

December 2010

**Responding to suicide in the
Traveller community: Evaluation
Report of the National Traveller Suicide
Awareness Project**

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ACKNOWLEDGEMENTS

The National Traveller Suicide Awareness Project would like to take this opportunity to thank a number of organisations and individuals whose support ensures the project can function. In particular, the National Office for Suicide Prevention, who fund and participate on the steering group of the project, without the support of the national office the project would simply not exist; Crosscare, who host the project and provide the wider organisational supports, including direct support; the Parish of the Travelling Community who give the project a home, a safe base to work from; and the members of the steering group who support the work on an ongoing basis.

The NTSAP would also like to thank all the Travellers, Traveller groups, and service providers who have worked with us over the past three years. Their support and input has been central to the learning and work of the project to date and we hope to continue growing and developing these relationships into the future.

The evaluator would like to thank all of those who participated in this evaluation. Participants gave their time, experiences, ideas and thoughts most willingly and their input was highly valued. This evaluation was conducted in the spirit of trust, with a desire to ensure the best outcomes for Travellers and the Traveller community. The time and effort involved from all who participated has been greatly appreciated.

Petra Daly

Coordinator of the National Traveller Suicide Awareness Project

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EXECUTIVE SUMMARY

INTRODUCTION

The National Traveller Suicide Awareness Project (NTSAP) is a collaboration of Traveller organisations, the National Office of Suicide Prevention, Crosscare and service providers. It was established in 2007 to address the issue of suicide in the Traveller community. The NTSAP receives ongoing and vital support from the National Office of Suicide Prevention in terms of funding and direct support, as well as from Crosscare, the Parish of the Travelling People, and its steering group. This support has been critical to the success and work of the project.

This document is the final evaluation report of the NTSAP.

SUICIDE IN IRELAND

In the last twenty years the rate of suicide in Ireland has changed and grown dramatically. It is currently around the average for the EU. What is of significant concern is that the rate of youth suicide is considerably above the European average. The national response to suicide is outlined in *Reach Out*¹, where suicide is understood within a social determinant model of health, and the rate of increase within the context of rapid social change and unequal health status. As such it is understood that responses to suicide must be inclusive of wider social issues as well as health considerations and be aimed at the general population as well as at specific target groups.

The only extensive study of suicide among the Traveller population has highlighted that rather than being protected from the experience of suicide Travellers are in fact more vulnerable than the population as a whole.² Most fundamentally the issue of suicide among the Traveller community is more acute than among the settled community, particularly among Traveller men. The *Our Geels – The All Ireland Traveller Health Study*³, estimated that in 2008 the rate of suicide among the Traveller population was six times the rate for the national population and accounted for 11% of all Traveller deaths. The Walker study⁴ (which examined the years 2000-2006) had estimated that rates were more than three times that of the national population (peaking in 2005 at five times) with young Traveller men very acutely at risk. Therefore, the rate is rising. This is a significant and frightening issue within the community.

EVALUATION

From all of the feedback provided during the course of the evaluation it is clear that there remains a need to maintain a project focusing on the issue of suicide within the Traveller community, to develop and maintain solidarity with Travellers and to build on the work to date.

¹ National Strategy for Action on Suicide Prevention 2005-2014

² Mary Rose Walker , 2008, *Suicide Among the Irish Traveller Community 2000-2006*

³ *Our Geels – The All Ireland Traveller Health Study* 2nd September 2010

⁴ Mary Rose Walker , 2008, *Suicide Among the Irish Traveller Community 2000-2006*

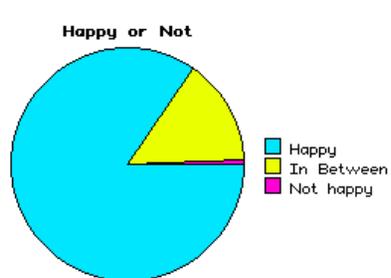
As noted in the interim report, the NTSAP has been very successful in raising the issue of suicide among Traveller groups. The NTSAP has been the impetuous for examining suicide within the groups, in a sense the project has acted as a driver for the issue.

There has been a huge amount of work done with Traveller groups, providing information, conducting training and supporting them in developing their own work. The NTSAP and local Traveller projects have been developing material and responses in relation to the issue of suicide, including a training pack, posters, DVD's, and information.

The NTSAP has been a hub in connecting Travellers, Traveller groups and agencies as well as a factor in challenging the taboo which exists around suicide and mental health within the Traveller community. Over 1,000 Travellers have participated in training, seminars, conferences, discussions in the three years of the project and there is now an openness to talk about the issue of suicide among Travellers.

In all of the various forms of feedback Traveller groups were overwhelmingly positive about their work with the NTSAP. It was argued that they had developed a sense of action being taken on the issue. In addressing suicide the NTSAP handled the work with immense sensitivity, while at the same time ensuring that Traveller groups have not been paralyzed into inaction. The effect has been positive and inspiring which has allowed Traveller projects to start to address the issue.

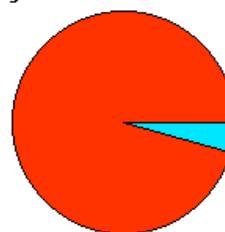
At a variety of events groups were asked to complete evaluation sheets.⁵ Overall the feedback was very positive.



Were you happy/unhappy with today's event?

Total Answers	129	
Group	Count	%
Happy	109	85%
In Between	19	14%
Not happy	1	1%

Did you find the event useful?



Did you find the event useful?

Total Answers	137	
Group	Count	%
Not Sure	6	4%
Yes	131	96%

85% were happy with the event that they had attended, in all of feedback only one person noted that they were unhappy and 96% of those who responded found the event useful.

With the driving force of the NTSAP a Traveller perspective on the issue of suicide has been developing and Traveller organisations have been empowered to develop their own material and responses.

Non Traveller specific projects have found that working with the NTSAP has developed their knowledge of Traveller specific issues as well as their understanding of the Traveller structures. This work needs to continue to be developed and focused on to ensure that

⁵ Evaluation sheets were completed at a range of events including training sessions and information events.

the Traveller perspective and the needs of the Traveller community are responded to by those funded to deal with issue of suicide for the wider community.

During the course of the evaluation a number of issues were raised and gaps noted, by both the NTSAP itself and respondents, these were:

- There is a need for more research to understand and document the issue, to capture the picture of what is happening now and to develop an analysis and a way forward for the community.
- There is a need to develop the policy agenda of the project.
- There is a need to target those most at risk of suicide.
- There is a need to develop the resources of the NTSAP, with only one worker and a national remit the project has not reached the most vulnerable, nor is it currently resourced to carry out outreach work / work directly with those most at risk.
- There is a need to have a more focused targeting of the non Traveller services (both statutory and voluntary) who are working on the issue of suicide and wider issues in relation to mental health.
- There is an urgent need for support in relation to grief and bereavement within the Traveller community and to strengthen the community's skills and capacity to respond to these issues.

In responding to the above gaps and issues the future work of the project must target those who are most at risk from suicide within the community. Current research and information fed back during the evaluation would identify those groups as being;

- Young Traveller men
- Those who have been bereaved
- Families and individuals in crisis
- Those with mental health problems

There is an urgent need to target resources at these groups and develop strategies to ensure that they are being reached by work as it is developed.

It is a struggle for the project to fulfil all the roles required with only one staff member, if the future work of the project is to include direct work with those most at risk there is a need to develop the resources of the project. Overall the project would benefit from a larger team, which would bring with it more skills and opportunities to do more work. In particular, there is a need to get Travellers employed within the project as they are central to responding to the issue within the Traveller community. Given that Traveller men are statistically more at risk, it would be useful to have at least one Traveller man employed on the project, doing work such as outreach with the community.

There is a need in the coming period to further develop links with the non Traveller specific organisations. Excellent links have been established with organisations such as the National Office for Suicide Prevention, Samaritans and Console, what needs to be further developed is specific ways (projects) of working together to achieve the goals of the project and improve Traveller access to, and

outcomes from, services. Services and organisations also need information and support, to be challenged and encouraged to respond to Travellers and Traveller needs.

The future work of the project must be built on work done to date and developed to the next stage. The education and awareness raising should remain a function of any work into the future. These elements were an essential first stage of work as well as being the sensible place to start. There is now a need to take the next step, moving from a focus on education and awareness raising, to developing skills and strategies to conduct direct work with those who are vulnerable and at risk of suicide, and their families.

RECOMMENDATIONS

Given some of the issues that have been raised by the work to date and the gaps that have been highlighted, there is a need to expand the work from focusing on developing awareness to initiating practical strategies in relation to prevention, intervention and post-vention work with the Traveller community. This will result in the project changing somewhat from the pilot, a natural progression from awareness raising and information work to more direct work.

In order to do this it will be essential to develop/increase the current levels of resources.

Research and Policy

- To develop research and data collection on the issue of suicide within the community, gathering both quantitative and qualitative data to improve understanding of the issues across a wide range of areas, including levels of suicide, risk factors, protective/resilience factors and use of services within the community.
- To develop the policy and strategies to forward the policy of the NTSAP in order to support, challenge and inform all of the players of the needs of Travellers. The policy agenda should include a strategy for forwarding the agenda itself; this will require a focus on the role of the steering group.

Targeting those most at risk

- In conjunction with the research noted above identify those most at risk, their risk factors and their needs.
- There is a need to develop a strategy to engage with the groups who are most at risk within the community.
- Development of prevention, intervention, post-vention initiatives based on good quality information to work with those at risk.
- There is an urgent need to develop work in relation to grief and bereavement, and to strengthen the community's skills and capacity to respond to these issues.
- There is an urgent need to work with and develop responses aimed at young Traveller men.⁶
- The project should continue to work in conjunction with Traveller groups, in particular primary health care projects and youth projects working with Travellers.

Developing the Resources of the Project

- Develop a strategy to increase the resources of the project, in particular pursue more funding and staffing through directly increasing funds and /or using volunteers and/or students and/or shared workers.

⁶ A *Reach Out* Objective noted: 'To develop services and initiatives that will help young men to cope with changing roles in society and involve them.' *Reach Out*, page 42.

- If there is an opportunity for more staff to work on the project, there is a need to target Traveller men for employment to work with Traveller men directly.

Targeting the Non Traveller specific organisations/services

- Develop collaborative work with non Traveller group who are working on the issue of suicide such as GLEN, GROW, Console and the Samaritans. Learn from other projects, gain their support and promote (challenge where necessary) these organisations to support Traveller involvement in their own projects and responses.
- Link with the NOSP strategy to *develop formal and structured partnerships between voluntary and community organisations and the statutory sector in order to support and strengthen community based suicide prevention, mental health promotion and bereavement support initiatives.*⁷
- Ensure linkages with statutory service provision using information (developed from the NTSAP's knowledge and research) and the NTSAP's developed policy agenda with the aim of encouraging/supporting/challenging services to respond to the needs of Travellers.

Other recommendations

- Continue to ensure Traveller involvement on the management/steering group of the project, as workers on the project if funds develop, as well as receivers of the project's service/work.
- The steering group should develop a specific plan for its own development and for the management/administration aspects of the project with short and long term aims set out. This should determine the future of the project in terms of its governance and management.

Short term recommendations

- In the short term there is a need to gather and disseminate all of the information and work that has been done by the NTSAP and Traveller groups on the issue of suicide. All of this work should be available on a central website managed by the NTSAP. This would also be a useful centre of information for non-Traveller specific projects as well as other Traveller projects looking for a starting point for their work and/or an insight into the Traveller experience.
- Ensure that links are maintained with all Travellers who have participated in the ASIST⁸ training. These trained participants could be a useful resource for future work of the project. It would also be useful to maintain information and feedback, to monitor how the skills have been used, and whether participants found the training/skills effective.

⁷ A Reach Out Objective. *Reach Out*, page 27.

⁸ Applied Suicide Intervention Skills Training (ASIST). <http://www.nosp.ie/html/training.html>

This is a two-day interactive workshop in suicide first-aid. It is suitable for all kinds of caregivers - health workers, teachers, community workers, Gardai, youth workers, volunteers, people responding to family, friends and co-workers. ASIST trains participants to reduce the immediate risk of a suicide and increase the support for a person at risk. The workshop provides opportunities to learn what a person at risk may need from others in order to keep safe and get more help. It encourages honest, open and direct talk about suicide as part of preparing people to provide suicide first aid. Participants also consider how personal attitudes and experiences might affect their helping role with a person at risk. Active participation is encouraged. It is stimulated by audio-visuals and working with others in small groups. A suicide first aid model provides a framework for skills practice. Attendance at the two full days is essential. This training was developed initially in Canada by Living Works and is used worldwide as a response to suicide. Find out more: www.livingworks.net

INTRODUCTION

The National Traveller Suicide Awareness Project (NTSAP) is a collaboration of Traveller organisations, the National Office of Suicide Prevention, Crosscare and service providers. The project was established in 2007 to address the issue of suicide in the Traveller community in Ireland.

An evaluation mechanism was included from the start of the project's funded period. The evaluation process has contributed to the learning of the project as it has developed as well as summarising the key evaluation points at this stage, the end of the initial three year funding period. This document is the final evaluation report of the National Traveller Suicide Awareness Project (NTSAP).

SUICIDE IN IRELAND

From a comparatively low level the rate of suicide in Ireland experienced rapid growth in the 1980s and 90s. The rate doubled during this period and the increases were largely accounted for by an increase in suicide rates among men. While the national suicide rate is now around the average for the EU, the rate of suicide among the young is one of the highest in the EU, and this is a serious cause of concern. The highest rates of suicide are reported for those aged between 20 and 24, while men under 35 years of age account for 40% of all Irish suicides.⁹

The national suicide rate in Ireland has hovered around the 500 people per annum in recent years, previously peaking in 2001 at 519. Between 2002 and 2008 the rate of suicide started to decline after years of growth.¹⁰ This trend, of reducing suicide rates, continued until 2008 when the rate was the relatively low figure of 424 suicides.¹¹

This trend of declining suicides seems to have stalled. Figures released in June 2010¹² noted that there were 527 suicides registered in 2009 (11.8 per 100,000) which was a 24% increase on 2008, and the highest figure ever recorded in Ireland. Males represented 80% of suicides and the largest increases occurred in the 25-44 year age-groups.

Therefore, in the last twenty years the rate of suicide in Ireland has changed and grown dramatically, the rapid growth had stalled up until 2008 but the residual effect is a significantly higher rate of suicide than twenty years ago, and a rate of youth suicide considerably above the EU norm.

The rapid increases in suicide rates prompted a range of state responses which culminated in the National Strategy for Action on Suicide Prevention 2005-2014, known as *Reach Out*¹³ (September 2005).

⁹ *Reach Out: National Strategy for Action on Suicide Prevention 2005-2014 pages 11/12. 2005*

¹⁰ In 2002 the suicide rate was 478 (12.2 per 100,000), in 2003 the rate was 497 (12.5 per 100,000), in 2004 the rate was 493 (12.2 per 100,000), in 2005 that rate was 481 (11.6 per 100,000) and in 2006 the rate was 460 (10.8 per 100,000)

¹¹ Many commentators have also noted that these figures are also likely to be an underestimate of national suicide rates due to difficulties and complexities in gathering this data.

¹² Births, Deaths and Marriages in Quarter 4 and Yearly Summary 2009; June 29th 2010. http://www.cso.ie/newsevents/pressrelease_vitalstatisticsquarter42009.htm

¹³ And the later *Vision for Change, Report of the Expert Group on Mental Health Policy, 2006*

Reach Out noted that,

Suicide rates in Ireland doubled during the 1980s and 1990s at a time when Irish society experienced considerable transition.....As social changes have impacted on the nature and extent of suicidal behaviour in Ireland, efforts to address this serious public health issue must be located in the area of social policy as well as within the health sector....Finally, existing health inequalities in Irish society and the evidence of a link between socioeconomic status and suicidal behaviour further underlines the need for social policy measures to address the wider determinants of mental health and well-being. As part of the General Population Approach to suicide prevention and in the Targeted Approach, every effort has been made to address these broad social determinants of mental health and well-being by identifying them as areas for action.¹⁴

The increase in suicide rates were understood within a social determinant model of health, and within the context of rapid social change and unequal health status. As such it was noted that responses to suicide must be inclusive of wider social issues as well as health considerations and be aimed at the general population as well as at specific target groups.

THE NATIONAL TRAVELLER SUICIDE AWARENESS PROJECT BACKGROUND

Suicide and the wider consequences of someone taking their own life are devastating for individuals, families and communities; Travellers, their communities and families are no exception.

The only extensive study of suicide among the Traveller population has highlighted that rather than being protected from the experience of suicide Travellers are in fact more vulnerable than the population as a whole. The study conducted by Mary Rose Walker¹⁵ and published in 2008, indicated that the rate of suicide in the Traveller population was over three times more than the general population at 37 per 100,000 (compared to 10/12 per 100,000) and that 65% of Travellers who committed suicide were under 30 (as opposed to 34% in the general population). The research also suggested that the problem is even more acute for Traveller men who had a much higher risk of suicide than Traveller women with a rate nine times that for Traveller women. In the general population the difference is six times.

The *Our Geels-The All Ireland Traveller Health Study*¹⁶, estimated that the rate of suicide among the Traveller population is six times the rate for the national population and accounts for 11% of all Traveller deaths. The Walker study had estimated that rates were more than three times that of the national population (peaking in 2005 at five times) with young Traveller men very acutely at risk. Therefore, it would appear that the rate is rising. This is a significant and frightening issue within the community.

Reach Out (which was released prior to the Walker study) noted that;

¹⁴ *Reach Out: National Strategy for Action on Suicide Prevention 2005-2014*; Page 14

¹⁵ Mary Rose Walker , 2008, *Suicide Among the Irish Traveller Community 2000-2006*.

¹⁶ *Our Geels –The All Ireland Traveller Health Study*2nd September 2010

At present (2005), there is a lack of research on mental health and suicide among the Traveller community but anecdotally, service providers are expressing concern about an apparent increase in suicide risk and suicidal ideation among this group, especially among young Traveller men.¹⁷

Travellers and Traveller groups had been concerned about the issue of suicide for some time. Prior to the release of the Walker study anecdotal evidence and some locally based research¹⁸ highlighted that this was increasingly becoming an issue that needed a response. In 2004 some individuals and groups came together to examine ways of addressing the issue. The initial meeting consisted of members of Traveller groups from Galway, Bray, Ennis and Sligo as well as the Parish of the Travelling People and Pavee Point. This group became the Traveller Suicide Working Group (TSWG) and collectively they argued that there was a need to develop a culturally appropriate plan to address the issue of suicide within the Traveller community. During the following two years meetings and discussions were held with interested groups such as Console, Nexus, psychiatrists working with Travellers, HSE Suicide Resource Officers as well as the National Office for Suicide Prevention (NOSP).

This work resulted in a successful proposal to develop the National Traveller Suicide Awareness Project. The project is funded by the NOSP, hosted, supported and based within Crosscare, and supported by a steering group that was initially developed from the TSWG. The project started work in August 2007, with full project work implemented from January 2008.

The pilot project was provided with three years funding by the National Office of Suicide Prevention who also actively participate on the steering group.¹⁹ This project is in keeping with the strategy outlined in *Reach Out* to direct some responses at specific target groups. The NOSP are the sole funder of the project,²⁰ and without their support the project would not exist. It is also important to acknowledge the support provided by both Crosscare and the Parish of the Travelling People, support which allows the project to function practically, providing a base, employer and management functions as well as their time and expertise to support the project.

¹⁷ *Reach Out: National Strategy for Action on Suicide Prevention 2005-2014*; Page 37

¹⁸ *Moving Beyond Coping* Tallaght Travellers Youth Service and Nexus November 2006

¹⁹ Initially Geoff Day the Director of the National Office for Suicide Prevention was the representative on the NTSAP he has been replaced by Anne Callanan the Assistant Research & Resource Officer with the NOSP.

²⁰ Apart from occasional one off grant funding that the project has received, such as funds from Electric Aid.

THE POLICY CONTEXT

The policy context for the NTSAP is framed by the national strategy, *Reach Out*. This strategy names two main actions relating to Travellers and other marginalized groups:

Action 15.1²¹

(To) Determine the risk of engaging in suicidal behaviour associated with belonging to a marginalized group, and reviewing the existing available services and support agencies for marginalized groups.

Action 15.2

(To) Develop services, supports and information / education resources to improve mental health and well being and reduce any increased risk of suicidal behaviour, learning from the earlier review in 15.1, in consultation with members of marginalized groups.

Using the *Reach Out*²² actions relating to marginalised groups the NTSAP developed a vision and strategic aim to guide the project with overarching principles, and then set specific objectives and strategies to determine the specific work of the project over a three year period.

The National Traveller Suicide Awareness Project's vision:

The project seeks to develop and implement a community development approach to addressing the issue of suicide in the Traveller community through acting as a resource both to Traveller organisations and suicide related services in terms of raising their awareness on the issue of suicide in the Traveller community and promoting the development of initiatives to support suicide prevention, intervention and post-intervention, in a coordinated manner and in so doing to reduce the number of attempted and completed suicides in the Traveller community.²³

Similarly, the strategic aim of the project is;

To raise awareness of the issue of suicide in the Traveller community and promote the development of initiatives to support suicide prevention intervention and post-intervention, in a coordinated way.

The NTSAP used the two actions relating to Travellers and other marginalized groups outlined in *Reach Out* and added a community development aspect to develop the third objective of the NTSAP. These objectives were further broken down into strategies and outcomes under each objective. This model was then used to plan the actions for each year of the project, with an annual action plan drawn up for each calendar year, 2008, 2009 and 2010. This was how the specific work of the project was determined with the aim of addressing the project's overall vision and strategic aim.

²¹ *Reach Out: National Strategy for Action on Suicide Prevention 2005-2014*; Page 37

²² The actions relating to marginalised groups in *Reach Out*, are under the objective: To the determine the particular vulnerability of socially excluded, marginalised groups in society to suicidal behaviour and develop supports to counteract that vulnerability.

²³ National Traveller Suicide Awareness Project Strategic Plan 2007-2010

	Objectives	Strategies	Overall Outcome (Target)
Objective One	To develop and implement a community development approach to addressing the issue of suicide in the Traveller community through acting as a resource both to Traveller organisations and suicide related services.	Strategy 1: Develop and service a steering group	A Traveller perspective is incorporated and the Traveller organisations are empowered to provide an input into policy development.
		Strategy 2: Develop and maintain a relationship with groups and agencies around the country and maintain a contact list.	
		Strategy 3: Develop an evaluation framework for the project	
		Strategy 4: Maintain and develop adequate reporting procedures	
		Strategy 5: Disseminate appropriate information to relevant groups	
Objective Two <i>Action 15.1 Reach Out</i>	Determine the risk of engaging in suicidal behaviour associated with belonging to a marginalized group, and review the existing available services and support agencies for marginalized groups.	Strategy 1: Identify and select target groups	Culturally appropriate and sensitive resources will be available to Travellers and to service providers.
		Strategy 2: Develop a series of focus groups with primary health care programmes and community development projects and do an audit of local services and develop appropriate responses to the identified gaps.	
		Strategy 3: Develop appropriate resources to be used with groups	
		Strategy 4: Develop and maintain links with relevant National organisations	
		Strategy 5: Organize regional events	
Objective Three <i>Action 15.2 Reach Out</i>	Develop services, supports and information/education resources to improve mental health and well being and reduce any increased risk of suicidal behaviour, learning from the earlier review in 15.1, in consultation with members of marginalized groups.	Strategy 1: Coordinate a national campaign	Culturally appropriate and sensitive resources will be available to Travellers and to service providers.
		Strategy 2 : Participate in NOSP media campaign	
		Strategy 3: Promote access to assist training for Travellers	
		Strategy 4 : Develop Traveller specific training where necessary e.g. FETAC module for Primary Healthcare Projects, or youth training	
		Strategy 5: Develop culturally appropriate resources or events which will promote access to information	

It is on the basis of these objectives and strategies, in the context of the NTSAP's vision and mission statement that the evaluation was conducted.

METHODOLOGY FOR CONDUCTING THE EVALUATION

From the initial establishment of the National Traveller Suicide Awareness Project an evaluation framework has been central. An evaluator was contracted and started work in April 2008.

So why carry out an evaluation? The primary function of an evaluation is to establish if a project is doing what it set out to do, is the work hitting the mark that it aimed for, and is it providing the role/service that was intended. Essentially, an evaluation is good practice and ensures that social policy and state funds are aimed and spent appropriately and effectively.

This evaluation is outcome focused, aiming to assess if the NTSAP has made an impact, a real difference for the target group, in this case Travellers. To gauge if the project has impacted on Traveller awareness of the issue of suicide and initiated the process of developing responses to the issue, as outlined in the vision.

The last two years in Ireland has witnessed a contraction of funding. This project, along with all others, is operating within a context of a tighter funding environment, which will demand more stringent assessment of demands and measurements of success and achievement. At the same time there are clearly constant if not increasing community needs.

The methodology for conducting the evaluation is based on reviewing what went into the project and how that was managed (the resources), the activities of the project and the outcomes of the work done.

The evaluation also sought to evaluate whether the NTSAP has addressed its strategic aims.

This evaluation was both formative and summative in nature. During the formative stage (conducted on an ongoing basis throughout the life time of the NTSAP), the evaluator provided feedback to the staff and management of the NTSAP on the issues arising from the evaluation on an ongoing basis. This took the form of passing on appropriate information and recommendations as they arose to the staff and management of the NTSAP as well as in the formal setting of a mid-term review. The review was held on the 31st of March 2009 in Crosscare, Clonliffe College, and an interim evaluation report was provided in September 2009. During this stage the evaluation aimed to;

- Capture the learning and work to date.
- Assess the quality and impact of the activities.
- Provide guidance on where the project needs to develop the work and learn from work done.
- Make recommendations in relation to the project and future work.

The summative evaluation refers to the final evaluation report, this document, which documents and evaluates the work of the project and make recommendations for the future.

The methodology for conducting the evaluation consisted of a number of complimentary techniques, but central to the model was the participative basis, facilitating the involvement of all key stakeholders. It was also important given that the NTSAP has only one staff member and one direct manager that the evaluation complimented the work of the NTSAP and did not unduly add to the workload.

The evaluation focused on the three objectives of the NTSAP, and took the lead from the work plans as developed by the project on an annual basis. Therefore, the NTSAP has been evaluated on work it proposed to do and not necessarily on what the overall project ought to do. Significant gaps in the work plan are highlighted if they emerge.

A variety of techniques were employed to gather the information:

- A collection of initial baseline data on the NTSAP. This was done by interviewing key personnel, particularly staff and management, and researching all of the project's documentation, such as work plans and proposals.
- Designing, in consultation with the staff of the NTSAP, an interview schedule as well as questionnaires which were used on an ongoing basis when speaking to staff, management and those who are working with and/or involved with the NTSAP.
- The design, in consultation with the NTSAP, of evaluation sheets which were used at all events that were held or hosted by the project.
- Conducting interviews with representatives of the key actors on the NTSAP carried out on a quarterly basis. These key actors include the staff, and the management committee, and where appropriate target organisations.
- Audit of the NTSAPs progress in relation to the specific objectives and actions, on an ongoing basis, identifying and addressing issues such as; contact with Traveller organisations, quality of resources information/support provided, training developed and delivered, material developed, steering group activity and coordinators reports as well as any and all documentation and literature developed by the NTSAP.
- Attending key events and functions of the NTSAP.
- Analysing the results and feedback from the interviews and evaluation sheets as they are disseminated and returned on an ongoing basis.

In the course of the evaluation there have been;

- Baseline interviews and research into NTSAP's documentation.
- Quarterly interviews (a total of 38 quarterly interviews were conducted).²⁴
- Attendance at the public events of the project including two of the regional seminars (26th June 2008 and 20th Jan 2009), a mental health coffee morning and the national conference, *Travelling to Wellbeing* (26th of March 2009), the initial meeting of

²⁴ A full list of those interviewed is in appendix three.

the network, (16th February 2010), the strategic planning event (16th March 2010), and the launch of material developed by the NTSAP, (23rd June 2010).

- Analysis of evaluation sheets.
- Focus group sessions with two groups of Traveller women who have participated in training/information sessions being provided by the NTSAP.
- Summation interviews with the steering group and non Traveller specific services/organisations who have worked with the NTSAP over the previous three years.
- A summary questionnaire. A summary questionnaire was sent out to all Traveller groups nationally (that would include both projects that have and have not worked with the NTSAP). This was to provide all Traveller projects with the opportunity to raise any issues. The questionnaire was sent out by email to all on the Irish Traveller Movement's contacts list and through their regional workers, the primary health care projects contacts and by directly contacting organisations. The emailed questionnaire was followed up with phone calls to projects nationally encouraging them to respond. In all 22 questionnaires²⁵ were returned, but essentially, all Traveller projects got the opportunity to input into the evaluation process if they chose to do so.
- Examination and review of all appropriate literature in relation to the project and Traveller specific issues pertinent to the topic.
- Gathered the Traveller specific issues raised in relation to the issue of suicide within the Traveller community.

As the model used to conduct this evaluation was both formative and summative, the aim was to provide knowledge and information to support and develop the making of decisions and assist in targeting the work of the project. This model of evaluation supports and encourages the use of evaluation to plan and implement the actions of the project. This evaluation has also used a community development model which is based on necessary collaboration between evaluator and the project. The potential weakness of this model is that it provides the opportunity for bias, but the strength is that the actual workings and rationale of the project are understood. It is hoped that the evaluator countered the risk of bias by ensuring as much as possible that all stakeholders could and did contribute to the evaluation process.

The NTSAP has one staff member; therefore, there was a need to ensure that the evaluation was conducted within a spirit of trust as well as openness. In order for the evaluation to be effective it had to be conducted within a safe environment, with all elements of the NTSAP, including, staff, steering group, host organisation as well as organisations that work with the NTSAP, participating in the evaluation in that context. It also had to be conducted in manner that did not take up a prohibitive amount of time of the organisation or it would have been counterproductive.

²⁵ A full list of those who responded is in the appendix three

EVALUATION OF THE NATIONAL TRAVELLER SUICIDE AWARENESS PROJECT

Overall the evaluation will set out to establish if the vision and strategic aim of the project have been achieved, through examining the resources, activities and outcomes of the project over the pilot three period.

THE RESOURCES OF THE NATIONAL TRAVELLER SUICIDE AWARENESS PROJECT²⁶

The NTSAP is funded to have one staff member; a project coordinator. Since the project's inception this position has been held by Petra Daly. For three twelve week periods, one in each 2008, 2009, and 2010 the project had a student on placement working with Petra. These students were from National University of Ireland, Maynooth and were Adrian McGrath (2008), Lynette Dunne (2009) and Edel Dolan (2010).

The NTSAP is based within Crosscare and as such Crosscare perform the direct management function and employer role. This direct role is performed by the Traveller Inclusion Programme, specifically by the Traveller Inclusion Manager, Colin Thomson. Colin provides support and supervision to Petra and the NTSAP.

Both the National Traveller Suicide Awareness Project and the Traveller Inclusion Programme are based in the offices of the Parish of the Travelling People,²⁷ and not the central offices of Crosscare. Apart from not being centrally based with many of Crosscare's other programmes and functions the NTSAP is a national project whereas all of Crosscare's other work is focused on the Archdiocese of Dublin. Therefore, it is the only national project within Crosscare's programme of work.

The NTSAP has its own office space within the Parish offices, but is removed from the central hub of Crosscare's activities.

The annual budget for the NTSAP was originally €92,000, but in 2009 this was reduced by 12½% to €80,500, as part of the wide ranging cost saving measures introduced by the HSE as a result of a changed national funding context. The NTSAP's funds were further cut by 5% in 2010, but these cuts were focused on overheads rather than salaries. Throughout the three year period the project has managed to not have to introduce wage cuts to the one staff member (conversely no increments have been paid.)

Apart from the core funding the project has been successful in raising further small amounts of funds to cover specific pieces of work. In 2010 €4,000 was successfully applied for from Electric Aid to develop DVD's, in 2009 Electric Aid provided €5,000 towards the cost of the national conference after a successful application was made. The NOSP have given two small grants of €5,800 to develop a youth training pack *Let Someone Know, Youth Worker Training Pack, A guide to introducing Emotional/Mental Health to young Travellers aged 14 plus*, and €4,000 to develop Traveller specific information posters, developed by the project via a poster competition run in late 2009. The project has also successfully applied for and been awarded an additional €8,000 from the *Let Someone Know Campaign* and has begun to work with four Traveller groups to develop their own mental health programme.

²⁶ Inclusive of staff, office, funding and voluntary supports

²⁷ The address of the Parish of the Travelling Community and the National Traveller Suicide Awareness Project: St. Laurence House, 6 New Cabra Road, Phibsboro, Dublin 7.

The NTSAP has been guided and supported by a steering group.²⁸ The function of this group, while not providing the day to day management aspects, is to support the NTSAP overall, including focusing on the strategic objectives, planning and developing the project, advising and supporting the worker, ensuring and supporting Traveller participation and focusing on the long term goals and future of the project. The steering group includes members from Traveller organisations both local and national, Crosscare, the National Office of Suicide Prevention, the Samaritans and Console.

EVALUATION OF RESOURCES²⁹

Staff

Throughout the evaluation it has been noted by respondents that there is a high level of commitment from the staff within the NTSAP. It has proved enormously beneficial that the staff are so fundamentally committed to the work, a commitment which is clear, and which ensures a context of trust in relation to work done. This has aided the NTSAP in dealing with issues such as a reduction in funding and managing in situations of uncertainty in terms of ongoing/future funding.

The NTSAP has successfully employed the resources of students, which have proved very beneficial. As a project with very limited resources in terms of staff, it has been valuable to have additional workers for periods of time.

A small project with one staff member is often in danger of being associated solely with the staff member. A certain amount of this is inevitable, it is important that the project exists outside of the staff member. Therefore, it is essential to ensure that good quality records and administration be maintained, so that the project exists independently.

It should also be noted that as there is only one staff member, and one person cannot be expected to be equally skilled in all areas that are required, at times there is a need to provide training and /or buy in support/skills to complete particular aspects of work.

To Note:

- The project would benefit from administrative support. This could possibly be sourced through additional funding to pay for part time administrative staff, or by seconding someone from a CE scheme.
- Staff should be offered training, support and encouragement to develop skills in areas that are required to ensure that all aspects of the work can be performed.

Project Management

As there is only one staff member within the NTSAP and that staff member works away from the central hub of the wider Crosscare organisation it is essential that good communication and ongoing support and supervision are maintained at all times. A one worker

²⁸ A full list of the membership of the steering group is available in the appendix one.

²⁹ Clearly this evaluation is in the context of the resources available to the project, this project like most others can argue that they do not have enough resources, the evaluation is examining how the NTSAP managed on the resources that they had available.

project can be very isolating work, which runs the risk of disengagement, a reduction in commitment and/or tangential work. It needs to be noted that there is also only one staff member acting as a direct manager to the NTSAP. Therefore, in terms of staff and direct project management, resources are tight. This must be constantly recognised and the staff in both positions supported by the steering group of the NTSAP and the wider organisation of Crosscare.

To Note:

- Supervision and support with the one staff member should be reviewed constantly by the steering group and the NTSAP to ensure that it is ongoing and functioning in a way that meets the needs of the NTSAP, and the managing body, in this case Crosscare.
- At times it maybe useful to introduce outside support particularly as the project is dealing with such a difficult issue, (such as counselling support.)

Also as noted in the interim report, which justify restatement here;

- Ensure that the structure and requirements that Crosscare have as an organisation are clearly set out for the NTSAP.
- Use the resources of Crosscare as effectively as possible.
- Ensure that the NTSAP's planning takes account of the structure and requirements of the wider organisation, i.e. account for time to get letters/applications approved.

Funding

The NTSAP meets on a half yearly basis with the National Office for Suicide Prevention to provide an update on the work. The NTSAP has had to absorb a cut in funding of 12½% in 2009 and a further cut of 5% in 2010. If the project continues into 2011 it is likely that there will be further funding cuts. It is commendable and important to note that due to the high levels of commitment these cuts have not reduced the morale or work of the NTSAP. The project itself has also managed to maintain the salary level of the staff despite the cuts. The wider policy of Crosscare is to ensure, as much as possible, that the staff remuneration and terms and conditions be maintained within organisation guidelines. The NTSAP has also been successful in obtaining additional funding at times, including grants from Electric Aid and additional grants from the NOSP, such as through the *Let Someone Know Campaign*.

Apart from internal cuts the NTSAP are also working within a wider environment of tighter/reduced budgets. Cuts within the wider HSE may have an impact on services and/or the capacity of individuals and/or organisations to participate or work with the NTSAP (for example travel to meetings). There are also structural changes and cuts within the community sector which largely funds the wider Traveller organisations with whom the NTSAP must work through in order to reach the community. This includes changes to the Community Development Programme and Local Development and Social Inclusion Programme which have been merged into a new Local and Community Development Programme. These changes will have a significant impact on Traveller projects, the consequences of which have yet to be fully worked out, but the NTSAP has to work within the context of these changes and uncertainties, and be aware that this is the current environment.

There are also further projected cuts within the HSE which funds all of the statutory and some community based responses to mental health and suicide. These cuts will also impact on the NTSAP's ability to work. All of the above cuts and changes are in the context of what appear to be increasing rates of suicide in Ireland, with concerns being raised through this summer (2010) of increased rates among various communities. Pieta House has noted a 'huge increase in the demand for their services during the summer months. Demand for the centres service rose by 60 per cent in June and July compared to the same period last year.'³⁰ *The Irish Times* also reported on the 19th of August an increase in the rate of suicide of 24% in the farming community from 2008 to 2009.³¹

All of these changes and funding reductions may impact on other projects/individuals ability to support the NTSAP and the project's ability to work if there are changes in both Traveller groups and mental health services.

To Note:

- As always ensure that the National Office for Suicide Prevention remain informed and involved in the work of the NTSAP, and in particular continue to develop their knowledge and understanding of the issue for Travellers in relation to suicide.
- Remain aware of the changes within the community and statutory services and projects to ensure that the NTSAP remains up to date on what wider supports are available.

Steering Group

The initial steering group was made up of members who provided the impetus to develop a response to the issue and were therefore very committed to the NTSAP's vision, ideal and work. Most, where it has been possible, have remained actively involved. The original Traveller representation and Traveller groups have proved successful in getting senior people from wider organisations such as the Samaritans and the National Office for Suicide Prevention involved in the NTSAP.

The interim report noted that there was a weakness in Traveller participation on the steering group, and it was suggested that this needed to be broadened out. Since that interim report was completed this has also been raised by the Travellers who are on the steering group. They had noted that at times they found steering group participation difficult, as the topic was complex, words that they did not understand were being used frequently and they did not, always, understand what was going on. It was noted that they felt comfortable raising this issue, which in itself was positive.

In order to address the issue of Traveller participation on the steering group the NTSAP has developed specific responses. Pre-meetings are being held for the Traveller members of the steering group prior to each steering group meeting. This has been said to

³⁰ *The Irish Times*, August 21st 2010, Page 4 'Demand for Counselling Increased in 60% in June.' Pieta House Pieta House – Centre for the Prevention of Self-Harm or Suicide is a focused, counselling service which is readily accessible to those in need. http://www.pieta.ie/About_Pieta.htm

³¹ Research conducted by Teagasc noted that there was a high rate of suicide in rural communities, compared to urban areas. (In Dublin city, the rate of male suicide was 12 per 100,000, while in Co Roscommon it was 25.5 per 100,000.) *The Irish Times*, August 19th 2010

be very useful. The Traveller representatives meet with the coordinator prior to the meeting and as a result it was noted that they can and do participate better. It helped them to have a chat, to talk to each other and get support from one another.

The NTSAP has also established a Traveller network. To date there has only been one meeting of this network but the steering group has been strengthened with some Travellers who attended the network becoming members. This network needs to be developed.

Membership of the steering group has changed over time in particular there have been changes within organisations. It would be useful to have a formal induction for each new member. This could be organised by pairing new members with those who have been involved longer, or arranging a pre-meeting with the project coordinator to bring a new members up to speed and ensure that they can get involved as soon as they join. It is important to note that Traveller members (and members from Traveller organisations) are likely to need an input on the issue of suicide and Traveller specific suicide, while non Traveller members will need to be brought up to speed on issues for Travellers. Both will need the background and work to date of the NTSAP brought to their attention.

It has been reported to the evaluator that the meetings are well run, that the steering group are well informed by the coordinator and the meetings operate within an effective and collegiate atmosphere. The coordinator provides the group with written and verbal reports. It was argued that the coordinator is very helpful and is generous with explanations, and that the steering group functions within a good environment where points or issues can be raised comfortably.

The interim report also noted that one of the most important functions of the steering group in the coming period was to examine policy development and the future of the NTSAP.

The steering group, in consultation with the project, must develop a strategy for the future and its central policy objectives. It is recommended that this is the central focus of the work of the steering group for the coming year.³²

In conjunction with Crosscare, this has been a focus of the work of the steering group in 2010. A project plan has been developed for the post 2010 period. While this work has been done, there is a need for the steering group to develop the capacity within itself to take the lead in developing and forwarding this work from within.

While the steering group itself has noted that it functions collegiately and with the best interest of the project, it needs to develop its own identity and specific function for the future. The steering group should review/develop its terms of reference; make a decision about its function re the management of the project (i.e. would it be useful to become a management rather than steering committee of the project). The steering group should *lead* the project, at times this is not the case.

At present there is membership on the steering group from non Traveller specific organisations, including the NOSP, Console and the Samaritans, but there is a need to develop and support the participation of non Traveller stake holders. In more stringent financial

³² *Interim Evaluation Report, Evaluation of the National Traveller Suicide Awareness Project*, Deirdre McCarthy, August 2009, page 17

times this will be more difficult, but the NTSAP will need to develop solidarity as well as coincidences of interest³³ with non Traveller specific projects to develop this involvement and ensure that it can get the most from these organisations for the NTSAP and the Travellers that they are aiming to support.

To note:

- Introduce an induction mechanism for the steering group.
- The steering group needs to develop its own long term aims, objectives, function and terms of reference. It might be useful to use external facilitation to develop this work.
- There is a need to develop a strategy to support and improve participation from non-Traveller specific groups in the steering group. This needs to be done by developing solidarity and elements of work that are of benefit and value to both the NTSAP and the non Traveller specific organisations. (Coincidence of interest work).
- Travellers who are nominated to the steering group must be supported by the Traveller group who they work with as well as the NTSAP.
- The Traveller Network needs to be developed.

ACTIVITIES OF THE NATIONAL TRAVELLER SUICIDE AWARENESS PROJECT

The bulk of the work of the NTSAP has been aimed at Traveller groups and Travellers nationally. As this project has limited resources such as only one staff member the project made the decision that to be effective in reaching its aims the NTSAP must work through the existing Traveller infrastructure/Traveller groups and existing non Traveller specific organisations. Therefore, the NTSAP's own effectiveness is fundamentally affected by how effective those with whom they work with are as well as the working relationships between the organisations, and the resources and capacities of organisations.

This approach was outlined in the first objective of the projects;

To develop and implement a community development approach to addressing the issue of suicide in the Traveller community through acting as a resource both to Traveller organisations and suicide related services.

The outcome to be;

- A Traveller perspective is incorporated and the Traveller organisations are empowered to provide an input into policy development.
- Culturally appropriate and sensitive resources will be available to Travellers and to service providers.

³³ Coincidence of interest: This type of collaborative work involves developing a project of work that is of benefit to each of the players involved (in this case the NTSAP and non Traveller Specific organisations). This is always the most successful as it benefits both (or more) organisations, so each are more likely to participate fully.

Work with Traveller Organisations

In simplest terms in this area the work of the NTSAP was divided into three phases;

- Year one (2008) involved outreach work with the Traveller groups
- Year two (2009) focused on training, looking at information, and introducing emotional and mental health.
- Year three (2010) involved gathering information and developing Traveller specific resources³⁴ - including posters, leaflets, the training pack and DVDs.

Work done has included:

- Six regional seminars around the country which brought Travellers and mental health organisations together to discuss issues relating to Traveller mental health and suicide. Over 400 Travellers participated in these seminars which were held in Limerick (21st/2/2008), Macroom (15th/4/2008), Enniscorthy (23rd/4/2008), Tullamore (26th/6/2008), Tuam (16th/7/ 2008) and Dublin (20th/1/2009)
- A national conference on Traveller suicide attended by over 230 Travellers. This conference brought Travellers together from around the country to share best practice.
- A pilot training course for youth workers which was developed and delivered. The resulting materials have been compiled into a training pack resource for youth workers. The youth pack was launched with the Minister John Maloney on the 23rd of June 2010. This training pack has formed the basis of training for trainers with youth workers working with Travellers in 2010.
- Training in suicide awareness has been delivered to over 20 Traveller projects around the country and this is supporting Travellers to participate in national training such as ASIST.³⁵
- In second half of 2010 the project has started to work with seven more Traveller groups.
- In 2010 the NTSAP worked with seven primary health care projects delivering training on areas such as mental health and suicide awareness.
- The NTSAP has also given approximately 20 one off inputs in 2010 alone, including two Traveller men's groups.
- The NTSAP has worked with a range of networks and Traveller groups to promote the work of the organisation, including presenting at national, regional and local events such as the Irish Traveller Movement AGM where there was a workshop on

³⁴This included the youth training pack, DVDs, leaflets, posters and website.

³⁵ Applied Suicide Intervention Skills Training (ASIST). <http://www.nosp.ie/html/training.html>

This is a two-day interactive workshop in suicide first-aid. It is suitable for all kinds of caregivers - health workers, teachers, community workers, Gardai, youth workers, volunteers, people responding to family, friends and co-workers. ASIST trains participants to reduce the immediate risk of a suicide and increase the support for a person at risk. The workshop provides opportunities to learn what a person at risk may need from others in order to keep safe and get more help. It encourages honest, open and direct talk about suicide as part of preparing people to provide suicide first aid. Participants also consider how personal attitudes and experiences might affect their helping role with a person at risk. Active participation is encouraged. It is stimulated by audio-visuals and working with others in small groups. A suicide first aid model provides a framework for skills practice. Attendance at the two full days is essential. This training was developed initially in Canada by Living Works and is used worldwide as a response to suicide. Find out more: www.livingworks.net

youth mental health, as well as working with the Irish Traveller Movement on a national youth event which focused on promoting positive mental health.

- A network has been established by the NTSAP so that Travellers can come together to develop learning and share good practice in their areas.
- 70 people took part in four 'Wellness days' in Longford, Dublin and Laois, in 2010.
- Traveller specific materials have been developed as part of a *Let someone know* youth mental health campaign. These resources are currently being distributed to projects around the country, including Traveller specific posters (developed from a poster competition) and a DVD made by Travellers for Travellers.
- Increased participation by Travellers in Applied Suicide Intervention Skills Training (ASIST).
- An openness to talk about the issue of suicide among Travellers.

EVALUATION OF THE ACTIVITIES OF THE NATIONAL TRAVELLER SUICIDE AWARENESS PROJECT

The project has been very effective at using existing Traveller structures and organisations in developing its work, such as the Irish Traveller Movement, Eastern Regional Traveller Health Network and regional networks. This has been very valuable and ensures that resources are used as effectively as possible.

There was a wide range of work conducted with Traveller groups nationally. Feedback from this work came from interviews with a proportion of projects that had worked with the NTSAP,³⁶ two focus groups with Traveller women working in Traveller projects, a summary questionnaire,³⁷ evaluation sheets that were distributed at events and from the evaluator attending many of the public events of the project.

The type of work done with the Traveller projects included training, information raising, developing materials, involvement directly with the project (i.e. on the steering group) and indirect involvement, attending seminars or the national conference. Also noted by Traveller groups was the NTSAP's role in assisting them in developing their own work in response to suicide and wider mental health issues. This included the NTSAP assisting them in making connections with other services or training such as ASIST.

The NTSAP and Traveller groups nationally, often supported by the NTSAP, have been involved in developing their own material and responses in relation to the issue of suicide. There has been a significant amount of material and work generated, including training and resources.

In all of the various forms of feedback the Traveller groups were overwhelmingly positive about their work with the NTSAP, while minor niggles were raised (microphone not loud enough, people talking, not enough time etc), overall the responses were very positive.

³⁶ A list of those interviewed is in appendix three

³⁷ The summative questionnaire provided the opportunity to all Traveller groups to feedback into the evaluation. There were twenty-two responses to the questionnaire. All of those who responded all had heard about the project, while 18 of the 22 who completed the questionnaire had worked with the NTSAP. A list of those who responded is in appendix three

At a variety of events groups were asked to complete evaluation sheets.³⁸ Overall the feedback was very positive.

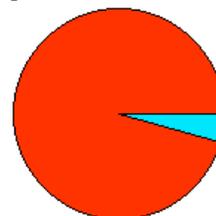


Were you happy/unhappy with today's event?

Total Answers 129

Group	Count	%
Happy	109	85%
In Between	19	14%
Not happy	1	1%

Did you find the event useful?



Did you find the event useful?

Total Answers 137

Group	Count	%
Not Sure	6	4%
Yes	131	96%

85% were happy with the event that they had attended, in all of feedback only one person noted that they were unhappy and 96% of those who responded found the event useful.

The feedback from the Traveller groups about the value of the work to them included the following;³⁹

- The work identified suicide as a priority issue to tackle; suicide prevention has a higher profile in the community as a result.
- It helped focus our work for the year to include the issue of suicide.
- The ASIST training, which was obtained through our work with the project, gave us the skills and confidence to try and intervene with people at risk.
- The DVD provided a tangible training aid to use in discussion with the community.
- We have a sense of action being taken to address the issues.
- It provided us with basic information in relation to the important issues such as signs of suicide and how to support someone you suspect may be in that situation, as well as what services are out there for people that we can refer people to.
- It provided the confidence to respond to the issue.⁴⁰
- It helped the Traveller women and our Traveller group to ask questions and get information ourselves.

There was no negative feedback from the Traveller groups.

³⁸ Evaluation sheets were completed at a range of events including training sessions and information events.

³⁹ These comments are direct feedback from Traveller groups nationally in the various feedback methodologies.

⁴⁰ One worker noted that she had dealt with eight families recently who had been affected by suicide and had a sense that she could have done more, but after working with the NTSAP and doing the ASIST training the guilt at what she had felt was an inadequate response on her own part was lifted somewhat, and it helped her deal with the issue with more confidence.

In terms of working with the NTSAP it was said to have (been);

- Very forthcoming with help and advice when needed.
- Innovative and creative when working with young people.
- Provided a space to discuss the taboo topic of suicide in the Traveller community.
- Has helped push the boundaries and affected real change as a result.
- A great support to have a central point for mental health information, support, motivation and vision.
- The project distributes the learning and prevents the wheel from being constantly re-invented in different areas at different times.

On a wider level it was noted that the NTSAP;

- Promoted more awareness of the issue in the Traveller community, providing a platform where these issues can be discussed while conversely informing funders and policy makers of the main issues and needs of Travellers in relation to this issue.
- Overall the NTSAP provides a space for meeting with service providers, highlighting information and providing a medium where Travellers can speak about their experiences and the effects on the community.
- This is a Traveller specific project, which brings an extra level of knowledge and understanding of the particular issues experienced by Travellers.
- Suicide is a huge issue among Travellers and it is vital that a Traveller specific response remains.

The NTSAP has excellent knowledge of the Traveller structures, and uses/used them very effectively, such as the primary health care groups, local Traveller groups, national organisations, the ITM youth subgroup, and regional and local networks. The project is well embedded within the Traveller project infrastructure, and yet also independent from it, which is highly valuable.

The style of the NTSAP has been very positive and inspiring, particularly when considering the topic in hand. The project has worked to dispel that notion that nothing can be done about the issue of suicide, suicide adulation, or suicide risk. Also, this very difficult and emotionally draining topic has been dealt with immense sensitivity, but also in a positive manner, which has immeasurably benefited the NTSAP's capacity to involve people.

The overall effect has been that the NTSAP has handled the issue with sensitivity, while at the same time ensuring that Traveller groups have not been paralyzed into inaction. The effect has been positive and inspiring which has allowed Traveller projects to start to address the issue and allowed them to start with small steps.

The extensive work with the Traveller organisations on the issue of suicide has ensured that the NTSAP has continued to act as a driver for the issue, working on the issue directly itself but also supporting and encouraging Traveller groups themselves to raise, discuss and begin tackling the issue. This has been very positive, but there are two areas that need to be noted.

The NTSAP and those who have worked with the project, including Travellers and Traveller groups, have raised and acknowledged areas where there have been gaps in tackling the issue of suicide among the Traveller community. The most significant gap is the continuing difficulty in reaching and working with those who are statistically most at risk of suicide within the community, young Traveller men. Traveller groups have a long history of working with Traveller women, particularly on health related issues, but there are significant gaps when it comes to working with/linking with Traveller men. Those most at risk of suicide are often those who are not engaged with/engaged by Traveller projects⁴¹, and therefore not encountering the work of the NTSAP.⁴²

The project itself as it is currently resourced could only be effective by working with those groups who are based and working with Traveller communities nationally, as such this should remain a methodology of work, but there is an urgent need to target vulnerable Traveller men. With current resources (in particular one staff member) this is something that can only be addressed in partnership with the infrastructure of Traveller groups nationally by developing a collective strategy to target and work with these vulnerable members of the community.

To note:

- As referred to above, using the existing Traveller infrastructure has meant that there is a weakness in relation to assessing and getting Traveller men involved in the work of the project. As the bulk of the work of Traveller organisations nationally, and particular in relation to Traveller health has been focused on Traveller women, it is very difficult to access Traveller men. This leads into the issue of reaching those most at risk of suicide. As Traveller men are often those most at risk there is a weakness in relation to directly engaging them in this work. Their mothers, sisters, wives and daughters maybe learning and developing their skills and confidence, which should mean that their own health and risks can be better addressed, but it remains difficult to directly reach that target group effectively.
- It was noted in feedback that although many Travellers are working in their own community many are still very reluctant to tackle or engage with issues relating to mental health, suicide and bereavement, therefore these skills must be further developed and enhanced. The effectiveness of the NTSAP to reach those most at risk will be limited until those workers on the ground are skilled and supported enough to engage in this directly. These skills and confidence will take time, but they will come with support. Initially many Travellers did not want to deal with issues in relation to sexual health and these are now routinely dealt with. But it is important to note that many who have received training and information are still very wary of engaging directly with someone who they know to be at risk. The sense of fear and disempowerment still remains significant.
- It is positive that the NTSAP itself recognised the weakness, but clearly those at risk groups must become the focus of future work. If this is through existing Traveller groups, efforts must be made with those organisations to ensure that are reaching and targeting Travellers in their communities who are at risk, or the project itself must develop its own resources to conduct this outreach work directly.

⁴¹ This is not to state that those who are not linked in with Traveller projects are at risk of suicide, by virtue of not being involved, just to state that as the methodology is centred on working through Traveller organisations those not involved/linked to those organisations will not be reached.

⁴² The issues of Traveller men's health and the dis-improvement of their health status, such an increase in gap in life expectancy for Traveller men as compared to settled men has been examined in the *Our Geels* study released 2nd September 2010.

The NTSAP has very successfully worked with Traveller groups nationally and as part of that work has linked with Traveller groups and developed material for the groups to use locally and nationally. The NTSAP has produced a range of materials for Travellers and Traveller organisations to use in working on the issue of suicide within the community including the youth training pack, posters, information leaflets as well as training. Local projects have also produced material within their own work and as part of work that they did with the NTSAP.

To note:

- When material is developed by groups it is important that it is developed within guidelines such as those developed by the NOSP and the Samaritans. The NTSAP should support groups to do this. When producing material it is essential to avoid the following when discussing suicide;
 - Explicit or technical details⁴³
 - Simplistic explanations
 - Ghoulish depictions, dramatic images etc.

The project has also successfully applied for and been awarded an additional €8,000 from the *Let Someone Know Campaign* and work has started with four Traveller groups to develop their own mental health programme, with the aim of finishing this work in 2011.

Linked to the following section, *work with non Traveller specific groups*, there is a need to further develop the links between work done with Traveller groups and the wider sector (both statutory and community/voluntary) who are responding to the issue.

To note:

- There is a need to develop links between the work that Traveller groups are doing and the non Traveller sector, as well as building the capacity and knowledge of local Traveller groups on the issue so that they can engage with local resources and services.
- There is a need to ensure that work that is done with Traveller groups is not in isolation; therefore work should be linked as much as possible with the resources in a local area. For example when a Traveller group start work the local suicide resource officer should be contacted to let them know that work is being done. There is a need to ensure that work is not isolated and is appropriate.

Training

Much of the work of the NTSAP has involved training using material developed by the project as well as internationally recognised training programmes such as ASIST and Safe Talk.

⁴³ The Irish Association of Suicidology and the Samaritans (No Date) *Media guidelines for reporting suicide and self-harm*

Traveller specific training has been developed by the NTSAP. Work has been developed and delivered to primary healthcare projects and Traveller projects which has focused on the issues of mental health and suicide to develop Travellers and Traveller projects understanding of the issue.

A youth training pack was also developed in conjunction with a Suicide Resource Officer and piloted with youth workers who work with young Travellers. Training for trainers events, using the youth training pack, have been conducted in the second half of 2010 with youth leaders to support them to deliver the training. The youth training pack and board game have been developed to a very high standard and printed with additional resources provided by the NOSP through the *Let Someone Know* campaign.

To note:

- Suicide is a critical issue for young Travellers and prior to this there had been very little work done with this target group. It has been vital that resources have been developed to explore this issue with young Travellers.

The coordinator of the NTSAP has also been trained as an ASIST trainer, (and to provide *Suicide Talk*) and has provided ASIST training to groups nationally in conjunction with the HSE and community trainers. She has provided training to Travellers, those working in Traveller organisations and others.⁴⁴

Feedback from recipients of training as well as those who worked with the NTSAP to deliver training (ASIST co-trainers) have stated that the coordinator is an excellent trainer. Feedback from all sources stated that she is an exceptional communicator, and can handle whatever emerges from a group. In terms of organising the work, both Traveller groups and non Traveller groups, and statutory and non statutory organisations noted that the coordinator was extremely easy to work with, very open and represented the organisation very well.

To note;

- As training, in all of its manifestations has been so central to the first phase of the work in tackling suicide, it has proved central to the success of the project to date that the coordinator is a skilled trainer.

ASIST specific issues

The ASIST training is a central tenet of the NOSP response to suicide nationally. It provides recipients of the training with the skills to provide an emergency response to reduce the immediate risk of a suicide and support for a person at risk. It is first aid for suicide, which focuses on developing practical skills.

⁴⁴ There are very specific rules around the delivery of ASIST training, some governed by the HSE and others by Living Works who developed the training. Primarily the ASIST programme must be delivered by two people. The training must be run over two full days, the content of the programme must not be altered and in order to become accredited and maintain accreditation a certain number of trainings sessions must be delivered. The HSE require that not all participants come from the same target group (i.e. not all should be Travellers/from Traveller organisations).

As the coordinator is a trained ASIST trainer she has been called upon by HSE suicide resource officers and others to run ASIST training. This has ensured that the coordinator can maintain her accreditation, but also been a useful way to ensure that Travellers get places on training.

As Travellers often live and work within their own community, getting the majority of their support from within their own community, training such as ASIST is particularly useful. Travellers are more likely to seek help within the community, and it is those who are within the community who are much more likely to be aware/see who is in need of help. This is particularly true for Traveller men, who are more isolated than Traveller women and who often conduct almost all of their lives within their own community.

To note:

- As the NTSAP is a one person project there is a need to ensure that time away from the direct work of the project is limited and results in a benefit for Travellers, such as training places when the ASIST training is offered.
- There is a continuing need to make the argument for places for Travellers in training such as ASIST.

The ASIST training is not Traveller specific and it cannot be changed to be made Traveller specific as any changes would mean that it would no longer be accredited. There has been a mixed view from Traveller groups and Travellers in relation to this matter⁴⁵ with some arguing that they found the ASIST training very useful and others feeling that it was not as relevant as it could be for Travellers.

To note:

- Although the content of ASIST cannot be changed, the project can offer an additional element to the training, possibly doing a further half day session with Travellers who have done the ASIST training (either directly afterwards or at another date) to discuss issues raised and examine Traveller specific responses.

WORK WITH NON TRAVELLER GROUPS

It was noted in the interim report that to reach the overall goals of the NTSAP there is a need to move the focus from the awareness raising, outreach and training within the community, to bringing the issues that Travellers raise out to the policy makers and service providers.

The project has been very successful at getting Travellers and Traveller groups to raise, engage and tackle the issue.

What has been developing is a Traveller perspective, with Traveller organisations empowered to develop their own material and responses; the next stage is to make that material and the Traveller perspective visible and accessible to all who need it, or should be engaging with it and to move that perspective and empowerment into policy development

⁴⁵ The NTSAP intends to conduct a review with Travellers who have participated in the ASIST training to develop a better understanding of their experiences of doing the training and to ascertain how useful they found it.

and service delivery. Therefore, the debate and issues raised by Travellers and within Traveller groups must be captured and delivered back to Traveller groups, service providers and at policy levels.⁴⁶

Work with non Traveller specific organisations including policy/decision makers to respond to the needs of Travellers is underway, but not as developed as the work with Traveller groups. The NTSAP has worked with a number of projects, including those on the steering group such as the Samaritans and Console, as well as the NOSP, and some other organisations than are also funded by the NOSP, including Bodywise, Living Links and GLEN.

Non Traveller specific projects and workers have noted that they found working with the NTSAP has assisted them to work with Travellers groups. Often this assistance is as straightforward as developing their understanding of the structures of Traveller organisations. What is often not immediately apparent to those who work within Traveller organisations is that the network of Traveller organisations and structures can be difficult to understand from the outside, such as national organisations, community development projects, youth projects, primary health care groups and training workshops. These organisations have stated that they found it very useful to have the project to help them create links both nationally and locally assisting them to negotiate their way around Traveller structures.

To note:

- Non Traveller specific services and projects, both nationally and locally must be informed of the issues and needs of the Traveller community and their responsibilities to respond to those needs within their work. The NTSAP should develop material aimed at these projects to inform them of the issues (such as factsheets) which outline the issues for Travellers, (such as the high number of young Traveller men dying by suicide) and the risk factors and vulnerabilities for Travellers.
- Statutory services have a responsibility to ensure that Travellers are included in their programmes of work, therefore work should include challenging/supporting these services and projects to engage with Travellers and Travellers organisations locally and nationally.

Evaluation of Outcomes

The interim evaluation report noted the following, (this remains the case);

The project has been very successful in raising the issue of suicide among Traveller groups. Suicide and mental health are being discussed and responded to in a wide range of Traveller projects. The National Traveller Suicide Awareness Project has for many Traveller groups been the impetuous for examining this issue and gives many of those who are concerned an understanding that there is something that can be done. In a sense the project has acted as a driver for the issue.

⁴⁶ *Interim Evaluation Report, Evaluation of the National Traveller Suicide Awareness Project, Deirdre McCarthy, August 2009, page 4*

There has been a huge amount of work done with Traveller groups, providing information, conducting training and supporting them in developing their own work. Travellers are very interested in this issue and are really pleased that it is being raised and that the stigma is being challenged. The work of the project is regarded as very positive in breaking the barrier and getting the issue on the agenda.

The NTSAP has been a hub in connecting Travellers, Traveller groups and agencies and in breaking the taboo which exists around suicide and mental health. The NTSAP has been received very positively by the Traveller community. Over 1,000 Travellers have participated in training, seminars, conferences, discussions in the three years of the project and there is now an openness to talk about the issue of suicide among Travellers.

The issue itself has also been handled very positively by the project, which was an excellent approach. Focusing on issues such as well being and complementary methods has allowed the project deal with such a difficult issue positively.

The true impact on Travellers is impossible to measure (there has to be more research done to improve the levels of data); but as described by one respondent;

Mental Health and well-being is an issue which challenges everyone during life. How we are able to manage the challenges; how willing we are to discuss them; or able to access the resources available varies greatly. The work currently being undertaken to raise awareness and our ability to respond to mental health issues can only have a positive impact. The value of the work may be hard to determine but its benefit is immeasurable. People are becoming more open and willing to seek support on issues affecting their mental health.

Having a project that is working specifically on the issues has also assisted agencies and projects to focus their own work and target Travellers, ensuring that Travellers are included in their own work plans and work load. Due to the changed funding environment resources and projects are under pressure, therefore there continues to be a need to have this push to ensure that Travellers are included. As one non Traveller specific respondent noted, without this push it will be easy for organisations to forget about Travellers or just leave them out as they are often deemed difficult to reach, and consequently more work.

The project has opened up the issue, Travellers are now naming and talking about the issue and developing material.

The NTSAP and Traveller groups nationally have all been involved in developing their own material and responses in relation to the issue of suicide. There has been a significant amount of material and work generated, including training and resources.

What has been developing is a Traveller perspective, with Traveller organisations empowered to develop their own material and responses; it is important to make that material and the Traveller perspective visible and accessible to all who need it, or should be engaging with it and to move that perspective and empowerment into policy development and service delivery. Therefore, the debate and issues raised by Travellers and within Traveller groups must be captured and delivered back to Traveller groups, service providers and at policy levels.

During 2009 and 2010, the project has further developed its work non-Traveller specific projects, this work needs to continue to be developed and focused on to ensure that Traveller perspective and the needs of the Traveller community are responded to by those funded to deal with issue of suicide for the wider community.

The interim report, when completed in August 2009 focused on three key recommendations for the final period of the project.

These were;

- A strategy for managing the information of the project
- Supporting non-Traveller specific organisations to meet the needs of Travellers
- Developing policy and a future for the project

Developing policy and a future for the project

Most successfully has been work to develop the policy and future for the project. Since August 2009 this area has been addressed with extensive work between the coordinator of the NTSAP, Crosscare and the steering group to develop a proposal for the future of the project post 2010.

A strategic plan for the post 2010 period has been developed and forwarded to the National Office for Suicide Prevention.

A strategy for managing the information of the project

It would be useful to showcase all of this work on a central website managed by the National Traveller Suicide Awareness Project. The NTSAP should use the resources of Crosscare, to develop this website to house all of the work of the project, and Traveller groups nationally, on the issue of suicide. The aim would be to have the work visible and accessible for both Traveller groups looking for information or a starting point for their work and non-Traveller specific service providers to get an insight into the Traveller experience. It would also hold all of the resources and work that is being developed both by the project, such as training, and by Traveller groups nationally, including information leaflets, plays, training and information on events.⁴⁷

More work needs to be done to develop access to the information and resources that the project, as well as Traveller groups, have developed. Training packs, posters and DVDs have been developed and launched and physical copies of this work have been widely distributed. These have been noted as valuable resources. As the project is well known at this point and established within the Traveller structures groups are able to access this material. What remains weak is access to the information on line and access to wider information. This area needs to be developed in the coming period.

Material is available on the Crosscare website, but at present there is no specific page for the NTSAP and the material available to download from the Traveller Inclusion page. This is not a straightforward or transparent route to finding information.

⁴⁷ Deirdre McCarthy, August 2009 *Interim Evaluation Report, Evaluation of the National Traveller Suicide Awareness Project*, Page 5

To note:

- There is a proposal to develop a *Facebook* page and/or website for the project in the coming months. This would be easily accessible, but must be developed within strict guidelines to ensure that it is not used inappropriately as some of these media are open to others to add comments. It would be useful to research this approach with other organisations who have used this method, such as Pieta House.⁴⁸

Supporting non-Traveller specific organisations to meet the needs of Travellers

Overall, there is a need to focus work on service providers and policy makers to support, and where necessary challenge, service provision to ensure that Travellers are able to access services that are useful and appropriate to their needs.

There is a need in the coming period to develop work with the non-Traveller specific organisations. Excellent links have been established with organisations such as the National Office for Suicide Prevention, Samaritans and Console, what needs to be further developed is specific ways of working together to achieve the goals of the NTSAP. The work of the project to date has meant that there is good will between the project and many of these national organisations which should support and assist in developing this work.

An area of work that both the NTSAP and local projects have noted is awareness raising/training aimed at non-Traveller specific service providers who are working on mental health and suicide, such as the HSE, and voluntary /community projects. Training that could develop their knowledge and understanding of Travellers, as well as challenge prejudices. Within the voluntary and NGO sector groups regularly run training for their volunteers, therefore, there are opportunities to engage in that process at local and national level.

Wider recommendations

The Walker study had recommended that in order to tackle the issue of suicide within the Traveller community there is a need for;⁴⁹

1. Further data collection
2. Supporting increased resilience among Travellers
3. Supporting greater participation and expression of Traveller voice
4. Supporting the family
5. Information for Travellers
6. Training and support for Travellers

The NTSAP has worked extensively on recommendations 2. (*supporting increased resilience among Travellers*), 3. (*supporting greater participation and expression of Traveller voice*), 5. (*information for Travellers*) and 6. (*training and support for Travellers*) with

⁴⁸ A very disturbing *Facebook* site that was directing hatred and racist diatribes at Travellers was closed down by *Face book* in the Summer of 2010.

⁴⁹ Mary Rose Walker , 2008, *Suicide Among the Irish Traveller Community 2000-2006*

some work on 4. (*supporting the family*). Crucially there is a need for work to be done the first area, (*further data collection*) as well as further developing work on area 4., (*supporting the family*). The NTSAP itself has considerable access to information that could be gathered and collected systematically. This should be a priority for the future in order to continue to develop understanding, to measure the experience of Travellers, and to assess the impact that interventions have.

Weakness

- It is challenge for one worker in a national project to do all that is necessary.
- Reaching those most at risk of suicide. How does the project access those most at risk? Local projects often have the same difficulties and it was noted consistently by respondents that many Travellers, including those who work in Traveller groups, are reluctant to engage with Travellers who are at risk of suicide, including those recently bereaved, those who have self harmed/attempted suicide previously, families where there has been a previous suicide and isolated young men.
- Given the scale of the problem, the currently levels of capacity to deal with the issues among the Traveller community, barriers such as stigma and fear that surround suicide, a three year project with limited resources is unlikely to make a significant impact on the really central crux of the problem, the actual number of suicides.
- There is an urgent need to develop research to improve understanding of the issues.
- There is a need to develop policy skills and strategies in relation to this issue.
- There is a need to improve non Traveller stakeholder involvement.

It should be noted that in the initial vision of the project was included the aim of reducing the number of attempted and completed suicides within the community.

The project seeks to develop and implement a community development approach to addressing the issue of suicide in the Traveller community through acting as a resource both to Traveller organisations and suicide related services in terms of raising their awareness on the issue of suicide in the Traveller community and promoting the development of initiatives to support suicide prevention, intervention and post-intervention, in a coordinated manner **and in so doing to reduce the number of attempted and completed suicides in the Traveller community.**⁵⁰

The *Our Geels –The All Ireland Traveller Health Study*,⁵¹ suggested that the rate of suicide has increased. This study estimated that the rate of suicide among the Traveller population in 2008 was six times the rate for the national population and accounted for 11% of all Traveller deaths. The Walker study had estimated that rates were more than three times that of the national population (peaking in one year at five times). Therefore, it would appear that the rate is rising. This should be taken within the context of a significant rise within the general population, estimated at 24% between 2008 and 2009.

⁵⁰ National Traveller Suicide Awareness Project Strategic Plan 2007-2010

⁵¹ *Our Geels –The All Ireland Traveller Health Study 2nd* September 2010

Caution should be taken when using figures or statistical data, such as a reduction in the rates of suicide, particularly in a very small population, as a target of work. In a small population very small increases will cause a statistical jump. Therefore, if outcomes and measures of success are based on targets such as these a project would fail an evaluation because of one or two suicides and/or changes far outside of the remit of the project. Although projects like the NTSAP should be ambitious and strive to reduce suicides within the community, there is a need to ensure that targets are achievable and that good work is not undermined by having a small number of statistical targets.

The future

The work of the NTSAP into the future must be built on work done to date and developed to the next stage. The education and awareness raising should and would remain a function of any work into the future. These elements were an essential first stage of work as well as being the sensible place to start, now there is a need to take the next step, moving from a focus on education and awareness rising, to developing skills and strategies to conduct direct work with those who are vulnerable and at risk of suicide, and their families.

A QUICK SUMMARY OF THE OBJECTIVES AND STRATEGIES

<p>Objective 1: To develop and implement a community development approach to addressing the issue of suicide in the Traveller community through acting as a resource both to Traveller organisations and suicide related services</p> <p>Overall this has been excellent.</p>	<p>Strategy 1: Develop and service a steering group This has gone well. One of the actions was to maintain Traveller participation. This had dipped but work has been developed to ensure and maintain Traveller participation. There is a need to develop, expand and support the non Traveller group participation on the steering group.</p> <p>Strategy 2: Develop and maintain a relationship with groups and agencies around the country and maintain a contact list. Excellent relationships have been developed with Traveller groups, both local and national, and the project is clearly embedded within Traveller infrastructure. The project has also very good relationships with those non Traveller specific groups that they have worked with, these relationships have assisted those organisations to negotiate their way around Traveller structures. There is a need to develop further relationships with other non Traveller specific groups and organisations and challenge/support them to work with Travellers and improve outcomes for Travellers when they do work with them.</p> <p>Strategy 3: Develop an evaluation framework for the project This document is the final evaluation report.</p> <p>Strategy 4: Maintain and develop adequate reporting procedures These have been developed between the project and steering group, as well as the NOSP.</p> <p>Strategy 5: Disseminate appropriate information to relevant groups The development and dissemination of information to and between Traveller groups has been very good, but can be even further developed by having information available on an easily accessible website. Information has been developed by the project including a training pack, training programmes, information, posters and DVDs. There is a need to further develop information for non Traveller specific groups on the issue of suicide within the Traveller community. There is a need to ensure that there are links between this Traveller specific work and wider non Traveller specific services, (statutory and community/voluntary, as well as locally and nationally).</p>
<p>Objective 2: Determine the risk of engaging in suicidal behaviour associated with belonging to a Traveller group, and reviewing the existing available services and support agencies for Traveller groups</p>	<p>Strategy 1: Identify and select target groups The target groups, in particular young Traveller men, have been identified but what has also been noted is the difficulty of reaching these target groups. The gap here is the capacity for the NTSAP and other Traveller groups, with whom the project works, to do outreach work with those who are most at risk. Extensive work has been done with Traveller groups and developing their knowledge of services and</p>

<p>The target groups within the community have been clearly identified, what needs to be further developed is the specific risk and needs of those groups, and how to respond to them directly.</p>	<p>establishing links between them and local services. What needs to be further developed is the work with those services, informing, challenging and supporting them to respond to the needs of Travellers within their community.</p> <p>Strategy 2: Develop a series of focus groups with primary health care programmes and community development projects and do an audit of local services and develop appropriate responses to the identified gaps. This work has been very positive, there is a need to develop and disseminate the learning from this work to Traveller groups and also to non Traveller specific service providers and policy makers.</p> <p>Strategy 3: Develop appropriate resources to be used with groups This work has been very good and a lot of material has been developed by the project and other groups. Continue to disseminate this work, and develop electronic dissemination outlets. There is a need for the project to support Traveller groups to produce work that is within good practice guidelines.</p> <p>Strategy 4: Develop and maintain links with relevant national organisations Excellent links have been made with national organisations who work with the project. What would be useful is to develop information resources for non Traveller projects to develop their understanding of the issues for Travellers as well as developing a strong NTSAP policy agenda to underpin the need to inform, challenge and support them to respond to the needs of Travellers.</p> <p>Strategy 5: Organise regional events This has been excellent, with events well run and attended.</p>
<p>Objective three: Develop services, supports and information/education resources to improve mental health and well being and reduce any increased risk of suicidal behaviour, in consultation with the Traveller community</p> <p>Extensive resources have been produced.</p>	<p>Strategy 1: Coordinate a national campaign This work was led by the NOSP, the NTSAP actively participated</p> <p>Strategy 2 : Participate in NOSP media campaign This work was led by the NOSP, the NTSAP actively participated and were on the steering group of the <i>Your Mental Health Campaign</i></p> <p>Strategy 3: Promote access to ASIST training for Travellers This was excellent. The coordinator is now also a trained ASIST trainer. Apart from directly providing training the NTSAP has also established links between local Traveller groups and ASIST training providers nationally to gain places for Travellers. There are plans to conduct a review with Travellers who have participated on ASIST training.</p> <p>Strategy 4: Develop Traveller specific training where necessary e.g. FETAC module for primary healthcare projects, or youth training This work has been very successful. The coordinator has been noted as a skilled trainer. Training has been developed and piloted with primary health care workers, and a youth training pack has been developed and launched.</p> <p>Strategy 5: Develop culturally appropriate resources or events which will promote access to information Extensive material has been developed, including training, information resources, DVD, and posters. Access to the information can be improved with material put on an easily accessible website.</p>

TRAVELLER SPECIFIC ISSUES RAISED

During the course of this evaluation, some Traveller specific issues were raised in relation to Traveller's experience and risk of suicide. It is useful to note some of those issues, particularly for those who are not working directly with Travellers, to highlight some of the Traveller specific concerns and the context for the community in relation to the issue.

As with all health and wellbeing issues the problem of suicide among the Traveller community is multilayered and embedded within socio-economic factors, therefore responses must be cognisant of the social determinants of the issue as well as health related factors. The social determinant model was also central to *Reach Out*.

The issues were, by and large, issues raised specifically by Travellers and Traveller groups as well as in literature specific to Travellers.

Fundamentally the issue of suicide among the Traveller community is more acute than among the settled community, particularly among Traveller men. Rates are estimated to be at up to six times that of the national population and young Traveller men are very acutely at risk. This is a significant and frightening issue within the community.

The research conducted by Mary Rose Walker classified five types of suicide within the Traveller community,⁵² the first two were felt to be pertinent to all communities, troubled suicides and motiveless suicides, while a further three, she argued, were closely linked to Traveller culture, and as such are Traveller specific these were;

- Bereavement suicides (a significant issue of concern was noted, in 40% of cases where a Traveller took his/her life following the death of somebody close, that death itself was also a suicide.)
- Violence suicides
- Shamed suicides

GRIEF AND BEREAVEMENT

During the evaluation the issues of grief and bereavement were often raised by Travellers. Travellers experience very significant levels of both for a number of reasons. Traveller health and mortality rates compare very unfavorably to the settled population with Travellers dying younger than the settled population and having high rates of infant mortality; Traveller men have over four times the mortality rate of the general population, Traveller women three times, infant mortality rates are 3.5 times the rate of the general population.⁵³ Therefore, the community experiences higher and more intense levels of grief. The affects of this cannot be underestimated.

⁵² Walker; xii-xiii

⁵³ *Our Geels*, All Ireland Health Study, Key Findings, Pavee Point <http://www.paveepoint.ie/>.

Apart from the high level of death and early death, Traveller families also often live in large extended family networks, therefore, the affects of loss and bereavement can be magnified as death within the wider family network are more keenly felt as they are closer to their wider families. There are commonly multiple bereavements in families, often meaning that families don't have time to grieve. The Walker study and Travellers responding to this evaluation also noted multiple bereavements as a result of suicide within families. Some families feel that they are perpetually in mourning.

More difficult to quantify or grasp, grief is also manifested as a response to the loss of culture and tradition, particularly for older Travellers, and to the daily occurrence of discrimination that Travellers experience.

Walker reported that this link to grief was also identified within Aboriginal communities.

Tatz (1999) refers to a perpetual cycle of grief as a major factor in Aboriginal life. This grief is for relatives who die in infancy or who die young from diseases, accidents or violence, and grief for losses of their land and traditional culture. Miller Chenier (1995), referring to the indigenous peoples of Canada, suggests that unresolved grief may be a widespread psychobiological problem associated with suicide.⁵⁴

Traveller culture also places enormous importance on the rituals of grief and mourning, Traveller funerals are often the most visible manifestation of these cultural practices, but there are cultural expectations around grieving which some Travellers noted can cause stress and grief also.

Unfortunately Travellers spoken to as part of the evaluation also noted that there was an absence of confidence and skills in relation to dealing with and supporting those experiencing grief or bereavement. Travellers noted that they would be reluctant to engage with someone who was grieving /bereaved to offer support. Even those who are trained to work with their community on issues such as health and/or community development stated that they would be reluctant, and do not have the skills, to engage with grief.

In conclusion, there is an urgent need for support in relation to grief and bereavement, and to strengthen the community's skills and capacity to respond to these issues.

VIOLENCE

Travellers noted that there are significant issues with conflict and violence within the Traveller community and directed against Travellers. Previously Travellers often moved to avoid violence but this is no longer a viable option. Violence, both domestic violence and what has been termed feuding, or inter community violence, have also caused huge emotional distress for families.

SHAME /SCANDAL

Mary Rose Walker argued some suicides appear to be linked to shame. In discussion with Travellers it can be identified that within Traveller culture there is a very developed sense of shame that is often linked to the loss of respect. Issues and behaviours that are deemed shameful are often linked to sexuality, as well behaviour that may have resulted in addictions, involvement with the police or

⁵⁴ Quoted in Walker, page 24.

family breakups. There are also very significant pressures on Travellers who are Gay/Lesbian in a community which has not come to terms with non-traditional family roles. There is also a sense of shame around mental health problems.

More often Travellers also refer to *scandal*. Scandal is a specific type of shame that is linked to sex and deviations from what is considered appropriate sexual behaviour within the community. The threat of scandal can be very limiting of behaviour and a very powerful force in Traveller lives. Fear of scandal and strict morale codes in relation to sexuality put pressure on Travellers in range of ways, for example, in relation to marriage breakdown, sexual orientation, sex before marriage (specifically for Traveller women) and fear of *talk* about behaviour.

Shame has also been identified with mental health issues and suicide itself, (as is often the case with the settled community.) Suicide as a taboo is linked with notion of shame. For example when there is a suicide within a family sometimes it is not acknowledged, it is not uncommon for the family to state that the person died from other causes, such as sudden adult death syndrome. It was noted that this is changing, in no small part as a result of the work of the NTSAP.

Shame/scandal and the fears related to both mean that the wider Traveller community, and what they think, can and do have an enormous impact on individuals. There are also changes within the culture in relation to these issues with young Travellers pushing boundaries while still being expected to adhere to these codes of behaviour, this causes both cultural and personal strains and pressures.

These issues mean that many Travellers are fearful of being seen to have mental health problems, suicide or bringing shame on themselves or their families. This can inhibit the ability to seek help; particularly outside the family. The result is that Travellers often only use services in a crisis. Therefore, Travellers don't seek support and/or can't talk about their feelings, in particular Traveller men. Like many men, Traveller men simply won't talk about situations, they may deal with problem in a more destructive way, including using alcohol and drugs

There is a need to be aware that stigma (and Traveller specifically, scandal) can and does kill.

TRAVELLER CULTURE

Culturally the family is central for Travellers; that is where Travellers get their informal support, have their friendships etc. Therefore, supports like ASIST maybe even more important to Travellers as the family is the most likely support to be there for someone in a crisis. It is important to ensure that Travellers are able to access programmes such as ASIST to support preventative work within the community.

Many young Traveller men are becoming more and more marginalised and isolated even within their own community. Young Traveller men are not engaged in services, education or employment.⁵⁵ These young men are less educated than their female peers, traditional forms of employment are drying up and their identity in what has been a strongly patriarchal culture has been undermined.

⁵⁵ Deirdre McCarthy, April 2007 *Executive Summary Responding to the needs of young Traveller men at risk in the Tallaght and Clondalkin area* and Deirdre McCarthy, May 2005, *Responding to the needs of young Traveller men at risk in the Tallaght and Clondalkin area*

Some young men are getting more involved in drink and drug taking behaviours. It was argued by Traveller women that ***the lifestyle has changed so much, there is a lot of pressure on the younger Travellers, they are under pressure to be settled.***

DISCRIMINATION

Travellers experience discrimination in every aspect of their lives, and this can and does affect people emotionally. Acts and forms of discrimination can also cause depression and anxiety, from straight forward refusal to allow members of the community to participate fully in society, to damaged education and restricted life opportunities. What is often underestimated is the constant micro aggressions directed at Travellers daily (the snide remark, poor manners, dirty looks), which can cause constant suffering and undermine self worth. (It should also be noted the expectation of poor treatment, which many Travellers have because of many experiences of poor treatment, can be as damaging.) All of these can and do cause Travellers huge emotional distress.

It was argued that accommodation problems and depression are closely related. Families who are living in a physical crisis, such as poor accommodation, are under a huge emotional and physical burden which Travellers argue can and does lead to serious mental health problems. Some Travellers also noted that there are more and more young Traveller families are living in rented accommodation, away from their wider families, in some cases experiencing identity crises'.

Suicide and mental health issues within the Traveller community are intrinsically linked to wider socio-economic issues such as discrimination, poor health status and educational disadvantage.

Resilience has to be taught in the face of racism and discrimination.

ACCESSING SERVICES

There is a gap in very basic information among Travellers. This is true for factors affecting mental health and wellbeing (such as alcohol, diet and exercise) to an understanding of the way in which the services currently operate. This leads to a number of issues: while there maybe services available, Travellers won't use them or don't understand what they are for. They also do not engage with services in the way that the services operate, for example Travellers often do not effectively engage in group therapy, peer support, making and maintaining appointments or participating in preventative approaches. For example, Travellers have not traditionally engaged in anonymous based peer support such as AA. Travellers will often not take part in preventative care, but present to services when problems become acute. This means that they often cannot access services quickly due to appointment based systems.

Therefore, there is a need to support Traveller involvement in all of these services.

Coupled with Travellers lack of understanding of services there is a need for services to learn about Traveller culture and to respect their culture and identity, and respond appropriately to their needs.

Travellers, like other members of the community, have to deal with the services as they currently stand. Apart from their own weaker knowledge of the services, in many cases there just aren't any suitable services. Travellers when they have accessed services for

mental health issues often get a purely pharmacological response. Many respondents noted that a lot of Traveller women are reliant on prescription drugs.

When Travellers do seek support they first use their family, religion and cures. It was noted that Traveller men are comfortable going to priests to discuss issues, and that Travellers in general trust priests. (Priests are often used to deal with issues with addiction, where men will go to *Take the Pledge*.⁵⁶)

TRAVELLER HEALTH

Knowledge and understanding of issues relating to mental health and suicide are very poor within the Traveller community. There is a basic lack of understanding of what constitutes good mental health, what factors contribute to both good and poor mental health, how to respond to the issues, what services are available and how to access services. Coupled with this the issues are deeply stigmatised, with many Travellers quite fearful of dealing with or acknowledging mental health or suicide.

Traveller health in general is also considerably poorer than that of their settled peers.

After many years in the planning the All Ireland Traveller Health Study, *Our Geels*, was conducted over the last three years which has provided updated information on a range of issues in relation to Traveller's health status.⁵⁷ This study has provided invaluable information, and updated the Health Research Board study of 1987.

- 1987 the gap in life expectancy between Traveller women and settled women was 12 years, in 2008 the gap is 11 years, an improvement of one year.
- 1987 the gap in life expectancy between Traveller men and settled men was 10 years, in 2008 the gap is 15 years, a significant deterioration of five years.
- Traveller women have three times the mortality rate of the general population.
- Traveller men have four times the mortality rate of the general population.
- The infant mortality rate is 3.5 times the rate for the general population.

⁵⁶ This is common practice among Travellers where someone who drinks heavily takes a pledge to not drink, with a priest, in order to support themselves to stop drinking for a period.

⁵⁷ <http://pavee.ie/ourgeels/>

RECOMMENDATIONS

The key issues that emerged during the evaluation were used as the basis for developing recommendations for the future. These recommendations were developed from work done by the NTSAP as well as issues that have been raised and gaps that have emerged.

Overall, from the feedback provided during the course of the evaluation it is clear that there remains a need to maintain a project focusing on the issue of suicide within the Traveller community, to develop and maintain solidarity with Travellers and to build on the work to date.

Given some of the issues that have been raised by the work to date and the gaps that have been highlighted, there is a need to expand the work from focusing on developing awareness to initiating practical strategies in relation to prevention, intervention and postvention work with the Traveller community. This will result in the NTSAP changing somewhat from the pilot, a natural progression from awareness raising and information work to more direct work.

In order to do this it will be essential to develop/increase the current levels of resources.

The issues raised and gaps noted were:

- There is a need for more research to understand and document the issue, capture the picture of what is happening now and develop an analysis and a way forward for the community.
- To develop the policy agenda of the project.
- There is a need to target those most at risk of suicide including;
 - Young Traveller men
 - Those who are dealing with grief/bereavement
 - Families where there has already been a suicide
 - Individuals with mental health issues
- There is a need to develop the resources of the NTSAP, with only one worker and a national remit the project has not reached the most vulnerable, nor is it currently resourced to carry out outreach work / work directly with those most at risk.
- There is a need to have a more focused targeting of the non Traveller services (both statutory and voluntary) who are working on the issue of suicide and wider issues in relation to mental health.

POLICY AND RESEARCH

Although never explicated stated in previous work plans it has become apparent that these areas of work need to be developed.

Policy development is central to ensuring that the knowledge and information gathered and understood is developed into a strategy to support Travellers' access to services as well as improving outcomes from services. Policy development is also central to ensuring the future strategy of the NTSAP.

Research is essential to ensure that any policy and work done is based on the best, most up to date and accurate information that is available. The NTSAP is well embedded into Traveller infrastructure, this and other sources must be used to gather critical information on the levels of suicide within the community, as well as patterns, risk factors (and protective/ resilience factors) and use of services within the community.

Recommendations

- To develop research and data collection on the issue of suicide within the community, gathering both quantitative and qualitative data to improve understanding of the issues across a wide range of areas, including levels of suicide, risk factors, protective/resilience factors and use of services within the community.
- To develop the policy and strategies to forward the policy of the NTSAP in order to support, challenge and inform all of the players of the needs of Travellers. The policy agenda should include a strategy for forwarding the agenda itself; this will require a focus on the role of the steering group.

TARGETING THOSE MOST AT RISK

The future work of the project must target those who are most at risk from suicide within the community. The current research and information feedback during the evaluation would identify those groups as being young Traveller men, those who have been bereaved, families and individuals in crisis and those with mental health problems. There is an urgent need to target resources at these groups and develop strategies to ensure that they are being reached by work as it is developed.

Any initiatives that are developed to deal with prevention, intervention, post vention should be firmly based on good quality data which the research noted above will be gathering.

Recommendations

- In conjunction with the research noted above identify those most at risk, their risk factors and their needs.
- There is a need to develop a strategy to engage with the groups who are most at risk within the community.
- Development of prevention, intervention, post vention initiatives based on good quality information to work with those at risk.
- There is an urgent need to develop work in relation to grief and bereavement, and to strengthen the community's skills and capacity to respond to these issues.
- There is an urgent need to work with and develop responses aimed at young Traveller men.⁵⁸

⁵⁸ A *Reach Out* Objective noted: 'To develop services and initiatives that will help young men to cope with changing roles in society and involve them.' *Reach Out*, page 42.

- The project should continue to work in conjunction with Traveller groups, in particular primary health care projects and youth projects working with Travellers.

DEVELOPING THE RESOURCES OF THE PROJECT

It is a struggle for the NTSAP to fulfil all the roles required with only one staff member, if the future work of the project is to include direct work with those most at risk there is a need to develop the resources of the project. Overall the project would benefit from a larger team, which would bring with it more skills and opportunities to do more work. In particular, there is a need to get Travellers employed within the project as they are central to responding to the issue within the Traveller community. Given that Traveller men are statistically more at risk, it would be useful to have at least one Traveller man employed on the NTSAP, doing work such as outreach with the community.

Recommendations

- Develop a strategy to increase the resources of the NTSAP, in particular pursue more funding and staffing through directly increasing funds and /or using volunteers and/or students and/or shared workers.
- If there is an opportunity for more staff to work on the project, there is a need to target Traveller men for employment to work with Traveller men directly.

TARGETING THE NON TRAVELLER SPECIFIC ORGANISATIONS/SERVICES

There is a need in the coming period to further develop links with the non Traveller specific organisations. Excellent links have been established with organisations such as the National Office for Suicide Prevention, Samaritans and Console, what needs to be further developed is specific ways and projects of working together to achieve the goals of the project and improve Traveller access to and outcome from services.

Services and organisations also need information and support, to be challenged and encouraged to respond to Travellers and Traveller needs.

Recommendations

- Develop collaborative work with non Traveller group who are working on the issue of suicide such as GLEN, GROW, Console and the Samaritans. Learn from other projects, gain their support and promote (challenge where necessary) these organisations to support Traveller involvement in their own projects and responses.
- Link with the NOSP strategy to *develop formal and structured partnerships between voluntary and community organisations and the statutory sector in order to support and strengthen community based suicide prevention, mental health promotion and bereavement support initiatives.*⁵⁹

⁵⁹ A Reach Out Objective. *Reach Out*, page 27.

- Ensure linkages with statutory service provision using information (developed from the NTSAP's knowledge and research) and the NTSAP's developed policy agenda with the aim of encouraging/supporting/challenging services to respond to the needs of Travellers.

OTHER RECOMMENDATIONS

- Continue to ensure Traveller involvement on the management/steering group of the project, as workers on the project if funds develop, as well as receivers of the project's service/work.
- The steering group should develop a specific plan for its own development and for the management/administration aspects of the project with short and long term aims set out. This should determine the future of the project in terms of its governance and management.

SHORT TERM RECOMMENDATIONS

- In the short term there is a need to gather and disseminate all of the information and work that has been done by the NTSAP and Traveller groups on the issue of suicide. All of this work should be available on a central website managed by the NTSAP. This would also be a useful centre of information for non-Traveller specific projects as well as other Traveller projects looking for a starting point for their work and/or an insight into the Traveller experience.
- Ensure that links are maintained with all Travellers who have participated in the ASIST training. These trained participants could be a useful resource for future work of the project. It would also be useful to maintain information and feedback, to monitor how the skills have been used, and whether participants found the training/skills effective.

The interim report had extensive recommendations, often focusing on ongoing work, they have not been reiterated unless deemed necessary, but should be considered by the project on an ongoing basis.⁶⁰

⁶⁰ For example the recommendation to; Interview all prospective students for placement. Such a small project could be seriously impaired if a student proved to require a lot of support. Therefore, it is not unreasonable to insist on interviewing students to ensure their suitability, students who in turn get a valuable placement for their own education. *Interim Evaluation Report, Evaluation of the National Traveller Suicide Awareness Project*, Deirdre McCarthy, August 2009, page 19

APPENDIX ONE: REFERENCES AND ABBREVIATIONS/ ACRONYMS

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ABBREVIATIONS/ ACRONYMS

Eastern Region Traveller Health Network	ERTHN
Health Service Executive	HSE
Irish Traveller Movement	ITM
The National Office for Suicide Prevention	NOSP
The National Traveller Suicide Awareness Project	NTSAP
Primary Health Care	PHC
Traveller Health Unit	THU
Traveller Suicide Working Group	TSWG

APPENDIX TWO: MEMBERSHIP OF THE STEERING GROUP OF THE NATIONAL TRAVELLER SUICIDE AWARENESS PROJECT

- Ann Callanan (National Office of Suicide Prevention)
- Danny Cleary (Console)
- Michael Collins (Youth Team, Pavee Point)
- Nellie Collins (Pavee Point, Primary Health Care)
- Susanne Costello (Director, Samaritans)
- Bridget Griffin (Wicklow Travellers Primary Health Care)
- Fran Keyes (Pavee Point, Primary Health Care)
- Mary Maughan (Clondalkin Travellers Development Group Primary Health Care)
- Winnie Mc Donnell (St Margaret's Primary Health Care)
- Margaret Moorehouse (Wicklow Travellers Primary Health Care)
- Liz O'Brien (Wicklow Travellers Primary Health Care)
- Myra O'Brien (Rathekeale Primary Health Care)
- Avril O'Rourke (Rathekeale Primary Health Care)
- Colin Thomson (Traveller Inclusion Manager, Crosscare)

Previous members of the steering group involved include:

- Bernie Carroll (Suicide Resource Officer: Representative from the network of Suicide Resource Officers)
- Geoff Day (Director, National Office of Suicide Prevention)
- Margaret Joyce (Console)
- Lily Kavanagh (Tullamore Primary Health Care)
- Noeleen Kealy (Clare Care Ennis Primary Health Care)
- Collette Lynsky (Console)
- Ann Marie Mongan (Clare Care Ennis Primary Health Care)

KEY ORGANISATIONS WHO SUPPORT THE WORK OF THE NATIONAL TRAVELLER SUICIDE AWARENESS PROJECT

The National Office for Suicide Prevention (NOSP)⁶¹

The National Office for Suicide Prevention (NOSP) was established by the Health Service Executive in 2005, with Geoff Day as the Director. The functions of National Office for Suicide Prevention are to:

- Oversee the implementation of 'Reach Out' the National Strategy for Action on Suicide Prevention.
- Co-ordinate suicide prevention efforts around the country.
- Speak regularly with agencies and individuals interested and active in suicide prevention.

The work of the NOSP is advised and guided by an advisory group which is comprised of individuals with considerable knowledge and expertise around suicide prevention, mental health promotion and bereavement support.

In its day to day work the NOSP works closely with the HSE Resource Officers for Suicide Prevention, as well as having a team that includes training and development, and research and resource functions as well as a Director and administrative support.

Crosscare⁶²

Crosscare is the social care agency of the Archdiocese of Dublin. Formerly known as the Catholic Social Services Conference, it was set up in 1941 in response to the complex problem of poverty in the city at that time. Over time needs have changed. However, Crosscare's mission statement maintains the agency's focus on combating poverty and social exclusion. Crosscare collaborates with other community organisations and statutory agencies so that multidisciplinary and multi organisational approaches can be taken to complex issues such as drug use and homelessness.

Crosscare's Traveller Inclusion Programme was established in 1986 with a focus on the issues of accommodation and education. In 2002 an integration project was developed to support local groups and develop Traveller leadership. In 2006 the Traveller Inclusion Programme relocated to offices in the Parish of the Travelling People where it continues its work in collaboration with the Parish and in a closer relationship with Travellers living throughout the diocese.

Parish of the Travelling People⁶³

It is the mission of the Parish of the Travelling People to (be):

- In solidarity with all Travellers and in particular with those who are most marginalised.
- Support and resource the growth of the Traveller community as a positive confident Christian community through celebrating with Travellers their faith as a living reality in everyday life.
- Encourage and resource Church leaders and local parishes to actively include Travellers in participating as equal and full members of their local church.
- Work in partnership with Travellers to help ensure that their distinct ethnic identity is valued and to provide opportunities for Travellers to participate as equals in a society which constantly says "you are not welcome" and which discriminates against and excludes Travellers.

⁶¹ <http://www.nosp.ie/index.html>

⁶² <http://www.crosscare.ie/index.php?>

⁶³ <http://www.ptrav.ie/>

APPENDIX THREE: FULL LIST OF THOSE INTERVIEWED⁶⁴

Caroline Bernard (Traveller Visibility Group)	Fiona Flynn (Bodywise)	Karl O'Reilly (ASIST Trainer)
Marie Brennan (Galway Health Care Project)	Joan Gavin (Galway Traveller Movement)	Avril O'Rourke (Rathekeale Primary Health Care)
Ann Burke (Southern Traveller Health Network)	Conor Hickey (Director Crosscare)	Paula Madden (ITM Youth and Education check)
Ann Callanan (National Office of Suicide Prevention)	Lillie Kavanagh (Tullamore PHC)	Martina McDonagh (Kildare Travellers Action)
Michael Collins (Youth Team Pavee Point)	Noeleen Kealy (Clare Care PHC)	Josephine Rigney (Acting Suicide Resource Officer))
Maria-Elena Costa (Clondalkin Travellers Development Group)	Caroline Lennon Nally (Suicide Resource Officer)	Ann Marie Rogan (Southern Traveller Health Network)
Susanne Costello (Samaritans Ireland)	Collette Lynskey (Console)	Colin Thomson (Crosscare)
Petra Daly (The National Traveler Suicide Awareness Project)	Fran Keyes (Pavee Point PHC)	Margaritte Sweetman (Wexford PHC)
Michael Egan (Living Links)	Liz O'Brien (Wicklow PHC)	
Thomas Erbsloh (Irish Traveller Movement)	Myra O'Brien (Rathekeale PHC)	

Focus groups were conducted with women in PHC of Pavee Point and St Margaret's Primary Health Care (in all twenty one Traveller women were involved in those focus groups)

⁶⁴ Some of those interviewed have more than one function, for example in one case someone was interviewed as one of the Traveller groups who had done some work with the project, but this person is also a member of the steering groups of the National Traveller Suicide Awareness Project. Some of the respondents were interviewed more than once. For example staff, management and members of the steering group were interviewed every quarter.

Summary questionnaires were returned from the following projects

Athy Travellers Support Group Ltd
Clarecare
Clondalkin Travellers Development Group PHC Project
Cork Travellers Women's Network
Exchange House
Fingal Travellers Organisation
Galway Traveller Movement (two returned from different parts of the organisation)
Independent Community Development Consultant
Irish Traveller Movement
Laois Traveller Action Group
County Limerick Primary Health Care Programme
Meath Primary Health Care Project
National Traveller Mabs
Navan Travellers Workshops Limited
Pavee Point Travellers Centre (two returned from different parts of the organisation)
Roscommon Traveller Development Group
Tallaght Traveller C.D.P
Trav Act
Tullamore Travellers Movement
Co Wicklow PHC