My geel glorying

I am listening

Report of two years of systemic psychotherapy work in collaboration with a social worker from within a Traveller Rights Organisation in Co. Offaly.

written by

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Offaly Traveller Movement

Midlands Family Therapy

EXCHANGE HOUSE IRELAND
National Travellers Service

Introduction.

This report was written to document two years of offering systemic psychotherapy to Traveller individuals and families in Offaly. Offaly Traveller Movement with financial support from Exchange House Ireland have requested that I collate the work and write a report to document and share the learning of offering counselling from within a Traveller community development organisation with a Social Worker Service. I am a systemic psychotherapist working as Midlands Family Therapy and have collaborated with OTM for two years as a family therapist.

This report documents the progression of the counselling service, and shares information about presentations, patterns of engagement and client feedback. It sets this in the context of other support services in Co. Offaly and their experiences of engaging the Traveller community. It also compares the number of and tenor of presentations in Offaly with those of the Traveller Counselling Service based in Dublin and Wicklow, and demonstrates comparable demand and probable increase in demand as local confidence grows in this type of support service.

Finally this report offers considerations for future support service development for Travellers in Co. Offaly. This will be of interest to services already operating in Offaly, to the HSE and other statutory services and to Traveller counselling services across Ireland.

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Finally thank you to my clinical supervisors over this time, Deirdre Dooley & Imelda McCarthy, to my valued colleague Claudia Harke for her feedback & to Cian for his tech support.

Dedication

This research is dedicated to the brave people who have shared their stories in therapy and trusted me in their time of need.

My geel glorying, I hope I have heard your story.

Executive Summary for *My Geel Glorying*

The purpose of this report is to document two years of piloting a Systemic Psychotherapeutic family-support service for Travellers in Offaly, and to highlight the gaps in service provision that this pilot has addressed. The OTM Systemic Psychotherapy Pilot was a unique two year counselling service operating from within a community development Traveller rights organisation and working as an adjunct to the then pilot Travelling to Wellbeing (T2WB) Traveller-specific support service, and now the National Traveller Mental Health Service which is part of Exchange House Ireland. In Offaly a Social Worker filled this EHI post and I collaborated with her in offering a psychotherapy service. It has met Traveller individuals and families in crisis offering prompt support in a culturally safe way.

Travellers are acknowledged as a priority vulnerable community with a high risk of self-harm and a shorter life expectancy. This vulnerability is linked to various factors, but stress and its associated outcomes is a key factor in this high need. Counselling and psychotherapy offer a clinically proven way of reducing stress and positively impacting people at risk.

Traveller needs tend to be complex and benefit from early interventions as a preventative measure more than many other clinical sub-groups. This pilot has offered family therapy to Traveller individuals, couples and families on an outreach basis across Offaly. It has signposted and linked clients to other specialised counselling services, and supported them to engage and maintain engagement with services. The service was led by client demand and its prompt outreach capacity has meant that many vulnerable clients have accessed support who would not otherwise have done so.

In total 127 appointments were offered to twenty client groupings who have engaged positively and consistently in therapy over the two years. This represents twelve family systems and over 25 people. These figures are comparable in number to other Traveller specific counselling services and demonstrate a preference of Travellers to engage in Traveller specific services.

This pilot has evolved to meet the needs of people who are in crisis and experiencing intra-familial crisis. These clients might not have been engaged by other services due to the circumstances of their daily living conditions and coping mechanisms. This pilot has reached some of the most disenfranchised, marginalised and vulnerable clients.

This pilot meets the recommendations for coordinated community -based and culturally appropriate mental health supports by offering

- A culturally appropriate Traveller specific therapeutic outreach service
- Supported linkages to mainstream services
- Early therapeutic engagement with Traveller families and individuals in crisis in their own community
- Therapeutic support for Traveller clients in difficult living conditions and awaiting service interventions
- Co-working of complex multi-issue cases on behalf of vulnerable at-risk families and individuals.
- Pro-active targeting of hard to reach vulnerable and at risk clients.

A Vision for Change (2006) calls for "*community initiatives aimed at providing care and support around the mental health needs of people from diverse cultures and ethnic backgrounds*'' which will be supported and promoted within the context of the model of community mental health. It calls for '*formalised links between specialised mental health services and primary care and mainstream community agencies to support the care and integration of individuals within their local communities'* and it suggests additional services being necessary to meet these needs.

Travellers experience mental health and suicide as taboo subjects but the All Ireland Traveller Health Study, Our Geels (AITHS, 2010) has demonstrated the vulnerability of Travellers in their health. Both *A Vision for Change (2006*) and *Connecting to Life (2015*) call for targeted responses at community level to vulnerable populations and note that this may require changes in work practices. York and Stakem (2015) highlight the significance of relationships in health engagement and promotion.

The findings of this report have demonstrated both the benefits of engaging therapeutically from within a Traveller organisation and offering an outreach service and the need for persistence and flexibility around maintaining therapeutic relationships. This service has sought to collaborate with statutory services to target vulnerable Travellers. This work could be built on but would require services collaborating in a formally agreed way and being flexible in their service provision. The Travelling to Wellbeing report (2015) urges the development of culturally sensitive referral pathways and joined up services. This pilot service could act as a bridge in the implementation of this recommendation as it has developed a solid foundation of therapeutic engagement with Travellers in Offaly.

When working with Travellers there is a need to establish trust, and often the promptness of this service to engage meant that we were the client's preferred support, even where another specialist service was the clinically preferable option. The ability to use this trust to link Travellers to other more suitable specialised services was hindered by OTM's/Travelling to Wellbeing's limited direct referral power to mainstream services and the often long waiting lists for these services. This voided the suitability of these services for our clients in their immediate need, as there were delays in both initiating referrals and in accessing service.

Owens and Swaray (2015) recommend a crisis intervention resource which could act promptly to engage people at crisis point as an intermediary to their being linked to HSE psychotherapy services, and this service has responded to that need.

As a Traveller specific pilot service we have offered a crisis intervention service as well as long term support in a way that is easily accessible and culturally welcoming for Travellers. The 2015 evaluation of the Travelling to Wellbeing service, of which this counselling service is an off-shoot highlights the benefits of offering a mental health support service from within a Traveller Community Development organisation for client engagement and trust. The Traveller Men's Development Programme (2008) in its recommendations around mental health provision recommends a Traveller specific counselling and crisis intervention service and talking groups.

Offering counselling as an addendum to the OTM social worker service was significant for clients. Client presentations tended to be complex, often with child safety considerations and layers of crisis and practical living problems which had developed incrementally. Cases were closely co-worked with the OTM social worker from the Travelling to Wellbeing pilot. Our ability to communicate promptly and with the client's consent to collaborate around knowledge of the client's problems facilitated clients to differentiate the diverse support roles and maximise their utility. This led to clients choosing support and advocating for themselves and helped them achieve resolution of some issues that had contributed to their position of risk and vulnerability. It also supported families in times of crisis to differentiate from each other and to avoid the repercussions of another family member's difficulties having a negative and unbalancing impact on them.

Complex needs at times of crisis, affect client's ability to engage effectively and may be perceived by services as disinterest in assistance or a lack of engagement. Often clients are so overwhelmed by multiple layers of new and historic crisis that they are not able to wait for

referrals or to remember appointments. There may also be a lack of comprehension by Travellers of what services can offer and the potential benefits of same. This co-working bridged some of these difficulties for clients and supported them to engage effectively with external services from a place of increased confidence and readiness for change.

York and Stakem (2015) speak of the Traveller community as a small indigenous ethnic minority group with distinct cultural practices. This pilot has worked using systemic techniques to engage clients on issues of cultural values and offer therapy in a respectful way. It offers clinical interventions in language that is acceptable and understandable to the Traveller community as they feel safe and respected. By offering appointments in a Traveller organisation or in clients homes this service overcomes some of the hidden barriers for Travellers in engaging with therapeutic services. Some services can unwittingly present as non-neutral environments that are not welcoming to Travellers, or that are perceived as exclusively for settled people.

Final recommendations

The OTM pilot systemic psychotherapy service has demonstrated the benefits of offering therapy as an outreach programme and meeting individuals and families in their preferred environments with flexibility and cultural respect. It has also highlighted the gap in service of a family support worker role, liaising with the OTM social worker to offer prompt practical support, and to offer the opportunity to families to voice their concerns in a safe and confidential place.

The 2014 *Ethnic Minorities and Mental Health: A Position Paper* recommends maximising the allocation of resources on an equitable basis aligned to population and deprivation. This pilot has met a need of a target vulnerable population on a voluntary basis, but this is not sustainable without allocation of dedicated resources to build on this valuable pre-development work. This pilot has built a reputation among the Traveller community and established a basis of trust. This was made possible by working from within a Traveller rights organisation with an established trust built over 30 years of community development work.

This project should be funded to continue to;

1. promptly meet Traveller individuals and families in crisis and at risk of developing further health complications in a prompt and culturally-sensitive way

2. work with mainstream specialist services and facilitate their engaging with Travellers in a culturally responsive way.
3. offer an outreach wraparound systemic family support service, with flexibility around referral systems, meeting the specific needs of Travellers in a culturally respectful way
4. build understanding of what counselling is and can offer for Travellers encouraging pro-active help seeking behaviour

This report recommends that an on-going Traveller Counselling Service is funded in OTM with sufficient funding and resources to build formal two-way referral pathways which will benefit this vulnerable and deserving minority group in a culturally sensitive way.

List of Abbreviations used

AITHS	All Ireland Traveller Health Study, UCD (2010)
AMHs	HSE Adult Mental Health Services
CIPC	Counselling in Primary Care
Client systems	Systemic term. Here refers to sub groups of extended Traveller families
DNA	Did not arrive
EHI	Exchange House Ireland
FRC	Family Resource Centre
HSE	Health Service Executive
ODVSS	Offaly Domestic Violence Support Service
OTM	Offaly Traveller Movement
PHN	HSE Primary Healthcare Nurse
PHCW	Peer Health Care Workers employed in OTM
SOSAD	Save our Sons and Daughters
T2WB	Travelling to Wellbeing, Genio funded pilot mental health support service, Exchange House Ireland in Collaboration with OTM and West Cork Travellers Movement, 2012-2015

Contents

Chapter 1.

Background to Travelling to Wellbeing Family Therapy Pilot Service.

1.1 Introduction to Offaly Traveller Movement

Offaly Traveller Movement is a community development organisation offering services responding to health, accommodation, youth, education and human rights issues within the Traveller community. Founded in 1996 as a response to the needs of the local Traveller community it has grown to offer a county wide service with part-time primary health care peer workers, accommodation workers, youth workers, community development health workers and a peer Mental Health Social Worker. OTM support over 300 family systems in Offaly.

1.1.1 Introduction to Travelling to Wellbeing Pilot (T2WB)

As a response to the 2010 *Our Geels, All Ireland Traveller Health Status Study* which highlighted crisis suicide and poor mental health among the Traveller Community funding was sourced from Genio for a three year pilot of a mental health service specifically for Irish Travellers, with Offaly as one of the pilot sites. The pilot, Travelling to Wellbeing (T2WB), aimed to provide evidence-based clinical and therapeutic individualised culturally appropriate mental health supports and to work with Travellers and service providers to improve referral pathways and access to appropriate support. This resulted in a mental health Social Worker from Exchange House Ireland being employed in Offaly (with similar employed in Dublin and Cork) on a three year basis from 2012-2015. Evaluation published in 2015 demonstrated a number of positives with strong engagement from the Traveller Community, and links built with existing mainstream services. It highlighted the need for retaining and expanding this service.

This therapeutic family therapy service has evolved as an add-on to this pilot in Offaly, but the other two pilot sites also benefitted from access to other forms of counselling supports.

1.1.2 The origins of this family therapy pilot service

Originally this was a once-off project with no plan to extend or evaluate the service. It had the short term aim to offer therapy to a small group of individuals and families who were distressed and might benefit from therapeutic support, as identified by the OTM social worker. The original intention was to support referral to existing services and to develop Traveller uptake of pre-existing services with this short term service acting as a bridge.

It was initiated when as a then third year student I approached Sandra Mc Donagh, Mental Health Social Worker within Offaly Traveller Movement with a view to completing my obligatory hours of therapeutic engagement as required by my training programme. She linked me to then Health Co-ordinator Matt Yorke and we agreed a referral system, reporting structure, supervision and time limit of 100 hours or one year, whichever came first.

It is the mark of Offaly Traveller Movement that they were tuned to the needs of their community and the potential benefits of an additional resource even if short term and were able to quickly put the necessary structures and supports in place to allow a safe service to begin from suggestion in November 2013 to implementation in January 2014.

The initial objectives were;

- Direct provision of family therapy targeting Travellers
- Encourage uptake of counselling
- Serve as a bridge to mainstream services where appropriate
- To pilot culturally sensitive counselling in a Traveller welcoming environment

However as the original block of work neared completion it became apparent both that there was a demand for this type of service within the community and also that there were a number of factors that interfered with many of the pilot clients' from engaging with pre-existing suitable services. Their level of need was high and complex. This coupled with their trust in the service hosted by OTM and T2WB made it difficult to achieve effective signposting and closure of the temporary service. This trust in this Traveller specific service coupled with transport issues, familial crisis, housing issues and client best interests led to the extension of the original agreed working agreement on a voluntary basis to 18 months. At this point a small sum of money was made available by Exchange House Ireland which facilitated the provision of a number of paid therapeutic sessions over an additional 6 months and also the dedicated write up of this report.

1.2 Structure of this report

I have sought both to share my experiences of engaging Travellers whilst working from within a Traveller Community organisation, as well as to set the context for Traveller specific therapeutic support.

Chapter 2 looks at organisational and academic stances on Traveller mental health and service provision.

Chapter 3 details how the service was delivered and data gathered over the two years. It also outlines the theoretical principles which underpinned my therapeutic engagement.

Chapter 4 offers data on the two years of service provision. The findings from this pilot and surveys are presented using a combination of tables showing engagement coupled with a narrative from the therapist explaining the progression of the service and how this correlates to the tables of engagement as well as direct quotes from clients' feedback.

Chapter 5 offers an overview of the experiences of services operating in Offaly and shares their feedback of service provision with Traveller clients.

Chapter 6, the final chapter offers suggestions for future provision of therapeutic services to the Traveller community in Offaly.

1.3 Summary

This report is written in 6 chapters with a conclusion offering recommendations and suggestions for future therapeutic engagement.

Chapter 2

Overview of writings pertaining to mental health and Travellers

There are a number of research and policy documents which look at mental health provision for vulnerable groups such as Travellers, and offer recommendations as to service formation and delivery. The main health document pertaining to Travellers is the All Ireland Traveller Health Survey, *Our Geels* (AITHS, 2010). This reported health concerns for Traveller men and women that were significantly higher than their settled counterparts with 62.7% of Traveller women saying they had poor mental health in a preceding 30 day period, compared to 19.9% as reported by a similar control group of settled counterparts, which represented a three times higher preponderance to mental ill-health in the female Traveller community. Traveller men reported similarly disproportionate high rates compared to their settled counterparts; 59.4% or over twice as likely. The Dublin based Traveller Counselling Service suggest that this may be an underreporting from the Traveller community as awareness of and discussion of health and ill health is traditionally low in the community and many do not trust services fearing judgement and stigmatisation. Costello's (2015) evaluation of the T2WB pilot and my own experiences would confirm this suggestion.

2.1 Ethnicity and discrimination as a factor in mental health

Kennedy (2005) cites the report of O Riain and Mongan (1998, p 3) linking the impact of discrimination experienced by Travellers as individuals and as a distinct minority group as leading to a shared cultural crisis resulting in alienation and poor engagement with services, disintegration of community, impacting on self-esteem and contributing to self-destructive and anti-social behaviour. This is a concern shared by the Traveller Counselling Service who highlighted this fear of discrimination as inhibiting help seeking behaviour. The impact of discrimination on Traveller mental health is dealt with comprehensively by Costello (2015) but the far reaching impact of discrimination on mental health and help seeking behaviour for minority groups should not be underestimated. Lovett (2015) highlights writings on the impact of social processes on Traveller health (p18), noting studies that compare their health as being equivalent to certain developing world populations. Travellers do not choose to live like this, so some of the causal factors for this juxtaposition of privilege and deprivation must be laid at the feet of embedded systematic discrimination affecting their ability to choose to access services.

The 2014 Ethnic Minorities and Mental Health: A Position Paper recommends the development and implementation of a process to maximise the allocation of resources on an equitable basis aligned to population and deprivation. It suggests progressing mental health actions in partnership with social inclusion arising from AITHS and the Substance Misuse Strategy (p 49).

2.2 Travellers as a priority target group for mental health provision

A Vision for Change (2006) is the governmental policy framework for an improved mental health service for the Irish populace. Section 1.4 calls for "*community initiatives aimed at providing care and support around the mental health needs of people from diverse cultures and ethnic backgrounds*'' which will be supported and promoted within the context of the model of community mental health. It calls for '*formalised links between specialised mental health services and primary care and mainstream community agencies to support the care and integration of individuals within their local communities' (*p 13*).* It calls for mental health services to be responsive to the specific mental health needs of service users and highlights the need for integration into mainstream community life to be the ultimate goal of recovery of service users.

A Vision for Change recommends that services *' adopt a recovery perspective at all levels of service delivery*' and treat service users with '*dignity and respect'* and respond to '*practical needs'*, and the need for services to '*recognise that service users are primary held back from recovery by practical problems of living rather than by their symptoms' (*p 13*).* It calls for '*'services to become community based, offering assessment and evidence –based best practice interventions as close as possible to where the user lives (*p 40*)"* '*Services should be accessible, user friendly and available when individuals need them most*'. It notes that this may require '*significant change at all levels'*, and for the *'involvement of service users in service planning, and for delivery of community-based interventions that are accessible and effective in promoting recovery and reintegration*'.

In section 4.8.1 it looks at responding to the mental health needs of minority groups, suggesting that '*there is a small but significant number of people in Ireland who have additional needs when they develop a mental health problem*'. Travellers are identified as a key target minority group who, '*require specific knowledge and understanding on the part of those delivering mental health services in terms of their culture and other characteristics*' (p.40; A Vision for Change; Report of the Expert Group on Mental Health Policy).

2.3 Suicide and Travellers

The National Intercultural Health Strategy 2007-2012 calls for improved access to services and targeted approaches for those vulnerable to suicide and for support for communities to prevent and respond to suicide behaviour, a particular challenge in the Traveller community which is documented as stigmatising mental ill-health and as underrating suicidal ideation in its individuals.

This is supported by the National Office of Suicide Preventions succeeding policy document *Connecting for Life, Irelands National Strategy to reduce suicide 2015-2020* which posits that the "*mental health services should serve the whole community and that the HSE should engage in specific initiatives to ensure that community mental health services meet the mental health needs of all people living in local communities* [in order] *to protect the health of minority groups through targeted programmes*.

Suicide is a serious social issue in Ireland, with minority groups such as Travellers being a population at high risk, as demonstrated in the AITHS (2010). This estimated a population of approximately 40,000 Travellers in Ireland, which represents 0.9% of the island's population and it showed the risk of suicide among the Traveller community as being on average 6.6 times higher than their settled counterparts.

2.4 Relationships as a tool to health promotion

York and Stakem (2015) speak of the Traveller community as a small indigenous ethnic minority group with distinct cultural practices. They point to the importance of relationships and trust for Travellers when engaging with services and support. Their research cites significant benefits to the mental health of Travellers where they experienced supportive, relational interventions and emotionally supportive relationships in an environment of trust. They highlight instances of improved help seeking and engagement with mental health services for clients who have built a trusting relationship with health care workers (p 41) citing research which highlights other long term benefits such as improved coping strategies and capacity to offer empathy to others (p 42) a finding supported by Costello (p 16 &28, 2015). They also cite research which points to the potential for perceived emotional support to improve client resilience and resistance to suicidal ideation, highlighting this as an area meriting further study in future. This focus on relationship is further underlined by the 2008 Traveller Men's Development Programme which points to the link between engagement and perceived respect for cultural values (Richardson, 2004, p 8).

2.5 Barriers to accessing health services

There is considerable interest in hidden barriers for Travellers to accessing health care services. In 2008 the Men's Development Network wrote a *Traveller Men's Development Programme*. They highlighted barriers for Traveller men in engaging with services such as disconnection from services in the faces of external living pressures, an issue also mentioned in Vision for Change (2010) which speaks of '*practical problems of living'*. Nomadic lifestyles as practiced still by some Travellers, coupled with the high level of Travellers experiencing insecurity of housing and homelessness (Murphy, 2016) are also contributory factors to Travellers not achieving and maintaining engagement with services. This disenfranchisement is common to indigenous people who have been colonised (Luna-Firebaugh, E. M.2013).

The Men's Development Programme refers to the fear of scrutiny, something also highlighted by York and Stakem (2015) and by the Traveller Counselling Service (in conversation). Language used and comprehension is also mentioned by York and Stakem, which must also be linked to issues of literacy, as many Travellers still have significant literacy issues (Irwin, 2015) which without support can affect individual's ability to engage successfully with services.

The question of service provider's cultural adherence also merits consideration. Wills (1978) highlighted the role of professional bias regarding people based on the client's family of origin and this may be a hidden factor both in potential client's perception of services, and also in services unwittingly presenting non-neutral Traveller inhibitive environments. The employment of peer workers such as Traveller Primary Health Care Workers as employed by Traveller organisations, and as researched by York and Stakem (2015) goes some way to counteract potential obstacles such as perceived obstacles to engaging with services. Costello (2015) offers a comprehensive and current outline of possible barriers which range from individualised preconceptions affecting trust, literacy issues and cultural practices, knock on effects of accommodation issues, transport, stigma, crisis and service roles and capacity and client frustration in the face of service differentiation of role limits (p 29-38). Services often fail to meet needs, offering instead multiple options, but this can be overwhelming and unattractive to Travellers who prefer an easy to understand and trust 'one-stop-shop'.

2.6 Recommendations specific to Traveller health

The 2008 Traveller Men's Development Programme in its recommendations around mental health provision recommends counselling and talking groups for men, going so far as to recommend a Traveller specific counselling service (p 10) such as that offered by the Traveller

Counselling Service in Dublin. Pavee Point (Fay 2015) recommend Traveller-led mental health services, highlighting the role that discrimination still plays for young Travellers in their choices around accessing mental health supports.

Costello (2015, p. 75) in her appraisal of the T2WB service highlights the risks that Traveller-specific services potentially both further marginalise the community and also possibly offer mainstream services a reason not to seek to engage with Travellers as they may perceive in these times of cut backs that their resources can be used elsewhere as the Traveller needs are being met by other services. In the face of the urgent needs of this community as outlined by AITHS (2010), marginalisation concerns whilst valid must perhaps be weighed in terms of immediate life quality benefits to clients.

Owens and Swaray (2015) in their review of the work of the Traveller Men Health Worker in Longford speak of the importance of pre-development work to build trust. They also highlight Post Traumatic Shock as being a factor for many Traveller men and the need for specific supports targeting this and crisis situations, with the potential benefits of having a crisis intervention resource which could act promptly to engage people at crisis point as an intermediary to their being linked to HSE psychotherapy services.

The 2004 *Getting Inside Men's Health* research project highlighted the need to raise awareness with men of the different significance of different pains and that some were not normal and healthy (p. 138) instead requiring professional intervention. This need was brought home to me when I rang a new referral and explaining what I could offer asked her if she would like to avail of my service. She responded that she would not need that kind of thing as she only had a bit of stress and depression!

2.7 Summary

Government policy calls for targeted community based responses for vulnerable groups such as Travellers. Traveller organisations such as OTM and Longford Primary Health Care Project highlight the importance of time spent building relationships and trust with client groups before specific health work can be undertaken effectively. In this we see that it is not sufficient to provide services in the wider community if we wish to improve the health outcomes for specific target groups. Attention must also be paid to many of the hidden barriers, and the significance of trust and relationship as bridging agents must be taken account of if services are to effectively target and work with key client groups such as Travellers. The 2015 evaluation of the T2WB service, of which this counselling service is an off-shoot does however highlight the

benefits of offering an initial mental health support service from within a Traveller Community Development organisation for client engagement and trust. The T2WB study urges the development of culturally sensitive referral pathways and joined up services. Referral pathways and service agreements between Traveller-rights organisations and statutory services are perhaps the long term solution to these short term measures of providing Traveller specific counselling and mental health services from within Traveller-rights organisations.

Chapter 3

Methodology and Methods

This report looks at the data accumulated over two years of offering systemic psychotherapy support from within a community development Traveller-rights organisation taking referrals from a mental health Social Worker working from within the organisation.

The data for this report was produced over two years of therapeutic engagement. The initial year of engagement was in a voluntary capacity as part of my training requirements of 100 hours (200 hours of clinical engagement in total but I also volunteered in another community setting concurrently). The subsequent six months were intermittent as originally it was intended that work cases were either closed or signposted to other services and also as other work commitments claimed my time. The final six months have been supported by temporary funding from Exchange House Ireland. It had always been my intention to document this work as it had proved a rich and varied work and informal client feedback was supportive of the therapeutic engagement, but I had not initially envisioned that therapeutic engagement would carry on so long.

3.1 Aims and Objectives of Report

The aim of the report is to capture the current position as of the end of 2015 for Travellers who engaged in counselling support in Offaly.

The report objectives include

- Sharing numbers of clients and work practices that facilitated engagement
- Illuminating overarching themes that emerged from work with clients over the two years.
- Sharing client feedback.
- Feedback from support services where Traveller clients may also have chosen to engage in Co. Offaly
- Comparing the findings of this report with literature for similarities and divergences.
- Highlighting considerations for future service development.

3.2 Methodology

A systemic lens has informed this report.

3.2.1 Systemic Psychotherapy

This evidence –based psychotherapeutic approach works with individuals in the context of their engagement and interaction with their social environment both in the present and over their life span. It is often referred to as 'family therapy'. As such it is uniquely placed to work with individuals, multigenerational family systems or groups, couples and services engaging with clients. Throughout my work with clients I have drawn upon a multitude of therapeutic approaches, including Narrative Therapy, Collaborative Practice, W.R.A.P, Solution Focussed work and Just Therapy.

3.2.2 Narrative Practice.

Narrative Therapy lends itself to a case centred approach elaborating the meanings that narratives and stories generate and share (Bold, 2012), in this instance the narratives of Travellers who chose to engage in therapeutic support.

The story told is of significance to the teller who seeks to communicate a specific meaning to the listener through the narration of events that are consequential to the teller's perception of self-identity in a specific situation.

As therapy is unique to each individual the narrative approach lends itself to following and analysing this lived state and identifying key themes across different narrations in therapeutic sessions in collaboration with the narrator, drawing out unique outcomes and exceptions to negative non helpful narratives. Narrative approaches draw on the work of White and Epston. Unfortunately I could not record sessions so I must deduce narrative themes from my case notes.

3.2.3 Collaborative practice

This is an approach to engaging with clients which positions the Therapist in a respectful and equal non-expert relationship with the client. We collaborate to make sense of the client's narratives and to seek solutions, privileging the clients' world view and understandings. This draws on the work of Harlene Anderson.

3.2.4 W.R.A.P.

Wellness Recovery Action Planning or W.R.A.P. is a self-help approach to wellness and crisis developed by Mary Ellen Copeland. It encourages self-help and self-responsibility and assumes that everyone can enjoy Recovery or life quality whilst living with long term problems

and mental health issues. It is a structured approach involving self-care, planning around problems and triggers and self-awareness to protect and to prevent crisis recurrences and severity.

3.2.5 Solution Focused Therapy.

This draws on the work of De Shazer and Berg, and of John Sharry here in Ireland. It is a strengths based approach working on specific issues as decided by the client. It assumes that the client has the capacity to find their own unique solutions.

3.2.6 Just Therapy.

This culturally sensitive therapeutic approach recognises the impact of external societal influences on the individual experiences and circumstances of clients presenting for therapeutic support. As such it is a culturally aware systemic approach that seeks to recognise and respect indigenous understandings and solutions with mainstream evidence-based approaches that combine both practical and therapeutic responses equally when responding to client need.

3.3 Researcher Positioning and Bias

As a countrywoman[1] therapist who is from a different social class and background to the clients I was keenly aware of differences that I might bring to the therapeutic domain. As such I sought to be mindful of Birch and Miller (2002, quoted by Bold. 2012, pg. 55) who advocate working from a position of '*'respect and responsibility''*.

I am mindful that I, a countrywoman, am seeking to privilege the voices of an ethnic group who experience discrimination from a dominant oppressive class of which I am a member. I became aware of the difficulties that there may have been for the clients who in choosing to proactively engage in therapy were entering what is traditionally a settled person's sphere of activity and posed the risk for clients of appearing to betray family trust and privacy and face judgement and reprimand.
As such I sought to work at all times from a reflexive and dialogic position, seeking to privilege the original meanings of the subject when reflecting on our dialogue in therapy.

Whilst originally I worked for a different organisation after 5 months of therapeutic engagement I came to work for Offaly Traveller Movement in a health related but non-therapeutic role. Whilst this facilitated my offering greater appointment flexibility to clients it

[1] Respectful name for non-Traveller people as used by Travellers

also posed challenges in ensuring clients and external services were aware both of the difference in my roles and of the limits of each role.

3.4 Methods

This report offers a systemic perspective and understanding of engaging therapeutically with the Traveller Community in Co. Offaly.

3.4.1 Design of Report

This report has gathered the details of 100+ hours of therapeutic engagement over a two year period, showing a breakdown of client profiles, average length of engagement and grouped overarching presentations and themes. This is combined with client feedback and general service information

3.4.2 Data Gathering and Analysis

There were diverse stages of work in compiling this report as outlined below

- Documentation of therapeutic engagement as work progressed
- Desk compilation of data and research
- Consultation with other Traveller Specific Counselling Services through phone and Questionnaire
- Anonymised Questionnaire with service users
- Write up of findings

As a therapist I had kept detailed records both of my client engagement and of the accumulation of hours worked for my accreditation purposes. This coupled with my 6 monthly reports provided to OTM management have provided the material for this report. Data was originally recorded solely for supervisory purposes and in order to comply with a training programme requirement to complete a number of counselling provision hours. It was recorded in anonymised handwritten note pads which carried only client initials and in an excel sheet which documented client sessions. Quarterly reports to the OTM managing director and OTM social worker gave updates of number of client sessions, service development and broad generic emergent themes without sharing identifying client details.

Non arrivals or DNA's were recorded in the first six months as they were quite significant for some clients, but changes in delivery remedied this problem. They were recorded again in the

final six months as financial charges were necessary for unattended appointments. There was not the same level of recording for the middle 12 month period as it was not as significant or necessary in this time for the therapeutic work due to the actions taken in service delivery to address this problem. DNA's were significantly reduced by my changing practice and offering home visits and text reminders before sessions.

At the end of the 2 year pilot collected data was compiled for each six month period looking at gender, age, number of sessions engaged in and systemic presentation and number of family systems engaged.

In addition to this raw data two surveys have been carried out. One was with services offering therapeutic support in Offaly (Appendix 1) and the other invited client feedback.

Services both statutory and non-statutory operating in Offaly and who potentially might have Traveller clients were approached and invited to share generic non confidential information about their service. They were asked if they had knowingly as a service engaged with Travellers and if so they were asked some generic information about their experiences of offering their service to this client group. The purposes of seeking this information was to have data to compare the findings of this report with. It must be acknowledged that not all services gather data re the ethnic identity of their clients and also that not all people eligible to identify as Traveller will necessarily choose to do so.

17 services were approached, usually in person by the therapist. In the event that they were not contactable, a letter from the OTM social worker plus a hard copy of the survey was left for the service. Of these 14 services shared feedback (see Appendix 2).

The second survey was aimed at past clients of the service to assess their experiences of engaging with this Traveller specific counselling as piloted by OTM and to give them an opportunity to feedback their thoughts and suggestions anonymously and in confidence as to the value and benefits of Traveller specific counselling (Appendix 3).

This is included in the findings section. In total ten clients were approached and seven returned a questionnaire.

3.5 Client referrals for therapy and for feedback.

Clients were referred predominantly by the OTM Social Worker, but some referrals were received from the Primary Health Care Workers, one from the HSE PHN and one from the

accommodation workers in OTM. Clients ranged in age from 6 years (in association with the parent or guardian) to mature adults.

Former clients over the age of 18 were approached by the OTM social worker and invited to participate in this review by offering their feedback on their experiences of engaging in therapy. A short non identifying questionnaire with a stamped and addressed envelope was given to potential participants. Any clients who had literacy issues but wished to participate were offered the support of the OTM social worker in completing their questionnaire.

3.6 Ethical considerations

Ethical approval was gained for this work from Offaly Traveller Movement. As a report rather than research it was not deemed to hold any ethical considerations that required other external approval. This work looked retrospectively at therapeutic sessions that were originally convened for training rather than evaluation purposes.

To ensure best practice the therapist engages in regular supervision as recommended by FTAI and adheres to *Children First* guidelines. No identifying details are shared in this report.

3.6.1 Informed Consent

Clients were offered the choice to engage in therapy and they were also left free to choose to offer feedback or not, secure in the knowledge that it was anonymous and did not affect any ongoing or recurrent therapy. The limits and conditions of confidentiality were explained to all clients at therapy commencement and their queries and concerns were met. They were also made very aware of their freedom to leave therapy or to not engage if they wished. Copies of consent were signed and shared with clients, but greater emphasis was placed on verbal clarification as literacy is an issue with many clients from this cohort.

3.6.2 Client Anonymity

All efforts have been made to ensure that client's right to privacy is respected and no names have been used in this report.

3.7 Validity and Trustworthiness

The writer was cognisant of Yardley's Evaluative Criteria (2000). These principles of sensitivity to content, completeness of data, reflexivity and attention to the relevance of the report intent were at all times kept in consideration.

Robustness of study was maintained by considering the guidelines of Tobin and Begley (2004), which suggests triangulating data in terms of validity, generalisability and reliability. In this instance whilst there is a lack of material available about engaging therapeutically with Irish Travellers, there was data available from the Traveller Counselling Service. They have published data from their last two years of service provision and this data was used for comparison. It is to be hoped that the length of engagement will offer some support of the generalisability of these findings.

3.8 Summary

This chapter has elaborated the methodological approach of this research and its aims, objectives and design. It has outlined the analytic process and ethical considerations and measures taken to address these. The application of these can be seen in the following chapter.

Chapter 4.

Providing therapeutic services from within a Traveller Organisation.

There had not been any precedent for providing therapy from within this Offaly Traveller Movement prior to 2014. Peer Primary Health Care Workers had signposted people to services offering counselling in Offaly. For this body of work the OTM social worker identified and spoke to prospective clients and then she either introduced them in person to the therapist or gave their contact details to the therapist who contacted the clients and arranged appointments.

The initial referral for this pilot was received in early January 2014 from the OTM social worker and an appointment was offered to the client within days of receiving the referral to be seen in the OTM premises.

Appointments were offered initially only on Friday mornings in the then OTM Primary Health Care Office which is adjacent to the main OTM premises. After the initial six months appointments were offered on Friday afternoons and then on different days and at different times to suit client's schedules, but still from the OTM premises.

Text and phone call reminders were sent to clients the day before or the day of appointments. Initially these were overseen by the OTM social worker but subsequently these were sent by the therapist with the permission of clients. Non arrivals were followed up on to check client was okay and aware of their appointment. Literacy was checked with clients to see if text or call was more appropriate.

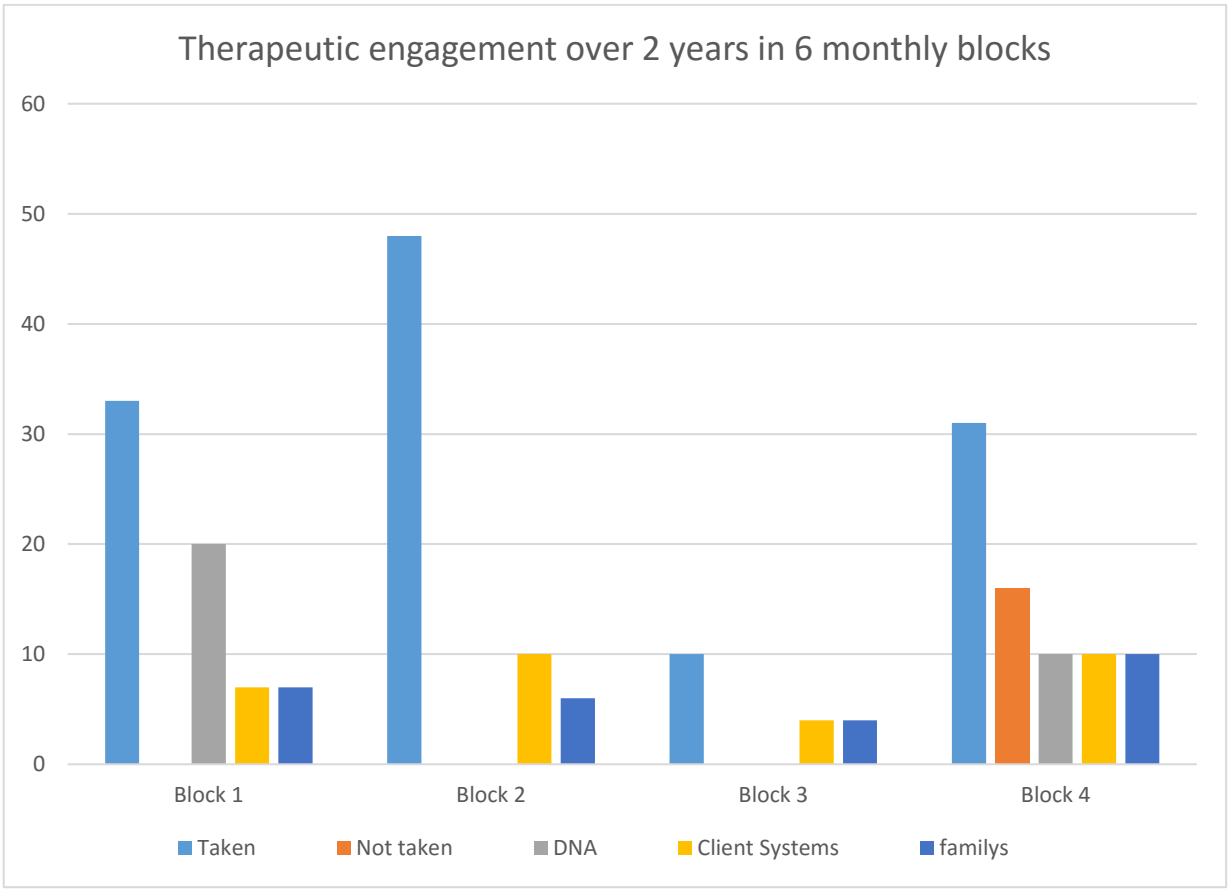
A referral came in for a mother who did not live in Tullamore and who could not travel but who urgently wished to avail of counselling. This led to the offering of counselling in the lady's home when her child was in pre-school, and thus the commencement of an optional call-out service for therapy began to be offered. This evolved to include using meeting rooms of local services in the home town of clients, so that at conclusion of this pilot therapy was offered either in OTM, in a public meeting area or in the clients home if this was safe and conducive to therapeutic engagement.

4.1 Therapy duration and waiting lists.

Initially there was no limit to number of sessions offered but as the demand increased blocks of 6 sessions were offered, with the option of extending this if clients were agreeable and had engaged. Where clients showed a high level of missed appointments but said they wished to

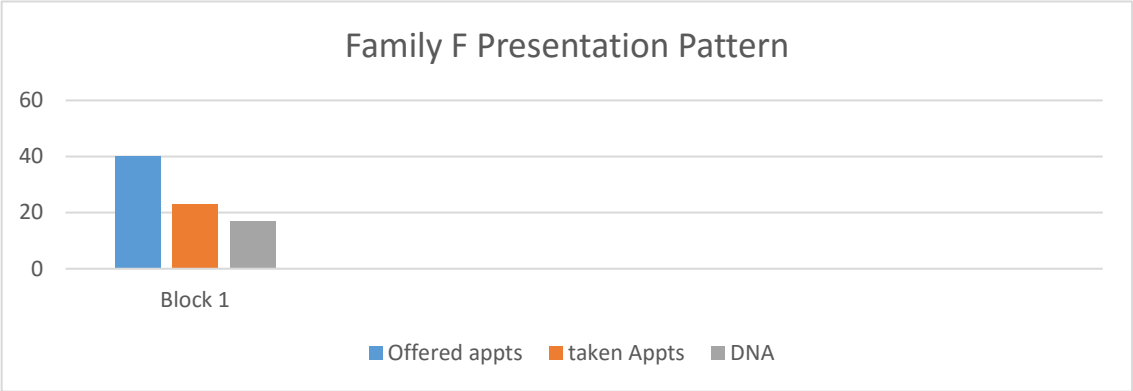
continue attendance they were referred back to their referrer to discuss their engagement with therapy and to discuss whether or not it was beneficial for them to continue at that time. This allowed other clients to take up appointments and ensured that there was rarely a waiting list for clients who wished to have support.

4.2 Attendance patterns



In the initial 6 month block 53 appointments were offered and 33 appointments were taken up. There were 20 appointments lost to DNA. Reasons for this were forgotten appointments or lack of transport to access appointments, especially when weather conditions were bad. There were 7 client systems engaged for therapy at this point, with one family (Family F) engaging in multiple combinations and presenting with crisis and high needs.

Case Study 1

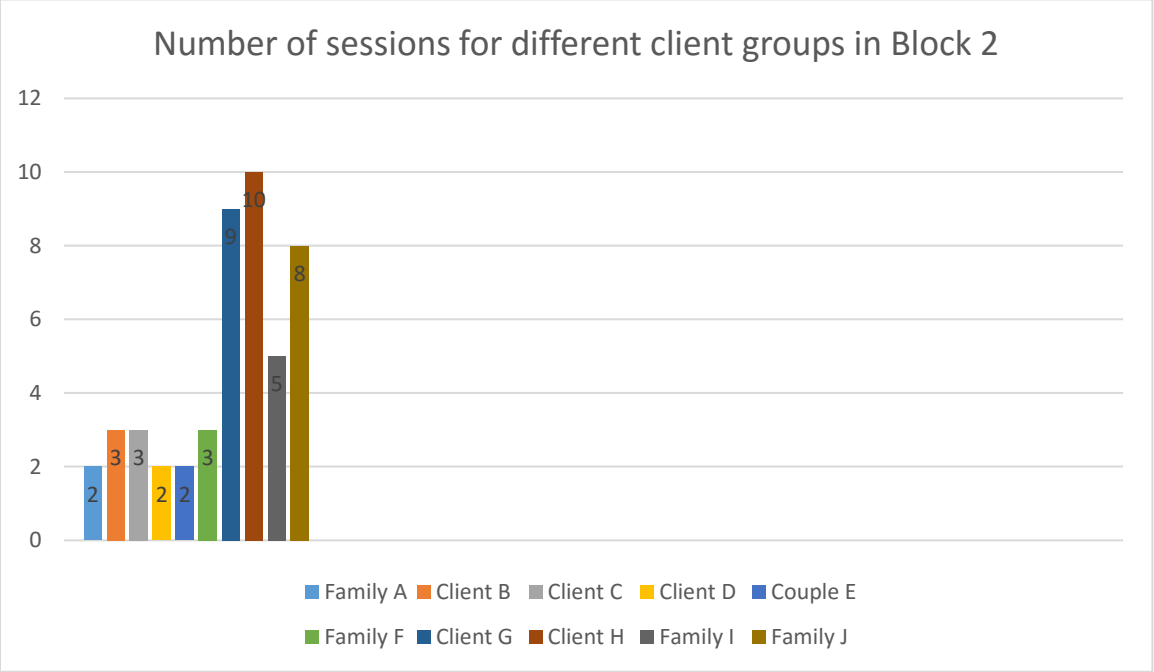


This was the family who represented the most DNA's but they were also one of the client groups who presented both with urgent support needs and also a keenness to engage in therapy despite their regular missed appointments.

This family was offered over 40 appointments in a 12 month period and availed of approx. 23 appointments over this time. By the time they concluded their engagement 4 adults had engaged individually, adults with two minors had engaged and therapy with multiple generations in the room had happened. They had negotiated various crisis points and each adult system succeeded in establishing their individual wellbeing and negotiating crisis independently and without risk to other family members.

The complexity of the needs presented and the considerations such as child safety meant that this case was closely co-worked with the OTM social worker. Our ability to communicate promptly and with the clients knowledge to collaborate around information meant that this family maximised their therapeutic time and achieved resolution of some issues that had contributed to their position of risk and vulnerability.

We continued to hold the therapeutic door open to these clients as we worked with relatively few organisational constraints which meant that they were supported during a time of crises when their pattern of DNA's might have led another service to close their case. Our flexibility to client need meant that we were able to bring our work to an end point when their needs had been met rather than as a response to failure on their part to engage. Other non-therapeutic services were also engaged with the family during this time.



In the second block from June to December 2014, 47 appointments were taken up. This represented work with 10 client systems, and 6 families. Often when one person engaged with therapy they would encourage other family members to engage and this would result in individual and group sessions as need dictated. On average clients during this block had nearly 5 appointments each, but 3 clients had 8 + appointments each, and others had 2 appointments as they were families whose work was drawing to a conclusion from the previous block of appointments.

Family A, Client B and Client C were all from the same family. Family J and Couple E were from the same family, so if we take this into account we note that there were 3 individuals engaged and the rest were all extended family systems.

Most cases were brought to a close during this phase or signposted to other services as appropriate. It was planned that this would be the end of client work with OTM as I had met my training obligations and was engaged on completing my thesis. However client need dictated that I continue offering a limited support service until I could link clients to other services and then OTM secured funding for me to continue therapeutic work and to document the work already undertaken, which has resulted in this report.

The third block went from Jan -May 2015. In this time 10 appointments were offered. This was a result of client requests and crisis where my continued engagement represented the best

interests of the people concerned. I did not have much time availability but 4 clients were in urgent need of ongoing support.

The final block of work came about as a response to the continuing demand for support demonstrated by clients. During this time 10 client systems engaged with therapy. This represented individual work, multigenerational family sessions and couples work. During this period 63 appointments were offered and 31 appointments were taken up, with 10 DNA, and 16 offered but immediately declined appointments. Of the 10 DNAs, these represent mostly one client whom I subsequently referred back to OTM social worker. Of the 16 offered but declined appointments 3 clients presented as wanting appointments or were referred as such, but did not actually commit to them despite remaining in dialogue with the therapist. This offering of appointments shows a high level of readiness to engage clients, and in some instances male clients showed willingness, and engaged when they felt ready, knowing the door was open to them. One client with a psychiatric diagnosis took 4 appointments and was assessed 6 times but found to be psychotically unwell and not able to engage therapeutically. The assessments did serve to maintain therapeutic contact and this client is availing of therapy now in early 2016. This client was originally referred by the PHN for Travellers as a vulnerable individual that would not engage with services. She is now linked to the OTM Social Worker, Community Primary Care and housing-support services. Without the intervention of this pilot service she might not have linked to any service.

4.3 Client Profile

In total twenty client groupings have engaged in therapy over the two years, or twelve family systems.

Three family systems had minors of which two were the subject of social service observation for child welfare concerns. Of these one family availed of sessions for both an adult and minor together. Both of these family systems were linked to a volunteer teacher who offered six tailored beneficial play sessions each to the four children. This was at my recommendation as the children did not benefit from the systemic psychotherapy as much as their adult carers did, but they enjoyed the attention and scaffolding of the individual play sessions with an attentive adult. The other family system was signposted to Jigsaw as an appropriate support service.

The rest of the clients ranged in age from fourteen to early sixties. The majority were female but nine males have engaged either individually or as part of a family system. Of these nine, at

least five men presented with some risk of self-harm. Two were single and the rest were in relationships.

Of the female participants two presented with suicidal ideation, a number engaged in risk taking behaviour and the majority were living in circumstances of familial induced stress over an extended period.

All clients were in either private or council provided accommodation. Of those in private rented accommodation the risk of homelessness either to themselves or of a close family member and familial efforts to support the at-risk persons resulted in a lot of mental distress and at least one psychotic breakdown in a client.

4.4 Issues presented and reasons for not disclosing.

The types of issues discussed included

- Managing crisis situations such as homelessness, prison sentences, ill health
- Suicidal ideation, self-harm and risk taking behaviour
- Intra-family communications and conflict
- Individual safety in the face of conflict
- Concerns for other family members
- Depression and despondency
- Historic sexual abuse and interfamilial abuse.
- Intergenerational difficulties
- Grief and loss
- Self-care in face of psychiatric diagnosis

Presentations were often complex with multiple issues and risks, and clients were often reluctant to disclose too much information, but suffered from carrying knowledge and situations for many years without support. Often they faced the double bind situation of choosing between betraying old habits of protecting family secrets and issues, but risking their own mental health if they held secrets. The intricateness of Traveller family bonds and relationships mean that 'victims' could be related to attackers on both sides of their family and linked in more than one bond, involving other close family members.

This was a particular risk for women who had been sexually attacked as they feared being ostracised if they exposed their 'compromised' position or named a family member or community member.

The racism experienced by Travellers makes any disclosure a risk of bringing further exposure to racism and discrimination, a suggestion supported by the Traveller Counselling Service on their website tab on Traveller mental health.

This is a very difficult position for people who value family so much and who are brought up from a young age to protect their family in the face of potential external attack. Family for Travellers is very significant and carries cultural meanings that are unique to Travellers and qualitatively distinct from mainstream society. Family life is both a resource and a source of distress for individuals.

I spent a lot of time building safety and trust and talking to people about what it would be like if we did dare to talk about these family secrets and name them. Often this talking about talking was enough to offer ease to people and to help them to choose if and when to disclose secrets and offered them a position of choice and power.

4.5 Further referrals

There were relatively few further referrals on from this service. The reasons for this were that as the majority of referrals received came from the OTM social worker she had already vetted many prospective clients for their suitability for counselling and also to ascertain if there were other more appropriate services available for the clients. Many of the clients presented in crisis and our ability to respond promptly made us the most appropriate service as we were able to meet need and build trust at a time that the clients were open to support.

With many of the younger clients, attempts were made to link them to more appropriate youth services but these referrals were often 'bounced back' for referral to secondary services accessible by GP referral and with long waiting lists. Often other services were recommended which our service could not refer to or where waiting lists were 10 months +.

When working with young people there is a need to establish trust, and often our readiness to engage meant that we were the preferred service, but our abilities to use this to link young Travellers to other more suitable specialised services was hindered by OTM's/Travelling to Wellbeing's limited referral power. The OTM social worker cannot directly refer to statutory services, but must refer via GP's, so delaying clients being assessed by appropriate services. This voided the suitability of these services for our clients in their immediate need. Often issues

will have gathered momentum and worsened by the time that such waiting lists are exhausted. The referral may no longer be perceived as useful to the client in the face of other issues and we may not still be linked in or aware of referrals received to encourage and support engagement.

GP's were frequently contacted where there was an immediate risk to a client and they proved prompt in their responsiveness and willingness to refer clients to secondary services. One client was referred to the OTM social worker for referral to Bury Quay Adult Mental Health services, and another was deemed too ill for engagement with our counselling service without the support of the AMH's service. Another client was referred to prison psychology services and to Exchange House Ireland T2WB in Dublin.

4.6 Turning barriers to opportunities.

My not being from the Traveller community meant that I had to work to build trust. I often used my difference as an opportunity to adopt a one-down position and ask for family members to help me by teaching me about Traveller ways. This allowed them to be experts in their community and me to be an 'expert' listener. Together we explored appropriate options and gradually I built enough trust and respect to be allowed to respectfully challenge and query '*set in stone'* ideas. I met '*them ways are for country people and we have our ways'*, but I have learned enough to be able to work with these ideas and offer exceptions when opportunities present.

Often I was signposted to prospective clients and I went to explain my services only to be met by polite indifference, or sometimes a different family member would choose to engage. This allowed me to maintain contact and sometimes achieve engagement at a later point. As two of the men said of me on separate occasions, '*this one wouldn't give up. She just kept coming* back'! Being seen to care and be committed is something that I have experienced as important with young people and also with Traveller men. I strove at all times to achieve engagement respectfully and not to invade private space and issues. I have found that it can take my issuing more invitations to talk than I might heretofore have needed to in other therapeutic work. This requires time and opportunities to cross paths which other services may not have at their disposal as I have had. Being linked to a Traveller service has proved invaluable in delivering this body of work.

4.7 Client feedback in Offaly

Clients when asked said the following about their experiences of engaging in counselling;

- *It helped me a lot, I needed someone to talk to that wasn' family*
- *I found the counselling helped me a great deal*
- *Got you talking, helped out with my problems*
- *I thought it was very helpful*
- *Got me true[sic] hard times*
- *Very good*
- *For once I was thinking about myself and not my family. If I did not meet her I would[not] talk to anyone else*

Feedback was unanimous that it was easy to make appointments and that people felt at ease and relaxed with the support offered.

- *I feel very comfortable and very happy and feel relief to be able to talk to someone you trust*

They felt that having access to support was important.

- *Very [*important*] because I was in a bad situation at the time*
- *Very important*
- *Very important*
- *Very important. Helped me get out of a wheelchair. I was very comfortable with the person and I trusted her*

When asked to make suggestions about future service development past clients said the following;

- *I think it ok the way things are and one to one very helpful and at home easy*
- *I would like to see it even more available*
- *Keep it on going*
- *More people like you*
- *I wouldn't [change anything] its great*
- *Other people like you!*
- *More sessions. I would like to keep going.*

Clients were aware that this service was a temporary pilot and was due to cease in December 2015. This was at the time coupled with the end of seed funding for the T2WB pilot. They said the following about the loss of the counselling service;

- *To lose this service would be a pity, it has helped so many and their [sic] friendly and trustworthy.*
- *I think it would be very beneficial for Travellers in general to have this service available to them because I know they find it easier to avail of the service faster as opposed to mainstream services.*
- *Very useful to continue this service for Travellers*
- *Get more funding*
- *Yes it helps people*
- *More funding*
- *It would be a pity if they don't keep it going. Travellers have trust in OTM the service and people that provide the service we trust. Confidentiality means confidentiality in OTM.*

Suggestions for service development or service changes included the following;

- *Kids counselling*
- *I think it would benefit a lot of Travellers if counselling was available for relationship breakdown, i.e. marriage, sibling relationship etc.*
- *Yes, couple counselling, bereavement counselling*
- *Yes, more*
- *No. I am happy with the service*

Finally clients were invited to offer any concluding thoughts and they said the following;

- *To stop this service would be wrong. It has helped so many, myself and family included.*
- *I availed of the service for a year+ I found it helped me a lot. The fact that Catherine was able to come to my house made it a lot easier for me in many ways, I felt more relaxed, I found it easier to talk and I found it easier to reflect on each session. I think Catherine is a great benefit to the OTM and I hope funding can continue for this essential service.*
- *Found it very good, very useful. It is a very friendly service. Keep up the good work. Well done.*

- *Just keep it going. If not a lot of people will miss out.*

4.8 comparisons with other Traveller Specific Counselling Service.

The Dublin based Traveller Counselling Service is in operation since 2008 and offers counselling in 6 locations in Dublin and one in Wicklow. In 2014 a total of 178 counselling hours were provided, and this increased to 371 in 2015. The newest location in Dublin accounted for 126 hours of this provision in 2015. The issues reported by the Traveller Specific Counselling service in 2015 were

- Bereavement
- Managing anger
- Family addiction
- Suicide ideation
- Addiction
- Medication
- Depression
- Stress in family
- Stress and anxiety
- Relationship and family issues

4.9 Summary

There are a range of complex presentations and need in the Traveller community in Offaly. Feedback from clients shows both a value placed on having access to counselling in OTM and strong feeling that there is a need for the continuation of a service such as this in Offaly. These past clients and their families could be champions of any future service development.

OTM offered 85 counselling hours in 2014 and 42 counselling hours in 2015. This drop in delivery represents my having less availability and seeking to close the service as there were not resources to either continue or develop it in a sustainable and safe way. During the two years 4 cases were closed as they had achieved their goals, or their needs were not best met by therapy at this time.

To date, mid-February 2016 there are 5 clients engaged in family therapy with others pending. This represents 4 women and one man.

Of these presentations the issues presenting are,

- Family separation and co-parenting
- Living with a psychiatric diagnosis and past trauma
- Depression and suicidal ideation
- Grief and loss
- Parenting skills

Many clients present with a number of intertwined issues. One case is pending referral to secondary mental health services, one is in the final phases of work, one is in negotiation and the other two will continue pending either their needs being met, or other more suitable mainstream services being available.

The Traveller Counselling Service experiences would suggest that as this service becomes known and internal stigma are challenged that more clients will choose to access Traveller-specific counselling and the demand for support can be expected to grow.

The presentations and number of clients accessing counselling in Offaly are comparable to the more established service in Dublin, although the higher rates of presentation with bereavement and bereavement due to suicide issues in Dublin whilst low to date in Offaly is likely to increase in light of recent events in Offaly (Feb 2016).
OTM with support from Exchange House Ireland are working to respond to this projected growing need by putting out information about services to the community and offering the choice of linking to either the OTM counselling service or to other HSE supported services. This ability to respond promptly to local need is key to Traveller uptake of support and is a benefit of working from a Traveller organisation, as otherwise there might be a need that is not met resulting in further loss and unnecessary distress for Travellers and their families.

Chapter 5

Feedback from services providing therapeutic services in Offaly

Of 17 statutory and voluntary services operating in Offaly and invited to share information about their engagement with the Traveller community 14 completed a survey, 1 abstained and 2 did not respond.

The services who responded represented both statutory and non-statutory services. Services offered ranged from specialised therapeutic interventions, addiction counselling, primary health fixed term counselling, community based generic counselling, and suicide intervention counselling (Appendix 2).

5.1 Survey Information

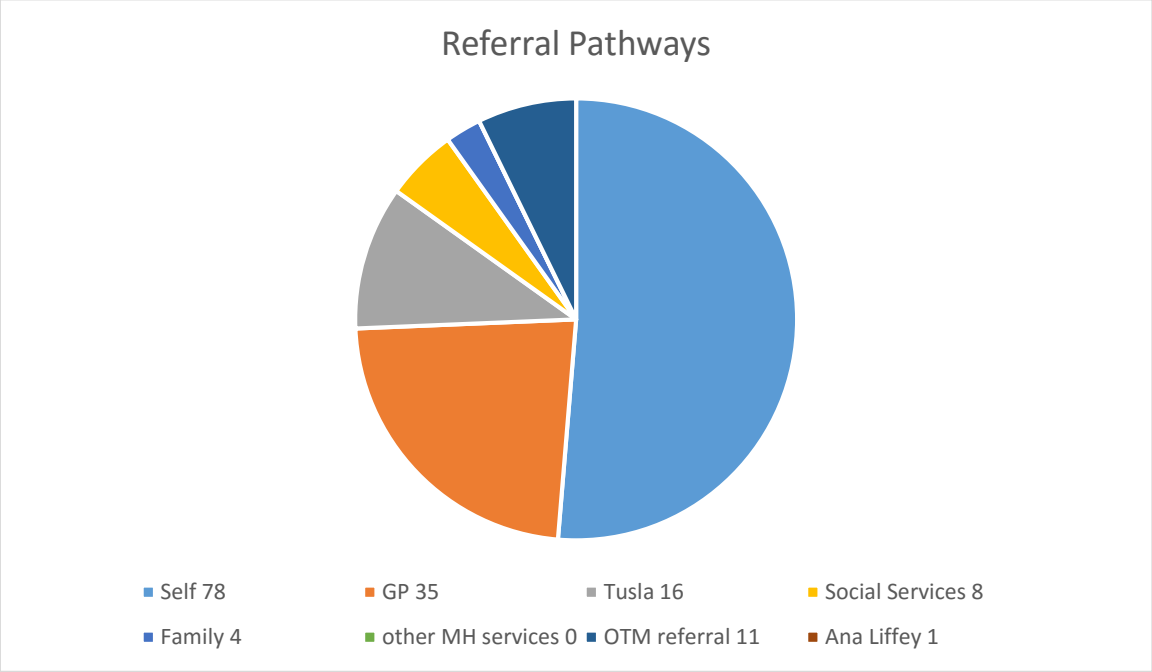
The services were asked to give information regarding if and how many Travellers they had engaged with in the previous year, the referral pathway of the client and duration of engagement as well as any comments they would offer specific to counselling services for Travellers in view of their experiences. They also gave information such as charges and if they operated a waiting list. It should be noted that not all clients will be asked for their ethnic identity or this may not have been relevant to the therapeutic process and so the actual figures may be higher. Due to the sensitive nature of one service's offerings it does not keep any identifying information on clients and so it's feedback was welcomed but not useful for the purposes of this survey.

5.2 Survey Feedback

10 of the returned surveys indicated no cost for accessing services although 1 is only accessible to medical card holders, and 2 do charge after an initial 8 sessions. 3 offered low cost services.

8 services indicated no current waiting list, 1 showed a current waiting period of 4 months unless person could travel to avail in other areas and the others had some waiting period, with crisis clients being prioritised.

The chief referral pathways are self-referral followed by GP referrals. When Travellers are aware of services and their potential benefit to themselves and feel welcome, they will access main stream support services, as seen in following graph.



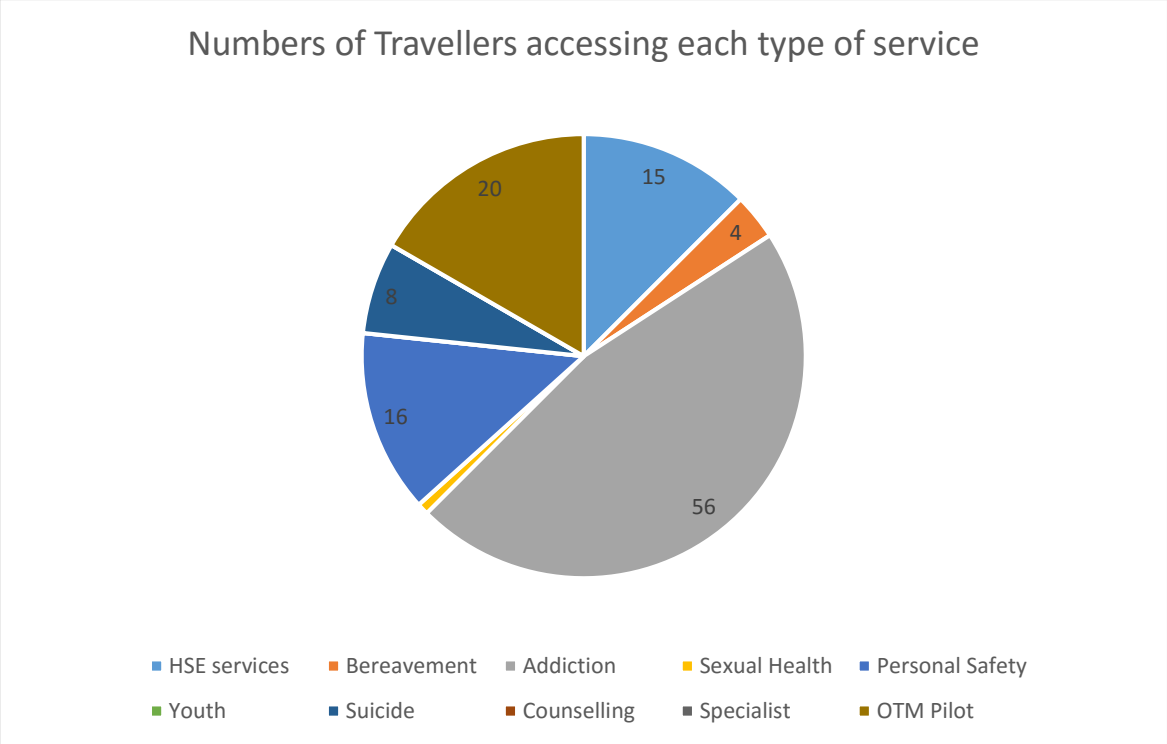
The majority of referrals recorded as self-referrals were for addiction supports. GP referrals were also high, which suggests that Travellers can and do engage when they have motivation to do so, or they trust their referring agent. The importance and significance of Travellers being aware of services and choosing to access them cannot be underestimated.

How Travellers access information about services should also be taken into consideration. They may be signposted from other services such as GP or Probation, with this being recorded as self-referrals, and this may affect data regarding referral pathways.

The reasons for accessing certain types of service will also differ significantly. Some are emergency supports, some are discretionary and some may be advantageous for clients referring to them, for example if there is a court or social work mandate.

The following chart shows numbers engaging with the OTM Traveller specific counselling pilot in comparison to other types of services. Please note that the OTM pilot measured systems or family groupings that attended, so there were a number of individuals within each system. It should also be noted that the OTM pilot records two years, with some systems having carried over from one year to the next. The other services were asked to indicate their engagement in the last year, as most services will have their most recent data to hand and may not have had the information for two years easily to hand.

Some services do not hold data on ethnicity of their clients so they record 0 Travellers supported, which may or may not be accurate.



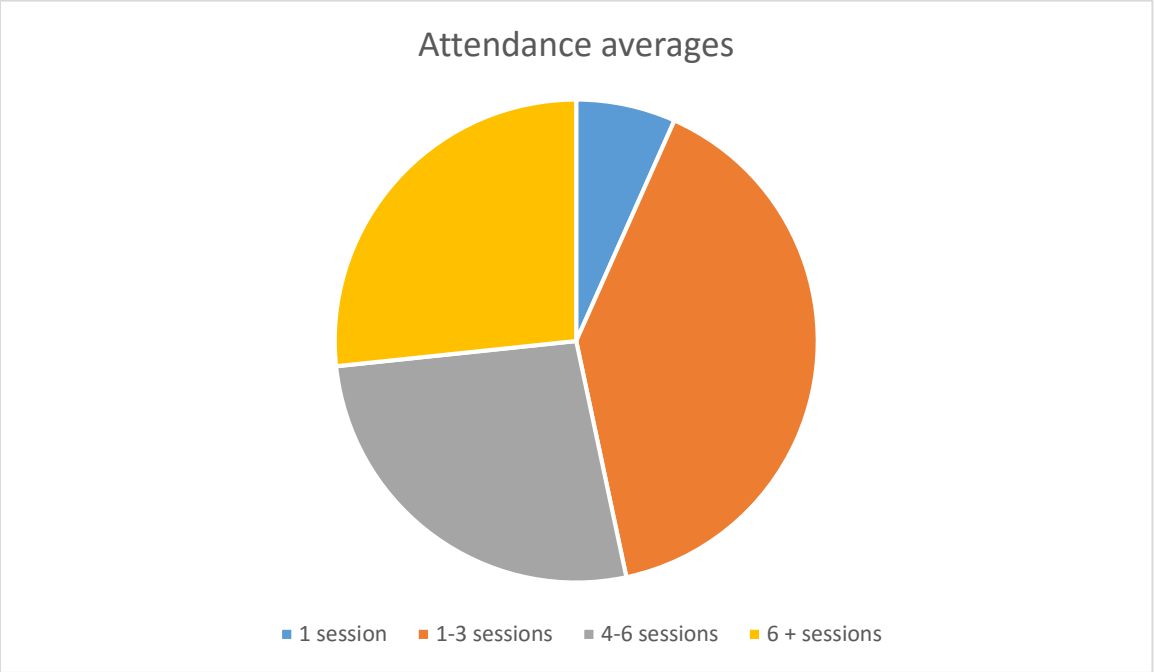
Services were grouped as follows;

HSE • CIPC • AMHS	BEREAVEMENT • Tullamore Bereavement Service	ADDICTION • Ana Liffey	SEXUAL HEALTH • Midlands Crisis Pregnancy	PERSONAL SAFETY • ODVSS
YOUTH • Jigsaw Offaly	SUICIDE • Suicide Bereavement Service • SOSAD	COUNSELLING • FRC	SPECIALIST • Dochas	OTM Pilot Traveller specific systemic therapy service

It is noteworthy that the OTM pilot has worked with all the above presentations with the exception of addiction issues, crisis pregnancy and oncology support.

5.3 Engagement

Services reported varying levels of Traveller engagement through attendance once they had received a referral, and they also offered diverse feedback as to the reasons for this variation in engagement and continued attendance to support.



This chart shows a healthy level of Traveller engagement and help seeking, with over half of clients attending for 4 or more sessions but there are other factors highlighted by services that should also be noted.

5.3.1. Factors affecting Traveller engagement as clients

One service spoke of the clients needing supports that were beyond the remit of their service and hence the persons did not continue to attend.

Other services highlighted the difficulties for clients in timekeeping, with many clients arriving late for appointments, or dropping out early without communicating with the service. People changing address and contact details was also highlighted as a factor that affected engagement. Thus we see that the perilous accommodation status of many Travellers (Travelling through Homelessness, OTM ,2016) impinges negatively on many aspects of Traveller life.

When asked for suppositions about poor attendance and drop-out one referral-only service offered the following;

'*When clients drop out early there are many possible factors influencing this. Some clients' lives are somewhat chaotic and they appear to struggle to organise themselves to attend regular appointments. Sometimes people's expectations of counselling differs from the reality of the experience and sometimes people are not ready to address issues in their lives in this way, as it means being motivated and taking responsibility for instigating change'*, but they qualified this by saying that this was general to all their clients and not Traveller specific. A number of services highlighted the stigma attached to help seeking around mental health and how this interferes with some Travellers ability to tap into family support and practical assistance as being a factor in short term attendance and early cessation.

Service feedback suggests that '*some Travellers have had a significant level of trauma and difficulty in their lives and have either struggled to engage in counselling, or needed a longer term counselling intervention or additional services such as secondary mental health or addiction services*' and another commented that Travellers demonstrated '*a huge sense of belonging within the Traveller community but do not seem to feel a sense of belonging to the wider community. They often feel quite stigmatised and as a consequence sometimes take more time to engage in the therapeutic process in a trusting way'*.

These are factors to consider in the face of policies of short term 6 – 8 sessions of support, as Travellers may need more sessions to be able to engage meaningfully, and to be in a position to experience the long term benefits of therapy.

5.3.2 Obstacles to engagement

The lack of support from their own community reportedly experienced by some Traveller clients may also be linked to a reported fear of social services intervention. Traditionally social workers were known as the 'cruelty people' for their forced removal of Traveller children in the past, similar to the forced removal of Aboriginal children in Australia. There may be a perceived link between seeking support and help in for example, domestic violence situations and the intervention of social services which could have repercussions for the wider community living with or near the person seeking support. This shows a possible rationale for Traveller clients failing to seek support, or failing to fully engage or continue to engage. Support for them is risky and presents them with a double bind as they are damned if they do (seek external support), and damned if they don't. When potential clients don't seek external support they do at least retain some family support, but they miss out on therapeutic expertise and may contribute to the distress of other family members. It also explains the possible lack of family

support in what is a tight knit system of family and clanships, as support when external services are engaged may expose them to risk of censure.

5.3.3 Engagement and stigma

Factors such as court orders and pending court dates may affect engagement and service retention, and may influence a person's choice to engage. This was not directly asked about nor was it referenced in feedback but it is the experience of health workers in OTM that this can be a factor both for engagement and also for sudden withdrawal from engagement. Courts could also serve as an additional means of signposting Travellers to services that could benefit them, but this would need to be dealt with in a sensitive manner to ensure that there was voluntarily engagement.

One service fed back that they had been told by a Traveller client that they felt they "*were not good enough to ask to speak to someone*" and that "*settled people working don't want Travellers to go to them in work*". This service also reported a different client saying that they felt when they were looking for support that they were treated differently because they are a Traveller. These unseen obstacles should also be taken into account when considering the figures presented in this chart. These may represent not only people overcoming health concerns and fears but also perceived stigma.

Many services spoke of their clients reporting being stigmatised from within their own families and communities about being seen to seek and access mental health support services. As this encouraged clients to keep their engagement private they could not then seek support. This lack of support also affected people's ability to sustain engagement as they may not have had child care or transport.

5.4 Encouraging Choice

Another Offaly service spoke of their policy when a prospective client is referred to them of making the client aware of an open door and then letting the client return if and when they choose. Cases remain open so the client has a long term choice over attendance and it was noteworthy that this service showed a high level of Traveller engagement and client retention. They also offer a multidisciplinary approach with a systemic psychotherapist, similar to the service offered by OTM in this pilot.

Services spoke of the importance of Travellers being aware of what supports are available to them and the likelihood of Travellers signposting to and recommending a service to their peers

where they have had positive experiences. This can pose challenges in terms of confidentiality for service providers, as they seek to schedule appointments so that family members or neighbours do not meet in waiting areas.

5.4.1 Traveller Specific Services

Feedback suggested that members of the Travelling community are more likely to access services if it is provided internally through Traveller services. As one service feedback said, '*there still seems to be a stigma around mental health difficulties in the Traveller community, but there is a definite need to provide counselling support, not only for those experiencing mental health difficulties but also for their families. I feel that Travellers need a support such as Travelling to Wellbeing to encourage them to attend services available in the community, such as counselling. Some Travellers may need counselling to gain the confidence and understanding about and around seeking support for personal, family and everyday stresses'*. This idea of support ideally being offered from within the fold of a wider Traveller organisation was broached in a number of feedback forms. It has been the experience of this pilot that this can be beneficial, but there is a risk of further isolation of an already marginalised community by adopting such approaches wholesale, without a plan to provide bridging to mainstream services and to support such services to be culturally aware and welcoming.

5.5 Summary

The experience of the service which adopts a low threshold harm reduction approach with ease of access for clients demonstrates that the ethos of accessibility is very effective for service uptake. Going forward a combination of flexibility to client needs and presentation, understanding of the obstacle of stigma specific to the Traveller community, cultural sensitivity, neutrality and working with wider systems such as family and services may be what makes an accessible professional service successful in terms of Traveller engagement. The need for therapeutic support is evidenced by reports such as AITHS Our Geels (2010), and there is an appetite among the Traveller community as demonstrated by the feedback from services in Offaly. The challenge is to consciously create an ethos of equal access by all services and policy makers for the Traveller community due to their high need and to create a culture of supporting help-seeking among this vulnerable community that feels itself beset in a hostile society.

Chapter 6.

Concluding comments & recommendations for Traveller therapeutic supports in Offaly.

The data contained in this report coupled with feedback from both local services and east coast based Traveller services demonstrate that Travellers do engage with therapeutic supports when offered pathways. There are however cultural factors to consider when thinking of which services are accessible, and these include perceptions of interest and welcome-ness, trust in outcomes and consequences, historic cultural experiences and challenging stigma from both within the community itself and venturing out from the community. There is a need concurrent with the direct provision of therapeutic services to also raise consciousness within the wider Traveller community about what is normal daily discomfort and stress and what is significant distress which merits further self-care and proactive use of services.

6.1 Mainstream v Parallel Services

There is a push for Travellers to engage in mainstream services like all other Irish citizens, as well as a recognition of cultural differences, which presents a mixed messages scenario and the risk of a need falling between stools. One service highlighted that '*there is a high rate of mental health issues and suicide in the Travelling community leaving families bewildered and confused as to what to say and what to do to support each other. There is a need to reach out further to the community that will help minimise the distress felt by the suicide bereaved. Providing support and [a] listening ear will ensure that the bereaved persons does not feel isolated or vulnerable and therefore reduce the risk of any additional death in the community'*. The same service also suggested that Travellers may prefer to be supported by the community health workers from their own community. This perception combined with a common wish to be respectful to cultural differences and sensitivities may result in Travellers living within a vacuum of benign 'neglect' with a need seen but not answered in the face of perceived cultural preferences and the capacity of Traveller services to meet all needs. Travellers are a distinct ethnic group whose culture and practices have been undermined by policy, racism, stigma and internalised oppression as well as poverty. It is not as simple as their engaging with mainstream services as there is a gulf between these and Traveller experiences and understanding. There is a need for bridge building and collaborative work with the Traveller community to help them access mainstream services on an equal basis to their settled counterparts. This Traveller specific counselling pilot has built one small bridge, but it requires resources to build on this

initial work and to allow this initial pilot to blossom to a more permanent transfer of Travellers accessing mainstream counselling services in the long term.

6.2 Who holds the brief for service provision?

Services such as the OTM Traveller Primary Health Care Programme have experienced a 20% [2]cut in hours in recent years, with an increase in expectations and work requests from services from the wider professional community or the target population. Peer workers regularly engage with families in crisis on a daily basis, often 7 days a week without the benefit of personal supervision such as a professional counsellor can expect or adequate financial remuneration. This represents undue pressure on individuals and an ineffective response to a high-need at-risk community.

My two years of work with Traveller families within Offaly would suggest that there is still a high level of need which represents real people in distress, often with children who are also affected. Polemics about mainstream services versus Traveller specific services could lose sight of this reality, and risk another generation growing up ill-equipped to manage their mental health and wellbeing.

In the short term I recommend the need for a Traveller-specific therapeutic service, but that this would be viewed as a bridging service to mainstream services in the medium to long term. This would require some cultural practice change on the part of mainstream services, adopting a different policy around DNA's, maintaining cases open for longer and adopting a proactive stance on ensuring that Travellers are seen and attend services. Outreach and relationship building is an essential part of this. When the Traveller community meet a positive service they respond and encourage their peers to engage. Peer workers cannot be expected to carry a brief for therapeutic support or interventions without adequate training and support systems being built into their work, and without having adequate time and resources to deliver an additional service.

Vision for Change (2006) highlights the impact of *practical problems of living.* Whilst this is general to all populations, Travellers are often forced to reside in sub optimal living conditions with overcrowding and lack of facilities and resources. The impact of this coupled with the legal obstacles for Travellers who wish to practice their traditional nomadic lifestyle and live in family groupings has a direct impact on cultural mental health. This is perhaps an area that

[2] Work hours for Traveller peer workers in Offaly were reduced in 2014 from 15 hours per week to 12 hours.

is underestimated when assessing Traveller health, but it is a growing field of interest internationally, especially when looking at the health and wellbeing of indigenous peoples (Aldern, 2016; Radmore, 2014). As such, provisions for Traveller health are not solely the remit of health services but cross over to other services such as housing and the legal system, and a brief for health crossing sectors in the instance of Travellers merits consideration.

6.3 Service delivery and targeted responses

There are undoubted difficulties for some external services in engaging a private and often suspicious community on taboo subjects such as mental health and suicide. Both *A Vision for Change (2006*) and *Connecting to Life (2015*) call for targeted responses at community level to vulnerable populations and note that this may require changes in work practices. York and Stakem (2015) highlight the significance of relationships in health engagement and promotion. Statutory services should collaborate with the Traveller primary health care workers to target vulnerable individuals and families and utilise their expertise and professional support system, but this may require services being flexible in their service provision and engagement, as this report has demonstrated both the benefits of engaging from within a Traveller organisation and the need for persistence, respect and flexibility around maintaining therapeutic relationships.

6.4 The role of a clinical family support worker

The OTM systemic psychotherapy pilot offering a Traveller specific service has demonstrated the benefits of offering therapy as an outreach programme, meeting individuals and families in their preferred environments with flexibility and cultural respect. It has also highlighted the gap in service of a family support worker role, liaising with the OTM social worker to offer prompt practical support, often in the form of phone calls, letter reading and form filling as well as the benefits for families of receiving family therapy and having the opportunity to voice their concerns in a safe and confidential place.

I suggest developing a response to this need under the OTM social worker role, offering a wraparound culturally sensitive support service for Traveller families from birth to later life. This would also offer the opportunity to develop the counselling service as a training centre for other mental health professionals, psychotherapists and play therapists in training to gain valuable experience working therapeutically with Travellers and so offer a cascade effect as they enter the mainstream work force. It will also model for Travellers the benefits of engaging with a multidisciplinary clinical team and should facilitate their transitioning to mainstream services where appropriate.

6.5 Final words

In writing up a report on my own therapeutic work there is a risk of my being blind to shortcomings or gaps in the work. As originally conceived this was a short fixed-term service and was not designed for external evaluation beyond that which clinical supervision would offer. My documentation of therapeutic engagement was designed for my own comprehension and not envisioned for others to interpret. As such, at this time I am the best placed person to interpret and share this therapeutic work to date. Any future work would benefit from being developed with a built-in evaluation system and client feedback mechanism which could measure outcomes and service demands in real time and also counter any potential clinical bias on my part.

Finally I recommend the following;

- The development and continuation of this pilot Traveller specific service with dedicated funding and work space, to serve as an immediate initial support point in time of crisis and to act as a bridging service for clients to mainstream services
- The development by statutory services of an out-reach practice to meet Travellers to further facilitate this bridging and co-create a culturally appropriate wraparound service in collaboration with the PHCP workers
- The agreement of two-way referral pathways between secondary mental health services and the OTM Social Worker
- The development of a training brief within this to offer practical experience to other mental health professionals in engaging positively with the Traveller community
- The development of a clinical family support worker role operating from OTM to support the OTM social worker role

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Appendices.

Appendix 1 Survey of services

Dear Colleague,

Re. Important Survey regarding Traveller Mental Health

Offaly Traveller Movement have piloted a systemic psychotherapy service since January 2014 in collaboration with the three year ***Travelling to Wellbeing*** Mental Health Social Work Pilot Service. The *Our Geels* (2010) report demonstrated the need within the Traveller Community for accessible mental health support as demonstrated by the higher than average deaths by suicide experienced within the community.

Catherine Rountree of *Midlands Family Therapy* has provided the counselling for the two year pilot.

The counselling service is drawing to a close and OTM with support from Exchange House Ireland are documenting and evaluating the service. A report will be prepared outlining the work to date with client feedback and recommendations for future service provision. Your service will be invited by OTM to a presentation of this report in spring 2016.

As part of this OTM would like to ask you to participate in this brief survey. The data received will serve as background information to this report. It is not seeking confidential information but rather broad statistics about the proportion of your clients that identify as Travellers for comparison with the findings from this report.

Catherine Rountree will contact you in the next two weeks to arrange to discuss the following questions at a time and venue that is convenient to you. You are also free to email Catherine for a soft copy and return this questionnaire to Catherine at midlandsfamilytherapy@gmail.com or to sandra.mcdonagh@exchangehouse.ie

Any potentially sensitive answers will be amalgamated to ensure they are not identifiable and results will be presented as being general to services such as yours. However all participating services will be credited as having contributed data.

We hope that you can make time to participate in this brief survey as your service' knowledge and input will be invaluable in the compilation of this report.

If you have any additional comments or questions please do not hesitate to contact either **Catherine Rountree** at **086 152 5255** or myself **Sandra Mc Donagh** at **087 986 6805.**

Yours sincerely,

_____

Sandra Mc Donagh.

Mental Health Social Worker Exchange House Ireland.

Survey of support services working with Travellers in Offaly

1. Please give a brief description of your service and your client groups and how clients are referred.

2. Is there any cost for accessing your service? Yes No

3. Is there a waiting list? Yes No

4. Are you aware in the last 12 month period of having worked with Traveller clients?
Yes No If so please give approx. numbers if possible.

5. Of your Traveller referrals over the last 12 month period, as far as you are aware, where have Traveller clients been referred from?

GP ☐ **Tusla** ☐

Social Services ☐ **Other MH Services** ☐

Self-Referral ☐

Other-please state. ☐

If possible please give approx. numbers from each.

6. Where Traveller clients have availed of your service how many sessions on average have they attended? Please feel free to elaborate your answers to cover any diversity of attendance.

1 session ☐ **4-6 sessions** ☐

1-3 sessions ☐ **6 sessions +** ☐

Any additional info.

7. Where clients have not availed of service do you have any indication of factors influencing this? Please give some information in relation to your answer.

8. In relation to Traveller needs for counselling support do you have any additional comments?

Thank you for your time and your help. This is very much appreciated and will be of great benefit in preparing this report. All information will be treated in confidence. We look forward to sharing this report with you. If you have any additional comments or questions please do not hesitate to contact either **Catherine Rountree** at **086 152 5255** or **Sandra Mc Donagh SW** at **087 986 6805.**

Catherine Rountree of Midlands Family Therapy gratefully acknowledges the financial assistance of Exchange House Ireland who have supported the last 6 months of therapy work and the writing of this report. The support of OTM and the *Travelling to Wellbeing* programme have been invaluable in the 2 years of this pilot service.

Appendix 2 Participating services

SERVICE	Outline of service provision & referral policy	Waiting list & Charge
Ana Liffey	• operates across the Midlands • works with adult drug users, the families of drug users and under 18 year old drug users in the Midlands region. • provides a Low Threshold, Harm Reduction service to people affected by problem substance use, their families and the wider community. The services offered in the Midlands are: • Open Access • Assertive Outreach • Needle & Syringe Programme • Family Therapy • Clinical Psychology • Key working and Case Management • Prison inreach	No No
Birr Mental Health Centre/AMHs	• client centred care meeting physical and psychosocial needs of clients. promote empowerment, confidence building and self-motivation through multidisciplinary care planning. • Client group nucleus over 18 yrs of age. Referrals can be from GP's,& or Dept of Psychiatry available 24 hours 7 days per week	2 weeks No
CIPC	• time-limited counselling (up to 8 sessions) to adults with a full medical card who are experiencing mild/moderate emotional and psychological difficulties. • Clients also need to phone us to 'opt-in', before they will receive the offer of an appointment. • Most common issues for referral are: anxiety, depression, family and relationship issues, physical health issues, bereavement, stress, specific traumas such as RTA. GP / primary care team referral	4 mths No ☑ As long as client has a full GMS No service to those who do not have a medical card, or who have a doctor visit card only.
Dochas Cancer Support	• supportive care including factual information and social contact to reduce feelings of isolation, • enabling person to achieve maximum independence and quality of life and to help them	No First 6 sessions complimentary, then a

	• coping skills during and beyond their illness and treatment. Ref by GP's, oncology unit, hospital and word of mouth.	donation. First 8 counselling sessions complimentary then a donation
Family Resource Centre Tullamore **Clara**	• affordable counselling to low income families. • We offer a family support service • building the capacity of local people to participate fully in society. improve people's quality of life by promoting local awareness, providing information, developing community initiatives Self-referrals are more prevalent with some referrals coming from specialist support services.	Yes for general counselling, sliding scale
Jigsaw Offaly	• mental health service for young people 12-25 who experience mild to moderate mental health problems. We take referrals from young person, their parent or any professional they are engaged with.	No No
Living Links/Suicide Bereavement Liaison Service	• Midlands service available to individuals, families. friends and colleagues who have been bereaved by suicide in the community. • funded by the HSE and guided by key agencies, such as Gardai, representatives from Religious Groups, the Education Sector, Suicide Resource Service and other relevant HSE Depts. • Anyone affected by suicide can make contact with the service for support or to learn what services available to them. One can get support, guidance and assistance in communicating with the Gardai, Coroner etc. • The Liaison Officer will answer any specific questions or concerns about the reactions and emotions around the grief. • All are welcome to make contact with the service. Referrals may come through these services or by self-referral or any other agencies.	No No
Midlands Crisis Pregnancy Centre	• a free, confidential and professional service, established to provide the opportunity for people to work through issues around a crisis pregnancy in a safe, non-judgemental way.	No No

	• Persons currently experiencing a crisis pregnancy are facilitated in exploring all available options; continuing the pregnancy/adoption/termination. • support women to make informed decisions about their pregnancy. • provides counselling for anyone affected by a termination of a pregnancy, whether recently or in the past. • provision of counselling for women, AND MEN who have experience with a miscarriage, stillbirth and/or post pregnancy difficulties such as post natal depression. Clients can self-refer or be referred in by appropriate referral source, ie. gp	
ODVSS	• address violence and abuse in personal relationships • promote respect and fairness in personal relationships	No No
Rape Crisis Centre	• Face to face counselling for adult survivors of sexual abuse and rape, provided by professional counsellors • 24hr Sexual Assault Treatment Unit support in Midlands Regional Hospital Mullingar • Telephone helpline • Outreach service in Portlaoise • Education, awareness raising, information giving and preventative work which focuses on the realities and extent of sexual abuse and rape. • Legal information and supports for survivors in counselling who request this service. • Male and female from 14 upwards with parental consent. • Support counselling to family members and friends. Self-referral, doctors, mental health services, SATU.	1-2 wks, unless crisis No
Shine	• upholding the rights and addressing the needs of all those affected by mental ill health, • support people with self-experience of mental ill-health and their families and friends • peer support groups • individual support meetings (listening ear), • training and education, • counselling service (Dublin & Cork) Our service is self-referral and referrals are accepted from any community or statutory organisations including Mental Health Services, on a person's behalf.	No Yes for general counselling, sliding scale

SOSAD	• suicide prevention organisation. • free professional counselling to those affected by suicide or depression. • work with age groups from 13 yrs upwards. • raise awareness and break the stigma surrounding depression • a 24 hr ph line which is operated by trained SIO's 365 days a year. • support to those already bereaved by suicide. • support and advice to family and friends affected by suicide or depression.	No No
Tullamore Bereavement Services	• 1 to 1 listening service for people who are bereaved offered by trained facilitators. • general and complicated grief • accredited counsellors	No No ☑ for bereavement support Yes for general counselling, sliding scale

Appendix 3 Client Survey

Counselling Feedback Form No. Male / Female (please circle)

1. Who attended for therapy from your family?
2. How long did you use the service?
3. Was it easy to make an appointment?
4. Did you have counselling at home or in OTM? Was this helpful?
5. How important was it for you that counselling was offered by the OTM service
6. How at ease did you feel during the counselling sessions?
7. How did you feel the counselling sessions helped you?
8. Is there any part of the counselling service that you were not happy about?
9. How would you like to see the service improved?
10. The funding for this service is ending in December 2015. Do you think it would be useful to try to continue this service or could Travellers go to the mainstream services?
11. Would you like to see any other form of counselling offered at the centre if funding were available? If yes, please indicate what kind.
12. Do you have any other comments?

Thank you for your time and help. Wishing you good health.