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1 Summary

A social prescribing service was introduced in a settled Gypsy Traveller encampment site in Fife. Social prescribing is a vehicle for linking participants with non-clinical sources of support. It offers a listening service that focuses on the perceived need of participants and aims to guide them to a resolution through their own efforts. This approach has shown emotional, cognitive and social benefits for people with a range of mental health difficulties and can be a route to reducing isolation for disadvantaged and vulnerable populations. A range of partner agencies across statutory health and social care, the third sector and community organisations were involved in supporting individuals on site to meet their self-identified health and well-being objectives. The importance of building trust was identified as key in the early stages of the project, and once that trust was established, the Gypsy Travellers valued having the opportunity to discuss in depth any problems or issues they had which were affecting their health and wellbeing. In a short space of time, the Keep Well team of nurses made tangible differences to the lives of this Gypsy Traveller community. Gypsy Traveller children were immunised on site, individual physical and mental health interventions were put in place, and visits from the local Fire Service/Cosy Kingdom enabled smoke alarms, curtains, light bulbs and heaters to fitted in vans where needed. Gypsy Travellers engaged with healthy eating, weight management, and blood sugar monitoring initiatives. Several of the Gypsy Traveller men engaged well with the Keep Well nurses too, discussing mental and physical health concerns, and financial worries. This project lessened some of the barriers that exist between Gypsy Travellers and their wider health and social care community. Moving forward, the challenge will be to keep building on the outcomes that have been achieved through this project, to ensure that this Gypsy Traveller community continue to have their voices heard and their issues and concerns addressed effectively.



2 Background

2.1 National context

Gypsy Travellers are amongst the most deprived population group living in Scotland. Numbers of Scottish Gypsy Travellers are difficult to report accurately. The 2011 census identified them as a separate ethnic group for the first time with over 4000 individuals reporting this status¹ (National Records of Scotland, 2013), representing 0.1% of Scotland's population. However, research sources suggest a figure of 20-23,000^{2 3}, while community insiders estimate a population of 50-60,000⁴. The 2011 Census⁵ reports 4212 individuals identifying their ethnic origin as Gypsy Traveller. Of these, 10% are in the 20-24 age range, with only 4% living beyond the age of 70 years. Twenty-eight percent identified themselves as having a long-term condition, with female prevalence twice that of white Scottish women and male prevalence 3.5 times that of white Scottish men reported in the same census.

The size of the Gypsy Traveller population in Fife is unknown, and this highlights one of the key challenges of working with this specific population group - the lack of substantive data available relating to them.

The provision of sites for Gypsy Travellers by Scottish local authorities became mandatory in 1971; it took many years to get this underway but by 2001 there were 39 sites in 27 of the 32 council areas. Following the abolition of statutory requirement in 2001, the numbers of sites reduced to 32 by 2009⁶. This trend has accompanied an exponential increase in Gypsy Travellers using 'unauthorised' sites (ibid). Traditional sites used by family groups for generations which underpinned their seasonal wanderings are often now blocked off from access. Scottish Gypsy Travellers have strong clan and family ties within their own communities, and conflict can arise when different families are forced together on 'official' sites, which are consequently avoided by some.

An outline of the challenges faced by Scotland's Gypsy Travellers was documented in recommendations compiled by the Scottish Government Equal Opportunities Committee in 2001⁷. This covered all aspects of public service delivery, including health, education, accommodation, policing and criminal justice, and personal social services. A later review by the same Committee in 2012⁸ reported the same issues still prevailing: a population still not properly quantified; 50% of the population spending at least part of their lives without ready access to running water; very poor location of local authority sites (e.g. brownfield sites or those adjacent to rubbish dumps and deemed unsuitable for residential development); uncertainty of GP provision; poor health (particularly among those living in settled houses); 'shockingly low' life expectancy; persistent bullying and prejudice (reported by 92% of young Gypsy Travellers); continued use of racist and derogatory language towards the community; children at school being discouraged from speaking Cant; and poor outcomes across the health and well-being spectrum. Initiatives including those flowing from the Scottish



Government's SNAP initiative⁹ are trying to address the lack of progress in achieving better basic human needs outcomes for Scottish Gypsy Travellers. In addition, it has been suggested that a specialised Scottish Gypsy Traveller advocacy service is required, together with the promotion and take up of awareness training for health and social care professionals.

2.2 Local context

Fife has three established Gypsy Traveller council sites in operation; Tarvit Mill (Cupar), Heathery Wood (Kirkcaldy) and Thornton Wood (Kelty). There is a total of 50 council pitches in Fife, with residency allocated on a needs basis from a waiting list. All three sites have a manager, two of whom live on site. Keep Well, one of NHS Scotland's key delivery vehicles for reducing health inequalities, has worked on the three official council Gypsy Traveller sites for the past 8 years, providing health checks and offering health advice as appropriate, on a bi-annual basis. However, this timeframe hasn't allowed for progressive and proactive involvement.

Alongside the council sites, roadside encampments appear throughout the travelling season on private or local authority land. These vary in size from only 1-2 caravans to much larger encampments, and may consist of families other than Scottish Travellers. At present, no health professionals are known to be actively involved on these sites, or any outreach health services available in Fife. There are also several authorised private sites in Fife. As with the three council sites, those residents that have registered with a General Practitioner and have pre-school children will be allocated a named Public Health Nurse¹⁰.

In 2013, NHS Fife conducted a Health Needs Assessment (HNA) for local Gypsy Travellers, with the main aim of reviewing their health needs and exploring the effectiveness of current service delivery. The objectives were to:

1. Explore health perceptions of the Fife Gypsy Traveller community through one to one interviews
2. Glean expertise on engagement from professionals who work with Gypsy Travellers
3. Raise awareness of the Gypsy Traveller culture to professionals, particularly in relation to 'trust'
4. Identify, where possible, current services available for the Gypsy Traveller community
5. Provide examples of good and less effective practice within NHS Fife
6. Suggest recommendations for consideration by NHS Fife Management

Through a combination of focus groups with professionals and one-to-one interviews with Gypsy Travellers, the HNA found that poor physical health, low literacy skills, low expectations and perceptions of prejudice along with higher levels of mental health issues, substance abuse and diabetes are significant factors for the Gypsy Traveller community in



Fife. Professionals working with this population group emphasised the importance of trust as a priority when working with Gypsy Travellers. The HNA also emphasised that there was little evidence of effective consistent involvement over a long period of time with uniformity throughout Fife, but highlighted short pieces of positive engagement by health professionals such as Keep Well and Dental Health promotion initiatives. The HNA report noted that the situation in Fife appears to echo the final conclusion of the Scottish Government's 2012 report, which stated that "initiatives have been small scale or short-term and according to Gypsy Travellers themselves they have been fighting the same battles for decades."

In response to these findings, a multiagency steering group was set up to address these issues, resulting in a regular dialogue with representatives of the Gypsy Traveller community. Regular health checks started to be offered in the sites by the Keep Well service and it became clear over time that a social prescribing service would be welcomed within the settled encampment sites in Fife.

The current pilot project set out to address this unmet need. It was anticipated that participants would benefit from the social prescribing project by having the opportunity to discuss in depth any problems or issues they have which are affecting their health and wellbeing. It was hoped that this would in turn result in improved use of health and medical services with improved uptake and less use of emergency appointments and services. It was anticipated that statutory, third sector and community organisations would benefit from an increased understanding of the issues and problems affecting the Gypsy Traveller community and be better enabled to support participants through improved cultural awareness and understanding.



3 The project

3.1 Aims and objectives

The specific objectives of the project were to:

1. Enhance skills and behaviours that improve and protect mental health and wellbeing of participants
2. Improve relationships between Gypsy Travellers and health, social care and local community workers
3. Improve cultural competence of professionals working with Gypsy Travellers
4. Increase uptake of local services, opportunities and connections
5. Improve health and well-being in Gypsy Traveller participants
6. Improve self-esteem in Gypsy Traveller participants

3.2 Approach

NHS Fife staff piloted the social prescribing service at the Heathery Wood Gypsy Traveller site in Thornton, Kirkcaldy, between September 2016 – February 2017. The project, and its evaluation, were overseen by a sub group of the NHS Fife Multiagency Gypsy Travellers Steering Group.

In order to initially engage Gypsy Traveller community, flyers were distributed around the chosen camp site, inviting residents to attend an 'afternoon tea and chat' event in the portacabin, on July 27th 2016. Permission was sought for this event from Fife Council Housing services and the Gypsy Traveller site manager. Refreshments were provided by the Keep Well team, ensuring that this event was well attended. Several families indicated an interest at this point in a regular meeting, and liked the concept of a 'listening service'. The Keep Well nurses collected information from the Gypsy Travellers on topics of interest and relevance to them. The first listening session took place on 24th August 2016, and the planning of further weekly sessions, taking cognisance of feedback, began in earnest.

All nurses completed the NHS Health Scotland e-learning training entitled 'Raising Awareness of Gypsy Traveller Communities' prior to the first session taking place.

3.3 Weekly topic-based sessions

Topics of interest identified by the Gypsy Travellers included Healthy Eating, Weight Loss, Cooking on a Budget, First Aid, Money Issues and Keeping Warm. These topics were themed into sessions on Diet and Exercise, Health and Safety and Money Advice.

Each theme ran for 4-5 weeks, building on different aspects of health education and advice in response to the needs identified by the group. In keeping with the aims of the



programme, the Gypsy Traveller community were encouraged to take ownership and give full input into onward planning of the programme.

3.4 Other sessions/events

Having been shown how to take accurate weight measurements and by using a visual tool to aid with some literacy issues, some women set up a self-supported weight management session, which operated before the start of weekly programme meetings.

After consulting with parents and the Fife Immunisation co-ordinator, a vaccination session was held for primary school aged children eligible for the Influenza vaccine (Fluenz Tetra). A mobile unit was taken on site after school hours to accommodate children and their parents. With support from the nursing team, 10 children were vaccinated with some receiving the vaccination for the first time, or after a break in uptake.

The mobile unit was also taken onsite on another occasion, to facilitate a Men's Only session. Four health checks were carried out and a range of topics were discussed, including mental health, drug abuse, physical illness and sanctioning of benefits.

To support the Gypsy Traveller community over the Christmas period, a 'Festive Fun' session was held in December 2016 to which families were encouraged to attend. The Keep Well nurses collected toys, warm clothing, blankets and food through a Christmas appeal for 'Families in Need' at the hospital where they are based. These were distributed to attendees by chance through a numbered draw which was very well received.

At various times the site teacher, a visiting health worker, the site manager and Fife Council Housing services manager dropped into some of the sessions, giving an opportunity for sharing of knowledge and ideas. Visits from Cosy Kingdom and the Fire Service were also organised in response to concerns raised by Gypsy Travellers regarding their inability to heat their homes efficiently, and home fire safety. Cosy Kingdom provided information and advice regarding high metered heating expenses. They also carried out individual home assessments, and provided light bulbs, heaters and measured windows for curtains which were being made and would be fitted in the near future.

The Fire Service provided advice regarding home fire safety, carried out home safety checks, and supplied and fitted smoke alarms in residents' caravans. These interactions demonstrated to the Gypsy Travellers the commitment of services and agencies to their community. Two on-site visits were also organised with researchers from Dundee University, who conducted interviews the Gypsy Travellers regarding their health experiences of maternity and children's services.



3.5 Listening-based service

Alongside the topics-based work, a nurse was available to speak privately with participants about any particular issues they were experiencing. This took the form of a listening service, which gave participants an opportunity to identify the problems they experience in life and then to examine focus based solutions. Twelve residents were very keen to engage with the nurses on a 1-2-1 basis. Issues brought to the sessions were mainly of an immediate nature, such as poor health, financial pressure, accommodation difficulties of cold and damp, and bereavement. This resulted in the nurses taking on an advocacy role to prepare and mediate for the Gypsy Travellers with agencies or services from which they would benefit.

3.6 Data collection

The Keep Well nurses completed a baseline WEMWBS mental health assessment with Gypsy Travellers at the start of the project, and six-month follow up data was due to be gathered in February 2017. On-site visits ceased mid-February as the Keep Well nurses were redeployed, and on this basis follow up data wasn't collected. Baseline data wasn't available to review for evaluation purposes.

3.7 Referrals

Individual referrals were made to NHS Fife's Detect Cancer Early service, Link Living (Life Coaches), Adult Basic Education Fife, and NHS Fife's community mental health service. Data concerning Gypsy Traveller attendance at services was not available to review for evaluation purposes.



4 Impacts

RCO Consulting was contracted to evaluate the impacts of the pilot project in February 2017, working closely with NHS Fife's Keep Well team to develop the evaluation approach and materials.

4.1 Evaluation methods

4.1.1 Gypsy Traveller focus group

Six Gypsy Travellers took part in a focus group in February 2017, at the end of the 6-month pilot duration (see Appendix 1 for the interview topic guide).

The Keep Well nurses mentioned the focus group discussion to Gypsy Travellers during the on-site visit the previous week. The nurses were provided with an information sheet to read out to potential focus group participants (see Appendix 2).

The focus group took place on-site, and potential participants were made aware that they could take part voluntarily. It was made clear to all participants that the focus of the evaluation was on their experience of the social prescribing pilot project. Participants completed written consent forms (see Appendix 3) if they agreed to take part.

It was made clear to all participants that the information they disclosed would remain confidential, and that a report would be prepared, based on statements made by participants during the research interviews. It was made clear that all quotations would be anonymised, and that participants would not be identified in any part of the report, and that no personal details would be published.

4.1.2 Staff Interviews

Face-to-face interviews were conducted with two of the three Keep Well nurses, and telephone interviews were conducted with the third Keep Well nurse, and the Keep Well Project Manager. Telephone interviews were also conducted with the Gypsy Traveller Site Manager, and the Mental Health Nurse who received Gypsy Traveller referrals from the Keep Well team during the project (see Appendices 4-6 for semi-structured interview questionnaires). All interviews took place between February and April 2017.

4.1.3 Ethics

Given the focus on service development and evaluation, rather than conducting research per se, NHS ethical approval was not required to undertake this evaluation.



4.2 Evaluation findings

4.2.1 Challenges, successes, and lessons learned

4.2.1.1 Challenges

The one-to-one interviews with Keep Well nurses highlighted a small number of potential and actual challenges in running the project, which were overcome by using a flexible approach:

a. Literacy issues

Gypsy Travellers face significant challenges engaging with routine health care appointments and procedures as a result of low literacy levels. As one of the Keep Well nurses explained:

“When it comes to GP/hospital appointments, they need help to understand written materials. People presume that they can all read and write, but they can’t do these things very well. They get struck off after 3 DNAs in the NHS /dentist, but a DNA can be because they can’t read, and don’t understand what’s being asked of them.”

The same issues were noted in relation to child immunisation:

“The problem is that the parents get the letters about immunisation, but they can’t read or understand them. So they don’t do anything about getting their kids immunised, because they can’t complete the consent forms. Literacy levels are a huge issue here.”

The Keep Well nurses recognised this barrier from the outset of engagement with the Gypsy Travellers, and adapted practice accordingly, for example in relation to immunisations:

“Parents required more information, or information in a different format to that generally available and common misconceptions were held, such as the vaccine caused influenza. It also became obvious that some parents prefer to be present when their children are undergoing any medical intervention. This is not accommodated at school vaccination sessions.”

With support from the nursing team, 10 children were vaccinated with some receiving the vaccination for the first time, or after a break in uptake.

b. Building trust

The Keep Well nurses noted that initially, getting to know the Gypsy Travellers and building a rapport with them was quite challenging, and took time:

“Getting to know them and know what they want, that initially was quite difficult, because they don’t know us, and they don’t know what we’re there for. We’re in a



uniform too. So that bit of work takes time. Once that is achieved it runs really smoothly, and it's led by their needs."

"It takes a while. It's all about building up trust with them. We are melting down the barriers – we're not breaking them, but we're slowly melting them."

This challenge was also noted by the Gypsy Traveller Site Manager, who commented on the approaches used to overcome this difficulty:

"The only challenge I can think of is the initial process of gaining the trust of the Gypsy Travellers. They don't trust outsiders coming in because there tends to be a lack of acceptance of them from the wider community. The first few weeks when the nurses came in, it was really quiet and none of the travellers were going to the porta cabin to see them. I told them that they had to get themselves out there and speak with them, go down to their vans. They did that for a few weeks and then they got acceptance. It all worked well after that. The tenants were then accepting of them."

The success of this approach is evident in the Gypsy Travellers' own views on the nurses coming on-site to engage with them:

"I look forward to them coming. It's always nice to see them, and they come and knock at the caravans and let us know that they're here, and to just come up to the portacabin is there is anything you want to chat about or find out about."

"I'm quite happy with the service too. Everybody here likes the nurses. They do their job really well. They listen to you, and not many people listen to us."

"It's been really handy. If you need to talk to them, you know you can just come here [to the porta-cabin]. It's a good service. You can get your weight done, your blood checked. I've found it really helpful."

The Gypsy Travellers, and their Site Manager, contrasted the social prescribing approach with that of their experiences of general practice:

"We have our own GPs, but they won't come out here. One of our elderly was unwell a few months back, and the social prescribing nurses phoned the GP, but was told that they wouldn't come out here and visit her in the caravan. She has to get someone else to take her to the surgery in their car, and she really wasn't well."
[Gypsy Traveller]

"The Travellers were assigned their own GP from the local practice. But there was no build up of trust there, because they didn't really see their GP very often. And that's the difference. With the nurses, they could build that trust up, as they were here regularly." [Site Manager]



The importance of this accessibility was also echoed by the Keep Well nurses:

“They know that if there are any issues or anything at all, whether it’s health or social, they can come and speak to us and if we can’t give them an answer we will find an answer for them. So I think it’s the fact that we’re there, and accessible.”

c. Engaging with male Gypsy Travellers

The Keep Well nurses noted that engaging with younger, male Gypsy Travellers was particularly challenging, because they tended to be out during the daytime working. For this reason, the nurses attended the site outwith usual hours to facilitate a Men’s Only session. At this time, four health checks were carried out, and a range of topics were discussed, including mental health, drug abuse, physical illness, and sanctioning of benefits. A ongoing relationship was then built up with these men, with some of them coming to the portacabin for a cup of tea and chat during the weekly session, or to request a private consultation:

“We have been able to engage with a few of the men on site. It was only women to begin with, but now we have two men who are more than happy to come and speak with us. And we have two wives whose husbands will talk to us. Most men are working during the day to be fair. The two men that will happily come and see us are retired. Men under the age of 40 are too dubious. It would take a lot longer than we have to establish trust with them, and we would need to be here from 5pm onwards to engage with them.”

In the short time the pilot operated the nurses gained the confidence of the travellers. Both male and female Gypsy Travellers were talking more freely about their issues with the nurses by the end of the project. This is a particular success in relation to the male Gypsy Travellers, who tend not to talk about their emotional health in particular – not even to each other.

d. Integrating with the wider community

One of the aims of the project was to improve relationships between Gypsy Travellers and health, social care and local community workers. The Keep Well nurses acknowledged that not all Gypsy Travellers want to integrate with the wider community, and that engagement of this kind would only be viable, for those who do desire it, within a longer time frame:

“We wanted to get them mixing more with the wider community, but in practice that hasn’t happened. They don’t all want to mix in that way – they don’t all want to go to exercise classes and so on. Although, having said that there are two ladies that have now joined the local ‘Slimming World’.”



“I would have liked to have had them out more in the community, but there hasn’t been enough time for that. I think that the younger generation of gypsy travellers want to mix more with the wider community – the young Mums especially. They want housing outside of the site. I think they would like that integration.”

However, one of the Keep Well nurses saw this differently:

“With regards to integration into the community - I think we’ve got the community into them, in certain respects...We’ve made links for them with other services, and the health promotion around their diet and healthy eating, that’s all going to still be there for them once we’ve gone. They’ve got contact details if they’re needing support with different things, so that’s now in place, and hopefully because we’re supporting them to go and check out these different things, they won’t find it so intimidating to do it on their own.”

The extent to which the Gypsy Travellers might feel confident enough to act on these links remains uncertain, and would warrant exploration in any future, longer term initiative of this kind.

4.2.1.2 Successes

Several successes have already been outlined in relation to dealing with the challenges outlined in Section 4.2.1.2. The Gypsy Traveller participants were also asked how the service had made a difference to them, with a number of positive personal outcomes reported:

“I’ve been eating healthier as a result of the nurses coming in. I’ve lost over a stone.”

“I’ve had my blood sugar monitored. That’s been really helpful.”

“We had our kids vaccinated, and we got new smoke alarms, curtains and light bulbs fitted in the vans. That all makes a big difference to us. See the curtains – in winter time it’s so cold in the vans without them.”

The Keep Well nurses, Site Manager and Community Mental Health Nurse also reflected on the success of the project as a whole:

“I think we’ve been successful. We’ve managed to get other services to go into the site and engage too. We’ve educated the gypsy travellers more about health and basic first aid. And I think as a result of us going in, they speak more openly now about emotional health. As a group, they are less open about mental health issues. We’ve made good inroads with the men in this respect too.”

“The project has been so important to the Gypsy Travellers, to the nurses, and to me. I’ve watched the nurses put in so much of their time to get that connection. They



know every tenant on site now. And they've managed to make a connection with the men here too. They've done an excellent job." [Site Manager]

"I think this has been a helpful and useful service. It gives Gypsy Travellers access to a health service without the hassle. Given more time, it would have been an even better service. Having the nurses go in there was about getting a foot in the door and once you do that, you can start to achieve things."

4.2.1.3 Lessons learned

a. Flexibility

One of the key lessons learned was the need for a flexible approach to sessions. There were a few weeks when it wasn't possible to go to the site; for example when a gastric outbreak rendered the camp out of bounds, and when wedding preparations were taking place. On these and other similar occasions, planned sessions were moved to the following week and nurses responded to any needs highlighted to them on caravan visits.

The nurses were also flexible in their approach to delivering sessions, using the porta-cabin each week, and going to meet with people individually in their caravans. This was deemed important by the nurses:

"Not all of the Gypsy Travellers will come up to the porta cabin, so you have to be flexible. I've got one family who've just started to engage with me, but only because I go down to their caravan. So that flexibility in approach is really important."

Gypsy Traveller participants also commented on this flexible approach, and specifically highlighted the benefits of this being an on-site service:

"It's a great service, because if you had to go and see someone at the surgery, you wouldn't usually bother. It's a hassle to get anywhere living here."

"I wouldn't change anything about the service. This is a really good thing them coming to us. I would recommend it to anyone else. There isn't really anything about it that could be improved."

"Every site should have nurses like this. They do a good job. They are friendly, and easy to talk to. It's a really good service."

b. The importance of a needs-led approach

Another key lesson learnt was the importance of taking a 'bottom up' approach to session delivery:

"We very much wanted it to be led by them and what they needed, it was very much a roll-on thing. We would sit and talk after we'd done the healthy eating thing –



‘what do you want to learn about next week’...We structured people to come in, but it was very much what they wanted rather than us going in with any pre-fixed areas about what they needed.”

“We went in and wanted the travellers to lead us basically, because we wanted them to let us know what needs they had, rather than us walking in and saying ‘we will do this’. We wanted them to lead the project.”

One of the nurses explained that the Gypsy Travellers’ issues weren’t always as expected:

“Initially you wonder if this and that is going to be an issue for them, and what you think will be an issue for them isn’t at all, so it’s very much what they wanted.”

c. Tracking onward referrals

Nurses had mixed views about the extent to which referrals had been successful. When other services hadn’t been consistently attended, the nurses acknowledged the difficulties around this:

“Some of the gypsy travellers have been referred onto other services, but to be honest they don’t always follow it through. Their lives are hectic, so they sometimes cancel sessions, or they may go to a few and then stop going.”

“Mental health issues generated referrals and it’s been fine. Initial engagement can need encouragement and it is understandable for people to be anxious about discussing their mental health with a stranger.”

The community mental health nurse noted that they had had a self referral while they were onsite, which showed a real build up of trust. They continued:

“I’ve seen men and women, and various ages as well, from older men in their 50s to a young girl. I’m still seeing three of them. I was speaking to the warden at Kelty, and they were saying this is quite a unique thing, for this group to ask for help themselves.”

It was noted that tracking onward referrals would be important if the service were to continue in the future, to better monitor progress:

“They do seem to attend these services, but we need to more about the outcomes associated with attending them.”

4.2.2 Professional development of individuals and team

The Keep Well nurses were well equipped to do this role, and all had lengthy experience of working in low SIMD areas with vulnerable groups. Some of the nurses have also worked



specifically with Gypsy Travellers before. However, they valued the experience of delivering social prescribing sessions on site, saying:

“This has been a really, really good experience for us all. It takes a while to build up a rapport with the gypsy travellers. But now, they will come and talk openly with us about personal things. For the first month we were here we had to cajole them to come out of their caravans. We’d buy cakes and other things like that. Now we know their names and what they do, and they rely and depend on us going up there. Their lifestyle can be difficult at times and as a nurse attending we are privileged to have a glimpse of it.”

The project also had unintended positive impacts on the Gypsy Traveller site manager, who said:

“People have confided in the nurses, and before they came on site, the tenants were wanting to do that with me. But it’s difficult at times to take that role on, as a lot of the problems are women’s problems, and it was a bit uncomfortable for all of us when they were coming to me for advice. That’s a weight lifted off my shoulders. I was getting tenants knocking at my door every day before they came in. I think the women probably find it more comfortable to talk with other women about their problems. All I can really do is advise people to the best of my ability.”

4.2.3 Summary of the impact of the project as a whole

The project has had a number of impacts, on a number of levels. The Keep Well nurses undoubtedly gained the trust of the Gypsy Travelling community, and over time, that trust enabled the Gypsy Travellers to speak openly about their worries and health concerns. As a result, Gypsy Travellers felt that their issues were being heard, and in many cases the impacts of the project extend to better physical and mental health and wellbeing within this Gypsy Traveller community.

However, the aim of increasing uptake of opportunities and connections was largely unmet. This was due to the realisation that the cultural beliefs and fears in relation to stereotyping, mistrust, prejudice etc were far greater to overcome than through the work of a local team of nursing staff attending on a weekly basis. Instead, what was provided was a connection to local services, which Gypsy Travellers perhaps hadn’t attended before. The project explored the Gypsy Travellers own experiences of health inequalities, and found that the community experience of health and wellbeing is a positive one. Their lifestyle and health was not experienced as lacking, as might be the expectation of others. The fact that Gypsy Travellers live within their own community means that they only have those social norms and values to measure their own wellbeing against, and they don’t compare their health and wellbeing against those of wider social norms. The expectation that one outcome of this



work would demonstrate an improvement in wellbeing is unfounded, as wellbeing according to this Gypsy Traveller population is adequate and good.

A small group of Gypsy Travellers continue to meet and are anticipating the development of the site managers accommodation, already taking the time to make suggestions for its use. The issue for them in terms of health inequalities is very much understanding the use of health services, access to them, follow up from them and continued monitoring and care of this group by health, regardless of whether they are travelling or not. Providing a culturally sensitive health promotion and health improvement service is the key to addressing health inequalities for Gypsy Travellers.

4.2.4 Recommendations

Based on the findings of this research, the following recommendations should be considered for future development of services in this area:

1. Continue to improve Gypsy Traveller knowledge of services, using accessible information.
2. Improve the cultural competency of service provision for Gypsy Travellers, by increasing access to training and awareness of the Gypsy Traveller culture and lifestyle.
3. Improve accessibility of services to Gypsy Travellers, by increasing cross referrals, and enhancing awareness of services and how to access them.
4. Ensure that health services endeavour to provide follow up care for Gypsy Travellers, via cross board working where appropriate.
5. Enhance other agencies and services understanding of their duty to provide support and care to this community.
6. Record and report any outcomes against the equality outcomes and mainstreaming planning and progress reporting.
7. Ensure that services provide gender appropriate interventions, female for female patients etc alike.
8. Continue to provide a culturally preventative service for Gypsy Travellers.

4.2.5 Identified Challenges

The following challenges have been identified during the process of this research, which should be borne in mind when developing future services in this area:

1. Continuing to provide intensive support can be hard in times where there are pressing constraints.
2. Continuing to hear the voices of this community and have them represented is a challenge in itself.



3. Younger Gypsy Traveller men under the age of 40 are particularly hard to engage with.
4. Cultural attitudes to health amongst Gypsy Travellers are in part informed by historic storytelling of previous experiences of health interventions and access to health stemming from mistrust. These stories, which are often handed down through generations, can make it more difficult to gain the trust of Gypsy Travellers.
5. Mixing more with the wider community is hard to achieve, and this may not be what the Gypsy Traveller population wants.

5 Dissemination

We intend to showcase this project and its findings at a forthcoming NHS Fife Participation and Engagement Network meeting, to publish the evaluation report on the Equality and Human rights internet pages and to promote the work and final outcomes on these pages as well as via NHS daily bulletin for staff. NHS Fife intends to hold a publication at the Information and Resources Centre, Health Promotion Service Haig house, Cameron Hospital, Leven. The document will also be made available for all those partners attending as members of the Fife Gypsy Travellers Steering Group.

6 Next steps

During the interviews conducted, staff nurses and other team members came up with a variety of ways in which the project could be taken forward. It was suggested, for example, that:

1. Vaccinating Gypsy Traveller children could be incorporated into the remit of the NHS Fife vaccination team in the future.
2. Community mental health nurses could go on-site to do physical health checks, being as they are all trained nurses.
3. One or more of the Gypsy Travellers could be invited to sit on the NHS Fife Gypsy Traveller Steering Group, which oversees work in this area.

Since the project ended, the community engagement officer at Fife Centre for Equality has started to attend on site, building trust and relationships and picking up where the Keep Well nurses left off. They are organising a program of services and agencies to attend the site to help address the social concerns and issues raised as part of the project. The Participation and Engagement Officer will also link in with the tenancy and housing support teams which will be working closely with Fife Council to develop the use of the site managers previous accommodation block, enabling a range of services to provide support and advise etc. The community use facility will be primarily developed with the involvement of the Gypsy Travellers on site and will also provide an opportunity to continue to address local health inequalities.



7 Conclusion

This social prescribing service, introduced in a settled Gypsy Traveller encampment site in Fife, focused on addressing the needs of Gypsy Travellers, listening to their concerns and worries, and providing physical and mental health services where required. The importance of building trust was emphasised in the early stages of the project, and once that trust was established, the Gypsy Travellers valued having the opportunity to discuss in depth any problems or issues they had which were affecting their health and wellbeing. In a short space of time, the Keep Well team of nurses made tangible differences to the lives of this Gypsy Traveller community. In doing so, they also began to break down some of the barriers that exist between Gypsy Travellers and their wider health and social care community. Moving forward, the challenge will be to keep building on the outcomes that have been achieved through this project, to ensure that this community continue to have their voices heard and their issues and concerns addressed effectively.



8 Financial report

Item	Detail	Budget	Actual
Staff Costs (detail number of staff and number of hours allocated to project)	Band 7 Manager 2 hours/month for 9 months	£450	£450
	Band 5/6 nurse 3.75 hours a week for 6 months	£1500	£1500
	Band 7 2 hours/quarterly to facilitate partner engagement	£200	£200
	Band 3 administration 1 hours /week for 6 months	£450	£300
Travel Costs (detail travel for staff and for participants, including travel to two QNIS workshops)		£0	£0
Venue Costs (include hire costs for rooms)		£0	£0
Other (materials, postage, evaluation etc)	External evaluation/report writing	£2500	£2500
Total		£5000	£5000



9 References

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- ¹ National Records of Scotland (2013) 2011 census: key results on population, ethnicity, identity, language, religion, health, housing and accommodation in Scotland, Release 2A (PDF). [accessed 03/07/17]
 - ² Clark, C (2006) Defining ethnicity in a cultural and socio-legal context: the case of Scottish Gypsy Travellers, *Scottish Affairs*, 54, 39–57
 - ³ ACTS Church and Society Network (2011) A report on the church's attitude to the travelling community in Scotland (PDF). [accessed 03/07/17]
 - ⁴ MacLennan, K, McPhee, R, McPhee, S et al. (2017). Gypsy Travellers: Human rights and social work's role. *IRISS Insight* 35. (PDF). [accessed 03/07/17]
 - ⁵ National Records of Scotland (2013) 2011 census: key results on population, ethnicity, identity, language, religion, health, housing and accommodation in Scotland, Release 2A (PDF). [accessed 03/07/17]
 - ⁶ Scottish Government (2009) Gypsies / Travellers in Scotland: the twice yearly count, No 15. [accessed 03/07/17]
 - ⁷ Scottish Parliament (2001) Inquiry into Gypsy Travellers and public sector policies. [accessed 03/07/16]
 - ⁸ Scottish Parliament (2012) Equal Opportunities Committee 3rd Report 2012 Session 4, Gypsy Travellers and Care (PDF). [accessed 03/07/17]
 - ⁹ Scotland's National Action Plan for Human Rights. Report of Participation Process. July 2013. (PDF). [accessed 03/07/17]
 - ¹⁰ Griffiths, V. and Caldwell, M. (2013). Health Needs Assessment: Fife Gypsy Travellers. (PDF). [accessed 03/07/17]



Appendix 1: Gypsy Traveller focus group topic guide



On-site social prescribing service evaluation: Topic guide for participants

NHS Fife is keen to find out more about your views and experiences related to the social prescribing service that has been run on site. Please be as honest and open as you can in the following discussion, and remember that any information that you do provide will remain anonymous.

1. ANY PRIOR EXPERIENCE OF HEALTH/SOCIAL CARE SERVICE PROVISION ON SITE

a. Have you had anything like this service on site before?

If yes, did you find these other services helpful to you? (find out more about the type of service that was provided, what was involved and how did they benefit from it)

If no, do you have any other access to health/social care services at all?

b. How easy/difficult do you find it to access services usually?

c. Do you have any other comments on your experience of accessing support for physical/mental health and wellbeing issues?

2. EXPERIENCE OF THE SOCIAL PRESCRIBING SERVICE ON SITE

a. Tell me about your experience of the social prescribing service. Have you found it helpful, or not? In what ways?

b. Is there anything else you have particularly liked about it?

c. Is there anything about the social prescribing service that could be improved?

d. How have you found the social prescribing nurses? Were you able to speak with them about anything that was worrying you? Could you trust them?



e. Did you engage in group work or 121 work (caravan visiting service) with the nurses?
What was your experience of this like?

f. Have you learnt anything new as a result of the social prescribing nurses coming in?

g. If you had to describe the service to others, what would you say about it?

3. SPECIFIC OUTCOMES

a. Have you learnt any new life skills through taking part in the sessions? (i.e. taking accurate weight measurements, using a visual tool to aid with memory issues, resilience, ways to facilitate good mental health)

b. Have you learned new information about:

- Diet and exercise?
- Health and safety?
- Money advice?

c. Have you changed any of your behaviours as a result of the service, related to:

- Diet and exercise
- Health and safety
- Money matters

d. Did the service cover all the topic areas that matter to you? Is there anything else you would have liked to have learnt more about?

e. Has the service made a difference to you? How? (i.e. improved self esteem, better understanding of health needs, stopping smoking, increased social support, improved relationships)

f. Has the service made a difference to your family? How? (i.e. vaccinations, better understanding of kids' health needs, advice on how to keep warm/money issues, cooking on a budget, first aid, improved relationships etc)

g. Has the service changed your view of health professionals at all? In what way?

h. Has the service changed the way that you feel about interacting with your local community at all? In what way?

5. REFERRAL TO ANY OTHER SERVICES

a. Have you been given support to access other services by the social prescribing nurses?

b. Have you seen anyone from another service yet? How have you found this?



6. FUTURE

- a. Is there anything that could be improved about the social prescribing service in the future? What would you change if this ran again?
- b. How do you feel about the service coming to an end?
- b. What do you think about having someone available on site who can connect you with health, social care and community services as and when you need them? Would that be useful or not? Why?

Thank you for taking part on this discussion



Appendix 2: Gypsy Traveller Focus Group Information Sheet



Evaluation of the Keep Well Community Health Connections Project with Gypsy Travellers

Rachel O'Donnell (www.rco-consulting.co.uk) is working with NHS Fife to evaluate the impacts and outcomes of the Keep Well Community Health Connections project that has been running on your site.

Rachel is keen to speak with you, to find out more about your views and experiences of the Keep Well nurses coming to visit you. Rachel is visiting the site on the 22nd February, and she will be holding a group discussion, with food and drinks provided, which will involve no more than 45 minutes of your time.

If you are interested in taking part in this discussion, please let Debbie, Linda or Lorraine know. Many thanks!



Appendix 3: Gypsy Traveller focus group consent form



Evaluation of the Keep Well Community Health Connections Project with Gypsy Travellers

Participant consent

If you have read and understood the information sheet, any questions you had have been answered, and you would like to take part in the evaluation, please now complete the consent form:

Please tick box

I have read and understood the information sheet and this consent form.

I have had an opportunity to ask questions about taking part.

I understand that I do not *have* to take part in the evaluation.

I understand that I can change my mind about taking part in the evaluation at any time without giving a reason.

I agree to take part in the focus group discussion.

I agree to the focus group discussion being recorded (sound, not video).

I understand that anonymised quotes might be used from the focus group recording in the evaluation report, in presentations and in publications arising from the work.



Name: _____

Signature: _____

Date: _____

Appendix 4: Keep Well Nurse interviews – semi-structured interview guide

On-site social prescribing service evaluation: Questionnaire for social prescribing nurses

NHS Fife is keen to find out more about your views and experiences related to the social prescribing service for gypsy travellers. Please be as honest and open as you can in the following interview, and remember that any information that you do provide will remain anonymous.

1. TRAINING AND SUPPORT

- a. Do you feel you received adequate training to support you in your role on this project?
- b. With hindsight, is there anything that NHS Fife could have done differently to support you in the running of this project?

2. THE GYPSY TRAVELLERS

- a. Did the gypsy travellers understand the nature of the project?
- b. Did they understand your role as social prescribing nurses?
- c. What was your experience of engaging with the site manager like?
- c. Were the gypsy travellers keen to engage with you, or not? Did you have to change any element of the project in order to increase engagement/attendance levels? Did men and women engage differently? (probe about 121 sessions v group sessions etc)
- d. Was there any topic that you didn't cover, but would like to have?
- e. How are you managing the ending of these sessions?



f. Is there anything else you would like to share about your experience of engaging with the gypsy travellers?

3. VIEWS ON THE SOCIAL PRESCRIBING SERVICE IN PRACTICE

- a. How has the social prescribing service worked in practice, for you? (probe challenges, how they have been overcome, and positive outcomes)
- b. What difference do you think the social prescribing service makes to gypsy travellers?
- c. What have been the day to day challenges in your role on the project?
- d. Do you think the social prescribing service for gypsy travellers is needed, or not? Please give a reason(s) for your answer.

4. ONWARD REFERRALS

- a. Did you refer many people on to other services?
- b. Do you know whether they went on to attend these services/what the outcome of these other services was?
- c. What has your experience been like of referring gypsy travellers onto other services/agencies?

5. FUTURE

- a. Looking forward, what improvements do you think could be made to the service, if it were to continue to run?
- b. How feasible do you think it would be to scale up, or roll out this type of service across other gypsy traveller sites?
- c. As an alternative approach, what do you think about having someone available longer term can connect the gypsy travellers with health, social care and community services as and when you need them? Would that be useful or not? Why?
- d. Do you have any other related comments/suggestions?



Thank you for taking part on this discussion

Appendix 5: Gypsy Traveller Site Manager interview – semi-structured interview guide

On-site social prescribing service evaluation: Questionnaire Gypsy Traveller Site Manager

NHS Fife is keen to find out more about your views and experiences related to the social prescribing service that has been run on site. Please be as honest and open as you can in the following interview, and remember that any information that you do provide will remain anonymous.

- a. Has anything like this service been run on site before? If yes, could you tell me more about that?
- b. Do you ever support the Gypsy Travellers to access health/social care services? If yes, how easy/difficult do you find it to facilitate this?

2. EXPERIENCE OF THE SOCIAL PRESCIBING SERVICE ON SITE

- a. Has the social prescribing service had any impacts on the gypsy travellers that you know of? (i.e impacts on physical/mental health, well being)
- b. Has the social prescribing service had any other impacts?
- c. Has engagement with the service had any impacts on you?
- d. Initially, the nurses were thinking that the project would encourage gypsy travellers to integrate more with their local community. What do you think about that?



e. Have there been any challenges you can think of in having the social prescribing service on site?

3. FUTURE

a. How do you feel about the service coming to an end?

b. Is there anything that could be improved about the social prescribing service in the future? What would you change if this ran again?

Thank you for taking part on this discussion

Appendix 6: NHS Fife Community Mental Health Nurse interview– semi-structured interview guide

On-site social prescribing service evaluation: Community Mental Health Nurse Questionnaire

NHS Fife is keen to find out more about your views and experiences related to the GT social prescribing service. Please be as honest and open as you can in the following interview, and remember that any information that you do provide will remain anonymous.

a. Had you had much contact with Gypsy Travellers before this project? Could you tell me more about that?

b. If yes, what's your general experience of working with Gypsy Travellers been like? Does that differ to your experience of working with them through the social prescribing project? In what ways?

c. Are you well geared up to work with Gypsy Travellers? Do they have any specific requirements? Do you need to tailor your service in any ways? How easy/difficult is it to do this?

PART 2

a. Have you had much contact with Gypsy Travellers on this project? How many have been to see you? M/F?



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- b. Was the referral process straightforward?
 - c. What's your experience been like of working with Gypsy Travellers? Have the attended sessions consistently?
 - d. What more could be done to help Gypsy Travellers?
 - e. Has the social prescribing service had any impacts on the gypsy travellers that you know of? (i.e impacts on physical/mental health, well being)
 - f. Has involvement with the service had any impacts on you? (positive and negative)
 - g. Tell me about your views and experience of the social prescribing service as a whole. Do you think it is a helpful service for the gypsy travellers, or not? In what ways?

3. FUTURE

- a. Is there anything that could have been improved about the way that the referral process/resulting service went? What would you change if this ran again?
- b. Looking ahead, are there any additional ways that your service could support Gypsy Travellers in the future?
- c. Are there any changes to your service that would need to be made in order to do this?
- d. Do you have any other comments?

Thank you for taking part on this discussion