



Traveller Counselling Service

**Evaluation of pilot year of
Traveller Counselling Service**

by Brian Harvey

March 2009



Acknowledgments

The researcher wishes to thank those who kindly assisted in the evaluation through the provision of information, advice or through interview, notably:

Thomas McCann, Manager, Traveller Counselling Service
Bernadette O'Sullivan, supervisor, Traveller Counselling Service
Catherine McLoughlin, counsellor, Traveller Counselling Service
Cairenn Bryson, counsellor, Traveller Counselling Service
Jacky Grainger, counsellor, Traveller Counselling Service
Jimmy Judge, counsellor, Traveller Counselling Service
Siobhan Everard, counsellor, Traveller Counselling Service
Rev. Derek Farrell, Management Committee, Traveller Counselling Service
Maria Joyce, Management Committee, Traveller Counselling Service
Helen Campbell, Management Committee, Traveller Counselling Service
Martin Collins, Pavee Point
William McDonagh, Exchange House
Patricia Sagasta, Exchange House
Joanne Ryan, Exchange House
Damien Peelo, Irish Traveller Movement
Brendan Sheehy, Dept. Justice, Equality and Law Reform, diversity & equality
Unity Pollard, Health Service Executive.

Interviews were on a not-for-attribution basis, with comments used on a non-identifiable basis both to inform the evaluation and at suitable points in the text (within abbreviated commas). One client was interviewed, but, in order to protect issues of confidentiality and ethical boundaries with counsellors, was not named nor identified.



Executive summary

This is an evaluation of the one-year pilot phase of the Traveller Counselling Service which opened in 2008. It is an independent, innovative project designed to provide culturally appropriate counselling services for Travellers in the Dublin area. The evaluation is based on examination of the records of the project and interviews with key informants in and around the service.

There are between 24,000 and 30,000 Travellers in Ireland, of whom a third live in the Dublin area. The Traveller community is going through a period of rapid economic and social change. The living conditions of Travellers are acutely difficult, characterized by extreme poverty. The social stress on the Traveller community generates high levels of psychological distress. As a response to this, organizations and activists established the Traveller Counselling Service, following a model of empowering, Traveller-led services at a time when social and support services are being developed for other minority groups.

The project commenced in February 2008 and its operational and administrative base was the Parish of the Travelling People in Cabra. The project attracted grant aid of €106,500 for its pilot year. The project was established as a voluntary organization with a management committee, manager, financial protocols and five counselling staff assisted by a supervisor. The service was publicized and promoted throughout the spring, summer and autumn, 2008. There is a significant voluntary input. The organization developed a stable governance structure which worked well for the year of the pilot.

Clients presented to the service for two principal reasons: depression and relationships within families. Other reasons for presenting have been Traveller identity, addiction (alcohol and drugs), grief, inter-familial violence (feuding), crisis pregnancy, sexual issues (including sexual identity) and social stress (accommodation, money, utilities). The balance of enquiries has been equal between men and women. Although the primary purpose of the pilot was learning and although rates of use were not projected in advance, the use of the service has been lower than hoped for. The key statistics are that by end 2008 there were 100 enquiries, 65 appointments and 24 sessions held for 16 different clients. There is a definable pattern of single-session counselling, rather than the normal model of multiple sessions. There was a high level of no-shows and appointments cancelled at short notice. The limited information available suggests a satisfaction with the service, even for those who came for one session only and a preparedness to return in the event of further need.

The main issue arising from the pilot year has been, although the need may be high, the low rate of use of the service. This is due to a number of factors:

- Fear of by Travellers of going for help outside the family, of 'betrayal';
- The Traveller pattern of engaging with services, which arises from nomadism and is a pattern of short-term use;
- Physical difficulties in leaving sites, especially for women;
- The idea of counselling not yet being well established;
- Location of the service, difficult for access from south and west Dublin.



The second most important issue has been management, where the level of attendance has been low, especially among the Traveller participants. The third issue has been the system of financial reporting, which does not provide timely or detailed enough information. Fourth, although the service has received welcome funding from the Department of Justice, Equality and Law Reform, its ultimate funding home should be within mainstream HSE services.

The conclusion of the evaluation is that the pilot should be extended for a further two years at its present level of operation and funding. It is a valuable pilot, providing knowledge, learning and fresh insight. There is a general confidence that take-up of the service will rise and that we could think of scaling up the service from spring 2011. Recommendations:

- Services: telephone-based counselling, day-before text reminders; day-after offers of new appointments to cancellations; negotiate new venues in city centre, south and west Dublin; outreach to prisons, Central Mental Hospital, distress advice services, hospitals (especially infant bereavement); tripartite pilot outside Dublin with HSE and a national Traveller organization; promotional re-engagement involving counsellors; diversity module for future non-Traveller counsellors.
- Management: four new board members, of whom two Traveller, taking advice and using open recruitment methods; one ideas person, one familiar with funding mainstreaming; annual planning meeting of management committee and counsellors; improved financial reporting through ledger, monthly projections, monthly balance and statement of outgoings, incomings;
- Long-term promotion of Travellers in counselling career; engagement with institutes, educational bodies and access programmes; scholarships, leadership programmes; development of foundation course; engagement with HSE for Traveller counsellors; articles in the professional specialized press; formation of a learning and sharing network with other providers and stakeholders.

Terms of reference

The service has asked for an evaluation of its first 12-month pilot phase to:

1. Set the context for the development of what is a pioneering service;
2. Document the establishment of the service, its aims and objectives, systems of management, logging and quality control, inputs, outputs and finances.
3. Record the experience of Travellers in using the service and their level of satisfaction with it. In particular, the questions will test if they felt that the service was culturally appropriate, sensitive and confidential.
4. Capture the views of those involved in the service: manager, management committee, funders, the therapy staff, external stakeholders.
5. Analyze the experience, spelling out the policy and services issues arising.
6. Make recommendations as to how the service could, should (or should not) develop in the future, next steps and future direction.



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1 Background

The Traveller Counselling Service is a pioneering service, established in Dublin in 2008, the first culturally-specific counselling service established for Travellers in Ireland. The service, based in the Parish of the Traveller People, aimed to provide a service for the greater Dublin area, although it attracted attention further afield in the country. Here we review the general context (1.1) and then the specific context for a counselling service (1.2).

1.1 General context

Travellers are a minority ethnic group in Ireland. Figures for the number of Travellers in Ireland range from 24,000, or 0.6% of the population, to an upper level of 30,000 (0.75%). A third is estimated to live in the Dublin area, the location of the service under study. The Traveller community has a long history, with its own traditions, language, practical skills, culture, arts and music, with distinctive patterns of living (e.g. nomadism, horses) and strong values built around families, care and extended families. The situation of Travellers is a difficult one, with the Traveller community's traditional way of life, nomadism and distinctive economy affected by rapid economic and social change, characterized by:

- Poor living conditions, many in unauthorized sites and finding it difficult to obtain either sites or accommodation of reasonable quality in acceptable locations;
- Ill-health, evidenced in life expectancies typically ten years less than the settled population;
- Limited scholastic achievement, a reflection of the lack of educational opportunities, with few Travellers progressing to second level (less than 3% completing) and only a handful individuals reaching third level;
- Difficulties in obtaining employment, coupled with the erosion of the Traveller economy, which makes their labour market situation very difficult. It was estimated that at least 45% of Travellers have no meaningful work;
- Discrimination, Travellers constituting the largest single category of discrimination reported to the responsible agencies;
- Problems of identity arising from their minority status.¹

This background has important implications for counselling services. Discrimination and stigma mean that Travellers do not feel valued and create a strongly negative self-image. Although Traveller organizations encourage Travellers to value their identity, tradition and culture, in reality many find this difficult. Travellers are constantly aware that they are seen and appraised as Travellers, often, in day-to-day situations, in a negative way: 'Travellers receive a message that their community is primitive, backward, stupid, even criminal'. This makes it difficult to develop a sense of pride: more, it creates a sense of shame and a range of accompanying psychological problems. Many become very ambivalent about their Traveller identity, while some respond by breaking away from and denying their Traveller identity. Communities under extreme stress often respond in a self-destructive way, manifested in domestic violence and feuding between families. Men have been especially marginalized by economic and

¹ Irish Human Rights Commission & Pavee Point: *Travellers' cultural rights - the right to respect the Traveller culture and way of life*. Dublin, authors, 2008; contextual information from Pavee Point, www.paveepoint.ie.

social change. Some have taken lead roles in rearing children, a role to which it is difficult to adjust. Older Travellers have lamented the passing of the nomadic lifestyle and fear that the distinctive Traveller culture will come to an end. Travellers who enter mainstream accommodation risk finding themselves no longer considered Travellers by Travellers, but gain no more acceptance from the settled community than Travellers on the roadside, 'neither one nor the other'.²

There is a close connection between social and physical stress on the one hand and psychological distress on the other. We lack good information on the level of psychological stress and mental ill-health in the Traveller community, but experts in the area believe that both are high (several used the term that there was 'a high level of bottled up feelings'). Reports of the level of suicide and self-harm among Travellers are alarming, indicating the lack of places where vulnerable people can go for help.³ There were 77 reported Traveller suicides nationally from 2000-6. Figures have also been quoted suggesting that up to 10% of residents of the Central Mental Hospital are Travellers, more than ten times what their share of the population would suggest. Case reports by the Exchange House service for Travellers in Dublin suggest high rates levels of mental illness that are not been addressed except through prescriptions for tranquilizers. In a project looking at domestic violence, it became apparent that Traveller men had high levels of suppressed anger about their situation, but had no one to talk to to seek help.

1.2 Specific context for a counselling service

Traditionally, support for Travellers took the form of social work services, encompassing a broad range of services and assistance, including, for example, primary health care in recent years. Historically, the predominant Irish national response to the situation of Travellers was what we now call 'assimilationist' - denying the identity of minorities and pursuing a policy of integration. Taking a fresh path, a number of campaigners, activists and organizations used the community development approach to design and provide services which valued the specific identity and tradition of Travellers, doing so in a manner that was culturally sensitive and appropriate. These services should be empowering and led by the people they were designed to serve: this did not rule out participation by settled people, far from it for they were welcome, but the predominant values, approach and philosophy should be determined by Travellers, who should lead.

Counselling has in recent years come to be seen as part of a broad continuum of support which may be offered to the Traveller community. Although Travellers have availed of the services provided by the Health Service Executive, they have mainly used psychiatric services, with very low use of psychological and counselling services. The idea of a culturally specific service for Travellers was developed by a number of people working with Travellers, the principal individual being Thomas McCann. Their concept was of a Traveller-specific service which would overcome historic problems of distrust and difficulties of access and the idea was elaborated by colleagues, activists, psychologists and other professionals working together over 2005-7. A key moment was a meeting facilitated by the Parish of the Travelling People on 21st March 2007 to refine the concept, theory and practice of a 'culturally appropriate service'. It was agreed that this should be a Traveller service organized and run by Travellers with the support of non-Travellers, with the project and the network round about it rooted in the Traveller community. It was not to be something provided by settled people for Travellers, nor a Traveller-exclusive project, but a partnership between the two communities. The project determined to be aware of power relationships and the service would hold at its core the ideals of equality, confidentiality, Traveller control, non-directiveness, safe space, trust and accountability.

² Some of these issues are explored in Mairin Kenny & Eileen McNeela: *Assimilation policies and outcomes: Travellers experience*. Dublin, Pavee Point, 2005.

³ Mary Rose Walker: *Suicide among the Irish Traveller community, 2000-6*. Wicklow, Wicklow County Council with Pobal, 2008.

The service should be seen in the context of the development of services more carefully attuned to the needs of minority groups. In recent years a number of groups have considered or developed psychological support services for minorities such as asylum seekers, where SPIRASI provides psychotherapy and cross-cultural counselling and the Psychological Centre which offers psychological help to immigrants coming into both parts of the country. One of the counselling groups in Dublin is understood to have opened a service for the Polish community. There is also a project to prevent suicide and self-harm by Travellers, but it is an information, educational and referral service and does not directly provide counselling.

1.3 Comments and conclusions

The Traveller Counselling Service should be seen against the backdrop of the situation of Travellers in Ireland. Extreme social stress is likely to generate considerable psychological distress. The Traveller Counselling Service follows the model of Traveller-led services developed in the past thirty years by Traveller activists and organizations, fitting in with similar approaches by other voluntary and community organizations for minority groups.

2 Key milestones

Here, chapter 2 notes the key stages in the development of the Traveller Counselling Service. These were the start-up of the project (2.1), the putting in place of management and structures (2.2), the publicizing of the services (2.3) and the putting in place of a system of counselling by qualified counsellors (2.4). A conference was held to mark the end of the pilot year (2.5). Some concluding comments are then made (2.6).

2.1 Start-up

The Traveller Counselling Service began the one-year pilot phase under review here in February 2008. There was no formal launch, but the principal event to mark the occasion was a feature on the RTE *Six One News* reporting on the start of the service. A 34-page project manual was issued, simply called *Traveller Counselling Service pilot project*, detailing the project's ethos, goals, code of ethics, practice guidelines, policies and procedures.

The service was located in the Parish of the Travelling People, Cabra, Dublin 7, pending an eventual move to its own premises for an all-up programme. The parish provided, on a temporary free-of-charge basis, two counselling rooms, an office for the project manager and accessories.

The service was established as a company limited by guarantee not having share capital under the Companies Act, 1963 *et seq*, the standard legal vehicle for a non-governmental organization and applied to the Revenue Commissioners for recognition as having charitable purposes so as to benefit from the standard tax exemptions. Financially, the project was temporarily hosted by the Lourdes account of the Parish of the Travelling People until its own account was set up in April 2008. Three signatories were appointed and protocols for payment agreed.⁴

The budget for the project was €106,500, which was provided by:

Department of Justice, Equality & Law Reform	€50,000
Health Service Executive Traveller Health Unit	€25,000
St Stephen's Green Trust	€14,000
Family Support Unit	€5,000
Social Entrepreneurs Ireland	€5,000
Parish of the Travelling People	€4,500
Crosscare	<u>€3,000</u>
Total	€106,500

⁴ The three signatories were Rev Derek Farrell, Thomas McCann and Cairenn Bryson.

Budgets were allocated under a number of headings, as follows:

Counsellors	€48,000
Manager	€26,000
Evaluation	€12,000
Conference	€4,000
Equipment	€2,000
Rent	€600
Phone	€600
Company registration	€400

2.2 Management and structures

The service recruited a project manager,⁵ commencing 14th January 2008, responsible for the execution of the strategic plan, the management of the counselling team, the optimal use of resources, relationships with the Traveller community and further afield, the use of the premises for the project, administration, reporting to the project management committee, legal requirements, financial accountability and external relations.

The service was run by a management committee⁶ which met regularly, approximately every six weeks for 1½ hr since May 2007.⁷ The committee also established a sub-committee of three for finance.⁸ A network of 60 interested groups and organizations was established around the project. This took the form of a mailing list of supporters and friends who were kept up to date about the project and invited to events rather than a formalized network.

2.3 Publicizing the service

First, following the consideration of a number of alternatives, a logo was agreed for the service and a basic information leaflet prepared, 3,000 being printed. This invited Travellers to approach the service if they felt the need to talk to someone about issues or difficulties they might be having. The leaflet emphasized that the service was confidential, safe, respectful toward Traveller identity and culture and free at point of use. It explained the nature of counselling, how to make appointments and what happens at the first meeting. The leaflet stressed that counselling offered a safe, confidential space and reassured people that it was normal to seek help in difficult circumstances.

The leaflet was distributed by primary healthcare workers in local projects (e.g. at sites, group housing) and also sent out in a large mailshot in March 2008. About 150 were sent out to targeted social workers and general practitioners. An appointment card was then printed, with appointments on one side and the coordinates of the service on the other (3,000 copies). Counsellors also distributed copies to their contacts and colleagues, such as social workers in the Dublin local authorities.

Presentations on the service were made to Traveller primary healthcare projects in Bray, the Southside Partnership area, Wicklow, Tallaght, Clondalkin, Coolock, Blanchardstown, Newcastle and Ballymun and also in the midlands. Presentations were also made to the Mental Health Subgroup of the Traveller Health Unit of the Health Service Executive, the Irish Traveller Movement annual general meeting,

⁵ Thomas McCann. This job is rated at 0.4 FTE (full time equivalent), or two days a week.

⁶ Names are provided in the annexe. In addition, the HSE was invited to send a representative.

⁷ 23rd May 2007, 11th July, 20th September, 12th November, 18th December, 21st January 2008, 21st February, 7th April, 19th May, 7th July, 23rd September.

⁸ Rev Derek Farrell, Cairenn Bryson, Maria Joyce.

Southside Travellers Action Group, Pavee Point and the Traveller suicide prevention conference in Tullamore, co Offaly.

A DVD was issued to give prospective clients a sense of the counselling service. This portrayed a Traveller man who comes for counselling (actor Michael Collins) and models the anxieties which a prospective client might feel in the counselling environment. It is, in effect, a dramatic reconstruction of what web users would call 'frequently asked questions'. The purpose of the DVD was to provide reassurance and welcome new clients and it ends with the statement 'No matter how bad things get, they can improve'.

An information day was held in the parish of the Travelling People on 21st May 2008 to make people aware of the service, promote it and encourage referrals. A networking information day was held in St Peter's Church in Cabra, Dublin on 22nd July 2008 to report on the progress of the project and to encourage more referrals to come forward. Those invited were Traveller organizations, statutory bodies (e.g. HSE), funding organizations and other community groups, voluntary organizations and individuals interested in the project. The day was addressed by Thomas McCann, Project Manager; Catherine Joyce of the Blanchardstown Traveller Development Group; Jim O'Brien from Bray Travellers Development Group; and one of the counsellors, Jimmy Judge.

2.4 Counsellors and counselling

Following advertisement for qualified, accredited counsellors through counselling, therapy and addiction magazines and newsletters, 17 candidates applied for work in the project and a selection was interviewed by a committee of three. Applicants were required to have a professional qualification in counselling or psychotherapy and be registered with an appropriate professional organization. Five counsellors were recruited and they now provide the service.⁹ A qualified and experienced supervisor, with a master's degree in critical psychology, was recruited from the start and she provides her services *pro bono*. All operate under a code of ethics which conforms to national counselling standards. An induction day was held for counsellors on 7th April 2008 and the counsellors have since met regularly for supervision, details of each session being minuted.¹⁰ Of the five counsellors, one is a Traveller. All but one had previous experience of working directly with Travellers, one for 16 years, another as a nurse. The parish made rooms available for counselling at the following times:

Thursday 2pm to 7pm, 2pm to 5pm

Friday 2pm to 7pm, 2pm to 5pm

Saturday 10am to 3pm

A counselling session is normally one hour. Counsellors worked under a standard contract which sets down the obligations of both parties and the observance of requirements of confidentiality. A system of recording hours was put in place at the start, counsellors signing in at arrival and out at departure. For clients, there is an initial interview, explaining the purpose, structure and ethical basis for the service and initial interview record form is compiled. Project files are stored in a secure press. The physical arrangements for the parish centre are organized in such a way that a person waiting for or exiting counselling will not have sight of other clients on arriving, waiting or departing.

Although there was no specific training for the counsellors to work with Travellers, the issue of ensuring that the service was culturally appropriate was high on the list of issues for discussion during supervision.

⁹ Details of the counsellors and supervisor in the annex.

¹⁰ 28th February 2008 (induction), 7th March, 15th May, 21st June, 8th August, 27th September, 24th October, 11th December.

2.5 Conference

A conference was held on 12th February 2009 in Dublin Castle to mark the end of the pilot year and to learn of the outcomes. This was a well-attended event held and a number of comments and suggestions made have been included in this evaluation.

2.6 Concluding comments

The Traveller Counselling Service was established in February 2008. A structure was put in place comprising:

- Organizational and legal form;
- Budget;
- Manager;
- Management committee;
- Counselling system, with five counsellors;
- Informal launch, followed by publicity to promote the service.

A considerable amount of work and time was involved in bringing these elements together. These structures governed the project for its pilot year and remain intact.

3 Operations

Now we review the operation of the Traveller Counselling Service under two headings: use of the service (3.1) and management (3.2).

3.1 Use of the service

Most referrals came through individuals themselves and social workers, a few from Traveller organizations. In all cases, bar one, counselling was provided in the parish centre in Cabra (in the other, a local health centre was used). Enquiries come from individuals and families, no couples coming forward yet. Although it had been expected that most enquiries would come from women, the actual balance was 50/50. The principal issues presenting were:

Depression, the most common single issue

Relationships (1) in families (2) between men and women (including marriage breakdown), second, followed by:

Traveller identity

Addiction (alcohol, drugs e.g. cocaine)

Grief (family bereavement)

Feuds and inter-familial violence

Crisis pregnancy

Sexual issues, including sexual orientation

Social stress - accommodation, welfare, money, utilities

A caution should be entered which is that in psychotherapy, the cause presenting at the first session may not actually be the most important one. Multiple sessions will reveal deeper and multiple causes, enabling a more comprehensive picture to build.

Initially, enquiries to the service came in at the rate of 4-5 a week before the summer, around two a week subsequently, rose again slightly, but remained at a low level.

Total enquiries	100
Appointments made	65
Sessions held	24
Total number clients	16

Most clients came for only one session, but at the other extreme, one client came for as many as six sessions. Some came for two or three. There was a high rate of 'no shows', or appointments being canceled at short notice. No shows were normally re-contacted and invited to make a fresh appointment.

No projections were made at the start of the service as to how many clients were expected to come, so there was no base line of expectations. Many counsellors had thought that more might come and expressed disappointment. These figures must be set in the context of the level of use of counselling in the settled community, which is low. The purpose of the pilot phase was, in any case, less about numbers than about capturing the important learning arising from the initial stage.

It was intended, as an integral part of this evaluation to get a user or client perspective. The evaluator met with the counsellors in June 2008 to agree protocols that would enable such interviews to take place while protecting the confidentiality of the client, the counselling experience and not cross any ethical boundaries. It was agreed that clients would be asked about their preparedness to be interviewed. In the event, the fact that most clients came for only one session meant that a relationship was not built up that would have eased such interviews. In the end, it was possible to interview one client of the service who had made, but cancelled, an appointment and this shed valuable information on the service.

Despite the small size of the client group, a number of informants and counsellors had received feedback from clients who been counselled. This was positive, with the service commended for its usefulness and the manner in which the manager had put clients at ease when approaching the service. There was only one negative comment, given to the researcher indirectly, to the effect that one counsellor had raised a number of issues around Traveller culture which were perceived to be inappropriate and intrusive.

3.2 Management

Here we review how the project was managed. As noted in chapter 2, five meetings of the management committee were held during the pilot period to end December 2008 (many were held before the project started). The business of the meetings normally took the form of six or seven items which reflected work in progress. Two particular contentious issues were resolved by the committee: whether to counsel people currently addicted; and what form of guidance to offer women affected by crisis pregnancies.¹¹

The subcommittee on finance noted in chapter 2 met twice at the commencement of the project. Financial documentation available comprises monthly bank statements and the record of the cheque book. Finance is reported to the management committee, but it does not appear that a financial statement is provided, nor are there monthly flows/projections nor a hard ledger copy. Invoices are not necessarily required for bills to be paid. It is expected that toward the very end of the pilot year, an auditor will be appointed, possibly the same auditor as handles the parish of the Travelling people.

Eight supervisory sessions of counsellors were held to end 2008.

The manager has been at his post throughout the project. The main tasks for the manager were:

- Responding to enquiries;
- Having the office open for counselling sessions;
- Maintenance of the paperwork and documentation;
- Liaison with funders, Traveller groups, the external community;
- Promotion of the project;
- Organization of meetings.

Support for the manager is provided from the management committee and from the counselling supervisor. Progress of the project is reported regularly to the main funder, the Department of Justice, Equality and Law Reform.

There is a high level of voluntary contribution to the project. This comprises the time of the management committee and the counselling supervisor (supervisory meetings

¹¹ It was resolved to provide counselling for people who were currently using drugs, but provided that they were in a fit condition to be seen; and that crisis pregnancy guidance should, in the normal spirit of counselling, be non-directive.

every 6 weeks, with associated preparation, notes, minutes and follow-up, adding up to 5-6hr every three weeks). Counsellor fees are not paid if it is clear no one will be coming for the session in question and the counsellor does not come in.

3.3 Comments and conclusions

The governance structure established at the start of the pilot project has operated and remained stable and intact at the end of the pilot year. Statistics from the project show that the level of use was much lower than hoped and this and the other issues arising are the focus of the next chapter.

4 Issues arising

Three main issues arose from the work of the pilot project and they are discussed here: the rate of use (4.1), management participation (including financial accountability) (4.2) and funding (4.3).

4.1 Rate of use

Within the Traveller community, the service has been warmly received. Despite that, some were disappointed with the low initial level of take-up and the number of sessions per individual has been low (most have come for only one session). This is an important outcome and some attention is devoted here to discussing it, broken down into a number of sub-discussions.

4.1.1 Reasons for levels of use

The principal reasons for the low rate of use appear to be:

- Fear by Travellers of 'going outside the family';
- Fear of other people finding out that one has been seeking help;
- Seeking help being perceived as a sign of weakness or madness;
- The pattern of service use within the Traveller community;
- Physical difficulties of getting to the service.

Before dealing with the difficulties, it is worth noting the encouraging level of enquiry by men. Traditionally, Traveller men have been exceptionally difficult to reach. Traveller women have a long tradition of discussing relationship issues between themselves, but men have found this more difficult, a feature by no means unique to Travellers.

Within the Traveller community, there is a high level of reservation of seeking help outside the family circle, much more so than in the rest of the community. Problems are expected to be shared within the family and going outside that, to a stranger, can be seen as a betrayal. Travellers place a very high value on family loyalty, so going to get assistance can be seen as 'telling on the family'. Not only that, but it is associated with the dangers that outside people, like social workers, may subsequently interfere and get involved in their business. As one informant commented, 'family loyalty takes precedence over everything and seeking help is an implied comment that the family may have "failed"'. Indeed, one observer commented that 'the Traveller "community" is better understood as a "collectivity of families"'. 'There is much less privacy in the Traveller community and everyone knows each other's business'. Another comment was: 'it's one thing for a primary healthcare worker to say "Go to the doctor!" but another thing altogether to say "Go to a counsellor!", because that implies a potential level of madness'. 'Going to a counsellor requires quite a level of personal courage'. As one person explained, whereas at a personal level, all people are afraid of and wary about exposing themselves and their personal histories to counsellors, it must be doubly hard for those who have received strongly negative images of Travellers all their lives and for whom the 'embarrassment' factor is felt to be high.

4.1.2 Patterns of service use by the Traveller community

The traditional pattern of service use by Travellers, largely defined by the nomadic experience, has been to use services as they need them. The regular structured use of a static service by appointment is not yet a well established pattern. People may seek help in a crisis situation and once that crisis has subsided, then the need is no longer perceived to be there. Some of the clients who came for one session only may actually be quite comfortable with the intervention, short though it may be. As one informant explained, 'the tradition is that if you need help, you need it and try to get it *now*. Three weeks later isn't much use and by then the problem may have been dealt with'. A list of appointments stretching weeks into the future is perceived to be an over-structured response. People in very stressful situations, settled or Traveller, often find their lives determined by short-term considerations (the slightly pejorative term 'chaotic lives' is sometimes used). One informant commented that it was 'easy to give up on people who miss or forget appointments. Missing or forgetting is not intended as making a big statement, simply a fact of busy lives, especially for people minding children. Try to understand, try again'. Not all clients came to the service in a crisis and interestingly, some of those who came for repeat sessions were those who were not in an immediate crisis, albeit facing serious medium-term challenges.

To respond to these problems, the service developed the practice of making a mobile phone call the day before and established a protocol whereby a no-show is telephoned and or sent a text message subsequently by the assigned counsellor. Ideally, this should be done by the central number of the service, but in practice it is easier and faster for the assigned counsellor to do so. This procedure does not always appear to be followed when the client has *cancelled* (as distinct from no-show). Where there has been subsequent contact between the service and the no-show, the client has nearly always indicated that he or she would still be interested to use the service so the same procedure should be followed for cancellations.

The physical leaving of the site may present a problem, especially for women. Although Traveller women have increasingly taken out driver licences, it remains the case that most driving is done by men. It is not easy for Traveller women to leave a site without having to ask for transport and give a reason for where she might be going, for what purpose and for how long (even assuming there is a convenient route and stop, many Travellers prefer not to use buses).

The pattern of use whereby there is such a high rate of single-time clients has important implications for the service. Most counselling is based on multiple sessions over time, the first session being an introduction for the many sessions to follow. The experience of this service so far is that most clients come only once. This means that the first session may also be the last and only session, which means that its value must be maximized and the client must be given the greatest possible help in the shortest possible period. It is too early to say that this is the beginning of a different model of counselling but it may mean at least some form or redefinition of the role of the single session by the supervisor and the team of counsellors.

4.1.3 The need for time to establish a service

Setting these detailed issues in their broader context, it is worth pointing out that the idea of counselling and psychotherapeutic help took a long-time to become established in the country as a whole. Although the idea of seeking psychological help may be widely accepted among today's young people, the concept took an entire generation to become established among settled people. It would be unreasonable to expect such a concept to become fully embedded in the Traveller community in only a year. As one informant remarked, 'we laboured under the illusion that we had only to open our doors and people would come in. It was not that simple'. Another: 'As the service proves its use, it will become trusted and valued, but this will take several years. The settled community has a shared understanding of what counselling is about, but the Travelling community not yet'. A third: 'Community development projects took years to build up trust, but the same can and will happen here'. A fourth: 'All you need is a

few people to say “Yes, I used the service, it helped me” and more will come’. One informant, who was not surprised at the slow take-up, commented that there had been no tradition of such a service in a community slow to use services generally: ‘we have to distinguish between *need*, which is high; and *demand*, which so far is low’. Many expected numbers to rise slowly, but they would be notably higher by the end of year 3. One comment: ‘The numbers will begin to trend upward, once word-of-mouth gets out and people become more comfortable about the idea and the project’.

There was a general confidence that the numbers would build up over time and then probably plateau: ‘The proportion or numbers of settled people seeking, needing or getting counselling is not very high. Even if you allow for the psychological distress of the Traveller community, the numbers are never likely to be *very* high’.

4.1.4 Issues of location, venue and outreach

The venue for the counselling service was raised by many as a possible issue. Several believed that the parish centre in Cabra was too far out of town and presented considerable difficulties for Travellers coming from west or south Dublin, especially if they came from as far away as, say, Bray, co Wicklow, where a session involved a 4hr round trip. Opinion was divided as to whether the parish centre offered a full level of anonymity, some saying that it did (‘plenty of people go there for many reasons’), others that it didn’t (‘so few people go there, you could only be going for counselling’). The other possibilities appeared to be to use a city centre venue, Exchange House being mentioned several times, a facility which is well known among and much used by the Traveller community, with people going there for many different reasons. Some had reservations, feeling that some Travellers felt it might be known as a service for ‘problem Travellers’ (many argued this was no longer the case); others, that the Traveller Counselling Service must have its own, independent, stand-alone identity. There was a strong view that where local venues for counselling could be found and where they could offer a good level of anonymity, this should be done e.g. health, parish, family and community centres, community development projects.

A number of informants raised the question of a group to which the counselling service could reach out, namely Travellers in prison. Exchange House currently provides a clinic in the women’s prison and makes referrals of Travellers in Mountjoy prison to an addiction counsellor as required. Travellers are believed to be disproportionately represented in the prison population and this must be a group under additional stress.

An important issue was the degree to which the service had been promoted. It was apparent that considerable efforts were made to promote the service and that it was as well known as might be expected within a year, but more avenues could still be explored. One relevant factor is that the service was established at a time of the national Traveller health survey, which dominated the professional lives of many working in the area, so less time may have been available than desired for the counselling service. The service would appear to have made itself well known to the main Traveller projects in the Dublin area. There are about ten such groups, each in contact with 15 to 20 families. The service is thought to be well known to the Traveller primary health care teams, which are Traveller-led. A minority view is that not enough has been done and that a renewed effort is needed to go out to Traveller organizations, primary health care centres and especially the training centres (‘another push’). Primary healthcare centres should list referral to the Traveller Counselling Service as just one of the normal, ordinary services available, it was suggested. Referrals should also be invited through other services that help people in distress, such as the Samaritans, the Gay and Lesbian Equality Network (GLEN) and HIV services. One place that should be especially considered is hospitals, where there may be opportunities to recommend counselling in the event of a death of a Traveller. This could be especially valuable to the mother (or father) in the event of infant death.

4.1.5 Travellers in the provision of the service

There are mixed views as to whether the service would benefit from having more counsellors who are themselves Travellers, with speculation that this would increase take-up of the service. The general view within the interview group was that:

- Whereas some Travellers would prefer to be counselled by a Traveller, many would not, being concerned that it would be someone that they knew. Accordingly, a majority probably preferred a non-Traveller counsellor.
- A contrary view was that Traveller counsellors would be perceived to understand Traveller culture and identity issues and, as one informant put it 'wouldn't ask daft questions'.
- Either way, Travellers should be in a position to choose between one or the other.
- The crucial issue was that this should remain a Traveller-led, Traveller-centred project.
- For there to be more Traveller counsellors, it was important to encourage Travellers to become counsellors or psychotherapists by profession.

The normal route to the counselling or psychotherapy profession is to take a primary degree in the human sciences (3 to 4 years), a post-graduate qualification (e.g. diploma) from a university or an approved institute¹² with clinical placement, supervision and experience (2-3 years) and then registration with an approved association.¹³ A primary degree is not obligatory and it is possible to enter an approved institute directly and qualify for a diploma through a year-long foundation course and subsequent accreditation. There is a strong case for facilitating the access of Travellers to such qualifications and address the many hurdles involved, such as knowledge of the career in the first place and the cost of courses, books and economic opportunities foregone. None of these obstacles are insurmountable and could be addressed by a mixture of information, taster courses, grants or scholarships. By point of comparison, the programme started by the Soros foundations in eastern and central Europe to encourage long-term educational training and leadership within the Roma community is considered to be extremely successful in the medium to long-term.

4.1.6 Cultural appropriateness

Cultural appropriateness is an issue which this evaluation was specifically enjoined to address. It is clear that, following the discussion in 4.1.2 that there are important cultural specific issues in this project. Travellers have a mixed history of using mainstream services, having both good and bad experiences. It is known that some Travellers have accessed and used mainstream psychiatric services and been given intensive support by the health services in doing so, but there is less evidence of use of psychological, counselling or psychotherapeutic services. Equally, those working with the Traveller community, including those interviewed for this project, stressed that in such a sensitive personal area as counselling, Travellers must have assurance that they will deal with someone who understands their situation. 'They don't want to be put in a situation of having to explain themselves as Travellers all the time, nor have to deal with anti-Traveller prejudice, even if it's not badly meant'. For that reason, a Traveller-led service is seen as providing a high level of value.

¹² E.g. in the case of universities, University College Dublin; in the case of institutes the Mater Hospital, Clanwilliam Institute, Tivoli Institute.

¹³ E.g. Irish Council of Psychotherapy, which has European affiliation; or the Irish Association of Counsellors and Psychotherapists; or the Family Therapy Association of Ireland.

The fact that the service is led by a Traveller who is widely known and respected within the Traveller community has provided a crucial and high level of assurance. Some have questioned, though the lack of structured training for non-Traveller counsellors, suggesting that there must be a training package in issues of Traveller identity and how to work interculturally. Several organizations are now in a position to provide such training.

The mainstream training services provide some training in cultural diversity. For example, the Clanwilliam Institute has a strand in diversity, which includes the situation of the Travelling community. It is not clear whether, overall, diversity is a sufficiently prominent feature in counselling training system as a whole and there is a case for developing a foundation course for counselling for minority ethnic groups, such as Travellers.

4.2 Management and financial reporting

Generally, the view of informants was that the project had been well structured and had made good progress for a first, pilot year. There was a clear line of command and responsibility. The original organization and governance had been sound and at the risk of stating the obvious, the fact that the project had been relatively problem-free was due to robust original design. Publication of the manual was further evidence of investment in effective project design. Several commented that it was 'going in the right direction'. There was a strong perception that the project was efficiently run and managed.

Management committee meetings were considered to be effective, well run, efficiently chaired and the participants supplied with documentation and information to keep them up to date. Two problem issues arose. First, poor attendance at the management committee was a problem. The intention of the project was to have a Traveller-led committee. Although the quality of the meetings has generally been good and the numbers attending sufficient, Traveller presence has been at a lower level than would be desirable for a Traveller-led project. It has also been difficult to secure the participation of the representative of the HSE. Considerable efforts had been made to improve attendance at management committee meetings, trying to be more sensitive to times that suited better and modifications considered (e.g. three-missed-meetings-and-out, fewer-but-longer meetings).

The general view was that although the project did not need a large committee, it was still short of its potential. There was a general view that to complete three years, the management committee required (1) more Traveller participation and (2) more expertise to provide direction, ideas and fresh thinking, possibly from people familiar with Traveller, counselling or minority services. Particular assistance was needed to help the transition to mainstream funding.

A feature of the organizational structure that was missing was an interface between the management committee and the counsellors. Apart from the manager, who was also a counsellor and reporting to the management committee, there was no structured meeting place between the front-line counsellors and the management committee. There would be value in a meeting, once a year, of the two groups, possibly as a planning session for the project as a whole.

The supervision sessions were generally considered to have created a positive and supportive atmosphere. It especially helped counsellors to cope with the disappointment of the small number of callers. All the counsellors found the sessions helpful, but one reservation that it was too generalist and must be more focussed around the support needed for each individual counsellor.

The system of financial management is a simple one, reflecting the relatively straightforward structure and nature of the project and the small number of financial transactions. Governance systems for finance in voluntary and community organizations do not set down minimum financial standards, although this may change with the new Charities Bill and rules laid down by the future regulator. This project has put a system of financial controls in place, three signatories being authorized and authorization of the finance subcommittee required for payments over €500. The project has a bank account, which ensures that monthly statements are supplied to the office. Auditors are due for appointment. Having said that, the system of financial governance does not reach what is normal good practice in the rest of the sector:

- There is no hard single hard copy ledger record of all transactions;
- Financial statements are not provided for the management committee as an integral part of the minutes;
- There does not appear to be clarity as to when invoices are required for payment to be issued;
- Although the project is reported to be well within budget, there is no system of flow charts, projections by budget heading nor current balances;
- A statement of the financial outputs of the service, under relevant headings, cannot yet be compiled.

4.3 Funding

The on-going funding of the project is a significant concern, probably the greatest concern facing the management committee over the past year. The principal finance for the project comes through pilot scheme funding by the Department of Justice, Equality and Law Reform (DoJELR) under budget line E6. There is a general view that, welcome though the funding is from the DoJELR, its most appropriate home should be within the health services. Most counselling services are funded by the Health Service Executive, which provided the second largest amount of funding for this project, while funding for some types of counselling services is provided by the Family Support Agency (marriage, child and bereavement counselling services).

Ultimately, the natural financial home for this service is within the health service and the HSE, alongside community, mental health and psychotherapy services. This is a significant challenge, for two reasons. First, community, mental health and psychotherapy services have long been the focus of adverse comment for being a low priority within the health services as a whole for funding, facilities and priority. Second, the current financial perspective could not be a more difficult one for seeking fresh funding or a share of existing, limited resources.

4.4 Conclusions

The main conclusions we can draw from this are that:

- The pilot project has captured important learning about how Travellers use, approach and benefit from a counselling service and has validated the model;
- Although the rate of use has been much lower than hoped, there is good reason to believe that it will eventually rise as the service becomes better established, known, promoted and trusted.
- The low attendance at management committee meetings is a problem, as is the system for financial reporting;
- There is a need for the pilot to be mainstreamed into the Health Service Executive.

The next chapter explores how these issues may best be addressed.

5 Recommendations

Here, the final chapter comes to conclusions and makes a main recommendation for the future of the pilot (5.1). Second, specific issues are addressed (5.2 - 5.4) and then recommendations are summarized (5.5).

5.1 Future of the pilot project

The conclusions of the evaluation are that:

- The pilot project has validated the model of an independent Traveller counselling service and captured important learning about how Travellers use, approach and benefit from a counselling service;
- The rate of use of the service has been lower than hoped and the difficulties that people faced in coming to the project were under-estimated;
- There is reason to believe that the service will become more used as it becomes better known and trusted;
- The existing service is well designed, run and effective;
- Changes are necessary to improve the management committee and to introduce higher financial reporting standards;
- The project should work toward financial mainstreaming within the counselling and psychotherapy services of the Health Service Executive (HSE).

This project had originally been intended as a one-year pilot, following which it would be scaled up and mainstreamed. The rate of use does not justify such a development yet, so the recommendation of this report is that the pilot be extended at its current level of operation and funded into a second and third year, with a view to scaling up and financial mainstreaming from February 2011 and working from its own, dedicated location. A working assumption is that the Department of Justice, Equality and Law Reform would be agreeable to an extension of the pilot for a further two years. This would also give more time for the case to be made to the HSE for mainstreaming, which, hopefully, will take place in a more favourable financial environment. Additional funding should be sought from both public and private sources in the meantime, such as the Family Support Agency and trust funds respectively. Accordingly, the principal recommendation is that the service continue as a pilot for a further two years, at its present level of operation and funding, until February 2011, when a further evaluation of the 3-year period could take place.

A number of specific issues arose from the pilot and each is addressed in turn.

5.2 Service delivery and promotion

Several specific issues arose concerning the operation of the service. These concerned a telephone service, no-shows, location and promotion.

The concept of the telephone counselling service came from the conference in February 2009. In essence, the view was that there may be people who would not be prepared to come to a counselling session in person, but might benefit from telephone based counselling. Such services already exist and while they may not achieve the same depth as in-person counselling, their benefits have long been accepted (e.g. Samaritan-type services). This should be explored and developed over the next two years.

A level of no-shows is likely to persist for some time, but a concrete change could be to formally adopt the protocol of sending a text reminder to the client the day before. Cancelling as well as no-show clients should be contacted to be offered fresh appointments, or the option of telephone-based counselling if that is developed. The fact that most clients are single session users suggests that the first (and probably only) session may need to be redesigned so as to ensure its maximum effectiveness.

The issue of location of the service promoted an extensive discussion. The general view was that the parish centre in Cabra was a suitable location, but it could, while retaining its independent identity, be complemented by the use of venues in the city centre (e.g. Exchange House); appropriate centres in south and west Dublin (e.g. health centres, community development projects, parish centres); and outreach to the prison service and Central Mental Hospital. As for the promotion of the service, although considerable efforts had been made in 2008, there was a need for a re-engagement in 2009, accompanied where possible by counsellors to meet Traveller groups. This may involve some modest additional spending, either externally or from moving resources within the existing budget.

An important practical issue concerns the training of non-Traveller counsellors with diversity issues. Although all were familiar with Travellers and some had long experience of working with the Traveller community, it would be good practice for such training to be provided as a matter of course, using modules developed by existing Traveller organizations.

The question of extending the service outside Dublin was raised in the course of the research and this would be a desirable development over 2009-2011. Here, there is merit in a tripartite approach between the Traveller Counselling Service, the HSE and a Traveller organization with a presence outside Dublin (e.g. Irish Traveller Movement). This would be an additional project, for which extra funding would be required.

5.3 Management and financial reporting

Although the governance structures set in place have been sound, problems have arisen with the level of attendance on the management committee, the level of financial reporting, while long-term funding remains a concern. Accordingly, there is a need to reinvigorate the committee, establish new financial reporting standards and systems and devise a strategy for long-term funding.

Dealing with the committee, it is accepted that the management committee for the service need not be large. There is, though, the need for fresh participants prepared to commit the necessary time to manage the service until at least the end of the pilot phase. Here, it should be realistic to look for two more Travellers and two more settled people, one of the four having expertise in the mainstreaming of projects into the health service. One of the four should be an 'ideas person' able to come to the management committee with specific ideas around how counselling services can develop, possibly a professional in the health or psychological services. Advice and practical help on recruiting the four more board members could be sought from the Boardmatch organization. Open advertisement of the need for new board members should be considered (e.g. through Traveller training centres, primary healthcare units), so it should be a relatively public exercise.

There is also value in an annual planning meeting for the project that brings together the counsellors and management committee.

New financial reporting systems should be put in place to ensure that the management committee have a full and timely flow of relevant financial information for each meeting. This should comprise the use of a hard copy ledger; a monthly financial balance and statement showing the previous month's outgoing and incomes matched against headings and projections; and protocols for the requirement of invoices.

An important role of the management committee must be the mainstreaming of the service into HSE funding. Accordingly, there is value in the idea of a sub-committee of the management committee to be formed to devise such a strategy by the end of 2009, with, hopefully, the acquisition by the committee of a person familiar with such issues.

5.4 Long-term promotion

Most of these recommendations are short-term. This project, though, has raised a number of longer-term issues as to how Traveller counselling services may develop in the future. These take the form of encouraging Travellers to consider careers in counselling and psychotherapy (literature, taster courses); greater attention being given to diversity issues among existing institutes; encouraging existing and mainstream services to reach out to Travellers and to employ Traveller counsellors. There are a number of ways in which this pioneering project can be made better known, such as through articles about it in the specialized press around psychotherapy. Bearing in mind that this is a frontier area of service development, improved sharing of ideas and experiences could be achieved through a network bringing together this service, new counselling services for minorities, the professions, institutes, educational bodies and other stakeholders, such as the funders of this project and the health service. The full maturing of these ideas could take 10 to 20 years, but this would be an ideal moment to start. Here, a learning network could be considered.

5.5 Summary of recommendations

Here, the recommendations are summarized under their respective headings:

5.5.1 Future

- Continue the pilot for a further two years.
- Aim to mainstream the financing of the service through the HSE from spring 2011.

5.5.2 Service delivery

- Because of the pattern of single-session use, redesign of the first session so as to maximize effectiveness.
- Development of telephone counselling service.
- Day-before text or phone reminders of appointments as a matter of course.
- Day-after contact with cancelling clients as well as no-shows to re-offer the service.
- If the facilities can be made available then, move two sessions to the morning, which may suit some Travellers with child-rearing responsibilities.
- Negotiate additional venues in city centre (e.g. Exchange House), south and west Dublin (e.g. community centres).
- Advertise the service to Travellers in prisons, the Central Mental Hospital, psychological help services (e.g. Samaritans), hospitals (especially for those likely to be bereaved, notably in the event of infant mortality).
- Promote a service outside Dublin as a tripartite venture with the HSE and a national Traveller organization (e.g. Irish Traveller Movement) in a major urban centre (e.g. Limerick, Galway, Cork).

- Promotional re-engagement with Traveller and related services in the Dublin area, including conversations where there are contributions by members of the counselling team.
- Future non-Traveller counsellors to take module in diversity.

5.5.3 Management

- Recruit four new members of management committee, two being Travellers and two settled people. Seek advice from Boardmatch, use open systems of recruitment. One should be familiar with service mainstreaming, one should be an ideas person interested in development of counselling, psychotherapeutic services.
- Annual planning meeting of management committee members and counsellors.
- For financial reporting, hardcopy ledger, invoice protocols, monthly financial statements to committee with balance, previous month's outgoings and incoming, budget headings and projections.

5.5.4 Long-term promotion

- The Traveller Counselling Service to promote counselling as a career for Travellers.
- Begin engagement with counselling institutes and educational bodies, with a view to (1) taster courses for Travellers and (2) a foundation course built around the counselling needs of minority ethnic groups.
- Begin engagement with third level access programmes on how to facilitate Travellers to train as counsellors, considering scholarship and leadership programmes along the lines developed by the Soros foundations. Linked to this is an engagement with the HSE about the employment of Travellers as counsellors in mainstream services.
- Articles about the pilot year to be written for specialized journals and magazines in the counselling, Traveller, voluntary sector, health press.
- Formation of a learning network of voluntary and community organizations, statutory bodies providing counselling for minority groups, inviting other stakeholders such as institutes, educational bodies and the counselling, psychology and psychotherapy professions as well as others with an interest (e.g. Dept. Justice, Equality & Law Reform).

In summary, the Traveller Counselling Service is a valuable pilot, providing much knowledge, learning and fresh insights. It should be extended in the confidence that it will provide an ever more effective and useful service for those in great need.

Annexe: List of personnel in the Traveller Counselling Service

Members of the original committee

Davy Joyce (chairperson)
Jim O'Brien (vice-chairperson)
Rev Derek Farrell (treasurer)
Helen Campbell* (secretary)
Thomas McCann
Cairenn Bryson
Nancy Power
Maria Joyce
William Peelo
Catherine Joyce
Patricia Sagasta
Rosaleen McDonagh
Barney Joyce**
William McDonagh**
Rev Stephen Monaghan PP

Counsellors

Cairenn Bryson
Jimmy Judge
Thomas McCann
Siobhan Everard
Jacky Grainger
Catherine O'Loughlin

Supervisor

Bernadette O'Sullivan

Manager

Thomas McCann

*Resigned to work abroad. **Resigned due to other work commitments.



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