development Project
- TravAct
- Kildare Traveller Action
- Musicantia
- HSE NSIO
- HSE Mental Health Services

### Project Outcomes

Improve social inclusion and the health and well-being of the Traveller communities in Ireland

Improve Traveller access to health services in relation to positive mental health and suicide awareness

Increase awareness of the causes of poor mental health and how to deal with stress, anxiety and depression

### How



**1** An Outreach Campaign to meet with Traveller representatives and groups, with final needs analysis identified. Reach: 2,000



**2** Research into Traveller and Roma stories and needs related to positive mental health and suicide prevention with contributions from the partner organisations.



**3** Develop and create a new performance piece.



**4** Participative drama workshops with six youth and four adult groups from the Traveller and Roma communities.

**5** Performances of newly prepared production (within the project).

**6** Communications and Dissemination Campaign including one social media campaign and one radio campaign.

**7** Support structure established for all project activities including distribution of 1,000 leaflets.

### Delivery

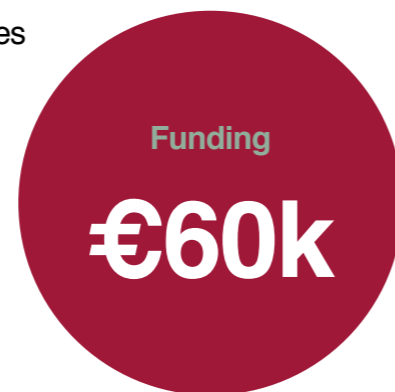
- Partnership Agreement and Project Action Plan prepared and agreed by 4 partner organisations - 4 partner meetings conducted.
- Outreach Campaign conducted reaching Traveller and Roma and the general public. Reach: 31,500.
- 10 audio interviews conducted with 12 people from the Traveller and Roma community.
- 520 participants across 20 “Acting for the Future Positive Mental Health and Well-Being” theatre-based workshops and events.
- Two short film documentaries created based on audio-visual interviews with 10 interviewees – one primary health care worker, one member of the Roma community, six Travellers and two members of Smashing Times.
- Social media and traditional PR campaign including radio interviews – audience reach 116,976.

## 4.7 Pavee Point Traveller and Roma Centre: Traveller Mental Health Advocacy Worker for the Eastern Region

Pavee Point Traveller and Roma Centre have delivered 2 programmes under the HSE Traveller Mental Health Initiative, section 4.7 and 4.8 reflects delivery across both projects.

### Geographical Remit

The service is available to Travellers living in Eastern Region Traveller Health Unit area, circa 8,200 Travellers. This project covers three CHO regions, CHO 6,7 and 9.



### Project Need

Key findings from the “Our Geels: All Ireland Traveller Health Study” (2010)

National Traveller and Roma Inclusion Strategy (NTRIS) 2017-2021

“Connecting for Life” Ireland’s National Strategy to Reduce Suicide 2015-2020

Department for Health, “A Vision for Change” (2006)

Council of the European Union, “Common Basic Principles on Travellers and Roma Inclusion” (2009)

### Key Partners

- Pavee Point Traveller and Roma Centre (lead partner)
- Eastern Region Traveller Health Unit
- 9 local Primary Health Care for Travellers Projects (PHCTPs)
- Specialist health initiative (Dublin, Wicklow and Kildare)
- HSE NSIO
- HSE Mental Health Services

### Project Outcomes

PHCTP workers will have increased confidence and knowledge to access the range of available support mental health support services in their region

Increased knowledge of best practice for mental health services when working with Travellers

Regional/local mental health policies and practices are more inclusive of Travellers

Increased contact, engagement and relationship building at local level between and with Travellers and the relevant mental health services, voluntary, community and statutory

A clear evidence base is established in the region (ethnic data to monitor and evaluate access, participation and outcomes of Travellers utilising mental health services)

### How

*Maintaining and promoting positive mental health and wellbeing*

- Delivering positive wellbeing activities with PHCTPs

*Creating and developing Traveller access and outcomes from mainstream mental health services*

- Mapping existing services.
- Create interactive Traveller specific resources and education materials.
- Provide training to mental health service providers.
- Develop a model of engagement with Travellers and mental health teams.
- Progress the rollout of a standardised ethnic identifier.

*Development of culturally competent, accessible and appropriate mental health services*

- Anti racism and cultural awareness training for mental health staff.
- Development of culturally appropriate mental health resources.

*Impacting on policy and research*

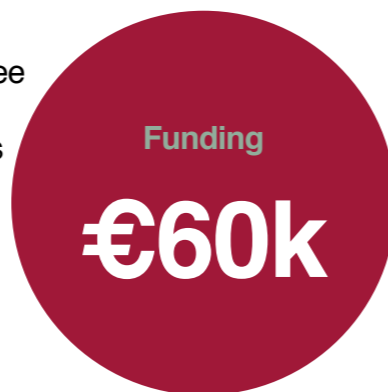
- Developing position papers and making policy submissions.
- Research supporting standardised ethnic identifier rollout.
- Advocacy re social determinants.
- Collaborative research.



## 4.8 Pavee Point Traveller and Roma Centre: Traveller Mental Health Community Development Worker

### Geographical Remit

From its work over a number of years via its Health Programme, Pavee Point identified mental health as a significant concern in the CHO 9 area (Finglas and Blanchardstown). A target group of 1,000 Travellers was identified alongside the PHCTP in this area.



### Project Need

National Traveller and Roma Inclusion Strategy (NTRIS) 2017-2021

“Connecting for Life” Dublin North City and County Action Plan 2018-2020

Previous work and local consultation / engagement

### Key Partners

- Pavee Point Traveller and Roma Centre (lead partner)
- Eastern Region Traveller Health Unit
- HSE NSIO
- HSE Mental Health Services

### Project Outcomes

Support good mental health and promote self-esteem and self-acceptance for young Travellers

Improve responses to Travellers’ poor mental health and suicide within the community

Improve Travellers access to mainstream mental health services

### How

*Employing a Traveller Mental Health Community Development Worker to:*

- Work with the broader Traveller community to promote positive mental health and wellbeing.
- Work in partnership with statutory agencies to further develop relationships between mainstream services and Travellers.

*Working alongside the Traveller Mental Health Advocacy Worker for the Eastern Region, complementing their work in:*

- Maintaining and promoting positive mental health and wellbeing.
- Creating and developing Traveller access and outcomes from mainstream mental health services.
- Development of culturally competent, accessible and appropriate mental health services.
- Impacting on policy and research.

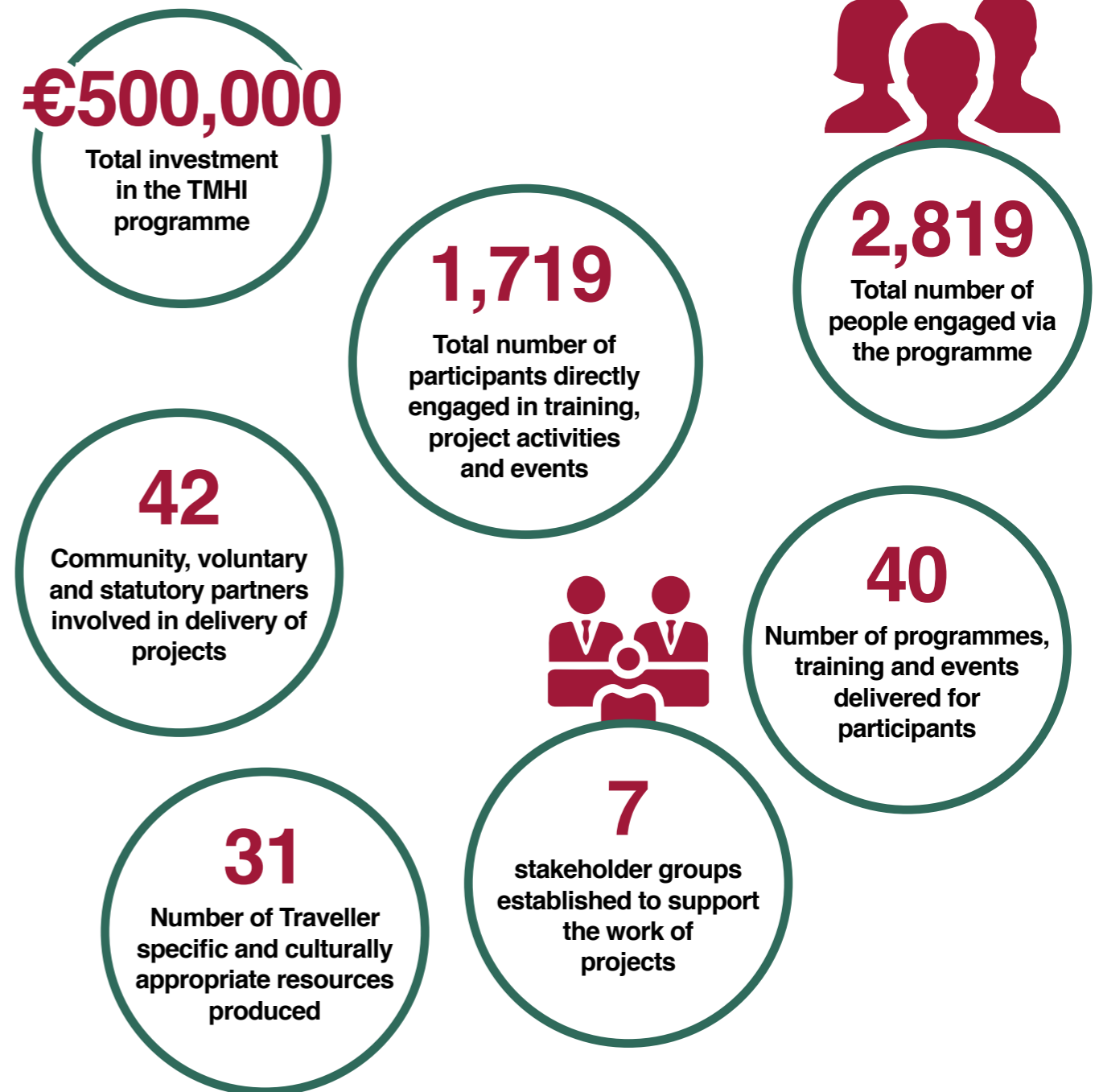
### Delivery

- THAF Training of Trainers – Mental Health Promotion for Travellers.
- ‘Unpacking Traveller Mental Health’ grub boxes exhibition - Approx 90 participants.
- World Mental Health Day 2020 - Over 100 attendees: service providers, mental health organisations, policy makers, Travellers and Traveller organisations.
- World Suicide Prevention Day – 10th September 2019. National collaborative awareness raising campaign with Traveller organisations. Wellness walk and mass in Glendalough.
- Development of culturally appropriate mental health resources.
- Development of online cultural awareness training for mental health services.
- Crisis text line - Over 300 volunteers nationally/ Traveller specific online social media campaign.
- Submission made to Joint Committee on “Key Issues Affecting the Traveller Community on the topic of mental health and Travellers”.
- Mental Health Initiative applied successfully to be a governing member of Mental Health Reform and feed into ethnic minorities advisory group re mental health and Travellers.
- Submitted funding applications worth over €100,000 to progress and continue the work of the Mental Health Initiative.

# Impact of the Programme

## 5.1 Headline Statistics

A number of headline statistics are presented for the TMHI Programme. The information presented here is a summary of project data as self reported by projects.



## 5.2 Project Promoter, Participant and Stakeholder Feedback

This section sets out a summary analysis of the qualitative consultation activity which includes input from project promoter, participants and stakeholders.

For clarity and ease of reference, the thematic analysis is structured on the following headings:

- Scale of the challenge and need for intervention
- Project delivery models
- Impact and Outcomes
- TMHI Programme structure

A number of key issues are identified under each. A thematic overview of the consultation findings are presented, interspersed with direct quotes from those consulted. We have also drawn out practical examples from projects that try to bring the thematic findings to life.

## 5.3 Scale of the challenge and need for intervention

A review of project proposals and feedback from project partners and participants highlighted the scale of mental health issues and suicide within local Traveller communities. National statistics and research reports substantiate this and were cited by all projects in their original proposals. The feedback within the consultation process provided very “raw” examples of how Traveller communities have been impacted by these problems at a local level.

Provided below are some of examples of how mental health issues and suicide had impacted upon Traveller communities:

*‘This (expletive) is real man, every caravan on this site has had a loss through suicide, every single one. That has a knock on effect. When we see {WORKER} coming onto the site here it’s like a light, we know we have to do something or its going to get worse, every family here knows that if we don’t get involved we could be the next ones following a box out of here’* (Male Traveller. Interviewed during site visit)

*‘We now know that mental health is an issue, we have lots of examples of it in our community, 4 members of the same family took their own lives last year, that made it real for Travellers in Meath’* (Male Traveller, focus group participant)

*‘The men don’t usually get involved, but we had the tragedy last year of the 4 people in the same family who took their own lives, I think that made it real for all of us’* (Male Traveller, focus group participant)

*‘There are 16 women in this room here this morning, every single one of us have lost someone through suicide’* (Female Traveller, focus group participant)

Each of the quotations offer a sense of the depth and scale of the issue at a very local level. Many participants in focus groups also talked about how incidents and deaths within their communities had been a key motivator for people to participate in projects such as those funded under TMHI. This was as a result of the impact upon Traveller families and communities and the fear of what might happen in the future if there was not action to address these issues.

Project partners also shared information from their perspective and experiences of working in Traveller communities. An example of the feedback received is detailed below:

*‘Unfortunately, one of the Consultation Participants died by suicide within weeks of participating. Although the participant was using services himself, he had expressed his gratitude for the consultation, the importance of young Travellers talking and how more was needed. This death by suicide impacted all involved and demonstrates the pressing need for Youth Mental Health work. It also demonstrated to us that we had managed to reach the young people that this project was designed for’* (Implementation group, focus group participant)

Project partners communicated that mental health cannot be addressed in isolation and that there are a wide range of factors that contribute to any individual’s mental health and wellbeing. This can be applied across many communities in the state but the particular challenges and issues faced by Travellers need to be better understood by funders and statutory agencies according to those consulted. The social determinants of health model was also referenced consistently during consultations with project partners. All projects advocated a wider community development approach in order to achieve mental health outcomes with Travellers. This was based on their experience working with Traveller communities and on their understanding of the living experiences of project participants:

*‘We are addressing the symptoms and that is fine, the bigger issues still remain, Travellers in Galway are treated worse than animals, we are living in 4th world inhumane conditions, that’s the reality, the Council sends money back every year that should be improving living conditions, that tells you all you need to know’* (Implementation Group focus group participant)

*‘The consultation findings (from the project) yielded a picture of the stark reality of the lived experience of Traveller youth and their experience of mental health and discrimination that could not be ignored’* (Implementation Group focus group participant)

*‘Drug addiction and issues related to the sale and supply of drugs is a huge issue in Meath with young Traveller women being followed to the post office on Children’s allowance day to hand over their money to pay drug debts’* (Implementation Group focus group participant)

To provide further context, a collection of statements received from participants during the consultation process have been provided under a number of key issue areas:

Issues	Qualitative feedback
Housing/ Accommodation	<ul style="list-style-type: none"> <li>&gt; “Look around you, we have no electricity or hot water, these conditions are shocking this is Dublin in 2020 for Travellers’ (Dublin site visit interviewee).</li> <li>&gt; ‘It’s the bigger issues. I have no hot water in the caravan, we are so selfconscious about leaving the site in case we are judged’ (Pavee Point Traveller and Roma Centre focus group participant).</li> </ul>
Education	<ul style="list-style-type: none"> <li>&gt; ‘Education - the kids are treated like dirt in the schools, leave with nothing’ (Pavee Point Traveller and Roma Centre focus group participant).</li> <li>&gt; There are low expectations of Travellers in schools, many leave with nothing (Young Traveller, Mid-West focus group participant).</li> <li>&gt; ‘Parents need worked with as well, they are so detached from things, we can’t keep young people in schools properly unless parents are supported’ (Young Traveller, Mid-West focus group participant).</li> </ul>
Employment	<ul style="list-style-type: none"> <li>&gt; ‘If a young fella can’t get work, he has no purpose, of course he is going to be depressed and on the drink and the drugs, what would you be doing if you were him for Christ’s sake (Male Traveller, Galway focus group participant).</li> <li>&gt; ‘There are no jobs for Travellers, no one will take us on because of our names (Young Traveller, Mid-West focus group participant).</li> <li>&gt; ‘I wish there was still the training centres for Travellers to teach them skills for work, without the opportunity to make a good living I think the problem will get worse if they don’t have hope’ (Female Traveller, Galway focus group participant).</li> </ul>
Discrimination/ Racism	<ul style="list-style-type: none"> <li>&gt; ‘Discrimination, sure they hate us, the authorities wash their hands of us, no one cares’ (Pavee Point Traveller and Roma Centre focus group participant).</li> <li>&gt; ‘Politicians don’t even canvass this place; our vote is not even valuable to them’ (Pavee Point Traveller and Roma Centre focus group participant).</li> <li>&gt; ‘Discrimination, we are third class citizens in this country’ (Female Traveller, Meath focus group participant).</li> <li>&gt; ‘I took part because I am sick of Travellers being treated badly, in my school they have different classrooms’ (Young Traveller, Mid-West focus group participant).</li> <li>&gt; We are not accepted; this has a big impact on any person’s state of mind (Male Traveller, Galway focus group participant).</li> </ul>

Issues	Qualitative feedback
Addiction	<ul style="list-style-type: none"> <li>&gt; ‘Drugs, alcohol and prescription/internet drugs is so widespread’ (Female Traveller, Galway focus group participant)</li> <li>&gt; ‘Substance / Alcohol addiction is high among Travellers and this leads to poor physical and mental health’</li> <li>&gt; ‘Drink and drugs – people of all ages, not just young people ’(Young Traveller, Mid-West focus group participant)</li> </ul>

Whilst the qualitative statements are not intended as a comprehensive overview of the views, needs and issues of Travellers living throughout the state, they do reflect the overall tone and majority view from the consultation with project participants and project promoters. Some of the statements may also be challenged by relevant authorities or service providers but these are the views and perceptions of organisations working with and in Traveller communities, as well as Travellers themselves.

## 5.4 Project Delivery Models

### 5.4.1 Delivery model and approaches

Although there were variations in how projects engaged Travellers, delivered activities and produced different resources to communicate key messages, the overarching approach to the TMHI projects was reasonably consistent. For example, each project had:

- > Co-ordinator post or co-ordination function.
- > Produced culturally appropriate marketing, promotion and information materials.
- > Delivered a series of relationship building activities to encourage participation.
- > Delivered activities and events to share experiences and discuss mental health – the activities were a means to facilitate discussion and further engagement in terms of mental health issues. For example, Smashing Times used art and drama, Pavee Point Traveller and Roma Centre developed their “Grub Box” concept, the Meath based project used equine welfare, the Galway based project used community circus workshops to engage young people and other projects used physical activity.
- > Delivered a series of engagements including meetings, events, training / awareness sessions and telephone/ email communication with project partners and key stakeholders such as statutory agency representatives.

The type, focus, format and duration of the activities varied from project to project based on factors such local issues, geography, organisational capacity and previous experience. Overall, the projects used a community development approach to try to address issues relating to mental health, suicide and access / uptake of services as opposed to a clinical approach to addressing.

Feedback from all project lead partners emphasised a collective feeling that Traveller organisations are a very important part of any solution to the mental health, suicide and access to service issues in Traveller communities. These organisations feel that funders and statutory agencies do not fully understand and appreciate the challenges in attempting to engage with Travellers. Some of the cultural issues and barriers faced include:

- > General lack of faith or initial perception that an intervention is genuine.
- > Distrust of the State and anyone from outside of their community.
- > Traditional roles and gender related issues.
- > Low levels of self-confidence/ self esteem.
- > Participation in projects / activities or accessing services can be seen as a luxury (taking part as opposed to doing something for their family).

With mental health, there is the added stigma and taboo associated with seeking help, similar to the wider population but magnified within Traveller communities.

### 5.4.2 Engagement and Access to Traveller participants

Challenges in reaching the Traveller community in relation to participation and uptake of services is well documented (see section 3). The qualitative feedback places a reinforces this. The level of engagement and participation achieved across the 7 projects was significant, with at least 2,819 engaged via projects (includes distribution of information) and 1,719 direct project participants in activities, training and events (based on the self-reported project data). These figures represent almost 9.1% and 5.6% of the national Traveller population respectively as per Census (2016) figures. The figures demonstrate the capacity of Traveller organisations in engaging their own communities.

The feedback frequently referenced the need to have an empathetic approach in relation to Traveller engagement and participation, the Implementation groups and participants across the projects all expressed the need for a common-sense approach in terms of encouraging participation. Feedback suggested that there were two key elements in securing Traveller engagement and participation in the project:

- > Co- design (terminology the evaluator has applied as opposed to projects or participants).
- > Providing suitable activities and environment and communicating in a culturally appropriate way.

Some qualitative statements have been provided to reflect this:

<b>Co – design</b>	<p><i>‘I believe that nothing would have changed if we did not have this project to connect with the community, the agencies could not reach the community without a Traveller led approach’ (Female Traveller, Meath focus group participant)</i></p> <p><i>‘It is Traveller led, that makes it appealing to Travellers as they understand where we are coming from’ (Pavee Point Traveller and Roma Centre Site Visit)</i></p> <p><i>‘Traveller don’t trust people, why would they we are treated like dirt. I would not have got involved if this had not been organised by Travellers for Travellers’ (Female Traveller, Galway focus group participant)</i></p> <p><i>“The project was designed to be led, directed and guided by Traveller youth at every stage of the process. This is the first time such a Traveller co-production approach with Traveller youth has been undertaken” (Mid-West Implementation Group focus group participant)</i></p>
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<p><b>Appropriate environment, activities and culturally appropriate communication</b></p>	<p><i>'This is a safe space for us, we feel comfortable and that is because it was set up by Travellers for Travellers, others really don't understand us'</i> (Meath Traveller Man)</p> <p><i>'The engagement in the walking group has led to women finding out more about services in a casual way, not everything has to be in a serious setting'</i> (Galway Traveller Woman)</p> <p><i>'Use fun ways to get access to the community, more chance of getting people to turn up like arrange a keep fit class, then do a talk at the end, this works'</i> (Meath Traveller Women)</p> <p><i>'If I walk into a site and tell a load of Traveller men to come to a talk about their mental health they would scatter, if I asked them to come to a wheel making workshop they would come, we could introduce the talk almost by stealth, Traveller men like to talk side by side do you understand? They won't sit in a round table group, the outcome is the important thing'</i> (Implementation Group Meath)</p>
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## 5.5 Impact of Projects and Outcomes Realised

Due to a lack of baseline data, a lack of a standardised evaluation approach and the lack of an ethnic identifier for Travellers accessing health services, it is not possible for the evaluator to provide conclusive determinations in relation to the impact of the projects against the TMHI programme objectives. The information presented below does however provide a qualitative view of outcomes according to project participants.

### 5.5.1 Participant Feedback

A number of outcomes were reported consistently by project participants during the consultation process, there are presented below and where possible, are reinforced and substantiated by direct quotes.

- Greater knowledge of mental health, its impact and the signs for someone experiencing difficulties

*'Since taking the ASSIST Training I have helped a person in my family, I knew he was gay but was afraid to come out, he attempted suicide, I was able to get him to go to the counselling and supported him talking to his parents, this situation is far better now. I genuinely believe he would be dead now if not for the help I learned here'* (Traveller Participant, Galway focus group)

*'I know I am not a professional, but I can signpost people to services and spot signs of people who are under pressure. I am certain I talked a person out of harming themselves recently'* (Traveller Participant, Mid-West focus group)

- Feel more confident to talk about mental health themselves, whether it is impacting them as an individual or family members

*'I know that Travellers in my family and on my site are close to breaking point. If more of us are confident to support them by talking or getting them help, we can save lives. I know that this has happened'* (Traveller Participant, Pavee Point Traveller and Roma Centre focus group)

*'In the most simple way it has got people talking and interacting with each other'* (Traveller Participant, Pavee Point Traveller and Roma Centre focus group)

*'As a family we have lost, this project has given me the confidence to understand the basic things we can do to help each other, I know how to spot the signs now, I know I need to encourage people to talk and I have the information about signposting'* (Traveller Participant, Galway focus group)

- Feel that more people in the Traveller community they live in are acknowledging the issue and more willing to discuss it / take positive action

*'I want to be a peer leader to younger lads, they are in a hard life and need help'* (Traveller Participant, Meath focus group)

- Enjoyed the activities within projects – participants frequently referred to a high level of satisfaction with their experience of the projects

*'The Grub Boxes was brilliant, I think it was genius, even the men got talking about their mental health without it being in your face'* (Traveller Participant, Pavee Point Traveller and Roma Centre focus group)

All of the project participants that contributed to focus groups indicated that they:

- 1 Had a positive experience of the project
- 2 Would recommend similar projects / activities to other members of their families and communities

In relation to both points, much of the feedback related to the fact that the project was Traveller led or appropriate for Travellers, the activities were interesting and enjoyable and took place in a suitable environment (they felt comfortable within the setting the project was taking place). A significant number of comments were received in relation to “being judged” and that being a barrier to Traveller participation in any activities. Securing such as high level of participation was therefore positive achievement for the TMHI programme and projects individually.

*'It's a place and a space where people feel comfortable to talk, we are all in the same boat here'* (Traveller Participant, Galway focus group)

Whilst there was considerable input from participants expressing their enjoyment of the project and positive elements of their experience, there was a consistent reference to the following:

- A sense that the project was a starting point and a positive step but that until the broader issues such as accommodation, discrimination and poverty were also being addressed then the impact would be limited for Traveller communities. Participants acknowledged the value of the projects they took part in but also reflected that the broader issues still remain and will continue to affect the mental health and wellbeing of Travellers.
- An acknowledgement that a longer term approach is required, there were a significant number of contributions reflecting the need for the work to continue and evolve and that too many previous initiatives had been ended too soon. This appears to be the experience of many Travellers and reinforces cynicism amongst a population that is already distrustful of state agencies or funded initiatives. It is a barrier to Traveller participation in projects and accessing services.
- An acknowledgement that cultural issues within the Traveller community remain that must also be addressed by Travellers and Traveller led groups / initiatives. This includes continuing work on the stigma / taboo associated with mental health and getting support (particularly male attitudes) and traditional gender roles and attitudes within the Traveller community.

### 5.5.2 Project Partner Feedback

The following reflects the views of project partners:

- There was a broad view from the consultation that projects had been successful in relation to the original intended outcomes of the TMHI programme, however there was limited data to substantiate this. The feedback from Implementation Groups and project delivery partners suggested that projects had helped to gain access to and engage with Traveller communities, enhanced local capacity, increased awareness of services and supported greater uptake in services at local levels.
- The scale of the issue of mental health and suicide in the Traveller community as well as the broader socioeconomic issues and living conditions were also acknowledged. Therefore, the consistent view of stakeholders was that these projects represented a starting point and there was a clear need for more intensive and sustainable interventions to build on the work undertaken by TMHI funded projects.
- Different examples of project outcomes were referenced throughout the consultation, these included:
  - > Capacity building support and development – examples of mental health and suicide awareness related training were referenced. Those consulted reflected that this has helped to develop a level of confidence amongst those completing training and programmes, leaving them better placed to discuss their own experiences and challenges, more likely to use services themselves and importantly more

knowledgeable about mainstream services to encourage others to use / attend services. It also left them better placed to challenge negative perceptions and stigma within the Traveller community regarding mental health services and the HSE (and other State agencies).

- > Awareness raising activities and events – the high levels of engagement from Travellers, partners and other stakeholders at events to share experiences of mental health and suicide were referenced as positive. For many of the projects and the target areas, conferences and events focused on mental health were first time events and not attempted previously.
- > Partnership working and networking – the cross sectoral partnerships that helped shape, develop and implement projects was referenced consistently as one of the major benefits of the projects. Those consulted reflected that this allowed for greater information sharing, better understanding at the community level of the availability of health services whilst also offering an opportunity for HSE administrative and clinical staff to learn more about culturally sensitive issues for Travellers. A number of projects either delivered or planned to deliver (pre Covid-19 social distancing restrictions), awareness and training programmes for HSE staff working in mental health services. This was considered as potentially creating the conditions to enhance the uptake of services and appropriateness of services by and for Travellers.

Unexpected impact and outcomes – there were a number of unexpected outcomes that project promoters identified during consultations, including:

- New opportunities that arose as a result of exposure to new networks and relationships with community partners and statutory services. This was noted as complementary to the delivery of projects whilst also providing a platform for future collaboration.
- Project activities offered the opportunity for new learning and sharing of experiences that otherwise would not have been possible. Discussions around the topic of mental health often resulted in participants sharing more in terms of the broader issues that impact on their mental health and that within the wider Traveller community. This provided a greater context for the issues faced for example by women, LGBT, families impacted by addiction or alcohol / drug use and families that had lost loved ones as a result of suicide. Smashing Times provided an example of how discussions with a female group led to greater exploration of gender roles and equality.
- Reduction in tensions between Traveller families as a result of participation in project activities and events. An example of this was a walking group programme within one of the projects, participants included a number of people involved in a local family feud which had created tension and poor relationships for a considerable period of time. The project promoter reported that the programme helped to improve relations within the family considerably

- Learning for project promoters and stakeholders around their role individually and as a collective in addressing the issues of mental health, suicide and barriers to services. An example of this is detailed as follows:

*In a final interview with one of the project promoters, they remarked that the project they delivered was a real opportunity for them to learn more about their role in addressing mental health and suicide in the Traveller communities they serve. They noted that because of the nature and scale of the issue the organisation was eager to try to take action but the project has provided a lot more learning in terms of the role of a Traveller support group employing a community development approach working alongside mental health services and professionals. They have learnt more about the limits of their work in the field of mental health, are clearer in the role of their organisation in addressing the issue, have developed new networks and relationships with organisations and mental health professionals which they feel leave the organisation better placed to deliver positive outcomes in the future and be better advocates for Traveller communities impacted by these issues. Importantly, the organisation has plans for future initiatives to build on the work of the project on the basis of the learning achieved.*

Project promoters and partners frequently referred to the community development approach along with relationships developed within Traveller communities that provided the impetus for high levels of participation. These are viewed as important factors in any initiative that aims to have a positive impact on Travellers. Project partners expressed that this needs to be reflected in funder and statutory agency planning, funding and administration of interventions targeting Travellers, the work required to ensure buy in and develop relationships means that the approach has to be different from mainstream programmes targeting the broader population.

### 5.5.6 Stakeholder Feedback

The information referenced in this section of the report is a summary of interviews with stakeholders from the HSE, a local authority, academic institutions and representatives from organisations working in the field of mental health. The following key points were noted:

#### Success

There was an overall view that the projects were successful. Comments ranged from relatively successful to very successful but there was agreement amongst all those consulted of some perceived level of success. However, this success was not substantiated by data. The consultees also reinforced the need for projects such as those funded under the TMHI programme, including the need for localised projects and those that can impact on a more strategic and national level. Stakeholders reflected both the perceived success that projects were able to achieve “on the ground”, referencing specific initiatives they felt were effective and also referencing the impact of advocacy focussed work within projects. At a local level, there was a feeling that projects had been beneficial to local service provision particularly in relation to co-ordination and development.

The ability for advocacy work to be delivered was viewed as important given that local services experience such high demand and often there is little opportunity to advocate for the Traveller community regarding mental health to the appropriate agencies.

There was also reference to creative and innovative approaches that had been deployed in the delivery of projects which was also viewed as a success.

#### Impact

The consultees noted the following in terms of the perceived outcomes:

- Helped to reduce the stigma surrounding mental health within the Traveller Community - although there has been a decrease in stigma across Ireland in the last number of years, the project was important in reaching out to the Traveller Community to support stigma reduction
- Increased awareness of where / how Travellers can access support and services along with the type of services available
- Reduced the stigma of accessing services and enhanced the confidence levels that Travellers have to seek help - “Male Traveller clients much more open to talking about mental health. More forward in asking for help initially and more trust in Social Workers to support them. Definitely have a better relationship with male Travellers than previously” (Meath based Social Worker)
- Produced key mental health resources specific for Travellers, including literature and videos as a support to better understand mental health issues (including stigma reduction)
- Supported advocacy for Traveller Mental Health which has ensured a spotlight on the issues facing Travellers in accessing support, high levels of mental ill health (in comparison to the settled community) – helping to highlight these issues at both local and national levels

#### Added value

In addition to their views on project outcomes and success, consultees, including THU staff were asked if the projects delivered any elements of ‘added value’. Some examples included:

- Engagement in and support for the ‘Connecting for Life’ implementation structures and action plans to prevent suicide and other structures including the Traveller Health Unit

*‘Potentially one issue that arose was when the Mental Health subgroup of the Traveller Health Unit Eastern Region disbanded briefly last year. This however was reformed relatively quickly and the project was crucial in this happening’ (HSE contributor)*

- The project has increased the profile of Traveller mental health within the HSE and community and voluntary sectors

*‘The project has increased the understanding of issues within the Traveller community for myself and colleagues, right up to Chief Executive level of the CHO’ (HSE contributor)*



- Connecting and building relationships with other stakeholders and Travellers

*'Without the community reach and access (resulting from the project), it would be more difficult for HSE to access Travellers in this way'* (HSE contributor)

- The enhanced capacity of organisations to work with researchers and policy makers and advocate as part of broader campaigns in the field of mental health

*'For example, the project team and their colleagues at Pavee Point Traveller and Roma Centre have inputted on Mental Health Reform's (MHR) submission to the Oireachtas Committee on key issues affecting the Traveller community and MHR's position paper on mental health and ethnic minorities. Key recommendations from this position paper have been used in a number of MHR policy submissions to date'* (MHR contributor)

## 5.6 MHI Programme Structure

Project promoters raised some concerns in relation to the structure of the TMHI programme, the feedback was particularly focussed on the application process and the lack of clear indicators of success.

In terms of the structure of the programme and liaison with HSE representatives, there were no significant concerns noted.

There were a number of concerns and issues relating to the original programme design. A number of project promoters indicated that the nature of the programme design may have negatively impacted on the delivery of their project. For example, this may have been in relation to the geographic remit of the project being too large and disproportionate the scale of funding allocated, thus potentially diluting project impact and outcomes.

In addition, the short term nature of the funding presented operational challenges in terms of recruiting and retaining staff, those consulted also felt that the short term approaches contradict the requirement for a relationship building, community development approach that is required to engage with Travellers on issues of this scale and complexity.

## 5.7 Conclusion

This section has set out the key qualitative findings from the consultation process. A discussion and analysis of findings overall, followed by key recommendations is set out in the pages that follow.

# Discussion and Analysis

## 6.1 Introduction

An analysis of the consultation information and a cross tabulation of project data has identified several influencing factors and learning points. These are highlighted in this section followed by a set of recommendations that may influence the future development and delivery of the TMHI Programme and others. The analysis within this section also includes a reflection on the programme structure, application process and reporting procedures by the evaluation team.

## 6.2 Analysis

### 6.2.1 Scale of challenge and need for intervention

There is a clear need for interventions and projects that align to the intended outcomes of the TMHI programme. The scale of the issue and the extent of mental health and suicide related challenges within Traveller communities across Ireland has been detailed statistically and across Government policy for a number of years. The contributions from participants within the projects highlight how this manifests in daily life and family relationships and how it can affect the aspirations of Travellers.

The issues are multi-faceted in line with the social determinants of health model. The potential for projects such as those funded under the TMHI programme to make significant impacts on these issues is limited if delivered in isolation i.e. not seeking to address wider issues associated with accommodation, education and employment. The potential to deliver meaningful impact on issues of such complexity, with a short-term intervention is questionable. Particularly given the significant amount of time and effort required to build relationships before securing participation from Travellers.

In addition to the ongoing need for this type of programme and investment, clarity is required on the extent of change expected by funders. This will require the development of an appropriate and robust outcomes framework inclusive of clearly defined indicators of success in any future programme.

### 6.2.2 Project Delivery Models

Each project offered some uniqueness in its approach, however all of the projects demonstrated a number of key unifying characteristics which reflect community development and coproduction principles. It is clear from feedback provided by project promoters, partners and stakeholders that this was an effective approach. This is reflected in the high level of engagement and participation achieved across the projects from Travellers.

The learning from each of the projects, is that this approach whilst successful, requires significant investment of time and resources to develop relationships, trust and credibility within the Traveller community. Without this, it is unlikely that Travellers will engage in programmes or services, thus reducing the potential for positive outcomes. It is important that this is reflected in any future funding approach for similar interventions. Projects that seek to achieve positive outcomes for the Traveller community will require additional resources and time compared with those that seek to work with the settled community. Discrimination, mistrust of authorities and poor experience of services or previous programmes are also factors which affect the level of buy in from the Traveller community. Of note is that although the issues that the TMHI programmes seek to address are health related, none of the project promoters are explicitly health service providers. The organisations funded are Traveller led or community based organisations that seek to represent, lobby for and deliver services to improve the quality of life for Travellers. This highlights the following:

- The HSE delivers mental health services but has difficulty accessing and reaching out to and engaging the Traveller community in its services.
- The organisations funded under MHI, have demonstrated their ability to engage with Travellers but they are not mental health service providers.

This validates the decision taken by the HSE to use Dormant Accounts Fund to invest in these projects, recognising that if there is to be improvement and change in the rates of suicide and mental health issues experienced by Traveller communities, that it requires a multi agency partnership approach involving community based organisations alongside statutory agencies such as the HSE. The TMHI programme has created partnership approaches and structures that were previously not in place between community and statutory agencies and as a result provides a platform for further partnership work.

The need for community based partners to be resourced appropriately and on a sustainable basis in order to be consistent and effective partners with Traveller Health Units and within a multiagency framework to address suicide and mental health amongst Travellers is apparent.

The mix of locally focused projects as well as those with a more strategic focus, has offered areas of learning. Locally focused projects refer to those that have a very direct focus on engaging with Traveller communities at a local level, providing a range of activities and then working with partners to enhance access to mainstream services. Other projects have retained an element of local engagement but also sought to lobby and advocate at a more strategic level.

Given the complexity of the issues and the extent of the broader challenge for the Traveller community, this variety in project activities was appropriate. However, how each project aligns to the TMHI programme outcomes and against which outcomes each project delivers has not been clearly defined in a consistent approach. Profiling any future investment against clearly defined outcomes is important given that there is a greater understanding of the type of approaches that community sector and Traveller support organisations would deploy to address the issues.

### 6.2.3 Impact and Outcomes

According to qualitative feedback, the projects have had a positive impact upon Traveller communities and on the work of organisations / agencies that seek to improve Traveller mental health and reduce suicide rates. The extent of this change / impact and the potential for it to be sustained in the future is less clear.

The projects have demonstrated a capacity to engage with Traveller communities in large numbers and secure participation in programmes and activities that can be mental health focussed or have a mental health element. Based on the feedback from participants, the projects have successfully engaged the appropriate target audience. Many of the consultees shared their experiences of mental health and the impact suicide and mental health issues have had on their families directly. Often, these have been very raw and difficult experiences. Additionally, participant feedback has highlighted a range of positive impacts and benefits as a result of taking part in activities. There appears to be a direct causal link between their participation in projects and the outcomes referenced.

Less information was captured in relation to the uptake of mainstream services by Travellers as a result of the projects. The lack of an ethnic identifier for Travellers within services is a recognised challenge external to the TMHI programme but anecdotal evidence from partners and stakeholders has suggested that the project has had some impact in this regard. Contributions from participants also indicate that a considerable number are more willing and open to access services themselves or encourage others to do so following participation.

Input from partners and stakeholders provided a view that projects have been “successful” and they have provided opportunities for partnership working and networking that would otherwise not been available. Examples include: information sharing and meetings between project promoters and professionals within the HSE mental health services, sharing of literature and resources that are reflective of Traveller culture and delivery of awareness-based training to HSE staff by project promoters. The collective view is that the projects have provided a platform for further collaboration which is a considerable impact. Additionally, there appears to be greater clarity across organisations and agencies of the role that they can provide and how they can work together to enhance mental health in Traveller communities.

The projects have achieved levels of engagement and delivery within Traveller communities that participants want to see continue, alongside opportunities to participate and progress into further initiatives. Given that the projects have now ended, and no further investment committed, this could lead to a “deflationary” impact on participants and the communities if further projects are not forthcoming. In an already marginalised community that has a pre-existing distrust of authorities, this could make it harder to re-engage and get the same level of buy in / participation in the future.

Another consideration is that a potential greater uptake of mainstream services by Travellers could put further pressure on these services which already experience high demand. Making services culturally appropriate for Travellers also requires further time and effort and again this is a resource implication. The first experience that Travellers have accessing services (post their participation in projects such as TMHI) will likely determine whether they continue to engage or become even more disengaged. These are important considerations for the HSE and community partners to factor into future work.

### 6.2.4 TMHI Programme Structure

The lack of defined indicators of success along with the absence of measurable baseline data has created limitations in this evaluation, which is largely reliant on qualitative and anecdotal feedback.

The TMHI programme is a new programme, it was limited to one year investment and thus the focus was on delivering ‘on the ground’. The HSE and the Department of Health recognised the opportunity to invest Dormant Accounts Funds initially in this type of programme and explore the impact. Should on-going resources become available, this is an area which would require further collective thought (community partners could contribute in a co-production process) and investment of resources.

The first step in this process should be a review of programme outcomes and the development of clear, measurable indicators of success. When these outcomes and indicators are clearly defined, a key part of any future application process should require applicants to outline how their approach aligns with the outcomes and indicators, how their project activities link to each and how they will gather data to help evaluate the project.

A quarterly reporting structure should then be put in place using a consistent format reflecting the outcomes and indicators. Ideally, there should be an effort to identify baseline data that can be used to provide a pre and post project view. This will help to provide further clarity on the impact of the project, detailing not only any positive change that has been realised but also the extent of this change.

# Summary

## 7.1 Summary

Some of the broad points within the evaluation report are summarised as follows:

What worked well	Impact
<ul style="list-style-type: none"> <li>• Community development and co-production principles – the involvement of Travellers in the design and delivery of projects was critical to the success.</li> <li>• High levels of participation and engagement at a local level – the projects resonated with Travellers in each locality demonstrating clear alignment to Traveller need.</li> <li>• Partnership working – all projects demonstrated high levels of buy in across the statutory and voluntary sectors. Publication and distribution of substantial volumes of culturally appropriate literature/ resources.</li> <li>• Existing structures supported access most notably the community/ voluntary organisations, THU's and primary healthcare teams.</li> </ul>	<ul style="list-style-type: none"> <li>• 500,000 euro investment in Traveller mental health Initiatives across Ireland.</li> <li>• 2819 Travellers participating and engaging in the programme.</li> <li>• 1719 Travellers participating in training, project activities and events.</li> <li>• 42 community, voluntary and statutory partners engaged in the delivery of the programmes.</li> <li>• 7 Multi stakeholder groups established to support the work of the projects.</li> <li>• 31 specific and culturally appropriate resources produced and distributed.</li> <li>• Generally positive feedback across the projects in relation to uptake of mental health services by Travellers.</li> <li>• Travellers more informed and empowered to address mental health issues within the community.</li> </ul>
Challenges / Areas for Improvement	
<p><b>CHALLENGES</b></p> <ul style="list-style-type: none"> <li>• Scale of Traveller mental health as an issue across the areas</li> <li>• Geographical remit was challenging with limited resources</li> <li>• Traveller perceptions of state agencies as a barrier in relation to uptake of services</li> <li>• Broader demand for healthcare services</li> <li>• Broader socio-economic issues facing the Traveller community (Social determinants)</li> </ul> <p><b>AREAS FOR IMPROVEMENT</b></p> <ul style="list-style-type: none"> <li>• Measuring the baseline – there is a need to collect ethnic data for Travellers to establish a basis for future programmes.</li> <li>• Develop a more streamlined and consistent application process and criteria</li> <li>• Establish clear indicators of success and consistent reporting format weighted against the established priorities</li> <li>• Any future programmes of this nature should be longer term (3 – 5 years)</li> </ul>	



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