



Travelling to wellbeing in OTM

A review of the implementation of a preventative mental health recovery programme for Travellers in County Offaly

Louise Kinlen, PhD, March 2025

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Louise Kinlen



1. INTRODUCTION & BACKGROUND

1.1 BACKGROUND

This report sets out a review of the Offaly Traveller Movement (OTM)'s Travelling to Wellbeing (T2WB) Programme, as implemented in County Offaly, funded through the National office for Suicide Prevention (NOSP). T2WB is an evidence based programme, developed originally in 2012 between three separate Traveller organisations. It was externally evaluated in 2015 (Costello, 2015), with many positive outcomes and success factors of the approach noted, including its strong emphasis on flexibility, being based within Traveller organisations, culturally appropriate service, qualified professional staff and the ability to address a multiplicity of problems. A number of recommendations were made in relation to sustainability, collaboration across the partner organisations and further development of good practice.

T2WB was the original project in County Offaly and has been implemented since 2012 by Offaly Traveller Movement. Offaly Traveller Movement (OTM) is a Traveller-led community development organisation that aims to achieve full equality for the Traveller community in County Offaly. They offer various programs and services such as health promotion, mental health, accommodation, youth, and education. OTM evolved from a grassroots mobilization advocating for the needs of the Traveller community in Tullamore, starting back in 1991 (Offaly Traveller Movement, 2025).

T2WB is primarily implemented in County Offaly, with some outreach to Counties Laois and Longford (currently funded through the Toy Show Appeal Fund administered by Community Foundation Ireland). This review focuses specifically on the implementation of the programme in Co. Offaly and builds on the findings of the 2015 evaluation. It focuses on what is working well, strengths of the model, some key challenges faced and recommendations for the future. It uses a formative evaluation approach, drawing on stakeholder perspectives and reflections on lessons learnt from the past and a view towards the future. Some quantitative outputs data is also analysed to demonstrate key issues being addressed.

1.2 TRAVELLING TO WELLBEING IN OTM

Travelling to Wellbeing is a project that aims to support the mental health and wellbeing of Travellers. It was originally established as a pilot project that it takes an evidence-based approach to providing a dedicated therapeutic service for Travellers within a community development context. Established in 2012, it started as a partnership initiative of three Traveller organisations – Exchange House Ireland, Offaly Traveller Movement (OTM) and West Cork Travellers (WCT).

The original aims of the programme were set out as:

- To support individualised culturally appropriate recovery plans with Travellers experiencing mental health issues
- To address inequalities by working with Travellers and service providers to improve referral pathways and aid recovery
- To raise awareness and reduce the stigma around mental health and suicide in the Traveller community.

1.3 TRAVELLER MENTAL HEALTH

The Traveller community in Ireland faces significant mental health challenges, including higher rates of mental health issues and suicide compared to the general population. Traveller men have a 6.6 times higher suicide risk compared to settled men. Suicide is seven times higher than the national average in the Traveller community as of 2023 (Doherty and Mc Govern, 2023) . Every year, suicide is the cause of 11% of all traveller deaths and 82% of Travellers have been directly affected by suicide (Mc Crudden, 2023). In 2021, the European Union Agency for Fundamental Rights (FRA) found that 65% of Travellers reported experiencing discrimination, one of the highest reported rates within the six European countries it surveyed (HSE, 2022). It is also reported that Travellers are disproportionately highly represented among the people attending hospital following self-harm or with suicidal ideation (Tanner and Doherty, 2022).

Traveller mental health has long been a cause for concern. An in-depth qualitative peer study undertaken by NUI Galway in 2023 involved research for the development of a culturally sensitive continuum of mental wellness and suicide prevention strategies for and by members of the Irish Traveller community. (Villani et al., 2023). A core recommendation within that was to *'further develop and expand mental health promotion initiatives for the Traveller community, based on a co-production process and a peer-led model of delivery'* (Ibid, p. 91). T2WB has a strong evidence base and falls within this peer-led model, with initiatives and responses to mental health concerns designed through mutual engagement and co-production.

1.4 PREVIOUS EVALUATION FINDINGS

A comprehensive exploratory evaluation was undertaken of the (then) three Travelling to Wellbeing pilot projects across three sites in Ireland in 2015 (Costello, 2015). This report described the implementation of the project in detail and provided analysis on factors such as barriers for Travellers in accessing mainstream services; the operation of the T2WB model in action across the three sites; success factors; challenges faced; sustainability and future development and recommendations.

The success factors of the model listed in the evaluation included:

- Involvement of well-established Traveller organisations, which enabled the T2WB model to achieve a strong buy-in from Travellers;
- Capacity to address a multiplicity of issues presented by clients;
- Operating within a relatively low-cost model;
- Evidence-based approach, drawing from established good practice in both fields of clinical mental health care and community development;
- Professionalism and qualifications of its staff;
- Provision of structured clinical support and external supervision within the context of a well-established community development setting;
- Based across three Traveller organisations, which provides a robust basis for ongoing learning; and
- Facilitation of meaningful referrals to mainstream services.

As demonstrated throughout this current review, there was clear evidence that these success factors still exist and have been further developed and amplified through the ongoing implementation of the T2WB model in OTM. The main exception is that it is no longer based across three Traveller organisations.

For the purposes of this review, the most relevant section of the previous evaluation report are the analysis and recommendations in relation to sustainability and future development.

Some of the findings in relation to ongoing sustainability that are addressed in this review include:

- It is essential to the future sustainability of T2WB that participating Traveller organisations have established a good **level of trust and credibility** among their local Traveller population and, moreover, that they are adequately resourced, with staff that can provide the support needed to enable a T2WB staff member to fulfil their role.
- **Continuity** was identified as a key deciding factor in the future sustainability of T2WB, both in relation to its management and T2WB staff members. The importance of adequate supports for T2WB staff members was stressed, such as through clinical supervision and opportunities for support from colleagues.
- **Particularly vulnerable clients of T2WB can become at risk of growing overly dependent** on the service. It is important for the sustainability of the service that this issue is effectively addressed, but again, such efforts must involve sensitivity; for some, facilitating use of mainstream services may be a slow process.
- It emerged that some **mainstream service providers may interpret T2WB as a reason for them to reduce the support they provided to Traveller clients.**
- T2WB staff members can be a useful referral pathway for mainstream healthcare providers but this needs to be formally identified on referral pathways such as those used by HSE service providers.
- It was suggested that **T2WB staff members might benefit from continued professional development;** such as training on the Mental Health Act and child safety legislation.
- Future sustainability of T2WB will require **evaluation tools to be built into the model,** in order for it to both monitor outcomes and to identify and benefit from emerging good practice.

2. METHODOLOGY

This review involved a formative evaluation approach. This involves a process of gathering and analysing feedback during the development or implementation of a programme. It identifies strengths, weaknesses, and areas for improvement and usually has a high degree of stakeholder engagement in the process (Luli, 2025). It can also be described as an *'assessment process designed to identify potential and actual influences on the progress and effectiveness of implementation efforts'* (Stetler et al., 2006, p. 1). A formative evaluation is also used to learn collectively about the implementation of a programme and to make appropriate changes based on feedback loops.

This is not a complete evaluation of T2WB, but a review that incorporates evaluation methods. The review was commissioned externally by the HSE Resource Officers for Suicide Prevention (ROPSs) in the Midlands, with a view to reviewing the overall T2WB Programme and its potential expansion to other areas. The review focused specifically on the implementation of T2WB in County Offaly, funded directly by the

HSE through funding from the National Office for Suicide Prevention (NOSP). The programme has been partially extended to Laois and now Longford, which is alluded to throughout the report.

The questions posed in this review are:

1. How is T2WB implemented in practice?
2. What is the feedback on this programme from participants, staff and some external stakeholders?
3. What are the strengths of this model?
4. What do we know about the outcomes achieved?
5. What challenges/weaknesses exist?
6. How have the recommendations of the 2015 report been implemented?
7. What are the key recommendations?

A mixed methods approach was used to gather data for analysis. This included the following elements

1. Initial meetings and agreement on approach with HSE ROSPs (x2) and OTM T2WB team (x1)
2. Review of extensive documentation provided by OTM, including quantitative CRM data, annual reports, progress reports, website and social media, previous evaluation reports etc.
3. Interviews with three groups of stakeholders.
 - a) 10 participants of T2WB in Offaly: These were all individual interviews conducted mainly in person and 3 by telephone. A semi-structured interview schedule was used, with questions altered depending on responses.
 - b) 5 staff members of T2WB: These included the Director, Mental Health Co-ordinator, Social Worker, Mental Health Peer Support Worker and a Social Work Student on placement.
 - c) 4 external stakeholders: These included two people involved in original establishment of T2WB from other organisations/previously OTM, Home School Community Liaison Officer involved with programme and another Traveller organisation involved in delivery of T2WB.
4. Ongoing correspondence and clarification of data with Mental Health Co-ordinator and Social Worker in OTM.

All interviews were conducted following Irish University ethical guidelines. The purpose of the interviews were explained to each person and oral consent was taken. The only interviews recorded were those of the staff members and detailed notes were taken during the other ones. Interviews lasted between 1.5 and 1 hour.

Transcripts were made of all interviews and this data was then coded and analysed thematically, using the key questions as a structure to guide the analysis. Additional themes were also noted and included in the final report.

3. CURRENT IMPLEMENTATION OF T2WB IN OTM

3.1 STRUCTURE AND STAFFING

The current T2WB service is a dedicated, culturally appropriate, recovery focused mental health service for Travellers in Offaly offering individual and group support, mental health recovery and suicide prevention, intervention and postvention supports to maximise the wellbeing and quality of life for Travellers. It has been in operation in OTM since 2013, with additional funding and posts added. This review focuses specifically on the implementation of the programme in County Offaly, as funded by the HSE National Office for Suicide Prevention (NOSP).

It is noted that OTM are currently providing an outreach T2WB service in Counties Laois and Longford, with funding obtained from Community Foundation Ireland (Toy Show funding). This outreach component of the service is not formally part of the review but is alluded to by some stakeholders in the interview data.

OTM described the activities under the T2WB service as encompassing:

- **Individual Support**-culturally appropriate one to one support for Travellers experiencing mental ill health and their families
- **Group Support**-providing a social outlet for Travellers to engage in a range of mental health programmes and activities
- **Mental Health Recovery**-promoting the importance of mental health recovery by valuing self-knowledge, lived experience, awareness, and skills of the individual
- **Suicide Prevention, Intervention & Postvention**-development and delivery of suicide prevention programmes and supports and crisis intervention.

Further details on how these various aspects are implemented and their outcomes are discussed in Section 5.

The current roles funded under the programme for Offaly include:

PROFESSIONALLY QUALIFIED MENTAL HEALTH SOCIAL WORKER (1 WTE)

Two professionally qualified Social Workers are employed on a part-time basis providing a social work service that seeks to improve the mental health and overall wellbeing of Travellers through the implementation of an accessible, equitable, person-centred service. . Supports offered include: One to One, Family and Group support; Crisis intervention; Individualised recovery plans; Advocacy and referral pathways to other services. One of the social workers is specifically allocated to the T2WB service in Offaly.

The social worker receives referrals from a range of agencies including CAMHS, TUSLA, Offaly County Council, Children’s Disability Network Teams, Parents First, HSE Mental Health Services etc. This is in addition to internal referrals from within OTM and self—referrals. More details on referrals are provided in the next section.

The role of the Social Worker(s) is summarised in the OTM Annual Report for 2023 as

“The level of contact has varied from a once off meetings, providing information and possible referral to other services to more intense regular daily/weekly contact over longer periods of time and group support. The social worker has worked very closely with the Public Health Nurse to provide a holistic social

work/nursing approach to clients. The social worker has also worked very closely with the all-staff members in OTM to provide families a more comprehensive solution to issues presented

The OTM Social worker understands the importance of working collaboratively with other agencies in order to take a holistic approach when working with families so that a range of needs can be addressed more effectively. Working with other agencies can allow the social worker to build relationships and access more resources and expertise to enhance the quality of care and support provided to families. Working closely with other agencies can often identify issues early and prevent them from escalating. Collaboration with national agencies can help highlight issues at a local level and advocate for change..” (Offaly Traveller Movement, 2024a)

MENTAL HEALTH COORDINATOR

The Mental Health Coordinator is employed on a part-time basis offering support to the team. She also works directly with individuals and families to overcome crisis situations. Her role involves developing and facilitating mental health and wellbeing support groups and encouraging dialogue to raise awareness of Traveller suicide and taking an active role in suicide prevention.

MENTAL HEALTH PEER SUPPORT WORKER

The Mental Health Peer Support Worker employed on a part-time basis provides individual and family support, co-facilitates the mental health and wellbeing groups and works closely with a range of service providers to ensure Travellers are supported.

PSYCHOTHERAPIST AND COUNSELLOR

A psychotherapist is employed for three hours per week to provide individual counselling sessions, funded by Tusla. In 2023, the theme of the work of the counselling service was ‘Inform, Educate, Reframe, Heal and Meet’. In 2023, there were additional hours available for counselling (8 hours in total, funded through Tusla Dormant Accounts). The 2023 Annual Report for OTM (OTM, 2024) acknowledges the importance of building awareness, familiarity and trust to develop awareness of the programme and increase the numbers engaging with it. The counsellor works on a wide range of presenting issues, which have included ‘anxiety, stress, family discord, domestic abuse, sexual abuse, separation, divorce, coercive control, violence, addiction, education, bullying, living in fear, family functioning, bereavement, suicide, self-harm, housing and homelessness, self-confidence, identity, sexuality, diversity and difference and many more’ (OTM, 2024, p. 39).

3.2 STAFF TRAINING

The team overall have completed a range of training relevant to the mental health recovery model, with the whole team trained in mandatory SafeTALK, ASIST, and Children's First. The CEO of OTM is a professionally qualified Social Worker and also a qualified WRAP facilitator.

Other training the Mental Health Co-ordinator and others have completed include:

- WRAP (Wellness Recovery Action Plan) training
- Trauma Informed Care Practice Training
- Training, Delivery & Evaluation NFQ L6
- Professional Cert in Mental Health Recovery NFQ L8

The Social Workers are professionally qualified at Masters level. Other training that the T2WB Social Worker has engaged in recently includes:

- GDPR training.
- LGBT+ and inclusive medical services to take a comprehensive overview of LGBTQ+ identity and terminology
- Laois Domestic Violence Awareness workshops provided to staff in LTAG
- Meitheal Training peer support
- Consent and capacity/Assisted decision-making Act training
- Consent and healthy relationship forum training
- Youth Mental Health First Aid Training
- Designated Liaison person training
- QQI Level 5 Intercultural Studies through LOETB

Figure 1 Counselling Service

TRAVELLING TO WELLBEING

OFFALY TRAVELLER MOVEMENT

Counselling Service

**LOTS ON YOUR MIND?
ALL FEELINGS ARE WORTH
TALKING ABOUT -
WE ARE HERE TO LISTEN.**

**For Further information
Contact:**
Phone: 086 1921525
087 9866805
Email: counselling@otm.ie
mentalhealth@otm.ie

ABOUT OTM COUNSELLING
The OTM Counselling Service is an established free and confidential service, which is available to all Traveller children and adults in Offaly. This service is provided by our accredited therapist.

Key features of the Travelling to Wellbeing Counselling Service include:

- **Culturally Competent Counselling:**
Our counsellor is trained to understand and respect the cultural differences of the Traveller community, ensuring that the counselling service is culturally sensitive, competent and inclusive.
- **Accessible Services:**
We strive to make counselling support easily accessible for all Travellers in the community. Our counselling service is available both in-person and on the phone providing flexibility for clients.
- **Partnership Working:**
We value collaborative partnerships with other service providers. Our aim is to work in tandem with mainstream services and supports to ensure comprehensive care for individuals seeking mental health support.

Types of Therapy Provided

- One to One
- Family and Group Talk Therapy
- Integrative Body Psychotherapy
- Art and Play Therapy
- Jungian Sand Therapy

4. IMPLEMENTATION OF T2WB IN 2024 – QUANTITATIVE DATA

4.1 DATA MONITORING SYSTEM

A Salesforce CRM system is used for the collection of monitoring data in relation to T2WB and throughout Offaly Traveller Movement. This also allows for the sharing of referral information and interventions between staff members across OTM in a secure and GDPR compliant manner. Some data was exported from Salesforce on request for the purpose of this review, which provides an overview of the key presenting issues, gender and age breakdown for both social work and mental health interventions. These are collected separately and each intervention is recorded under a specific issue, with commonalities between both areas. It was decided to focus on 2024 data as a snapshot of one calendar year. The 2024 Annual Report of OTM has not yet been published but will contain a summary of key data similar to the format of the 2023 Annual Report. The data in the charts below relates only to interventions under T2WB in Offaly and do not include those from Laois and Longford.

4.2 SOCIAL WORK DATA

Referrals are made to the social worker for a wide reasons, with many of these coming from within the team in OTM, external referrals and sometimes self-referrals. The table below summarises the key issues that were the main presenting factors in each intervention in 2024. A total of 2341 presenting issues were noted under social work in 2024.

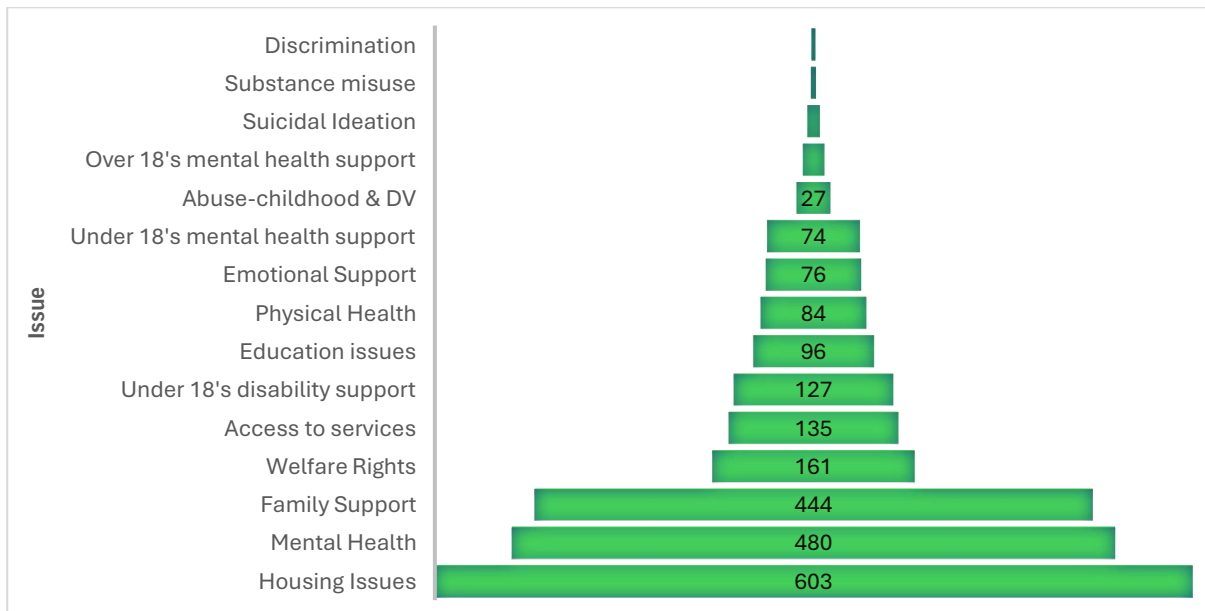
Table 1 Summary of social interventions by issue and age breakdown

Issue	Parent (young children)	Child 11-14	15-17	18-65	65+	Total
<i>Access to services</i>	2	0	3	122	8	135
<i>Discrimination</i>	0	0	0	3	0	3
<i>Emotional Support</i>	3	0	1	71	1	76
<i>Family Support</i>	3	2	6	432	1	444
<i>Housing Issues</i>	13	0	2	572	16	603
<i>Education issues</i>	2	2	5	87	0	96
<i>Mental Health</i>	9	1	1	460	9	480
<i>Over 18's mental health support</i>	1	0	0	16	0	17
<i>Physical Health</i>	2	0	0	70	12	84
<i>Substance misuse</i>	0	0	0	3	1	4
<i>Suicidal Ideation</i>	0	0	0	10	0	10
<i>Abuse-childhood & DV</i>	0	0	0	27	0	27
<i>Under 18's disability support</i>	4	0	0	123	0	127
<i>Under 18's mental health support</i>	0	0	2	72	0	74
<i>Welfare Rights</i>	4	0	6	149	2	161
Total	43	5	26	2217	50	2341

The chart below highlights the order of prevalence of particular issues presented to social work under T2WB. The most prevalent were housing issues (n=603), followed by mental health (n=480) and family support (n=444).

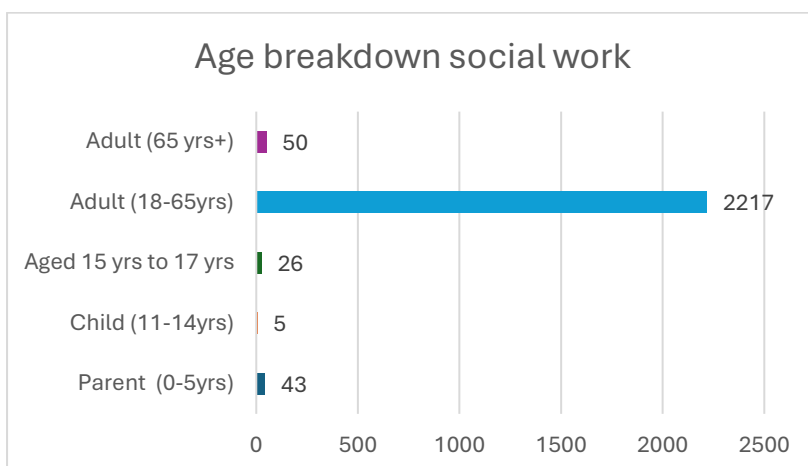
The high prevalence of housing is reflective of the deep-rooted challenges Travellers face in accessing suitable and culturally appropriate housing. This was also reflected in the interviews with participants.

Figure 2 Social work presenting issue breakdown



Salesforce data records entries of age breakdown, with parents of 0-5 year olds noted as a separate category and older children (11+) noted in their own right, with some adolescents accessing supports such as counselling. The vast majority of participants fall under the 'adult' category of 18-65. It should be noted that the numbers are representative of the presenting issues by social work intervention and not total numbers of people.

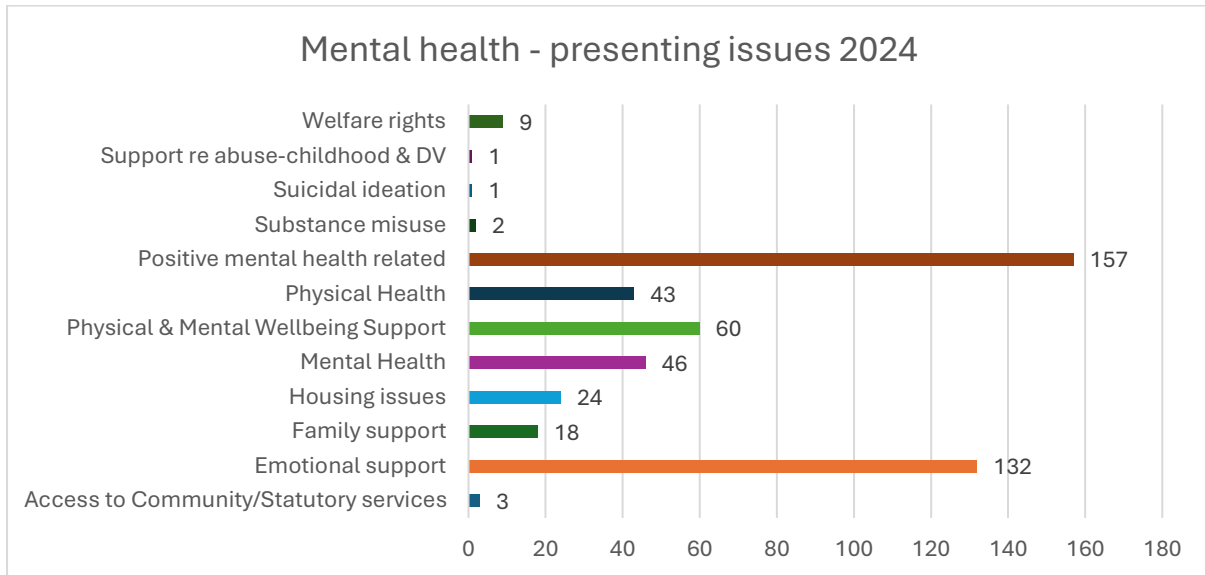
Figure 3 Social work age breakdown



4.3 MENTAL HEALTH DATA

The presenting issues for mental health fell under similar categories, but with a greater focus on mental health related supports. The most common entry under mental health supports was ‘positive mental health related’ (n=157), followed by emotional support (n=132). These are presented in the chart below.

Figure 4 Mental health issues - total numbers presenting



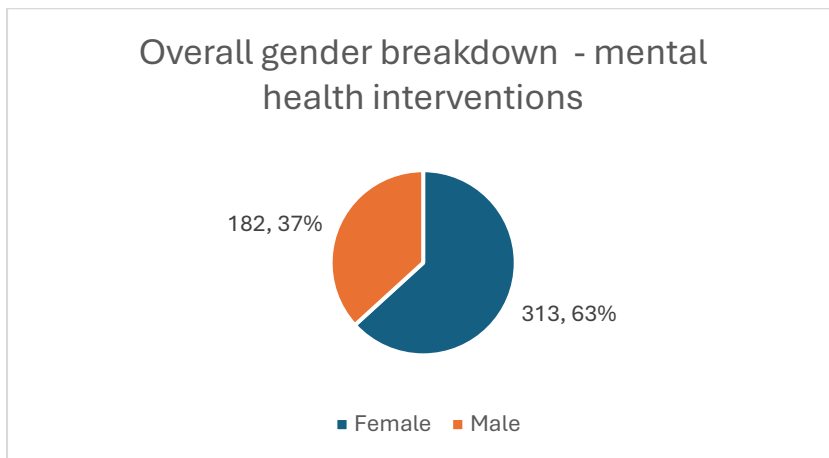
There was a greater variety of age ranges in accessing supports for mental health, with categories including 72 interventions (out of a total of 496) for people aged over 65.

Table 2 Mental health issue by age range

Issue	Child (0-17)	Adult (18-65)	Adult (65+)	Total
Access to services	0	3	0	3
Emotional Support	14	97	21	132
Family Support	1	16	1	18
Housing Issues	1	16	7	24
Mental Health	5	37	4	46
Physical & Mental Wellbeing Support	4	43	13	60
Physical Health	9	31	3	43
Positive mental health related	17	117	23	157
Substance misuse	0	2	0	2
Suicidal Ideation	0	1	0	1
Support for abuse-childhood & DV	0	1	0	1
Welfare Rights	1	8	0	9
Total	52	372	72	496

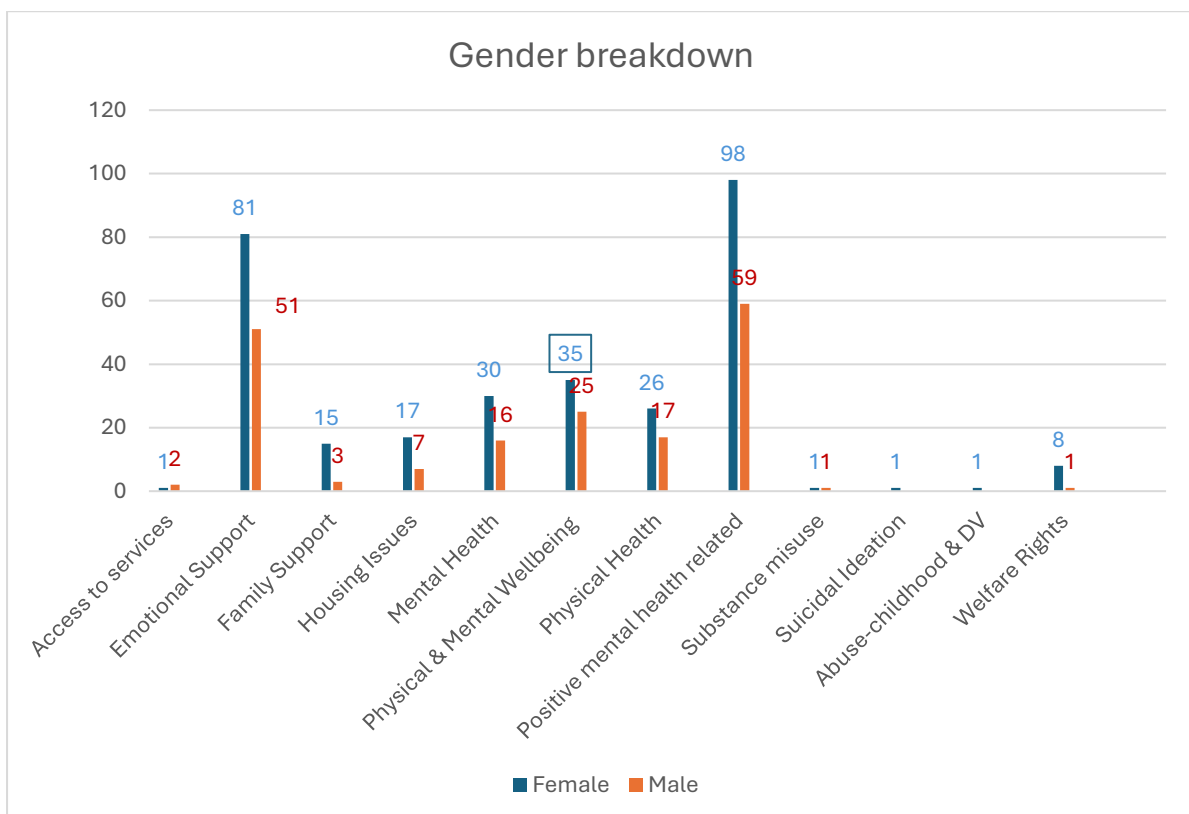
The gender breakdown for mental health issues is presented in the charts below. Whilst there is a higher prevalence of females, there is still a significant amount of males by presenting issue (37% overall).

Figure 5 Gender breakdown of mental health interventions



The ratio of males to females is relatively stable across various issues, with a slightly higher percentage of males in physical and mental wellbeing (41%) and physical health (40%).

Figure 6 Gender breakdown by presenting mental health issue



4.4 MODEL OF WORKING – MENTAL HEALTH RECOVERY

OTM describes the approach as ‘By offering a holistic approach that encompasses social work, counselling and education, the project aims to bridge the divide in mental health care and empower Traveller communities to address their mental health challenges effectively’. (Offaly Traveller Movement, 2024b).

The T2WB programme is grounded within a mental health recovery model, which aligns with the HSE National Framework for Recovery in Mental Health (HSE, 2018). The key principles of the model demonstrated in the figure below.

Figure 7 Principles of mental health recovery model (HSE, 2020)

Principle 1: The centrality of the service user lived experience.

Centrality of lived experience

Principle 2: The co-production of recovery-promoting services, between all stakeholders.

Co-Production

Principle 3: An organisational commitment to the development of recovery-oriented mental health services.

Organisational Commitment

Principle 4: Supporting recovery-oriented learning and recovery-oriented practice across all stakeholder groups.

Recovery Learning & Practice

These four principles have been adopted within T2WB and inform the work at all levels. It is evident that Principle 1 – centrality of the service user lived experience is core to the programme and T2WB has been developed and implemented in OTM based on the lived experiences of Travellers in trying to access mainstream mental health and other support services. These experiences are discussed in more detail in the next sections.

The recovery model has been adapted within the context of OTM and working with Travellers and they are developing a Traveller specific recovery programme called 'Minceirs Tairien' (Travellers Talking). It has been described by the Mental Health Co-ordinator in a reflection on the development of the model as (Boylan, 2024):

‘To equip Travellers with the innate tools to manage their mental health and, subsequently, build their sense of self and self-esteem. The practice will evolve through interaction with the participants. based on experiential learning using a mixed methodology approach including instruction, small and large group discussion and action planning. To support engagement, storytelling will be used and encouraged throughout the training. The programme will be evidence informed and underpinned by the principles of social justice, community development, adult education and mental health recovery.’

A range of group interventions/trainings have been organised on relevant mental health and wellbeing topics, which are also used as a way to let participants know about the one to one services available. These are discussed in more detail in the next sections.

5. PARTICIPANT FEEDBACK ON T2WB

5.1 OVERALL IMPRESSION OF SUPPORT FROM OTM

The interviews with the 10 participants followed a relatively structured format, with additional questions and clarifications sought.

The 1st question after the initial background question was: *How would you describe the support from OTM in one or two words?* The responses are summarised in the Word Cloud below, with a large number of people mentioning the word 'helpful'. All responses were very positive about the work of OTM. Words that were mentioned several times are allocated a proportionately higher weighting.

Figure 8 Summary of how participants would describe OTM



5.2 TYPES OF SUPPORT RECEIVED AND INVOLVEMENT WITH OTM

The types of supports that participants talked about that they had received included help **completing** forms, housing queries, support with children and school-related issues.

One participant spoke about how she lives on the side of a road on an unofficial halting site, with many young children. Many of the initial queries related to housing.

"I came into see (Social worker) as I need forms filled in. I'm living in caravan with no electricity. Hard to get washing done, rats, no toilet until recently We now have a Portaloo."

Participants received various types of support from OTM, including help with housing, support for children with disabilities or additional needs and school supports. People spoke about their reasons for seeking support in the first place and it transpired during the interviews that some sought help for one issue, but

this often led to a multi-layered approach and other issues being addressed over time and through greater engagement with the service. e.g. One person said their initial reason was "I'm not great with forms, I wasn't sure where to go" but later availed of a range of supports for themselves and their family.

Several of the participants engaged mainly due to concerns about their child, but it was clear that they also found the support beneficial for themselves.

"My son lost his father and then a baby brother. He's found it a great help"

Mental health and wellbeing needs referred to directly

- **Social Anxiety:** One participant mentioned having social anxiety and needing one-to-one meetings with Aisling once a week or even every day if needed.
- **Bereavement:** Another participant sought support through a bereavement and found it made a huge difference
- **Autism and ADHD:** Several participants mentioned having children with autism or ADHD and needing support with forms, school placements, and respite care

"They bring me places and got help for me getting respite for my son (adult) with autism"

- **Depression and Anxiety:** Participants mentioned suffering from depression and anxiety and noticing it also in their family members. One participant noted that their son is confined to his room due to anxiety and depression.
- **Suicide:** One participant's brother died through suicide, highlighting the need for mental health support for men who often don't talk about their struggles. Others noted that suicide is very prevalent and is a big worry, also in relation to children.

Suicides are awful – I have seen 11 year olds taking their lives. Sometimes it's as a result of bullying.

Other issues referred to affecting mental health

- **Housing Issues:** Living in caravans with no electricity, rats, and no toilet facilities, which contributed to stress and anxiety.
- **Financial Struggles:** Many families are struggling financially and need support with housing, forms and accessing financial supports.

"Families are struggling more financially now – things are more expensive. We used to get vouchers previously."

- **Discrimination:** A range of challenges were noted around discrimination that Travellers face in accessing services and overall, within society in Ireland.

"There are challenges around discrimination. We hear it in everyday life. That's why I'd rather come here where I feel listened to"

Some participants spoke about accessing mainstream mental health and other supports and some of these experiences had been positive, but others had negative experiences and felt that they were not listened to or understood because they were a member of the Travelling Community. Some also alluded to barriers such as literacy and difficulties with filling in forms, which the team in OTM were very helpful with.

- **Stigma:** A few noted stigma that can exist in relation to accessing support for mental health or additional needs. Some noted that there were still barriers amongst the Traveller community in relation to mental health, but OTM were helping to break these down and open up conversations.

“I sought help, but others are in denial or don’t want to do anything about it. Mental health awareness is not great amongst Travellers and needs to be addressed”

One participant spoke about how she tries to open up conversations with others about the importance of seeking help if they are concerned about a child and how having a diagnosis and support can ultimately support the child in the long run. Her own experience of getting support through the help of OTM had been very positive.

“Travellers face huge challenges. They find it hard accept someone has autism. Some don’t even want to get a diagnosis because of stigma. But I think it’s better to be open. The child would suffer otherwise”

TYPES OF SUPPORTS NOTED THAT OTM HAS PROVIDED THROUGH T2WB NOTED BY PARTICIPANTS

- **Help with Forms and Housing:** Participants received help with filling in forms, housing queries, and getting running water and a Portaloo. These were provided by both the mental health support team and the social worker.
- **Respite Care:** OTM helped participants get respite care for their children with autism.
- **School supports and assessments:** Assistance with getting assessments, supports and school based supports for children with ADHD, autism etc.
- **One-to-One Meetings:** The social worker and mental health support worker held regular one-to-one meetings with participants to address their social anxiety and ensure they were on time for appointments with their children.
- **Housing and Educational Support:** Writing letters to the Council for housing support and helping with educational support.
- **Emotional Support:** This was noted across the board and the OTM team were seen as very responsive, trustworthy, and making participants feel comfortable.
- **Access to Traveller specific counselling:** Whilst some noted that they had attended counselling elsewhere, others found that the counselling provided directly by OTM was very beneficial and the counsellor was frequently named as having made a huge difference.

- **Bereavement Counselling:** Helping participants through bereavement and making a significant difference in their mental health. This support was provided by the counsellor and the team overall.
- **Counselling for Children:** Providing regular counselling sessions for children with autism and ADHD, helping them manage their behaviour and emotions
- **Talks on mental health issues:** Some attended talks and group based sessions and found them very informative. They also helped to introduce them to other supports available.

5.3 WHAT DIFFERENCE HAS T2WB MADE IN THE LIVES OF PARTICIPANTS?

Participants noted a range of outcomes from engaging in supports with OTM (T2WB). When asked about the difference it had made, all ten respondents noted that it had made a positive impact on their lives. This included outcomes such as:

- Range of supports in place for **children with additional needs**, including assessments, school based supports (e.g. SNA, resource teaching) and outside services
- **Counselling for themselves** through OTM directly or referral to other services as appropriate
- **Counselling for adolescents** provided directly through OTM with very positive outcomes
- **Support with housing queries** to the Council and acting as their advocate
- Liaison with **social worker in relation to child protection** or other issues, including the closing of a case with a family who required extra support
- **Support for anxiety, depression** and other mental health concerns
- **Opening up conversations around mental health** and removing stigma

Some quotes that demonstrate these include:

"It is after improving a lot in last few years. It is very helpful. It has helped a lot of people and is helping more. It is very well respected"

"I suffered a lot before I got help...– my son has anxiety, depression and is confined to his room. OTM have been very good"

"It has made a big difference to me. They have been really a great support over last 6 months. They have helped me with counselling and also help to fill in forms."

"It makes you believe you've a place to go to. They don't linger and get things moving much faster. (Social worker) will make phone calls. It got better over the two years. You need to feel comfortable. (She) is the 1st social worker that has really helped and she has been great. I feel comfortable with her straight away. She cares about the kids and gets you to look after yourself too"

"(Social worker) calls agencies on my behalf. She has helped with paperwork like medical cards. OTM are very good at supporting mental health. They're very easy to talk to."

"(Social worker) doesn't care that you're a Traveller. She treats you all the same. She has a cup of tea with you and is very honest and good to talk to."

"The support has made a lot of difference. I lost my grandchild to SIDS. I was in OTM and then saw (counsellor). His presence brings everything out."

Many of the participants spoke about how they feel listened to in a non-judgmental way and the supports they have received have been person-centred and adapted to their needs. They appreciated that it was a Traveller specific service and were very happy with the staff – regardless of Traveller or non-Traveller background.

One mother spoke at length about how her son had been very withdrawn and appeared depressed and had not found the support from mainstream mental health services useful (mainly medication). He then attended the counsellor in OTM on a weekly basis and this has made a huge difference in both his mood and behaviour and she felt it was the only support that had really worked.

"My son found it really helpful. Started seeing (counsellor) about a year ago and goes every week. I've really noticed changes in him. He had behaviour issues. Now he takes deep breaths when he feels angry – it really helps."

5.4 BARRIERS FACED BY TRAVELLERS IN ACCESSING SUPPORT

As noted above, some participants noted that there can be discrimination and other barriers when accessing mental health supports. Stigma within their own community was also noted. Some of the key barriers participants spoke about included:

Discrimination: Participants spoke about their reluctance to engage in some services, with some examples given of where they had been treated badly due to being a Traveller.

"There are challenges around discrimination. We hear it in everyday life. That's why I'd rather come here where I feel listened to."

"It's harder for Travellers to get help. There is racism and some people are not bothered to work with us."

Stigma / Fear of mental health diagnosis: A number of participants spoke about how they were now more enlightened as a result of engaging with the T2WB programme and it had helped to break down barriers for them in relation to engaging with services around mental health and disabilities. Some continued to work with others to show them that there should be no shame or stigma and that help available could make a positive difference.

"Travellers face huge challenges. They find it hard to accept someone has autism. Some don't even want to get a diagnosis because of stigma."

Fear of social work: Some participants spoke specifically about the term 'social worker' and how having a social worker they could really relate to in OTM removed the fear and they realised they were there to support them. This was noted by several participants.

"Some Travellers when they hear the word 'social worker' they're afraid to bring the kids. We should encourage others to avail of the support"

5.5 SUGGESTIONS FOR IMPROVEMENT?

All participants were asked about what suggestions they had for improving the services within OTM and T2WB. Participants expressed gratitude for the support they received and emphasized the positive impact OTM has had on their lives. The majority responded that they did not have any and others gave a few suggestions. These included:

- Address technology and its impact on children

"Do something about technology for kids. My daughter thinks what she sees online is real."

- Continue to offer workshops on topics of interest

"Keep going with autism talks for families – twice a year"

- Where feasible, provide and advocate for a timelier response for children with additional needs

"As parents we're on our own when we have a child with autism. Services should be quicker. We shouldn't be left so long. OTM are trying their best, but sometimes it takes time."



(Photo: reproduced from OTM, Annual Report, 2023)

6. STAFF AND STAKEHOLDER CONSULTATIONS

6.1 OVERVIEW OF INTERVEIWS

The interviews with staff (n=5) and stakeholders (n=4) were generally semi-structured and tailored to the role of the participant.

The staff interviews included the following roles:

- Social worker/Director of OTM
- T2WB Social Worker
- Mental health co-ordinator
- Mental health peer support worker
- Social work student

The 4 external stakeholders interviewed were made up of:

- Home School Community Liaison for primary school
- Manager of Traveller support service in nearby county (where T2WB is also implemented)
- One of the founders of the T2WB service at the outset (previously in management role in OTM)
- Manager of Traveller support organisation in another county (with role in implementing T2WB)

The interviews with staff members were longer and more in-depth and three of these were recorded and transcribed verbatim. For the stakeholder and two staff interviews, detailed notes were taken and these were typed following the interviews. Where quotes are provided from staff members, they are in **blue** font, and stakeholders are in **pink** font.

6.2 EVOLUTION OF THE TRAVELLING TO WELLBEING PROGRAMME

The Travelling to Wellbeing programme has evolved significantly since its inception. Initially, it consisted of three projects in **Cork, Offaly, and Dublin** but is now just made up of the programme implemented through Offaly Traveller Movement. The programme was funded for three years under Genio, but there was not sufficient mainstream funding to continue the programme after that period. The Offaly Traveller Movement sought its own funding to continue the service locally, with some stakeholders noting that Offaly became the main driver of the programme at the time.

It was noted by two of the stakeholders that the strengths of the Programme in Offaly, including the **involvement of Traveller social workers and peer support workers** has been a key factor in the programme's success. It was noted by a staff interviewee that the programme was the first Traveller specific mental health service in Ireland:

It was the very first Traveller specific mental health service in the country. And I think what's really important is that people don't have to be diagnosed with a mental health problem to engage in this service. So, it is very holistic. It offers a wide range of services, and it's been hugely successful.

T2WB in Offaly is now funded primarily through the HSE (National Office for Suicide Prevention through the Resource Officer for Suicide Prevention). The programme has expanded to include additional counties - Laois and Longford, through some funding from Community Foundation Ireland (Toy Show funded). This

funding is not viewed as sufficient to provide a full service. The programme was also expanded previously in Laois with HSE funding for a pilot, but there was not sufficient funding available to continue this through the HSE.

6.3 STRENGTHS OF THE TRAVELLING TO WELLBEING PROGRAMME

The programme's primary aim is to improve Traveller mental health and reduce suicide rates, which are high amongst the Traveller community. The programme is based on need and responds to whatever is required by the community. Some participants noted that this **flexibility and independence in addressing community needs** have contributed to its success

"We were able to, you know, we were addressing the need that was in the community. We weren't going out with a kind of, I know this is what we have to do"

One of the key strengths is its **peer-led approach**, which ensures that the programme is culturally sensitive and tailored to the needs of the Traveller community.

"The whole aim of the program was to improve Traveller mental health. So that's still, the ethos of it, , there might be different things that we do, where we add in,. It's based on need, whatever is needed.. we respond to need"

The programme has been successful in **breaking down barriers** and **reducing stigma** associated with mental health among Travellers. Whilst it is a preventative mental health service using a recovery model, it was acknowledged by the staff that the entry point is open to all Travellers in the area who feel they need support, regardless of the presenting issue

"I think what's really important is that people don't an individual or family, don't have to be diagnosed with a mental health problem to engage in this service. So, it is very holistic. It offers a wide range of services, and it's been hugely successful".

The Travelling to Wellbeing Programme is highly regarded for its **evidence-based approach** and significant impact on the Traveller community. This was noted by both internal staff members and external stakeholders. The stakeholders were very positive about the impact of the programme and noted its strong peer-led, evidence based approach rooted within the Traveller community. The quotes from three separate stakeholders demonstrate this.

"It's evidence-based, which is so important. It's having an impact. We can see that it has saved lives."

Some stakeholders and staff spoke about the importance of the involvement of **Traveller social workers** as it has helped build trust and credibility within the community. This also helped to break down barriers about the role of a social worker and provided role models within the community.

"There has been a really strong team with Sandra and Ashlinn, and the fact that Sandra is a member of the travelling community really helps."

"I would say it is peer-led, and not just the key workers, but there are peers in the management and also on the board. That's really important."

It was felt that this approach to addressing Traveller mental health was so important and it should be replicated in other areas, but resources would be required to do so.

"I think the resources need to be pumped in if the government, or anyone is serious about addressing Traveller mental health. I think this is definitely the way to go"

The programme's **holistic approach** addresses a wide range of issues, including mental health, accommodation, social welfare, and more. The **wraparound support** provided by the programme has been effective in engaging Travellers and improving their mental health outcomes.

6.3 HOW THE PROGRAMME ADDRESSES MENTAL HEALTH AMONGST TRAVELLERS

Staff involved explained how T2BW addresses mental health amongst Travellers through a **holistic and culturally sensitive approach**.

"So generally, individuals and it could be anything. It might not be their mental health. It could be accommodation. It could be something with their child, or appointments or social welfare or anything like that. So, if you know we need to kind of do that piece of work immediately, or we lose the person, and they don't come back because they feel you weren't helpful".

The programme provides **wraparound support** that includes mental health services, social work, peer support, and counselling. The involvement of Traveller social workers and peer support workers helps build trust and credibility within the community. The piloting of the programme in Laois also demonstrated a demand for a similar culturally sensitive mental health programme.

"We have piloted there in Laois. There's a huge demand for it. And I would, I would envision, my hope for traveling to well-being would be that there would be a traveling to well-being mental health service in every Traveller organisation in the country".

A key part of the T2WB service involves supporting people with appointments and engaging with other services.

"Yeah, checks public health nurse might send it out to me. And what myself and then the peer workers would do is we would voice note the appointments, or we'd, you know, let them know the appointment is coming up"

A social worker or other T2WB member may attend appointments with people and they found that there was high degree of trust in being allowed to accompany them. This would then be discussed afterwards to ensure that the person understood what was happening.

"I might just sit and listen, yeah, you know. And then on the drive home, or if I bring them there, or if I don't bring them there, we'll have another meeting. I'd say, Okay, did you get everything that was said"

A stakeholder involved in the initial stages of T2WB in another county spoke about how the culturally sensitive approach to mental health works in practice and the impact of **institutionalised racism in accessing services** for Travellers.

Well, there's a safety and having a safe place to access mental health services. Of course, it should be about integration and Travellers accessing with all the other services, but there are so many gaps in mental health services as it stands. And then you add the additional barrier of being a Traveller, and it really does become an issue. There is such a high suicide rate, it is 11% among the Traveller population. There would be an outcry if any other group in society had that rate of suicide. But it's a racist system. There's institutional racism, and this impacts on the lives and people's mental health, so you have to start with Travellers and helping them at where they're at. It's also helped to open up discussions around mental health, even if you look at the numbers of who engages with the service, that just shows how much it's working.

The programme offers **immediate support** to individuals in crisis and provides ongoing support to help them navigate the healthcare system. The programme also focuses on **raising awareness** about mental health and reducing stigma through workshops, information sessions, and community events.

Workshops and group based sessions have been organised on a range of topics, with often geared towards the interests of the participants (co-production) and there are plans for further development of group work. These have included workshops with the men's and women's sheds (pre-existing groups) and with groups of parents, young people etc. Examples include a mental health workshop with the Men's soccer team, workshop for parents and grandparents on accessing supports for children with disabilities etc.

An example of co-production in action was the development of an animation video on the experiences of accessing supports for children with disabilities. The process for developing this was explained by the social worker as:

"I would have seen a need around a disability. A lot of the families that I worked with there that was around it .. getting disability support for their children. So that would have been a huge need. So, I would have got funding in around doing, a facilitation piece with parents, and we did group work and made an animation video. Three parents and a grandmother made a video, and they spoke about their experience It was positive, because what we wanted was to show their parents, and younger parents coming up the line that there are services for their for their children, and, you know, to link in with their Traveller organisation."

Figure 9 Animation video on accessing services for children with disabilities¹



It was noted by several interviewees that having **social workers as part of the team** has meant that issues can be escalated and advocated to an extent that may not be as achievable with other roles. This was explained by a stakeholder with previous involvement in the programme. The social worker role as part of OTM is viewed differently within the Traveller community and there is a sense that people can speak more openly to these social workers. This was also a key finding from the interviews with participants.

There were very complex situations, and this was very difficult to help, but the professionals were not listening to us. Having a social worker on the team meant that she had more clout with other professionals, and she was able to tackle situations others weren't. People spoke to her honestly and that really helped others.

6.4 SUCCESSES AND OUTCOMES OF THE PROGRAMME

The Travelling to Wellbeing programme has achieved several successes and positive outcomes, with many of these noted by the participants. Some of the key successes noted by staff and stakeholders can be summarised as:

¹ This animation video is available to view on

<https://www.facebook.com/OffalyTravellerMovement/videos/2045053299277210>

- The programme has been successful in **engaging Travellers** and improving their mental health outcomes.

"There's a huge awareness of mental health. Okay, absolutely, a huge awareness of mental health and the issues and, yeah, more so than an in like, that would have been a lot of the groundwork that we've done"

- The programme has been **developed in a very culturally sensitive way**, which has contributed to its success. One staff member noted how their door was never closed and the approach they used in T2WB understood the unique challenges that Travellers face. The example was provided of how the counsellor has a good understanding of Traveller culture and the organisation has an open door policy.

"He's engaging with Travellers, he would have a better understanding of Traveler culture. And I an understanding that if someone doesn't show to an appointment, it's not because they didn't want to come. It's because of, lots of different factors. So, our door never closes, the door is kind of always open."

- There has been a significant increase in **awareness** about mental health within the Traveller community, and more people are seeking help and talking openly about their mental health. The programme has also been effective in **reducing stigma** and **breaking down barriers** associated with mental health.

"We have broken down a lot of barriers, I suppose, in relation to what mental health is and the supports that are out there, and then also with other service providers".

"it's making a big difference in Tullamore, people are more aware now of mental health, and more people are talking about"

- The programme has also achieved positive outcomes in terms of **interagency collaboration**, with improved relationships and cooperation between different organisations. The T2WB team have engaged with a range of organisations and have advocated for their clients, whilst also allowing for autonomy. The staff sit on a range of interagency structures and bring the voice of their clients to the table. They also have developed very positive relationships and informal communication with a range of other services. External stakeholders also valued the importance of this and the voice that T2WB brings to the table.

- The staff on the T2WB team are **highly qualified and professional in their approach to their work**. They engage in regular relevant Continuous Professional Development and all have a system of supervision and support in place. It was evident that there was a clarity around roles and evidence of mutual support within the team. The staff themselves, external stakeholders and participants all made observations in relation to the high quality work undertaken and the overall sense that they were **focused on bringing about positive changes in Traveller mental health**.

- The development of a **culturally sensitive mental health recovery programme** has developed and evolved over the life of the project. The Mental Health Co-ordinator has been instrumental in implementing this and bringing a group based approach also to the work, which complements the individual work. It was noted that there was not always sufficient time to carry out all the group work

that they would like. The team said they would like to organise more training and workshops on mental health and to help people understand that it is not a 'quick fix.'

- The recovery approach to mental health is evidenced through a number of examples provided by the T2WB Team. One important aspect is the **moving on from an intensive phase** when a person may be in crisis to recovery focused development and seeing a person move towards more positive and fulfilling activities. This was explained by a team member as:

“Where somebody is now out of that high, intense situation that they've kind of moved on, but what we do find is that some of the guys that we do kind of intensive work with, they then go on, they might join the women's shed with the bit of support, or they might engage in other areas. That would be an outcome if they participated in something else - because they might not have been doing that before and might not have done it without a piece of work.”

6.5 CHALLENGES FACED

ACCESSING MENTAL HEALTH SUPPORT

It is well recognised that Travellers face several challenges in accessing mental health support (Villani et al., 2023). One of the main challenges noted by interviewees is the **stigma** associated with mental health within the Traveller community, which T2WB is seeking to address. The T2WB team are very aware that Travellers contacting their service may be very anxious and worried about the response they may receive. One team member noted how they needed to be aware of how they respond when someone starts engaging.

“Also understanding that it's much more difficult for Travellers to engage with any service than it is for non-Travellers and just having that awareness that when a person comes in, or they have an appointment with me and they don't know me, that this person is probably full of fear and anxiety. Am I going to discriminate? Am I going to be horrible? Am I going to look down on them? Am I going to be any of those things?”

It was noted by the Mental Health Co-ordinator that the approach needed was different to that of other organisations and that when individuals contact the service, they may be in crisis and need an intervention straight away.

“You have to work, yeah, very, very differently. And some of the ways you have to work a bit differently is the individuals that contact us in the first instance are probably in crisis, okay, and that needs to be met straight away. So, there's no I'll see you next week or three week appointment, or, you know, whatever”

The **structural barriers that Travellers face in accessing mainstream mental health services** were noted by several interviewees. A key part of the programme was helping participants to navigate the system and support around appointments and in some cases accompanying them to appointments. One team member spoke about how it is important to not be dismissive of the fear that people had around attending appointments with other services and to try to support them through the process. It was noted that some service providers provided a positive and sensitive response, but others showed discrimination and a lack of understanding. Some specific challenges noted included a lack of an appropriate response to a Traveller

expressing suicidal ideation at an A&E Department, removal of people from hospital appointment lists due to missed appointments (sometimes due to literacy/communication difficulties) and overall dismissive and discriminatory attitudes.

“If they go somewhere and they're given a form to fill, but they might have a problem about reading and writing and they don't feel like bringing saying that it can be difficult. And then sometimes they don't attend. They feel safer going to a service that is specifically for them.”

“They may be reluctant to engage in any of the mainstream services. It's very much like, no, no,. So, it becomes a very much a hand holding service here. It's very much like, I make the phone calls, or I go to the appointments with them. Recently, we had one client who they've been years trying to get her into the mental health services, she hasn't been in a place in her life where she can, you know, engage fully, but we brought her and got her there to the mental health appointment, and we're bringing them in”

It was also noted that OTM were running educational programmes and were supporting Travellers with access to literacy and educational support.

FUNDING AND SUSTAINABILITY

One of the key challenges referred to **was funding and sustainability**. T2WB is currently being implemented on a part-time outreach basis in Laois and Longford, but it was recognised that the funding for this was not sufficient and the resources were spread very thinly. Even within Offaly, most of the positions within T2WB are part-time and this can be challenging to provide a full service.

“So really, what, like, what you'd be looking for there is, you would need the full time positions. They would need to be all full time positions, and whether it's job share or, you know, whatever. But they do need to be full time positions”

The programme relies on multiple sources of funding, and there is often uncertainty about the sustainability of funding. The **demand for services** often exceeds the available resources, leading to staff burnout and difficulties in meeting the needs of all participants. Staff often collaborate with other team members to try to address the issues they were presented with, but all felt the pressure to respond.

“The demand definitely outweighs, you know that what we can offer, but we do try, and I suppose being situated in in the organisation with other departments is good too, because we can bring in other resources from different areas, you know, to work on different things”

Some team members said that to fully implement the recovery model of mental health 'Minceirs Tairien', more time and resources would be required for additional group work interventions, training and awareness raising activities. It was also acknowledged that there is a need for more individual counselling hours and the three hours currently funded through Tusla is not sufficient.

GEOGRAPHICAL SPREAD

There are also **geographical challenges**, as the programme operates in multiple counties, and it can be difficult to provide consistent support across all areas. This was noted by a stakeholder in another county who found that it was challenging to have a social worker assigned on such a part-time to the county and

especially when they needed to cover another county as well. The training and support was provided within Offaly and it was suggested that the geographic coverage was too wide. They suggested that funding for their own county and organisation would be more beneficial. It should be noted however that the implementation of the programme in other counties falls outside the current remit of the NOSP funding and this review but is still relevant as it impacts on the implementation of the programme overall.

"We would need a commitment of at least maybe two days a week in our office. The geographic areas covering Laois and Longford is not ideal, because they're quite dispersed. It's really difficult for a new employee to try and fit in. There's so much to learn in each area. It was very disappointing not to have our own funding."

INTERAGENCY COLLABORATION AND ROLE OF MAINSTREAM SERVICES

The T2WB team members noted that collaboration with individuals and services was generally positive, but more was **required to raise awareness of T2WB and to have it on a par with other mental health services**. One team member noted.

"So, this is just an example. You might see a flyer from a national, say, the HSE, yeah, and there's one with all the mental health supports available, all the charities and so forth. You won't see Traveling to Wellbeing"

It was also acknowledged that local advertising from the HSE and the local NOSP office did mention OTM.

Having a **professionally qualified social worker on the T2WB team** helped in engaging with external partners.

"For me. Also, I think there's a, there is an awful lot of partnership working, especially when it comes to social work. I suppose you know, you would have the social worker or the professional from the other organisation and the social worker on the team working together to provide, you know, the support for that person"

However, there are still challenges in ensuring that mainstream services are culturally sensitive and responsive to the needs of Travellers. There is a need for more **training and awareness** among service providers to improve their understanding of Traveller culture and issues. It was noted by some stakeholders that all organisations need to work with Travellers and they also have a responsibility not to load everything onto OTM.

"Well, every organisation needs to work with Travellers. It's not that OTM is a one stop shop. It's not everyone will try to dump work on OTM, but we need to be aware of this all of the time. It's a constant battle, and we have to do that all the time"

"If you have a Traveller that is saying they are suicidal, you have to act immediately, because it may not be caught in time, and services need to be aware of this."

STAFFING AND RISK OF BURNOUT

One of the down sides to providing such person-centred wrap around supports and the **high volume of presenting needs** has been the pressure on staff to constantly respond. This presents risks for staff

retention and burnout. Roles that are part-time can be difficult to fulfil within the allocated time, which can make it difficult for that person and it also means that when needs arise, there is not always a person available on that specific day. A **whole team approach** was generally adopted, but it could also mean that people were pulled in different directions. This was explained by one staff member as:

“It can be a challenge, because there may be other team members are only on part time hours, which creates a lot.. so, myself and another staff member and another team could be working on one issue, but because of the other needs in the house, you know, that department might need support”

Several interviewees noted that the work could be extremely busy and for people coming from other organisations, this could appear chaotic at times. The risk of burnout was mentioned by several staff members.

“I’m very, very, very conscious of burnout. I know I’ve said this before, and I say it to everyone.. I see it . But I think, I think that’s a risk..because you will lose good workers. So, you get people applying for positions, they get in, they get the shock of their life, you know, when they realise the demand and things like that, and it is a risk. And then there’s no perks to this work. You know, there’s no chance of promotion”

Whilst staff had professional qualifications, it was noted by some that the organisation could not match the salaries paid to social workers and other roles within statutory organisations.

The importance of boundaries was also recognised and whilst the service was flexible and open, there was still a need to make an appointment.

“I suppose boundaries is a big thing, because, you know, I suppose even though it’s a revolving door, you know, unless it’s an emergency, you know, it’s you make an appointment to come and see us”

7. CONCLUSIONS & RECOMMENDATIONS

7.1 SWOT ANALYSIS

Table 3 SWOT Analysis

Strengths	Challenges/Weaknesses
<p>Culturally Appropriate Service: The programme is designed to be culturally sensitive and tailored to the needs of the Traveller community</p> <p>Qualified Professional Staff: The involvement of professionally qualified staff, including social workers, mental health coordinators, peer support workers, and counsellors.</p> <p>Holistic Approach: Comprehensive range of supports, including individual and group support, mental health recovery, suicide prevention, intervention, and postvention.</p> <p>Evidence-Based: The programme is grounded in evidence-based practices and aligns with the HSE National Framework for Recovery in Mental Health.</p> <p>Community Trust: The programme has built a strong level of trust and credibility within the Traveller community</p>	<p>Funding and Sustainability: The programme faces challenges related to funding and sustainability, with many positions being part-time and resources spread thinly.</p> <p>Geographical Spread: The programme now operates in two other counties, with very limited resources, which can make it difficult to provide consistent support across all areas.</p> <p>Staff Burnout: The high demand for services and the pressure on staff to constantly respond can lead to burnout and difficulties in meeting the needs of all participants</p>
Opportunities	Threats
<p>Expansion: There is potential to expand the programme to include more counties and provide consistent support across all areas, subject to funding.</p> <p>Interagency Collaboration: Improved cooperation between different organisations and more training and awareness among service providers can enhance the programme's effectiveness.</p> <p>Documentation: Documenting the programme in a comprehensive manual can help replicate the model in other areas and ensure consistency in its implementation.</p>	<p>Structural barriers & discrimination: Travellers face significant barriers in accessing mainstream mental health services, including discrimination and stigma.</p> <p>Funding Uncertainty: The reliance on multiple sources of funding and the uncertainty about sustainability</p> <p>Persistence of accommodation difficulties: Traveller housing continues to pose many challenges, negatively affecting mental health.</p> <p>Other structural issues remain: These include access to specialist mental health and disability services, poverty, educational disadvantage etc.</p>

7.2 CONCLUSIONS ON RECOMMENDATIONS FROM 2015 EVALUATION REPORT

As noted at the outset of this report, one of the objectives was to explore the extent to which the relevant recommendations from the 2015 formative evaluation report (Costello, 2015) had been taken on board. For the most part, these recommendations have been implemented where feasible. Some of the recommendations involve broader structural issues that cannot be solved by OTM alone. These are summarised in the table below.

Recommendation	Implementation
Traveller organisations should establish a good level of trust and credibility among their local Traveller population	OTM has been in existence for 30 years and has built high levels of trust and credibility
Need for continuity to ensure sustainability - including adequate supports for T2WB staff	Staff are supported and have access to internal and external supervision as appropriate. They engage in CPD and support each other. Workloads remain very high; salaries do not match the statutory sector and there is a risk of burnout.
Particularly vulnerable clients of T2WB can become at risk of growing overly dependent on the service	The risk of dependency remains, but there was evidence of a greater focus on recovery and supporting people to make autonomous decisions. Structural barriers in accessing other services still remain.
Mainstream service providers may interpret T2WB as a reason for them to reduce the support they provided to Traveller clients.	There is a high degree of collaboration with other providers and the T2WB team regularly advocate for their clients and provide advice on providing a culturally appropriate response.
Future sustainability of T2WB will require evaluation tools to be built into the model, in order for it to both monitor outcomes and to identify and benefit from emerging good practice	There is adequate record keeping of quantitative data through a CRM system that records the issues people are presenting with and cross referrals. These do not however capture outcomes for the individuals. It would be beneficial to develop tools to capture good practice and outcomes data. This is elaborated in the recommendations.

7.3 KEY CONCLUSIONS

Overall, the Travelling to Wellbeing programme has been highly successful in addressing the mental health needs of the Traveller community. The programme's **peer-led approach** and **holistic support** have been effective in engaging Travellers and improving their mental health outcomes. The programme is adopting a preventative recovery model and is aligned with the **HSE National Framework for Recovery in Mental Health** (HSE, 2018). This includes responding in a way where lived experience is central and the co-production of recovery promotion services. The programme is further developing recovery oriented practice, with the extension of more group based learning and reflection, contingent on the availability of funding.

The involvement of **Traveller social workers and peer support workers** has been particularly impactful, as it has helped build trust and credibility within the community. The team members who do not have a Traveller background have been fully welcomed into the organisation and by the Traveller participants, who expressed their gratitude for the work across the whole team. The whole team implementing the T2WB programme are highly qualified, professional and committed. There is a high degree of collaboration within the team, accurate documentation and a willingness to help out.

However, there are still challenges in terms of funding, an increasing demand for services, and interagency collaboration. Structural issues in relation to housing and the provision of services for people with disabilities and mental health difficulties still remain and these are not unique to OTM but are strongly felt by Travellers who face a multitude of challenges in accessing basic services. There is a need for more sustainable funding and improved cooperation between different organizations to ensure the continued success of the programme.

The Mental Health Co-ordinator wrote a reflective assessment of the implementation of the Recovery Model within T2WB, where she summarised her own learning. This provides an apt summary of the learning, development of cultural competence and the role that mental health recovery plays in helping individuals.

“Cultural competence for me was mainly learned from listening to the individual, their families, and my Traveller colleagues. Working within the area of mental health recovery has overall inspired me. I have been privileged to see individuals with significant mental health experiences move forward and create a very positive fulfilling life.” (Boylan, 2024)

7.4 RECOMMENDATIONS

Based on the findings from the interviews and the secondary data, several recommendations can be made to improve the Travelling to Wellbeing programme:

1. **Improve collaboration and awareness of Traveller culture amongst service providers:** There is a need for more training and awareness among service providers to improve their understanding of Traveller culture and issues. This was a recurring theme amongst the interviews, with many of the opinion that Travellers in Offaly found it difficult to access services. Some initiatives such as the recent collaboration event with Tusla have been very useful in fostering greater collaboration and understanding.
2. **Continue to document the T2WB recovery model in use:** The culturally appropriate recovery model being implemented is evidence based, relevant, well thought out, and is making a positive impact. It would be useful to document the model that could be replicated elsewhere. Parts of it have already been done and it would be useful to collate it into one updated ‘Travelling to Wellbeing’ Manual that could be replicated elsewhere. This could include the mission, ethos, ways of working, evidence base, culturally appropriate responses, staff roles and qualifications, co-production processes etc. It is recognised that specific funding may be required to help document and publish this model.
3. **Fully implement the 'Minceirs Tairien' (Travellers Talking) Recovery Model:** With appropriate funding, the programme could implement more group based and community level awareness raising on mental health and wellbeing related issues.

4. **Increase funding for the programme:** There is a need for more sustainable and multi-annual funding to ensure the continued success of the programme and help address the demand for services and reduce staff burnout.
5. **Specific funding for additional individual counselling:** The 3 hours per week of counselling is currently funded through Tusla and not through the HSE. It would be useful to incorporate additional counselling hours specifically into the T2WB programme and it would complement the other supports in place. Participants spoke very highly about the culturally appropriate counselling service they had engaged with.
6. **Review the model of extension to other counties, including funding and resource allocation:** The implementation of T2WB in other counties did not form part of this review per se, but was alluded to in several interviews. With such limited resources, it is difficult to replicate T2WB to the same extent in other counties. The model currently in place is that a social worker based in OTM in Tullamore provides an outreach service in two other counties, based on a response to a need that OTM saw. This outreach is not part of the current NOSP funding structure. Some had a sense that this meant the resource was spread too thinly. It would be beneficial to review these structures and look towards building up capacity, funding and a structure that would allow the model to be implemented directly by the Traveller organisations in other counties, with overall support, training and some co-ordination provided through OTM.
7. **Develop an ongoing monitoring and evaluation framework to capture outcomes data and models of good practice:** This was a recommendation of the previous evaluation report but is challenging to implement. It was noted that filling out forms is not appropriate for the population and other methods of data collection may be needed. A co-design model of how to capture outcomes from the work could be developed with participants, focusing on what they think are the important elements. It would also be useful to conduct case studies, possibly 2-3 per year that would showcase the work in an anonymous way. It is to be noted however that developing and implementing monitoring and evaluation tools require extra time and resources, including specialised skillsets. There is not sufficient provision within current funding to enable this. Ethical and GDPR considerations in relation to the collection of data would also need to be considered.



(Photo: From OTM Facebook Page: Green Ribbon Month – September 2024)

Recommendation 3: Future adherence of T2WB to good practice standards

Documenting the ethos of T2WB

A detailed statement on the nature, mission and ethos of T2WB should be developed, which specifies the model's aims, objectives, modus operandi and the success factors of the T2WB model identified in chapter seven of this report.

Staff training and support

T2WB staff members should adhere to the principles of good practice for T2WB framework tool mapping best practice for T2WB staff, which emerged through this research process.

T2WB staff members should continue to receive adequate support structures and relevant training opportunities regarding their work.

Participating organisations should aim to facilitate T2WB staff members to benefit from the support of other clinical professionals who work with Travellers. How this is achieved should depend on the local context – participating organisations should have the autonomy to exercise flexibility and innovation in identifying the best approach for them. For example, for organisations that do not already have clinical staff besides the T2WB staff member, consideration should be made for the establishment of local consortia of health and social care providers. This approach would also further T2WB's work in improving referral pathways for clients and in improving the cultural competence of local mainstream services.

Liaison between T2WB staff members should continue to be facilitated at regular meetings. The role of these meetings should be clarified through terms of reference that acknowledge the importance of sharing learning across the different sites. Consideration should be made of increasing the opportunities for T2WB staff members to meet and share emerging good practice.

If T2WB does expand, consideration should be made of developing an online platform where emerging good practice and learning can be shared across T2WB organisations.

Ongoing professional development of T2WB staff members should be incorporated into the service. This could address topics as wide-ranging as: relevant legislation and regulations, such as Children First and the Mental Health Acts; managing caseload; and introducing best practice in clinical care regarding topics such as confidentiality and anonymity into a non-clinical environment.


Ongoing evolution and evaluation

This is about ensuring that the T2WB model benefits from ongoing learning, while also monitoring outcomes. Each organisation should gather evaluation data on T2WB. T2WB should develop a clear and standardised tool for collecting basic demographic and outcomes data on each client, across all participating organisations. In addition, more qualitative, informal feedback from clients should be regularly sought and recorded.

The culturally-competent recovery model for Travellers currently being developed by OTM should be introduced to the other participating organisations, tested by them and then reviewed; this would improve the validity and robustness of the tool and provide an opportunity for sharing learning across the three organisations.

Empowering clients to reach independence

In order to avoid client dependence, T2WB staff members should continue to emphasise empowerment and promotion of self-esteem and self-capacity in their work with clients. Once clients of T2WB have been supported to address any crisis situation they may be facing on presenting to the service, T2WB staff members should continue to focus on supporting clients to link in with relevant mainstream services. In liaising with mainstream mental health services, T2WB staff should emphasise the role of T2WB in enabling Travellers to avail of mainstream services, the barriers to doing so and the importance of this aspect of the initiative.



Louise Kinlen, Research & Evaluation

Let participant know about nature of this evaluation and these short interviews. Participation is completely voluntary and you can stop at any stage. Anything you say will be kept confidential and no names will be used in any reports. Notes will be taken during the interviews. Oral consent taken at the beginning.

1. Can you tell me a little about yourself e.g. your name and where you live?
2. When you think about Offaly Traveller Movement, what word best describes them?
3. Can you tell me a bit about how you're involved with Offaly Traveller Movement?
4. What kind of groups / supports are involved in?
5. Are you aware of the Travelling to Wellbeing Programme?
6. How would you describe it?
7. Have you engaged with it yourself- in what way (group or individual or both)?
8. (if happy to talk about it) What prompted you to look for support?
9. For how long have you been involved with it?
10. Has it helped others in your family?
11. If so, what difference has it made in your life? (ask further probing questions as appropriate)
12. What barriers do you think Travellers face when trying to get support for their mental health?
13. Do you think T2WB has made it easier for Travellers in Tullamore to access mental health support?
How?
14. Has T2WB made it easier to talk about mental health?
15. What more needs to be done to support Traveller mental health?
16. How could T2WB improve?
17. Anything else you'd like to talk about?

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