



Gypsy Traveller Health Engagement Worker project

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Purpose

This report aims to provide an overview of the Gypsy Traveller Health Engagement Worker project (Year 3, 2014-2015), which seeks to improve overall health and wellbeing of Gypsy Travellers in Aberdeen city. It will outline what the current health needs of Gypsy Travellers are, as well as continued challenges associated with improving the health of the Gypsy Traveller population in Aberdeen city. The Community Health Partnership (CHP) Operational Management Group is requested to consider the following information and agree on areas for further development based on the recommendations made within this report.

National picture

It is estimated that there are currently between 120,000 and 300,000 Gypsy Travellers living in the UK¹ and the Scotland Census 2011 data highlighted that approximately 4000 live in Scotland (0.1% of the local population). There appears to be little evidence of the key determinants of health for Gypsy Travellers across the United Kingdom, meaning that stark inequalities continue to exist. A range of initiatives such as the National Gypsy and Traveller Health Inclusion Project (2012-2015) project in England which is coming to an end will provide useful information for taking forward health inequalities work with Gypsy Travellers in the future;

A Health on the margins – Commissioning to tackle health inequalities in Gypsy Traveller communities conference held in Birmingham in February 2015 which signal key emerging issues around this area of work will be related to Health & Social Care reform and how particularly health inequalities will be presented within this new framework.

Local Demographics

In Aberdeen city approximately 0.1% of the population recorded 'Gypsy Traveller' as their ethnic grouping, this equates to approximately 223 individuals². However, it is assumed that this is an underestimation given the transient nature of the population, an unwillingness to identify as a Gypsy Traveller and the low levels of literacy which may have an impact on the number of people completing the census questionnaire.

¹ Ruston, A., & Smith, D. (2013) Gypsies/ Travellers and health: risk categorisation versus being "at risk". *Health, Risk & Society*, 15 (2).

² Figure 3: White ethnic groups by council area, Scotland, 2011. www.scotlandscensus.gov.uk

There is currently one official Aberdeen City Council site located at Clinterty, close to the border with Aberdeenshire providing 21 pitches (100% occupancy since April 2013). Additionally, there is a Gypsy Traveller owned private site at Pitmedden Road near Dyce. There are 15 plots on site, which are sold to each occupant who is responsible for their own pitch.

Due to a national shortage of official pitches, many Gypsy Travellers are on the roadside as there is nowhere else for them to go. From January 2015 to May 2015, there have been a total of 16 encampments (with approximately 75 caravans). The majority of these encampments have been at Queens Links, Stonehaven Road and Kirkhill (see Appendix II).

Project outcomes – impact, successes and challenges

Since April 2012 Aberdeen CHP Health Improvement Fund has provided funding for a Gypsy Traveller Health Engagement Worker (GTHEW) in conjunction with Grampian Regional Equality Council (GREC). The funding is as follows, Year 1: £13,085-00; Year 2: £25,029-00 and Year 3: £16,617-00 totalling £54,731-00.

The Gypsy Traveller Health Engagement worker (GTHEW) project for year three (2014-2015) was commissioned with six outcomes and what follows is an overview of progress made against each of these outcomes.

Outcome 1

Develop a series of appropriate measures to respond to the healthcare needs of Gypsy Travellers at Clinterty as identified in Health Needs Assessment.

Much work has been commenced in relation to the recommendations from the Health Needs Assessment undertaken in years one and two of the project; recommendations such as health education, particularly in the areas of nutrition, oral health and general wellbeing. Work has been focused both at Clinterty and unauthorised encampments throughout Aberdeen City.

- A successful after school Health Club at Kinellar School was held. This led to appropriate health and wellbeing information made available through a co-produced Health Needs Assessment with families at Clinterty.
- A discussion to develop a series of appropriate measures has led local authorities and health professionals to consider establishing clearer referral /sign-posting pathways for the Gypsy Traveller community. This is still being developed at a strategic level but the Gypsy Travellers at Clinterty know they can access the Site Manager or GTHEW who can ensure the appropriate support when it comes to relevant sign-posting activity.
- Health and wellbeing staff feel more confident coming to the community centre to speak with the residents as the GTHEW acts a liaison

between staff and the community e.g. the literacy team and play forum have regular established activities in the community centre and have built trusting relationships with the residents at Clinterty.

- On-going engagement with a co-produced health needs assessment questionnaire help ensure that services deliver on needs of the community and at the unauthorised encampments. It also informs on what the gaps are or how things can be improved. e.g. Art and dance classes for young people

Outcome 2

Continue to engage relevant NHS projects such as Keep Well in order to better meet the needs of the Gypsy Traveller population and reduce health inequalities.

Various health and wellbeing projects e.g. Childsmile, Health Point and Keep Well have made visits to Clinterty this spring and although initial uptake has been low, efforts were made to have more regular engagement from partners once the travellers return for the autumn/ winter period. Confidence to Cook classes continues to run in partnership with the Literacy team.

Engaging appropriate initiatives such as Cash in Your Pocket has facilitated greater understanding of Gypsy Traveller needs amongst various partners. This has led to greater trust and acceptance from the community with partner services.

Overall, year three of the project has seen further development of relationships with Gypsy Travellers residing at Clinterty with many more young people and adults becoming more involved with various activities at the community centre. There has also been engagement with Gypsy Travellers at unauthorised encampments in Aberdeen City working alongside the Health Visitor.

Outcome 3

Consolidate working relationships with health professionals and other staff groups in order to improve access to services and increase meaningful engagement with Gypsy Travellers at Clinterty and unauthorised sites (mainly seasonal: May- October).

The GTHEW has been able to maintain relationships and engagement with key projects at Clinterty. This has mainly involved maintaining contact with Public Health Coordinator, Keep Well Coordinator, the Health Visitors for both Clinterty and for the encampments, the GP at Bucksburn Medical Practice in addition to various other health and wellbeing professionals, local authority and third sector partners. Health literacy has been seen to improve as a result of this project, since invaluable partnerships have been formed with the Aberdeen City Council literacy team and Kinellar School. The GTHEW has facilitated various community initiatives to keep Gypsy Travellers engaged with up to date with information as well as networking opportunities that are

productive to community. The GTHEW was able to identify training needs for staff and those who are contracted in e.g. Child Protection.

Outcome 4

Work as a liaison between Gypsy Travellers, health and education authorities in the area, thus breaking down barriers to access key services for families

The project has prevented barriers and increased access to relevant health and wellbeing services in Aberdeen. Gypsy Travellers have now improved access to information and service providers through provision of the GTHEW project – both through informal discourse with residents and engagement with various health promotion events on and off site. Having the GTHEW onsite supported facilitating access since enquiries can be encouraged and sign-posting of relevant services shared. Additionally the GTHEW has been trained by the British Heart Foundation to provide appropriate advice and encourage the relevant sign-posting where necessary. Support also continues for Aberdeen City Play Forum to run free play sessions for the children on site and this frees up time for the parents to engage in other health and wellbeing activities tailored to their need.

A range of engagement activities have enhanced confidence and trust with many members of the Gypsy Traveller community. It has generated openness concerning health and wellbeing issues which is acknowledged as a significant barrier that has to be addressed patiently. Through informal discourses and questionnaires, there is now an increased understanding of the barriers they face in accessing health services.

Outcome 5

Plan, organise and help facilitate outreach events independently and, occasionally, in conjunction with Aberdeenshire colleagues in order to raise the profile of a wide range of preventative health issues.

The GTHEW has worked in partnership with a range of colleagues from NHS Grampian e.g. Health Point, Keep Well, the Diabetes and Heart Failure Specialist Nurses, the Smoke-free Homes and Cars Coordinator, Tobacco Support and Development Worker from Aberdeen Foyer, Grow Well Choices team at Kinellar School and GREC colleagues in Aberdeenshire. In doing so, this has facilitated various resources for the Gypsy Traveller community when it comes to building awareness of accessible services through various outreach and health promotion events. The activities planned for beyond May 2015 are as follows: Encouraging residents at Clinterty to take ownership of the community centre through community participation activities with the local Learning Partnership; Self-care and self-management e.g. through the Confidence to Cook classes and the Literacy Team.

Outcome 6

Plan and implement with NHS colleagues and Gypsy Travellers, a series of cultural awareness raising sessions for front line staff.

A Primary Care Survey and Health Needs Assessment as tools have provided invaluable information to plan and deliver Gypsy Traveller cultural awareness training. This resource aims to develop a model of good practice that will be of benefit for both community and primary care staff. A trial of the resources to Public Health postgraduate students at Robert Gordon University (RGU) have generated further opportunities e.g. A lack of knowledge of the community was reflected with following queries : 1) how Gypsy Travellers feel about the negative perception of their culture and way of life. 2) what are the difficulties they experience when they decide to live permanently in an area 3) how does the community respond to rates of domestic violence in Gypsy Traveller community; 4) are there alternatives and home-made medicines / practices in the Gypsy Traveller community. 5) Discussed the similarities between Gypsy Travellers in the United Kingdom and travelling cultures in West Africa e.g. the Nigerian government have made plans to develop an education policy for such communities but nothing has been done in the way of health. This offers an opportunity to produce a cultural awareness raising package that can unlock the lack of knowledge or perceptions of a community.

Key Health and Wellbeing themes and related project work

GP Registration

In a recent study carried out by Health Scotland² it was reported that barriers to GP registration predominantly correlated with both service design and provision conflicting with the cultural characteristics and lifestyle needs of the Gypsy Traveller community.

For example from those with literacy issues completing registration forms, to a desire for immediate appointments, and a lack of trust or understanding of how the system works and what is available. Service barriers were also identified, with reports of some reluctance from GP practices to register patients and a lack of awareness for community needs meaning that those known to be 'culturally competent' were the preferred points of contact.

This is particularly relevant in Aberdeen city, where Bucksburn Medical Practice is the preferred GP surgery for the Gypsy Traveller population. One key GP at Bucksburn Medical Practice has spent many years building a trusting relationship with the travelling community and as a result approximately 300 Gypsy Travellers are currently registered at this practice (approximately 10% of their practice population). Findings from the most recent Health Needs Assessment supports evidence of this trusting relationship between residents at Clinterty and staff at Bucksburn Medical Practice (see Appendix IV). This invaluable trust presents an opportunity to enhance delivery of preventative health measures; for example Keep Well checks, cervical screening and immunisation.

Anecdotally, other GP surgeries throughout the city have questioned whether or not they should register Gypsy Travellers or advise future patients to register at Bucksburn Medical Practice. There is evidence from the recent Primary Care Survey undertaken to support a need for further research as to why this may be (see Appendix V).

Immunisation

It is widely acknowledged that immunisation is low in the Gypsy Traveller population³. This is more of a concern on the encampments as opposed to Clinterty, where a trusted Health Visitor holds a monthly clinic. The Health Visitor advised the GTHEW that most children are up to date with their vaccinations, and that immunisations are generally good amongst both communities (i.e. at Clinterty and in encampments), with the exception of MMR which is not widely accepted. Although she has no set data on uptake, she commented that it is fairly easy to keep on top of their schedules despite

³ Dar, O., Gobin, M., Hogarth, S., Lane, C., & Ramsay, M. (2013). Mapping the Gypsy Traveller community in England: what we know about their health service provision and childhood immunization uptake. *Journal of Public Health*, 35 (2).

the transient nature of the population (i.e. they will keep in touch with her should any concerns arise).

Preventative Health Screening

Amongst the Gypsy Traveller community there is a belief that poor health and pain must simply be tolerated. Another feature is a fatalistic attitude to health (i.e. 'what will be, will be'), resulting in a view that illness is inevitable and therefore seeking treatment is not worthwhile. Fear of certain illnesses, including cancer and other terminal illnesses combined with this fatalism means that many Gypsy Travellers may avoid health screening. Opportunistic preventative health measures are offered at Bucksburn Medical Practice including Alcohol Brief Interventions, Keep Well health checks, cervical smear, and additionally a number of outreach clinics have been organised through the GTHEW which include Keep Well health checks, sign-posting with Health Point and Childsmile interventions.

Health behaviours

The GTHEW developed an in house Health Needs Assessment questionnaire with the residents of Clinterty. Findings from this suggested a limited awareness and understanding of health issues or an unwillingness to disclose health-related issues, which was reiterated by discussions with the Clinterty Site Manager (see Appendix IV). It has been noted, primarily through observation and informal discussion, that there is a need for health education specifically regarding nutrition and oral health. In response to this, the GTHEW invited staff and volunteers from Childsmile and the University of Aberdeen 'Veggie Society' to encourage awareness on improved oral care and a healthier diet.

The GTHEW has successfully engaged with 23 children across 36 engagement visits to both Clinterty and Kinellar School, finding that numerous children were unaware of healthy eating messages. This evidence correlates with research carried out by NHS Lanarkshire⁴ which found a high consumption of convenience foods in the Gypsy Traveller population. On a positive note though, the vast majority of children at Clinterty and on encampments are very active and are always playing outdoors, regardless of the weather.

Health Education

The children and younger Gypsy Traveller community members tend not to not obtain a fuller benefit from health education at school since education, particularly secondary education, is not a perceived priority for some within the community - i.e. many do not attend (only 11 children of 27 children living at Clinterty are enrolled). Absence was recorded as frequent (only 5 of these 11 children frequently attend). This raised concern regarding a lack of information about health services, health education and missed vaccinations.

⁴ Milosevic, C. (2011). Health Needs Assessment for Gypsy/ Travellers in Lanarkshire.

Indirectly low literacy was also highlighted as a factor contributing to reduced access to services and information throughout life. An after-school Health Club was piloted at Kinellar School, open to all children so as to encourage inclusion, all 5 children who regularly attend school joined this and thoroughly enjoyed the engagement activities. Resources used included materials from the British Heart Foundation, Childsmile and related health services. One activity undertaken by the children was a 'Healthy Heart Family Tree' and each child was asked to complete this exercise to the best of their knowledge. One young Gypsy Traveller described anaemia in his older brother identified as common in Roma communities⁵ and another girl mentioned one grandfather as having been diagnosed with cancer. Generally speaking, the exercise highlighted the cultural 'taboo' of talking about illness within families and a lack of awareness for many health-related issues. The staff at Kinellar School have expressed readiness to continue working in partnership with the GTHEW in improving health education for the Gypsy Traveller community.

Mental Health

Goward et al. (2006) demonstrated significantly poorer clinically significant mental health amongst the Gypsy Traveller population⁶. An Art Psychotherapy group was invited to Clinterty in the Spring break, and a total of 7 children engaged at various points throughout the day. The GTHEW and Art Psychotherapy group are keen to replicate the same in the autumn when travelling families return to the site.

Smoking and alcohol

National research shows significant alcohol mis-use and/or smoking amongst the Gypsy Traveller population^{7,8}. This correlates with anecdotal evidence gathered from residents at Clinterty and encampments throughout Aberdeen city. The GTHEW made contact with the Health Improvement Officer – Alcohol for Alcohol Brief Intervention, the NHS Smoke-free Homes and Cars Coordinator, and the Tobacco Support and Development Worker from Aberdeen Foyer who all visited Clinterty during Spring break and are in agreement to strengthen working partnerships based on co-production to support the residents at Clinterty and on encampments in Aberdeen city.

⁵ Djurovic, D., Prcic, S., Milojkovic, M., Konstantinidis, G., & Tamburlini, G. (2014). The health status of Roma children – A medical or social issue? *European Review for Medical and Pharmacological Sciences*, 18 (18)

⁶ Goward, P., Repper, J., Appleton, L., & Hagan, T. (2006). Crossing Boundaries. Identifying and Meeting the Mental Health Needs of Gypsies and Travellers. *Journal of Mental Health*, 15 (3).

⁷ Lidster, O., Cannon, V. M. P. (2013). Substance Abuse Needs Assessment. *Journal of Psychological Issues in Organizational Culture*, 3

⁸ Aspinall, P. J., & Mitton, L. (2014). Smoking prevalence and the changing risk profiles in the UK ethnic and migrant minority populations: implications for stop smoking services. *Public Health*, 128 (3).

Maternal health

Whilst there is no data on breastfeeding within Clinterty or encampments in Aberdeen city, having spoken with the Health Visitor who has regular contact with residents at Clinterty (i.e. through monthly drop in and ad-hoc visits) she has informed that breastfeeding rates at Clinterty are very low. Until December 2014 the Health Visitor had no breastfeeding mothers in the community. The GTHEW is keen to liaise with the Community Midwife regarding antenatal support as early as possible since she has contact with mothers up to ten days after which the Health Visitor makes contact and ensure the new mothers can be supported to continue breast-feeding and not bottle feeding as often experienced. This raises the question whether it is a cultural issue or due to the young age of the mothers. The GTHEW would like to explore further this area, since literature on breastfeeding and infant feeding^{9,10} are referring to low rates in the Gypsy Traveller population.

Chronic Illness

The main disease groups highlighted in the Gypsy Traveller population are respiratory and cardiovascular diseases, reaffirming the chronic illnesses identified by GTHEW that 62% of households on the site expressed chronic health problems. The wide range of health complaints expressed by residents include asthma, diabetes, coronary heart disease, back pain, genetic muscle disorders plus high blood pressure and high cholesterol. Diabetes is also noted of a high incidence in the travelling community¹¹. The GTHEW invited a Specialist Nurses from NHS Diabetes to engage with the residents at Clinterty and is keen to continue strengthening working partnerships to support the Gypsy Traveller community in Aberdeen city (See Appendix VI). On visiting the site in April, the Diabetes Specialist Nurse was able to successfully engage with 4 Gypsy Traveller children and their carer. Additionally, the GTHEW has been trained by the British Heart Foundation and feels confident to give appropriate advice and sign-post to relevant services where necessary. Consensus from the community is that heart problems are hereditary and therefore not preventative, re-emphasizing the need for health education across all age groups.

⁹ Cordon, L. J., Salmon, D. (2104). 'You likes your way, we got our own way': Gypsy and Travellers' views on infant feeding and health professional support. *Health Expectations*.

¹⁰ Pinkney K.V. (2011). The infant feeding practice of Gypsy and Traveller women in Western Primary Care Trust and their attitudes towards breast and formula feeding. *University of Chester*.

¹¹ Pinkney K.V. (2011). The infant feeding practice of Gypsy and Traveller women in Western Primary Care Trust and their attitudes towards breast and formula feeding. *University of Chester*.

Recommendations

Over the three years of the Aberdeen City Gypsy/Traveller Health Engagement Project there has been progress in several key areas:

- Relationship of trust and confidence are continually built between the project workers and members of Gypsy Traveller communities, particularly those living at the Clinterty Traveller Site.
- Key links are being established between health, local authorities and the third sector. Significantly, at request of the GTHEW local authority staff from Lifelong Learning are now regularly on site to build strong relationships with residents.
- Health promotion have been successful in engaging with Gypsy Traveller communities in Aberdeen;
- Awareness around key health issues have been raised within Gypsy Traveller communities in Aberdeen;
- Health assessments have been undertaken at a local level, building on findings from large scale research and consultations.

In terms of building links with communities, organising and observing outputs from health promotion activities and undertaking Health Needs Assessments with Gypsy/Traveller communities, the project has fulfilled its potential. Given this and imminent changes with the integration of health and social care, the Community Empowerment Act, future work to support reducing the health inequalities gap and Gypsy/Travellers should move in a different direction that will be more impactful and sustainable.

It is recommended future work should focus on mainstreaming an inclusive and equalities-driven approach to Gypsy Traveller health. To take forward such a project the following are recommended:

- Build relationship of trust and confidence between the project workers and members of Gypsy/Traveller communities, particularly those living at encampments.
- The cultural awareness raising resource be delivered to health and social care professionals; students in training.
- The Primary Care survey work undertaken with 3 GP surgeries is rolled out to all GP surgeries.
- Health and Social Care Partnership is engaged both at a strategic and operational level with key Service Leads for an action plan to enhance and sustain Gypsy Traveller health.
- Engagement with relevant UK, Scottish and local partners to enhance a proactive approach to continuity of care and the handheld record for Gypsy/Travellers is well-promoted and coherent with the approach at a national level.

Appendix 1: Work Progress, Challenges and Risks – Detailed breakdown of project work (year 3)

Table 1 illustrates work progressed to date alongside continued challenges, risks and resources required.

Programme of work	Progress	Challenges	Risks to programme not continuing.	Resource Required
<p>GREC Gypsy Traveller Health Engagement Worker</p>	<p>To date the project has demonstrated a significant need for the provision of support to individuals and families by being able to provide information and advice on a wide range of health issues that impact on the communities' health and wellbeing. The ongoing relationship building that the GTHEW had with the Gypsy Traveller community has enabled the current worker to continue to facilitate outreach events (e.g. Keep Well, Childsmile) and partnerships (e.g. Literacy Team, Play Forum) reflecting the needs of the population to raise the profile of a wide range of preventative health issues and services available to support.</p> <p>Also developed new relationships with staff from Grow Well Choices, Aberdeen Foyer, NHS Grampian (Diabetes and Heart Failure),</p>	<p>Made some progress regarding some of the recommendations within the Health Scotland report, namely:</p> <p>Health Literacy Identifying the most effective approaches to providing health improvement advice and information, where there are low levels of literacy within community. For e.g. Engagement with the Literacy Team</p> <p>Needs Assessments Exploring limited and</p>	<p>Continued impact if access is concentrated to one of the GP practice (i.e., Bucksburn), A & E) and the wider community.</p> <p>Needs of the community will not be identified nor addressed on time which is an element of</p>	<p>To continue the health engagement/education element delivered by the GTHEW. This will include:</p> <ul style="list-style-type: none"> • Encourage and enhance representation from Learning Partnership and other existing partners.

	<p>Art Psychotherapy and Health Improvement (Mental Health and Tobacco Control).</p> <p>Developed and administered a Health Needs Assessment questionnaire. Furthermore, a Primary Care Survey was carried out with staff at Bucksburn, Links and Whinhill Medical Practices to ascertain views on the Gypsy Traveller communities in Aberdeen City. (see Appendix V and VI).</p> <p>Invited Art Psychotherapy group to Clinterty site, where a Creative Arts group was held to facilitate insight into emotional health and wellbeing.</p> <p>Completed a pilot with an after school Health Club after having met with staff from Kinellar Primary School (i.e. attended by the Gypsy Travellers resident at Clinterty), and initiated an opportunity to continue this in partnership with Grow Well Choices in the Autumn when children return to Clinterty. The club has run in line with the Curriculum for Excellence guidelines and worked with resources from the British Heart Foundation and Childsmile programme.</p> <p>The second of a quarterly multi-disciplinary meeting between various staff who work at</p>	<p>transient available evidence to better understand the health inequalities experienced by Gypsy Travellers.</p> <p>Co-production A need to ensure the principles of co-production is continually used to maximise Gypsy Traveller access to services and manage their own health.</p> <p>GP registration Exploring what Gypsy Traveller-friendly practices should look like as well as engagement with City Practices on how to support access and continuity of care should look like; e.g. to initiate staff training in cultural awareness and rights of community to health and wellbeing.</p>	<p>risk.</p> <p>Unclear impact on existing stakeholders and direction of travel resulting from project completion. Will delivery activities slow down and this may disengage families further.</p> <p>Exit strategy not developed.</p> <p>Unclear how other partners will follow up on needs and continue to engage with the community.</p>	<ul style="list-style-type: none"> • Develop and deliver a Health Impact Assessment ; • Pilot co-production approaches to overcoming barriers to effective communication between patients and health professionals – particularly with some GP practice that have high numbers of registered Gypsy Travellers e.g. Bucksburn, Links and Whinhill Medical Practices. • This work will aim to ascertain what a “Gypsy Traveller – friendly” practice may look like, providing a
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	<p>insight into challenges experienced by the community and an overview of the GTHEW project, including challenges, progress and recommendations.</p> <p>Additional training for staff with a remit working in Clinterty : e.g. Freshers Future by Aberdeen Foyer</p>		<p>raising package across practices /primary care forums.</p>	
<p>Health Visitor Protocol</p>	<p>A draft protocol (see Appendix VII) has been developed in conjunction with Hilary Young (Health Visitor (HV) Lead); Chris Fox (HV Unregistered Families) and Amanda Farquhar (Gypsy Traveller Liaison Officer, Aberdeen City Council)</p>	<p>The key issues here are how to inform health professionals, e.g. Health Visitors that Gypsy Travellers and their families have arrived, and in the event of a health/health protection issue, how to and who should be dealing with the families concerned.</p> <p>As families are usually evicted within approximately 3 weeks it is important to be able to monitor families if they stay within the area and arrange follow-up treatment/immunisations , etc. Links are being</p>	<p>Health Protection concern – e.g. outbreak of Whooping Cough.</p>	<p>As well as the Health Visitor protocol, a similar protocol is required to be developed for GP practices and Midwifery services. Currently, information is sent from GREC (Interim Chief Executive) to Shamini Omnes (Public Health Co-ordinator) and Hilary Young (HV Lead) about new encampments across the City. A more systematic pathway requires to be put in place to ensure that the appropriate members of the shadow H& SCP are contacted as and when required.</p>

		<p>established between Site Manager and GT stakeholders.</p> <p>Therefore, within the protocol it is recommended where appropriate Gypsy Traveller families should remain registered at one Aberdeen City GP Practice even if their temporary site changes within Aberdeen.</p>		
Bucksburn Medical Practice	<p>Within North cluster, it has been acknowledged that many Gypsy Travellers tend to register with Bucksburn Medical Practice.</p> <p>Therefore, North cluster Health Improvement Funding (HIF) was given to:</p> <ol style="list-style-type: none"> 1. Increase capacity for GP primarily at Bucksburn to provide increased appointment times for Gypsy Traveller population groups. 2. Improve and optimise access to health services and opportunities to focus on preventative health measures, e.g. Keep Well, Smoking Cessation Advice Service, Healthy 	<p>Working in partnership with Bucksburn Medical Practice is key; challenges include obtaining and sustaining funding to support the Gypsy Traveller community – a concern which has been voiced by key GP at Bucksburn Medical Practice.</p>	<p>Continued capacity constraints on one GP practice.</p>	<p>Gypsy Traveller cultural awareness raising package to enhance relations between community and various providers.</p>

	<p>Helping, Cervical Screening, Mental Health Services.</p> <p>3. Build on evidence about the health needs of the Gypsy Traveller population.</p> <p>4. Reduce inappropriate A&E admissions.</p> <p>Interim findings (Spring 2014) have shown:</p> <ul style="list-style-type: none"> • In the first 6 months, consultations per patient varied from 1 to 25. • Nearly all adults had their weight checked and given advice on weight loss. Most were obese especially the men. Three females with BMI<20, one referred to dietician. • More than half of adults carried out an ABI, 4 identified with alcohol dependence syndrome and 3 referred to alcohol services. • Immunisation provided included MMR (adults and children), HPV (those not attending school), Pertussis (pregnant patients), Influenza and Primary Immunisations. 			
Hand Held Record	In 2005, the Scottish Executive introduced the Hand Held Record (HHR) which was intended to enable information to be shared and to allow for a degree of continuity in following up patients for immunisations, etc.	As many Gypsy Travellers register as temporary residents at GP practices without a HHR, this can be difficult	Lack of continuity of care. Repeat	Health Scotland has recommended ceasing any further promotion of the HHR and that they will explore IT solutions

	<p>Research conducted by Health Scotland concluded that HHRs are ineffective due to many barriers in their use, partially related to confidentiality issues, ease of completion and its size.</p>	<p>for the GP practice as the practice is thus unaware of their medical history, prescriptions or other health related information.</p> <p>One concern which has been raised with some GP practices in Aberdeen is that individuals could be given a prescription in another place, and when they move they can then be given the same prescription in another place. With limited ability to track this, it can lead to some negative outcomes.</p>	<p>prescriptions issued.</p>	<p>which facilitate continuity of care, ensuring that the research informs the implementation of the e-health strategy.</p> <p>NHS England is piloting the use of online access to patient records which would benefit the community. A potential to replicate pilot.</p>
<p>Gypsy Traveller Inter-Agency Group</p>	<p>A Grampian wide inter-agency group was set up in 2001 to improve services and access to services for Gypsy Travellers by sharing best practice and working across boundaries. The group has a strategic role in developing and reviewing policy, strategy and action plans and has representation from GREC, Grampian Police, NHS</p>	<p>Ensuring sustainability of Inter-Agency communication and partnership working. Action Plan seems to reflect on housing discussions and a need to continually emphasise</p>	<p>Reduced partnership /contact working across 3 LA's resulting in challenges to continuity of</p>	<p>Resource required to represent Aberdeen H&SCP on this group and to contribute to agreed action plan.</p>

	<p>Grampian (Public Health); education; housing and environmental health from each Local Authority.</p> <p>The Inter-agency action plan outlines the following objective which is relevant to NHS Grampian:</p> <p>“Education, care and health needs of Gypsy Travellers are better met. Gypsy Travellers access support and health services where available and know who to turn to for support and advice.”</p>	needs assessment that is holistic.	care.	
Keep Well	<p>In 2012, the Scottish Government extended the Keep Well programme until 2015 to include delivery of the Keep Well health checks to six vulnerable group – one being Gypsy Travellers.</p> <p>2014-15 Links 0 Whinhill 0 Bucksburn 4</p>	<p>Challenges have included:</p> <ul style="list-style-type: none"> • Engagement of eligible Gypsy Travellers – who are not recorded on GP systems. • Where health checks are delivered on encampments (e.g. a van has previously been borrowed from Aberdeenshire) 	Development of further chronic illnesses.	Potential to mainstream KW and deliver health checks were identified.

Appendix II

Encampment breakdown in Aberdeen City (January 2015 – May 2015).

Queens Links	4	15 caravans
Seaton Park	1	8 caravans
Hazlehead Avenue	1	9 caravans
Torry Battery	1	7 caravans
Stonehaven Road	2	6 caravans
Bridge of Don	1	3 caravans
Brimmondhill	1	4 caravans
Kirkhill	2	4 caravans
Minto Drive	1	9 caravans
Hareness Road	1	9 caravans
Denmore Road	1	1 caravan

Appendix III

Clinterty Case Studies

One young Gypsy Traveller (aged 7) was telling the current GTHEW about his boxing competition in Glasgow for which he won a Gold medal. The GTHEW enquired as to which club he attended and followed up with Byron Boxing Club to see if they would be keen to visit Clinterty for an afternoon session in the Spring break. Unfortunately, due to limited funding we were unable to pursue on this occasion but since many of the boys at Clinterty are keen for the sport, it is believed that this is an important avenue to explore in the future as a means of increasing engagement with the male community whilst simultaneously encouraging healthy and active lifestyles.

I had been having an informal conversation with one Gypsy Traveller grandmother when I inquired whether she would be travelling during the summer. She replied that she would not be travelling since she has breathing problems and uses a support system which would be too difficult to travel with – the conversation was brief but as a first engagement with this particular resident, it was particularly interesting to note the trust she had for the GTHEW to divulge health-related information. She also commented that she enjoys the work that both the GTHEW and literacy team do, particularly the Confidence to Cook classes, and also appreciates the Play Forum's presence at Clinterty site for the children.

Appendix IV

On site Health Needs Assessment findings

Section 1 (GP experiences) – 8 questionnaires issued

- All families who participated were registered at Bucksburn Medical Practice
- No handheld records (one family with red book – issued by health visitor)
- Average rating for experiences was *Good*
- All thought that GP fully provides for needs
- No families experienced cultural or language barriers
- Most are unlikely to see a doctor unless it involves their young child(ren)

Section 2 (General Healthcare) – 4 questionnaires issued

- All participants were Gypsy Traveller mothers
- All felt that *Doctors, Nurses and Community Health Workers* understood their needs
- All answered '*don't know*' to whether *Charities* understood their needs – general consensus seemed unaware of support available.
- All responded '*don't know*' when asked what they would like from health and social care staff
- No participants or their families, had ever been refused support needed by healthcare staff
- 2x answered '*don't know*' to the question about changes they would make to make family's life healthier; 2x answered that they would introduce a healthier diet.
- 3x answered '*don't know*' to what support they would like to live a healthier lifestyle – general consensus in discussion was that they didn't really need it. 1x answered that they think the Confidence to Cook sessions are good.
- All participants said *no* when asked if they would like more information on particular health issues.
- When asked if they would like to attend a special Gypsy Traveller health event 2x answered yes, 2x answered '*don't know*'
- All responded that they get information about health issues from their GP
- A good alternative to receiving written information – 1x *Special helpline for Gypsy Travellers*; 4x *trained community health advocates from your own community*

Appendix V

Primary Care Survey findings across 3 practices

60% of staff felt that Gypsy Travellers do not feel confident in completing registration information – i.e., not willing to (or no option to) disclose ethnic group, or unable to declare temporary residence knowing it may jeopardize successful registration.

Staff found the most significant challenges in supporting Gypsy Traveller health & wellbeing:

- Continuity of care **46%**
- Low literacy levels **50%**

Staff suggested that possible improvements in support included:

- Service provisions could be improved through use of HHR* **46%**
- Drop-in sessions would benefit the practice and community **57%**

Baseline information is being collected to ensure these evidences inform appropriate interventions that are both effective and sustainable.

*HHR: proved to be ineffective in Scotland¹² however, England are piloting online access to patient records – something to consider as a feasible alternative for a transient community with improving literacy levels since it has the capacity to influence local commissioning (see Appendix V).

¹² Insight into the use of Hand Held Record and other methods of NHS engagement with Gypsy/ Travellers in Scotland – Recommendations. *Health Scotland*, 2013.

Appendix VI

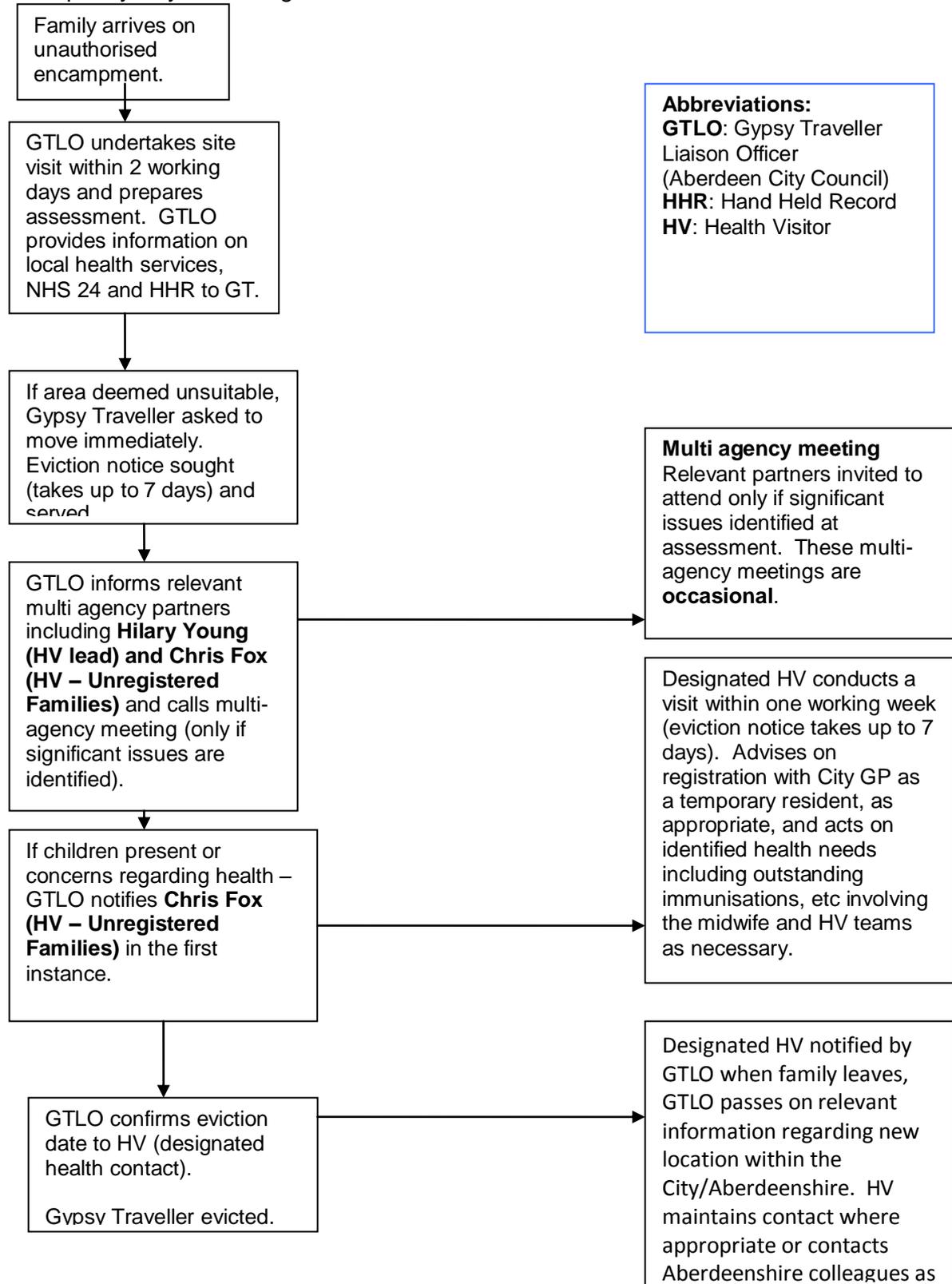
Qualitative feedback

Patient	Practice	Themes
Attitude and their expectation are not unrealistic	They can be very demanding, expecting to see GPs straight away	Awareness raising culturally / Practice overview
Not know what they want from health and social care	Continuity of care in one place	Improved, accessible and timely information
Special helpline	Domestic abuse and difficulty helping victims seek help.	Accessible resource that is confidential

Appendix VII

Gypsy Travellers – Unauthorised Encampments Health Visiting Service Protocol

NB: Where appropriate Gypsy Travellers should remain at one City GP practice even if temporary City site changes.



Appendix VIII

Gypsy/Traveller Health Engagement Worker Report Year 2 (April 2013-January 2014)

Outcome 1 - Develop a series of appropriate measures to respond to the healthcare needs of Gypsy/Travellers at Clinterty as identified in previous Health Needs Assessment

Much work has been undertaken in relation to the recommendations from the Health Needs Assessment undertaken in year one; recommendations included more in the way of health education, particularly in the areas of nutrition, well-being and oral health. Work has been focussed both at Clinterty Travellers Site and unauthorised encampments in Aberdeen City. The accomplishments and activities already carried out, as well as activities planned for the remainder of the project (up to April 2014) are as follows:

- A First Aid session run by the Red Cross Society with 2 adults and 3 children taking part in this introductory session.
- The upgrade of the kitchen facilities at Clinterty has been completed and 'Confidence to Cook' sessions will begin shortly, with separate sessions for young people and adults. The sessions will involve practical cooking sessions as well as theory, with discussions and information on nutrition, budgeting and meal planning. In relation to the Health Literacy outcomes mentioned in the NHS recommendations (below) the sessions will provide information using audio-visual and interactive methods as much as possible, in addition to the use of a photographic cookbook provided by the 'Confidence to Cook' team.
- Childsmile has given a presentation on the site as well as on encampments during 'Health Promotion' month (May)
- During the health promotion month there were sessions given by a healthy eating coach, who has also been invited to Clinterty.
- There is active promotion of the health visitor service at Clinterty; the health visitor holds session on the last Tuesday of the month. The health visitor dealing with homeless people was invited out to encampments during the health promotion month.
- Another invitation will be extended to HealthPoints for a second visit to the site and possibly to go out to encampments.

As part of the evaluation of the project, interviews will be conducted to inform the report in relation to the changes made to the lives of Gypsy/Traveller individuals since the start of the project. The questions will relate to the proposed/expected outcomes of the project. Continuous evaluations are taking place through visits to caravans, encampments, houses (on rare occasions), as well as residents' meetings at the Clinterty community centre. Such on-going evaluation has helped to ensure that the services available correspond with the needs of the community and also helps to determine what is missing or how things can be improved.

Outcome 2 - Continue to engage relevant NHS projects such as Keep Well in order to better meet the needs of the Gypsy/Traveller population and reduce health inequalities.

Health projects, such as Childsmile, confidence to Cook and HealthPoint, have been included and/or integrated in the Gypsy/Traveller Health Engagement project.

Keep Well checks are being dealt with at the nearby surgery, but are being advertised at Clinterty community centre through leaflets and posters. Attempts were also made to include Keep Well checks in the health promotion month at encampments, though there was no uptake at the time.

Outcome 3 - Consolidate working relationships with health professionals and other staff groups in order to improve access to services and increase meaningful engagement with Gypsy/Travellers at Clinterty and unauthorised sites (mainly seasonal: May- October)

The Gypsy/Traveller Health Engagement Worker has maintained and developed relationships with key professionals relating to the project. This has mainly involved meeting and keeping in contact with the Public Health Coordinator/Keep Well Coordinator, the health visitor for Clinterty Travellers Site, the GP used by families at Clinterty site (and often from encampments), other relevant health visitors, as well as HealthPoint and Childsmile members of staff.

The project worker attended various community and health related training courses to keep up to date with information and to help with further networking. A further meeting was also attended with the Public Health co-ordinator, amongst others, to discuss developing multi-agency protocols to address health issues.

Outcome 4 - Work as a liaison between Gypsy/Travellers, health and education authorities in the area, thus breaking down barriers to access key services for families

An 'Education Open Afternoon' at Clinterty was organised involving North East College, Scottish Rural College, Kinellar Primary, and Aberdeen City Council- Education Support Department, allowing young people and families to learn more about the education opportunities available for school leavers. The project worker facilitated the set up and running of computer literacy classes at Clinterty with future plans to have classes for younger people on site. The current courses are run by Aberdeen City Council Community Learning and Development.

Discussions are currently ongoing with Families and Vulnerable Learners (Education, Culture and Sport, Aberdeen City Council) to set up 'Activity Agreements' for 16-19 year olds on the site.

The Health Engagement Worker has played a key role in assisting with a project that supports young people to learn more about their heritage, including hosting visiting Scottish Traveller storytellers and singers and fact-finding trips to Bucksburn Library. The project has a focus on literacy and arts and is led by Aberdeen City Council Community Arts Department, in partnership with GREC, Aberdeen City Libraries and the Elphinstone Institute at the University of Aberdeen.

Support has been given to Aberdeen City Play Forum to run free play sessions for the children on the site and this frees up time for the parents to be able to engage in other activities targeted at them at that time.

Outcome 5 - Plan, organise and help facilitate outreach events independently and occasionally in conjunction with Aberdeenshire colleagues, to raise the profile of a wide range of preventative health issues.

The Health Engagement Worker worked with NHS colleagues, as well as partners in Aberdeenshire, to plan and organise the Health Promotion month in May 2013. This entailed visiting Gypsy/Travellers on encampments around Aberdeen City, with a different "health focus" each week. Partnership work included joint planning with a GREC colleague working in Aberdeenshire, and the sharing of the "Keep Well" bus to deliver health check-ups in Aberdeenshire and Aberdeen City.

Outcome 6 - Plan and implement with NHS colleagues and Gypsy/Travellers, a series of cultural awareness raising sessions for front line staff to include information about the use of HHR (Hand Held Record)

Discussions with the Public Health Coordinator linked with the project have been on-going around plans to undertake awareness raising sessions and it is hoped that several inputs will be delivered before the end of the project. In the meantime the project worker has identified a Gypsy/Traveller who would

be willing to take part in such a training session. The project worker has also worked with a GREC colleague to produce an awareness raising short film about Gypsy/Traveller life (in partnership with Peacock Visual Arts).

Year two of the project has seen the further developing of relationships with Gypsy/Travellers staying at Clinterty Site, with many more young people and adults becoming involved with various activities at the community centre. There has also been engagement with Gypsy/Travellers at unauthorised encampments in Aberdeen City, the beginnings of developing good relationships with those individuals and families temporarily visiting the area. Relevant NHS projects and staff have been provided with an avenue to engage with and involve Gypsy/Traveller communities. Consultation, involvement and partnership working have continued to ensure that the project is working towards meeting the genuine needs of Gypsy/Travellers.

Gypsy/Traveller Health Engagement Worker Report Year 1 (2012-2013)

Engagement activities

Several engagement activities were run at Clinterty and upgrade of the Community Centre for use by its residents.

Health Needs Assessment and Involvement

During caravan visits, health needs assessment were carried out. This coincided with the Scottish Governments live questionnaire which was also included as part of on-going consultation.

Kitchen at Clinterty

Funds were successfully obtained from NHS Grampian for an upgrade to kitchen to enable Confidence to Cook classes to be delivered at Centre.

Working with Health professionals and wider colleagues

Various health professionals and colleagues have visited the site e.g. The PEEP group (Parents as Early Education Partners) and presentation of information about Equality Champions from GREC.

Community Outreach

From evaluation of questionnaires, that a common community access was desired for cook and garden classes. Using this information, funding was secured for the kitchen upgrade and a garden area with resources such as tools and plants from Dobbies Garden Centre.

Work has been done on education issues with Gypsy Travellers living in houses which include referring cases to Aberdeen City's Education Department. Five computers were now available for use at the Centre with internet connection with additional furniture from Rosemount Community Centre.

Distribution List

Electronic Version of Report and Executive Summary distributed to:

- Sandra Howard, Community, Housing & Infrastructure, Aberdeen City Council; Grampian Gypsy Traveller Inter-agency Group
- Dave Black, GREC; Integrate Grampian and North East Equalities Network
- Faiza Nacef, The Ethnic Minority Forum, Aberdeen City Council
- Susan McFadyen, Health Visitor Team, Aberdeen City Health and Social Care Partnership
- Linda Smith, Public Health Lead, Aberdeen City Health and Social Care Partnership
- Clinical Leads and Practice Development Managers, Aberdeen City Health and Social Care Partnership
- Louise Beaton, Integrated Children Services, Aberdeen City Council
- Senior Operational Management Team, Aberdeen City Health and Social Care Partnership