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***PROMOTING THE HEALTH AND
WELLBEING OF GYPSY/TRAVELLERS IN
HIGHLAND***

AN EVALUATION OF THE INITIATIVE

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CHAPTER 1

THE LOCAL AND NATIONAL CONTEXT

1.1 An Introduction to the Evaluation

This evaluation of the Initiative on *Promoting the Health and Wellbeing of Gypsy/Travellers in Highland* was commissioned by The Highland Council and NHS Highland in order to learn from the experiences gained by the Initiative team on service provision to Gypsy/Travellers. The evaluation was designed to explore how current practice was perceived by Gypsy/Travellers as service users and also how the service providers viewed what was delivered.

A broader enquiry, *The Evaluation of Integrated Services for Children in Highland*, was simultaneously being undertaken for The Highland Council and NHS Highland. It was anticipated that the Initiative evaluation would provide additional insight into service integration both within the parameters of what was happening within the Initiative and in terms of the broader picture of what was happening in Highland as a whole. Because of this, the Initiative evaluation was embedded into the broader enquiry and structured to inform development of policy and practice at two different levels:

1. Through the production of a stand-alone Evaluation Report on the *Promoting the Health and Wellbeing of Gypsy/Travellers in Highland* Initiative;
2. Through the use of appropriate elements emerging as part of the above evaluation which would inform and develop the overview emerging from the work on *The Evaluation of Integrated Services for Children in Highland*

This report comprises the first of these outcomes.

1.2 Addressing Equality and Enhancing Social Inclusion

The evaluation took place in the context of a major shift at local and national level towards greater integration of services for families and a more holistic inclusive approach to addressing the service needs of children and their families. Other developments at national and local level also provided a context for the Initiative evaluation. Within the last decade or so, a number of changes had been put in place specifically to address equality in its broadest sense, including equality of opportunities in employment, education and access to services, eliminating discrimination and addressing social inclusion particularly for black and ethnic minority groups.

1.2.1 Race Relations and Equal Opportunities

One of the key planks of the equality and inclusion agenda is the **Race Relations Act of 1976** as amended by the **Race Relations (Amendment) Act of 2000**. Following its enactment, a number of developments have taken place across the UK as a whole.

Public bodies are now required to produce Equality Schemes in order to ensure the following:

- That equal opportunities policies are in place which are in line with national guidance;
- That staff in their services and agencies are informed about equality and diversity issues;
- That action plans are set up to move policy into practice.

Monitoring of the implementation of the Race Relations (Amendment) Act 2000 is one of the duties lodged with the Commission of Racial Equality (CRE).

Specific Scottish legislation through **The Local Government in Scotland Act (2003)** also places a duty on all authorities and other public bodies to have regard to equal opportunities and to observe equal opportunity requirements in their objectives and plans at corporate and service level.

An **Equality Strategy** and a **Race Equality Scheme** has been set up by the Scottish Executive. Both are supported by a statutory code of practice and guidelines provided by CRE Scotland to help services and agencies comply with the new requirements, disseminate best practice and support policy implementation. This includes a guide for supporting equal opportunities in schools.¹ Supporting this process of implementation, the **Black and Ethnic Minority Infrastructure in Scotland (BEMIS)** network was set up, with development posts funded across Scotland as a whole.

Gypsy/Travellers have been identified as an ethnic minority group facing prejudice and discrimination in both the **Equality Strategy** and **Race Equality Scheme** set up by the Scottish Executive. For all practical purposes, the Gypsy/Travellers are seen to count alongside all Scotland's black and ethnic minority communities in the Executive's promotion of race equality².

¹ CRE Scotland (2002) Statutory Code of Practice on the Duty to Promote Race Equality in Scotland and associated non-statutory guides.

² Scottish Executive (2004) Delivering for Scotland's Gypsies/Travellers: An Updated Response to the Equal Opportunities Committee Inquiry into Gypsy Travellers and Public Services 2001.

1.2.2 Equal Opportunities and Public Services

The Scottish Parliament's Equal Opportunities Committee (SPEOC)³ set up an inquiry into public services and Gypsy/Travellers in order to improve provision of services to Gypsy/Travellers and their families. Thirty seven recommendations emerged from the inquiry report (2001) from which Performance Standards were developed. These came into force in 2002.

The Regulation and Inspection Division of Communities Scotland⁴ carried out a thematic regulation study of services to Gypsy/Travellers in order to gather baseline information about current council provision and to consider them alongside the relevant Performance Standard, reproduced below:

- “We plan and provide or arrange good quality serviced stopping places for Gypsy/Travellers;
- “We let pitches in a way that ensures fair and open access for all;
- “We take Gypsy/Travellers’ views into account in delivering our services and we are responsive to their needs.”

A case study approach was included in this thematic study. Highland was one of the cases and has produced an updated report⁵ in response to the thematic study report by Communities Scotland, outlining progress and plans for future development.

In 2004, the Scottish Executive also updated its response to the 2001 SPEOC document⁶, recommending that Communities Scotland continue to hold the responsibility for the regulation of local authority planning and provision of services for Gypsy/Travellers, including the following:

- Local needs’ assessment for Gypsy/Traveller accommodation as a component of local housing strategy;
- Provision of development for funding for improvements to sites where needs are identified;
- Guidance on improving site management standards, with policy and procedures appropriate to Gypsy/Travellers’ lifestyles and needs.

CRE Scotland has also undertaken specific work on equality for the Gypsy/Traveller Community. This has been developed through their **Internal Gypsies and Travellers Strategy Working Group** and the **External Gypsies and Travellers**

³ Scottish Parliament Equal Opportunities Committee Inquiry into Gypsy Travellers and Public Services, 2001.

⁴ Communities Scotland, Regulation and Inspection (2002) Thematic Regulation Studies 2002, Services for Gypsy/Travellers.

⁵The Highland Council (2002) Highland Council Gypsy Traveller Case Study Report by Communities Scotland with Comment and Updating Information by The Highland Council.

⁶ Scottish Executive (2004) Delivering for Scotland’s Gypsies/Travellers: An Updated Response to the Equal Opportunities Committee Inquiry into Gypsy Travellers and Public Services 2001.

Working Group. In the Scottish context, CRE⁷ identified the following areas for action:

- Extending protection, clarification and enforcing the law;
- Adequate provision of sites;
- Promotional and advisory work;
- Consultation and dialogue within Scotland.

1.2.3 Education and Health

In addition to working to the **CRE Scotland's Guide for Education Authorities and Schools in Scotland**, education services are also working within the developing statutory guidelines of the **Education (Additional Support for Learning) (Scotland) Act 2004**. Here too the agenda on equal access and equality of educational opportunities is moving forward, with this Act addressing Gypsy/Traveller children through its inclusion of children who have experienced interrupted learning. The Act, expected to come into force in August 2005, aims to create a stronger system for supporting children's learning and their specific needs and, when enacted, will make provision for children in the following circumstances which are likely to apply to Gypsy/Traveller children:

- Being out of school for some time because of travelling;
- Where there are gaps in learning through attending different schools;
- Where they may be the first in the family to attend school;
- Where they may have had to deal with bullying or racist abuse.

The **Scottish Traveller Education Programme (STEP)** funded by the Scottish Executive Education Department is also active in addressing equal opportunities for Gypsy/Travellers in Scotland and also promotes the development of practices which support diversity and address inequalities.

In the field of health, **The National Resource Centre for Ethnic Minority Health (NCREMH)** was set up in 2002 to support NHS Scotland in delivering the ethnic minority health agenda. It has helped Boards and Trusts in their production of Race Equality Schemes and Action Plans, taking account of the requirements laid down in the Fair for All (FFA) Initiative.⁸

The **NRCEMH** and the **Fair for All Stocktake (2000)** highlighted a number of gaps in existing service provision for Gypsy/Travellers. A National Roundtable was established in 2003 to provide a forum for community representatives to debate health priorities. The following areas for action were raised:

- Production of health promotion materials;
- A community-led health needs assessment;
- National coordination of hand-held records.

⁷ Fraser, Maureen (2004) Gypsies and Travellers – a Strategy, CRE Presentation, Edinburgh.

⁸ Fair for All Health Department Letter [HDL] (2002) 51.

The fourth edition of **Health for All Children**⁹ also highlighted similar issues to the **Stocktake**. This included references to the higher levels of mortality and morbidity associated with the Gypsy/Traveller families, concern about their poor access to health and education services and the need for prompt transfer of information between professionals when children are on the move.

1.3 Developments in the Highland Area

1.3.1 Equal Opportunities in the Highland Area

Within the Highland area, a number of policy and strategy documents have been developed by the main public bodies to support the move towards equity, including equity in service access and provision for Gypsy/Travellers. These documents include:

- Equal Opportunities Policies;
- Race Equality Schemes;
- The Highland Council Equal Opportunities: Service Delivery Policy and Implementation Plan (which makes specific reference to the Gypsy/Traveller Community);
- The Highland Council Action Plan for the Provision of Services for Gypsy/Travellers in Highland, developed on a cross-service and multi-agency basis.

These documents reflect a commitment to equality of opportunity for all and a commitment to non-discriminatory practices. They incorporate conditions of employment for service providers working under the auspices of bodies such as The Highland Council and NHS Highland but they also crucially address issues of social inclusion and its relationship with access to service provision and how it is delivered.

There are other strong commitments theming through the Equal Opportunities documentation, addressing the following:

- Raising awareness levels of all staff and elected members;
- Communicating the legal guidelines on equity to the general public;
- Commitment to the use of non-discriminatory language;
- Recognising the need for consultation about policies and procedures;
- Ongoing systematic review and monitoring.

Frameworks for performance management and review are also in place in the main public bodies to support the move towards equity in how the service needs of groups such as those of the Gypsy/Travellers are being met.

⁹ Hall, D. and Elliman, D (2003) *Health for All Children*, Oxford, Oxford University Press.

1.3.2 The Highland Council Gypsy Traveller Case Study Report by Communities Scotland

As indicated earlier in the report, Communities Scotland undertook a Gypsy/Traveller case study in Highland on planning and provision of services for Gypsy/Travellers. This was carried out under their regulation and inspection role. The Highland Council's Housing Service provided comment and updating information to the subsequent report (2002) which covered five areas:

- Planning;
- Access to services;
- Site quality;
- Management of services;
- Consultation and participation.

The response from The Highland Council to the key findings¹⁰ was as follows, also made in 2002:

- Gypsy/Traveller Site Officers provide a site management service, in addition to their reception and administration duties.
- The Housing Service is seeking to address issues of variances in service delivery.
- The Housing Service has agreed that an allocations policy should be developed in the near future in consultation with the Highland Gypsy/Traveller Partnership Group (HG/TPG). This was reported as not being a priority previously as there was no waiting list for access to the sites.
- Work has now started looking at the rents charged at each site and at the budget, with the aim of beginning to address the variation in charges between the sites and to ensure that the charges are fair and reasonable.
- Genuine consultation through a variety of mechanisms has been a priority for Housing Services and will continue to be so.

1.3.3 Policy Implementation through Partnership

A number of partnerships, connected initiatives and joint strategic frameworks have been established between The Highland Council, NHS Highland, other services, statutory agencies, the voluntary sector and community groups and representatives. Among other things, they provide a number of vehicles through which the implementation of equal opportunities policies can be supported and key equality issues monitored and reviewed. Some of these partnerships are listed below:

¹⁰ The Highland Council (2002) Highland Council Gypsy Traveller Case Study Report by Communities Scotland with Comment and Updating Information by The Highland Council.

- The Wellbeing Alliance and its Community Plan, Joint Health Improvement Plan and Community Safety Strategy;
- The Multi-agency Highland Alliance for Racial Equality;
- The Social Inclusion Partnership.

In addition, ongoing monitoring on progress and development of services to all are regularly undertaken in the light of Race Equality Schemes by the relevant Boards and Council service committees, particularly in relation to implementation of key service plans, including the Council's Corporate Plan (2004 – 2007) and NHS Highland's Health Plan. Other strategic documents include, among others, the following:

- The Local Housing Strategy;
- Joint Homelessness Strategy;
- *For Highland's Children's* multi-agency service plan;
- The Joint Health Improvement Plan;
- The Wellbeing Alliance Community Plan for Highland;
- The Wellbeing Alliance Joint Health Improvement Plan;
- The Highland Council's Best Value Programme;
- The Highland Council's Equalities Group and the associated cross-service Task Group;
- NHS Highland's Equality and Diversity Steering Group.

Dealing specifically with ensuring equity and enhancement of service provision for the Gypsy/Traveller Community are the following bodies and initiatives, each with strong cross-service representation among its membership or its steering group:

- The Highland Wellbeing Alliance;
- Highland Gypsy/Traveller Partnership Group;
- Lochaber Routes;
- Inverness Gypsy/Traveller Forum;
- Lochaber Gypsy/Traveller Forum.

These bodies have been instrumental in supporting the establishment of the Initiative on *Supporting the Health and Wellbeing of Gypsy/Travellers in Highland* evaluated in this report.

CHAPTER 2

THE SCOPE AND SHAPE OF THE EVALUATION

2.1 The Main Areas of Interest

The evaluation was structured around five main areas at the heart of the Initiative on *Promoting the Health and Wellbeing of Gypsy/Travellers in Highland*, which was funded by NHS Highland with support from the Scottish Executive Innovation Fund for Children's Services and operated as a partnership involving the two funding bodies, The Highland Council, Save the Children and members of the Gypsy/Traveller Community in Highland. (The Initiative is described in detail in Chapter 3.)

Three of the areas addressed by the evaluation focused specifically on the *Promoting the Health and Wellbeing of Gypsy/Travellers in Highland* Initiative. These three areas are described below:

1. The response of Gypsy/Travellers to the Initiative, taking account of areas such as:
 - The general response to the aims, objectives, actions, potential and likely legacy of the Initiative;
 - The perceptions of the Gypsy/Travellers on where and how the Initiative impacted on uptake of services associated with health and wellbeing;
 - The extent to which the Initiative brought about change in attitudes to accessing services which provide health and wellbeing support.

2. The response of service providers to *Promoting the Health and Wellbeing of Gypsy/Travellers in Highland*, incorporating:
 - Their general response to the Initiative and its actions;
 - Their experience of the Initiative as a catalyst for change;
 - Their judgement on the impact of the Initiative on aspects associated with the health and wellbeing of Gypsy/Traveller children, young people and their families.

3. The perspectives of the staff of the Initiative in working to promote the health and wellbeing of the Gypsy/Travellers, taking into account:
 - How the members of the team interpreted their brief;
 - How they addressed the following areas:
 - Building confidence and capacity development;
 - Modelling how to actively challenge discrimination and prejudice;
 - Raising awareness of discrimination across service providers;

- Their experience of the constraints, challenges and positive factors which impinged on their work;
- Their perceptions of where the Initiative worked successfully within the parameters of respecting and promoting the culture of the Gypsy/Travellers, while promoting change to enhance health and wellbeing;
- Their ideas on the sustainability of what the Initiative had put in place and on where further development was needed;
- Their perceptions of good practice in service provision for Gypsy/Travellers, particularly with regard to services relating to health and wellbeing.

The remaining two areas of the evaluation addressed broad-based service provision as experienced by Gypsy/Traveller service users and by providers of services to Gypsy/Travellers. These two themes are described below:

4. The experience of the Gypsy/Travellers in accessing and using statutory services:
 - The response of Gypsy/Travellers to the services provided;
 - The Gypsy/Travellers' views on the appropriateness of the services provided and the extent to which their cultural identity has been taken into account;
 - The Gypsy/Travellers' experience of where access to service provision has been structured to enhance inclusion and where barriers have been experienced.

5. The experience of service providers in Highland in delivering services to Gypsy/Travellers was explored along the following lines:
 - Their perceptions of the needs of Gypsy/Travellers;
 - Their experience of what enhanced ease of access to services and what discouraged Gypsy/Travellers;
 - Their ideas on where integration of services could provide better outcomes for Gypsy/Travellers;
 - The extent to which service providers took into account the distinctive identity and culture of the Gypsy/Travellers.

2.2 Initiative Elements which Influenced the Evaluation

2.2.1 Defining Health and Wellbeing

Promoting health and wellbeing is a challenging and complex aim. This is the case at a number of levels:

- The terms *health* and *wellbeing* are difficult to define in precise terms and tend to be highly subjective concepts at the individual level.
- The perceptions on which the concepts are based are influenced by a wide-ranging set of circumstances, which in themselves are also likely to vary widely at individual level. These circumstances can include personal, social and economic factors.
- Perceptions of *health* and *wellbeing* are often relative within the experience of individuals and groups, including ethnic minority groups.

2.2.2 Health and Wellbeing among Gypsy/Travellers

It has long been recognised that the health and wellbeing needs of the Gypsy/Traveller Community tend to be more acute and pressing than those of the general population. There are a number of reasons for this, incorporating socio-cultural and economic factors recognised as likely to impact on the quality of life.

Perhaps the factor impacting most strongly on the quality of life of the Gypsy/Traveller families is the harshness of the living conditions, particularly in winter. This can be experienced at various levels including the following:

- Where accommodation lacks adequate heating;
- Where only basic facilities are available or accessible;
- There are fewer places where camps can be set up without the prospect of being moved on against their will;
- Where accommodation prospects are not predictable, either in terms of provision of chalets on sites, unauthorised sites or settled accommodation.

Other factors recognised as likely to affect the quality of life of the Gypsy/Travellers in a negative way include constraints on their economic opportunities and choices:

- Some of the traditional employment opportunities accessed by the Gypsy/Travellers have been discontinued (for example, pearl fishing);
- In some other traditional occupations, their habitual employment patterns have been disrupted by competition with other kinds of ethnic minority groups (for example, groups from Eastern Europe);
- Replacement employment opportunities have not developed, leaving the range of choices of what is open and acceptable to the Gypsy/Traveller families comparatively narrow;

- Limited opportunities for access to education, training and capacity building leave them disadvantaged in the employment market.

In addition, the strong and distinctive culture on which their sense of identity is built is weakening and in a process of shift. Numbers of Gypsy/Travellers who continue travelling are falling and, as an ethnic minority group, they often experience discrimination and harassment. Consequently, the relationship of the Gypsy/Travellers with the communities they have always passed through is changing. There is less call for their traditional services. This in itself is enough to heighten a sense of social exclusion and to leave the Gypsy/Travellers as a community striving to redefine, renegotiate and explain their culture and its traditional and continuing significance.

Some of the factors described above have a very direct and negative impact on physical health. Some too are likely to have a negative influence on the levels of wellbeing experienced by Gypsy/Travellers and their families. This is not to ignore the many positive, rich and multi-faceted elements inherent in the culture of the Gypsy/Travellers. Nevertheless, recognition of disadvantages in physical and emotional health among the Gypsy/Travellers was the starting point of both *Promoting the Health and Wellbeing of Gypsy/Travellers in Highland* and its evaluation.

2.2.3 Challenges in Assessing the Impact on Health and Wellbeing

Apart from the difficulties associated with the parameters of what was meant by good or improved health and wellbeing, the evaluation also had to acknowledge a number of other challenges.

The greatest difficulty lay in the short time-span of the Initiative relative to the time needed to make a noticeable impact on such major life-factors as health and wellbeing. Actions set in place were not likely to result in immediately measurable and observable gains, apart from particular situations where acute conditions were provided with immediate attention. Outcomes were more likely to manifest themselves in the longer term, beyond the lifetime of the Initiative.

Other contextual factors were also likely to be associated with longer term outcomes. For example, the level of critical and immediate needs associated with poor physical and emotional ill-health often had to take priority over more planned actions.

Before accessing services to meet both their critical and more general needs, bridges and pathways needed to be established and tested. Also, trust needed to be built around the processes. Because of this, foundation work included making access to services as barrier-free and culturally appropriate as possible. Working to ensure full inclusion in the health service benefits available to the mainstream is a slow process. Moving any population group to the position where health promotion and proactive preventative health behaviours gain priority over the need to address critical elements of physical and emotional ill-health takes time.

Given that the Initiative was implemented because the health needs of the Gypsy/Traveller population were recognised as a critical issue at national and local level, its time-scale was recognised from the start as probably one of the biggest constraints affecting its potential impact. The time-scale factor was also recognised as being likely to have an impact on the potential of the Initiative to address other kinds of issues. This was expected to manifest itself in:

- The likelihood of moving beyond successful outcomes for some individuals to having an impact on the Gypsy/Traveller population as a whole (including a significant impact on capacity building and empowerment of the Gypsy/Traveller Community);
- The opportunities to pilot systematically the role of community development professionals among the Gypsy/Traveller population in general;
- The benefits associated with building long-term relationships both with the service providers and the Gypsy/Travellers in Highland.

2.2.4 Acknowledging the Parameters of the Evaluation

The acknowledgement of such challenges means that the evaluative parameters were likely to be designed around those expectations which were realistic in the short and medium term.

In the case of the *Promoting the Health and Wellbeing of Gypsy/Travellers in Highland* Initiative, the aims were far-reaching and expectations were high. The initial recognition of this in this evaluation report does not detract at any level from what was attempted or what was achieved. Rather it highlights and acknowledges the difficulties of achieving major social outcomes in a short period of time with a small team, limited funding and a very wide geographical remit. It serves to highlight the need to focus on where green shoots of development and attitudinal shift began, on where sustainability can be best supported, on where gaps and barriers emerged and on what promoted or acted against the development of practices which worked.

2.3 The Evaluative Approach

The early discussions about the structure of the evaluation began in the early months of 2003 though formal data collection did not begin until almost a year later. The slice of time on which the evaluation focused lasted for just over a year, continuing until the summer of 2004.

The approach adopted by the evaluation team was exploratory, retrospective and qualitative. The nature of the Initiative influenced this choice of approach.

The following methods were used:

- Some documentary analysis was undertaken on key papers relevant to the Initiative in order to contextualise the parameters in which it had developed and operated;
- A series of interviews was conducted with the Initiative team;
- A series of interviews was conducted with service providers from a range of services and agencies;
- Home-based exploratory interviews were undertaken with Gypsy/Travellers regarding a) their views and experiences of the Initiative and b) their role as service users across a range of services and agencies. As part of this, some exploratory work was done on the conversational use of simple rating scales as a means of obtaining additional data on the Gypsy/Travellers' experiences.

A thematic approach was used for the analysis of the interviews.

2.4 Respondents

2.4.1 The Initiative Team

All of the Initiative team were interviewed, using a semi-structured schedule developed specifically to explore their actions, experiences and opinions about their work. In addition, a number of other meetings took place, less formal in structure, but which also provided additional detailed information about the Initiative and the Gypsy/Traveller Community, both in terms of their culture generally and in terms of their access to and use of services.

Interviews were also undertaken with the Chair of the Steering Group for the Initiative, and with service-based managers in Health, Housing and Education, Culture and Sport who were associated with the Initiative.

In all, a total of 20 meetings and interviews took place with the Initiative team and closely associated managers over the course of the evaluation.

2.4.2 Service Providers

A second programme of meetings took place with service providers in Community Development, Education, Health, Housing, Police and Social Work.

A list of the professional groups who were interviewed is outlined in Table 1. In all, a total of 21 detailed and exploratory interviews were conducted.

Table 1: Professional Groups Interviewed

Professional Group	Number of Interviews
Community Development	3
Head teachers of schools attended by Gypsy/Traveller children	4
GPs and senior nursing staff	3
Senior housing managers	5
Police	2
Social work managers	4
Total Number of Interviews	21

2.4.3 Gypsy/Traveller Respondents

Fifteen visits were undertaken with eight Gypsy/Traveller families.

Each of the families had been selected by a member of the Initiative team who also made the initial approach to the family on behalf of the evaluation. For all initial visits, except one, a member of the Initiative team came with the researcher to introduce her to the families.

The initial visits were mainly used to provide information to the families about the evaluation in order to ensure that they were fully informed about what they would be asked before their consent to be involved was requested. Each of the families approached gave permission for follow-on visits.

Often, a number of family members took part in the visits and contributed their views and experiences to the evaluation. In addition to providing information on the key areas and issues, this often involved discussion of issues and experiences which also provided a great deal of insight into the experiences of the families.

Table 2, below, details the participating families.

Table 2: Response to the Evaluation

Number of Families	Number of Adults	Teenagers/ Young Adults	Number of Children	Number of Visits
8	12	13	8	15

2.4.4 Following the Experiences of the Children

A very small number of families were asked if they would be willing to allow further contact with the researcher in order to provide additional detail about their children

and their contact with different services. This would include contact with services to consider and monitor developmental progress.

Permission has been given for five children to be included in this part of the work. This information is designed to feed into the broader evaluation of Integrated Services for Children in Highland which also involves other cohorts of children.

CHAPTER 3

ABOUT THE INITIATIVE

3.1 The Initiative Structure

The Initiative was set up under the auspices of NHS Highland and The Highland Council within the management structure of Community and Health Improvement Planning, part of NHS Highland's Directorate of Strategic Planning. It was funded by NHS Highland with support from the Scottish Executive Innovation Fund for Children's Services and operated as a partnership involving the two funding bodies, The Highland Council, Save the Children and members of the Gypsy/Traveller Community in Highland.

Funding, with extensions, was provided for three years, from April 2002 with the appointment of the Initiative's Development Officer through to March 2005. Two Outreach Workers were appointed in December 2002 and their posts were maintained until June 2004.

A post of Development Officer for Gypsy/Traveller Education had been established in the Education, Culture and Sport Service for some months prior to April 2002. Following the appointment of the Initiative's Development Officer, the education post was seconded to the Initiative for 23 months and later mainstreamed with a broader responsibility for Interrupted Learning.

Two health-based projects were also staffed to provide support for the work of the Initiative. Both had been set up, one in 2002 and one in 2003, to address service access issues. The first¹¹ was the establishment of a Primary Care Outreach Service for Gypsy/Travellers in Inverness and was funded for a year by the Primary Care Development Fund. It aimed "to adapt the existing primary care services in order to address the health needs of Gypsy Travellers in Inverness in a way that is more accessible and appropriate to them." The second project¹² was set up "to explore how Health Service provision to Gypsy/Travellers in the Inverness LHCC can be developed to meet identified need in an efficient and cost effectively manner". For this a Health Visitor and a Community Specialist Practitioner were appointed who worked closely with the Initiative team.

A steering group was set up to support and monitor the work of the Initiative and was chaired by the Head of Community and Health Improvement Planning (NHS Highland). Representatives from the key services and agencies served on this group and there was also representation from the Gypsy/Traveller Community in Highland.

¹¹ Williams, Janet (2002) Primary Care Outreach Service for Gypsy Travellers in Inverness: end of project report, funded by the Primary Care Development Fund.

¹² Watson, Elizabeth (2003) Report: A Reflective Account on the Health Professional Role Given to Gypsy Travellers in Inverness LHCC January – July 2003.

3.2 Early Perceptions Which Influenced the Initiative

The documentation and interviews with the team indicated that the early thinking was influenced by general concerns raised in Highland about the health of the Gypsy/Travellers as a group. It was accepted that barriers were in place which often prevented Gypsy/Travellers from using the health services and national and more local documentation confirmed the need for new thinking and innovation in order that progress could be genuinely made in this complex area. What was sought was a major sea-change in attitudes and expectations from both service providers and service users which could lead to changes in patterns of morbidity and mortality across the Gypsy/Traveller Community as a whole.

The thinking for the current Initiative was significant in a number of ways:

- There was a move away from a sequence of short, fixed-term, single-service provision by individual health professionals.
- There was a strong emphasis on a broad definition of health which incorporated physical and emotional wellbeing and a recognition of the impact of factors rooted in family, community, ethnic and cultural aspects of life.
- There was an acceptance of the factors likely to be associated with the much lower levels of access to health-related services by Gypsy/Traveller families in comparison with other groups.
- Though the funding was short-term, the vision defining the aims and objectives looked beyond what could be achieved over the time through which the posts were funded.

These elements influenced how the Initiative was put into operation and how the brief of the post holders was interpreted.

This was an ambitious project and, perhaps because of this, worked in a number of ways and at different levels. It followed a community development model. In addition to putting in place a range of actions, it was also trying out different approaches. Its stated objectives were very broadly based around ways and processes of incorporating social change.

The objectives included the following:

- To improve access to services and support;
- To promote health, wellbeing and social inclusion;
- To facilitate the development of policy and practice within the statutory sector services;
- To raise awareness of discrimination and stigma within the service-providing agencies;

- To provide equal opportunities for children in the delivery of education services;
- To build capacity towards enabling successful challenges against stigma and discrimination.

The documentation on the Initiative focused on a holistic approach to the promotion of the health and wellbeing of the Gypsy/Travellers. Empowerment and equality were core themes in a number of documents¹³. Against such a background, the team appointed to the Initiative were not given highly structured briefs regarding their roles. The core thinking associated with the Initiative's development was based on the broadest definition of health. In practice, its implementation spun widely around social factors requiring action in order to address the following potential outcomes:

- Setting in place a climate for health promotion to be as effective as possible and for health promotion messages to be taken on board as appropriate to the Gypsy/Traveller culture;
- Making health services more accessible than was currently the case and ultimately as accessible as for all other groups;
- Ensuring that informed choice was at the heart of health-related decision-making;
- Ensuring that no unnecessary institutional barriers were in place that could act against the potential range of choices;
- Improving health and wellbeing indices, broad-based enough to have an impact on that of the ethnic group as a whole and to bring it closer to the statistics of other groups.

In short, the Initiative's starting point and continuing framework focused on building the foundations on which change could be promoted. In conceptual terms, it set out to build long-term foundations. In strategic terms, it addressed the promotion of change as distinct from establishing new ways of providing services. In practice, the team's engagement with a) what the client group wanted and b) what the client group would allow them to do had a very strong influence on what actually happened on the ground.

3.3 Interpreted their Roles

From the interviews, it was clear that the team took on board this broad and open agenda and the related aims and objectives.

¹³ Gypsy/Traveller Health and Wellbeing Initiative: Project Objectives.
Gypsy/Traveller Health and Wellbeing Initiative: Development Plan.
Gypsy/Traveller Health and Wellbeing Initiative: Policy Context.

It was also clear that the team did not set out to be providers of services. However, a major function of any initiative such as this is, by definition, to work closely with the client group in question. The first step towards such a symbiotic relationship is to establish a working interface where what the professionals deliver can best match how a group is prepared to use them.

If this interaction is not a genuine two-way process, long-term foundations are unlikely to be laid down. The team was responsive, thoughtful and listening. They were very well aware that their interventions were well-intentioned but that a major trust-establishing exercise was required before intervention of any kind would be well received.

Each of the members of the team talked about their intentions to be as responsive as possible to the feelings of the Gypsy/Travellers. The direction taken by the Initiative was driven by this sensitivity which extended to recognising the ways in which the Travellers preferred to be supported. Here too, the team felt that taking a responsive approach was fundamental to any process set up to prepare the client group for change in areas as personally sensitive as health and wellbeing.

However, it was also acknowledged that considerable skill was required if potential conflicts between some aspects of client demand and the aims of the project were to be minimised. The initial interviews with the team members indicated that they were, as a group, very aware of this.

As the team's understanding of the health and wellbeing choices of the Gypsy/Travellers developed, so too did the realisation that to achieve active empowerment and real experiences of equality in these areas, more complex, basic and time-consuming processes would have to be deployed.

Across the team as a whole, reference was made to how their enhanced understanding in the following areas influenced what happened in practice:

- Understanding how the social and historical influences on Gypsy/Traveller culture had an impact on take-up of services;
- Understanding that service providers had rarely accepted their need to take account of and work round the factors inherent in the travelling culture;
- Understanding that the level of social exclusion experienced by many of the Gypsy/Travellers affected their confidence in seeking access to the services they required;
- Realising that working towards empowerment meant addressing levels of confidence and capacity at a fundamental level;
- Recognising that this involved much more than just informing the Gypsy/Travellers of how and what to do.

To some extent this pushed the team into providing crisis-management responses, which often included acting as an intermediary between the service and the client. At this, as a team, they were successful. This in itself created a word-of-mouth reputation and more client-led demands which in turn had an impact in terms of time and actions. There can be no doubt that it certainly exercised each of the team members as they struggled with effecting a balance between what was required of them, what was acceptable to the client group culture and what the client group actually allowed them to do.

CHAPTER 4

OPERATIONALISING THE INITIATIVE

4.1 The Gypsy/Traveller Interface

The Initiative team brought a wide range of previous experience and expertise from different professional backgrounds to their work. Furthermore, the community development framework provided the flexibility to enable them to combine different professional approaches in addressing the health and wellbeing of Gypsy/Travellers and their families. In particular there was a strong focus on empowerment and on implementing actions and working towards outcomes that could be sustained beyond the life of the Initiative.

The first actions of the team were aimed at establishing engagement through:

- Introducing themselves to the Gypsy/Traveller families and defining what the Initiative was about;
- Exploring the response of the Gypsy/Traveller families to the range of possibilities being offered and to the specific parameters of the Initiative;
- Listening to how the Gypsy/Traveller families expressed their needs and learning where and how the Gypsy/Traveller Community in general, and individual families in particular, were likely to engage (or not) with the Initiative.

The team was well-versed in the processes of community development and the importance of making sure that there was enough commitment from their client groups towards engagement and joint working. Their interviews indicated that they were aware that nothing would happen (in the short term) or be sustainable (in the long term) without informed agreement from the client group.

At the planning level, the Gypsy/Traveller client group was represented on committees associated with the shaping and setting up of the Initiative and as a community they were very supportive of its aims and objectives.

In practice, the Initiative team were required, from the outset, to address a number of immediate operational challenges. These focused on the following:

- The breadth of the range of needs which could be addressed within the brief of the Initiative;
- Within that, the extent to which the team members were faced with urgent individual needs, usually involving complex multiple factors, which necessitated some form of crisis intervention;

- The need in the early stages of the Initiative to have some successful and visible outcomes (a) as part of the process of building up the trust needed to move forward and (b) in order to demonstrate which approaches to services worked – as part of the process of building confidence and capability within the community;
- There was also the realisation that a significant move towards equity entailed addressing such inequalities as:
 - Security issues associated with their homes, wherever they were based;
 - Ensuring that these homes were adequate in ensuring shelter, heat, light and sanitation;
 - Providing financial support systems for basic needs when this was needed;
 - Working towards equality of opportunities, for example by ensuring that children had the right kind of clothing and footwear for school and adults for seeking employment possibilities.

This then was the interface across which the terms of engagement were negotiated and sanctioned by the Gypsy/Traveller Community.

At the operational level the shape and scope of the Initiative changed over time. This is, to a large extent, an integral element of initiatives such as this, particularly in the initial stages. As the Initiative bedded down, the team members began to work to their strengths. Each of them was aware of the complexity of implementing changes across the community as a whole. Because of this, the team members were also aware of the need to think innovatively and a number of different approaches were tried over the duration of the project.

4.2 Accessing Health Services

4.2.1 Improving Access to Services

Four ways of supporting health-related actions emerged, each addressing slightly different aspects:

- 1) The Outreach Workers were highly responsive to the realities of the difficulties faced by Gypsy/Travellers in accessing services and responded to them in a pragmatic way.
- 2) The Outreach Workers also adopted a health promotion role, often in individual contexts where they saw opportunities to do so, whether to prevent ill-health or to provide support in managing attempts at smoking cessation or drug reduction. This often took the form of ad hoc interventions but, sometimes, this was more systematically addressed by the Outreach Workers, particularly in relation to mothers and small children.

- 3) The Initiative also facilitated direct access to health services through the provision of some funding support for the Health Visitor role with a specific brief for the Gypsy/Travellers. Space in a portacabin on the Longman Site was provided to facilitate this.
- 4) The Education Development Officer also adopted a Health Promotion role. This involved working on projects and mini-developments with other professionals, such as the Community Specialist Practitioner/Health Visitor linked to the Initiative. Delivery was often opportunistic but it was more systematic in approach and more likely to become embedded in circumstances where opportunities were proactively sought and planned.

These various approaches, which covered a great deal of ground and a wide range of different kinds of actions, are outlined below.

4.2.2 Direct Service Provision

The Health Visitor/Community Specialist Practitioner identified the following objectives for work with the Gypsy/Travellers:

- Identifying areas of need in consultation with the Gypsy/Traveller Community;
- Carrying out an analysis of work undertaken by the health professionals with Gypsy/Travellers in Inverness;
- Indicating how existing service provision could better meet the defined health needs of individuals and families within the Gypsy/Traveller Community;
- Indicating how service provision could improve the health status of the Gypsy/Traveller Community;
- Identifying barriers to effective service provision;
- Making recommendations on the most appropriate model of care provision to Gypsy/Travellers.

Her role involved meeting service demands either through visiting Gypsy/Travellers at home in their caravans or when they attended the Drop-in-Clinics. Clinical input was provided as was Health Education and Health Promotion, including health monitoring and addressing capacity-building in areas such as enhancing parenting and life skills. The Health Education course developed with the Education Development Officer was also piloted and delivered to children and young people who came to the education sessions on the site or at The Bridge, a centre which catered for the needs of young people with experience of interrupted learning. [See Watson (2003) for a detailed report on this work.¹⁴]

¹⁴ Watson, E. (2003) Report: A Reflective Account in the Health Professional Role Given to Gypsy Travellers in Inverness LHCC January 2003 – July 2003.

4.2.3 Groundwork for Supporting Enhanced Access to Consultations and Treatments

A number of actions were also regularly undertaken to ensure that Gypsy/Travellers knew about appointments and were able to physically attend them. These included:

- Ensuring that letters informing people about appointments were read and understood;
- Encouraging clients to be in the right place at the right time;
- Organising transport where this was a factor in keeping appointments and gaining access to services;
- Discussing the importance of following through tests, treatment and/or medication;
- Sometimes working with clients to overcome a state of denial and recognise their need for help;
- Negotiating other appointments where this might be needed. For example, explaining to service providers the urgency of the situation while the Travellers were in the area, explaining where circumstances at home might prove difficult or highlighting some implications of being on the road;
- Raising awareness of the importance of travelling in the Gypsy/Traveller culture and working with service providers to find solutions for a community of service users who travel;
- Providing personal support and encouragement when this was needed to engage with the system and follow through with the treatment.

These actions were just a part of the work undertaken by the Outreach Workers.

4.2.4 Optimising Health-related Outcomes

The following set of actions mainly involved working with individuals to get the best from the treatments or medication provided or prescribed. This could include such support as:

- Tracking prescriptions when, for instance, they had been missed in the post due to Gypsy/Travellers moving on;
 - Explaining prescription recommendations when this was requested;
-

- Writing supporting letters where an additional response from other services was needed;
- Encouraging individuals to seek treatment in good time (and in emergencies);
- Encouraging registration at Health/Medical Centres;
- Taking messages from Gypsy/Travellers to relevant health professionals about their willingness or need to be visited;
- Bolstering confidence in the access process by attending appointments together (where this was requested by Gypsy/Travellers);
- Modelling negotiating strategies towards achieving preferred service outcomes;
- Boosting confidence in the system by taking on an advocacy role with the health professional when confidence was lacking;
- Explaining the system and the processes involved in accessing health services and taking responsibility for personal health. This covered areas such as:
 - What to expect in terms of waiting times;
 - Why delays happen;
 - What health professionals might need to know;
 - Ways of coping with predictable and general irritations inherent in the process of accessing services.

4.2.5 Health Education and Health Promotion

The course developed and piloted by the Education Development Officer and the Community Specialist Practitioner for the Gypsy/Travellers has already been referred to above. This course included specific reference to the following topics:

- Accident prevention;
- Dental care;
- First aid;
- Puberty;
- Nutrition.

Other topics addressed, particularly with the young people on the site, covered teenage concerns, including gender-specific issues and general and sexual relationships.

The Outreach Workers also provided health education on a wide range of health education topics similar to those which the Community Specialist Practitioner dealt with on the Longman site. These included injury prevention, men's health, women's health, sexual health and relationships and substance use and misuse.

The need for sport, recreation and play was also addressed by Initiative team members not least within the context of supporting emotional and mental health. Opportunities were sought to engage young people in sport, particularly football matches. In addition, the Initiative made a small budget available to the Outreach Workers for toys which would encourage physical play. (Play was also a factor addressed by the Education Development Officer, as outlined in the following section on Education.)

Health Promotion by the Community Specialist Practitioner included vision and hearing testing for the children and general health monitoring for the adults. These consultations also provided opportunities for questions to be asked and answered and for advice and support to be provided.

A specific healthy eating project, *Give Me Five*, was also supported by the Initiative in association with The Highland Council. Fruit and vegetables were distributed to families on the Longman site. The Education Development Officer and the Community Specialist Practitioner provided back-up health education on healthy eating, as did the Outreach Worker based in Inverness. A number of spin-offs developed from this project, particularly work on recipes which helped to promote healthy eating. (More details of this are provided under the following section on Education.)

4.3 Working Towards Equal Opportunities for Children in Education

The actions put in place to address this element of the Initiative were also very varied and broad-based. Education was seen to be one of the key areas through which to address inequality and enhance inclusion, particularly through developing levels of literacy, numeracy and IT skills, all of which could help young people to access a broader range of employment choices and economic opportunities. However, as was the case with actions relating to health, stepping stones and bridges were required to encourage families to take up all the educational opportunities on offer. This was seen as being important across a range of areas at a general level, with the following emerging as key interventions:

- Ensuring that support was ongoing for the families with children attending school;
- Working with the school on the curriculum offered;
- Raising awareness of the Gypsy/Traveller culture with school staff, including consideration of the implications of providing support for children who travel on a regular basis;
- Raising awareness of the school culture among the families, including school socialisation issues and its implications for Gypsy/Travellers;
- Being available for intervention when necessary to provide support for handling the required bureaucracy;

- Encouraging parents and teachers to use a longer-term framework for planning ahead.

The Education Development Officer's brief was Highland-wide and time was committed both to meeting the travelling demands inherent in the geographic range of the remit and for taking on board the implications of maximising educational opportunities to a client group who themselves travel on a regular basis.

4.3.1 Nursery and Primary School Stages

The portacabin on the Longman site provided an opportunity and a space for early learning. Pre-school and primary-stage children were often accompanied by members of the family, sometimes the mother but also older sisters or aunts.

In addition to delivering a partial curriculum on site, arrangements were made to extend the learning opportunities available to the children by suggesting other routes to education, such as limited, phased or full-time attendance within mainstream schools and nurseries. This required detailed preparation for both the families and the schools and took place across the whole of Highland.

The support provided for members of staff at schools and nurseries involved being given information about the travelling way of life, helped to find appropriate resources and teaching packages and offered advice in helping the children to integrate. In the initial and on-going support provided, time was given to explain how important it was for the Gypsy/Travellers to continue travelling (even when housed), to discuss the implications of this and to explore how best to accommodate quality service provision with the Gypsy/Travellers' choices.

The support provided to families was also delivered on a pan-Highland basis. They too were given a great deal of information about what to expect and were encouraged to tell the nursery staff or the Education Development Officer about when they were going to be travelling. If possible, the school or nursery in the area to which they were travelling would also be informed. Hand-held records were piloted for parents to carry from school to school to help with continuity. The Education Development Officer also encouraged teachers to provide home-based learning opportunities for the children for when they were travelling. In some instances she did this herself.

It was seen as critically important that the experience of school or nursery in all areas in Highland was positive. This meant that support for the families and children was continued well beyond the initial few days, and often involved collecting some of the children from home so that they entered school with a known and trusted adult to help with the transition to mainstream schooling. The regular contact established also helped to monitor progress.

4.3.2 Teenagers and Young Adults

Post-primary Options

Helping young people to access education opportunities at the secondary level was considerably harder. Traditionally, the Gypsy/Travellers have been interested in primary-stage education for their children, but are less positive about what the secondary school can offer them.

The Education Development Officer established a number of possibilities for teenagers and young adults including the following:

- Negotiating phased access to secondary schools for a small number of teenagers;
- Opportunities for additional and enhanced curriculum exposure;
- Alternative means of enhancing skills development;
- Linking up with systems and opportunities already in place for helping interrupted learning (for example, arranging classes at The Bridge);
- Adapting current systems to fit specific Gypsy/Travellers' interrupted learning needs or preferences for learning.

At this stage too, it was felt that a shift to mainstream schooling should be as positive an experience as possible, particularly during critical transition periods. It was also the case that the enhancement of literacy skills was a theme which ran through any learning or development opportunities provided.

Literacy levels were seen as one of the biggest challenges associated with moving towards greater social inclusion. The Initiative team was conscious of the critical nature of this and sought to provide support through a multi-pronged approach. A great deal of the work with adult learners has been in close consultation with a number of educational bodies, such as Adult Basic Education (ABE), Adult Literacy, Community Learning and Leisure, The Bridge, the Spectrum Centre, and *mp33*, a drop-in centre for young people aged 14 - 25 funded through the Social Inclusion Partnership (SIP). This was located centrally and offered activities, games, computers, advice and information on a wide range of issues, including health, housing and employment.

Supporting Health and Wellbeing through Education

An extension of the health education curriculum was an important development. This was a good example of cross-service cooperation. The Community Specialist Practitioner worked closely with the Education Development Officer to select and develop the most appropriate topics, and then helped to pilot it both through the educational opportunities available on the Longman site and with young

Gypsy/Travellers who attended The Bridge. Though this was initially developed for use with children at primary school age, it was also flexible enough to be used with all ages.

Other aspects of education were also addressed. A behaviour support project, designed to help young Gypsy/Travellers deal with teasing without getting into trouble was piloted. This too involved cross-service working, this time with Social Workers and school-based Children's Service Workers. A package of ten lessons was developed for teachers, Children's Service Workers or others who were working with young Gypsy/Travellers.¹⁵

Consideration was also given to enhancing the teenage Gypsy/Travellers' opportunities for accessing the social and leisure opportunities available in mainstream secondary schools. Some opportunities were set in place to enable participation in football matches. Transport was provided to raise the likelihood of taking part and extending the social interaction base beyond the site or the immediate family. The young people and their families were cautious about such activities. Usually, this had its roots in negative social experiences. The interviews highlighted the importance of ensuring that this was not further reinforced when organising opportunities for greater inclusion.

A Driving Theory Course

Under the auspices of the Initiative, the Education Development Officer obtained funding to run a Driving Theory Course for young Gypsy/Travellers. [The funding was also sufficient to provide a number of free driving lessons.] A number of factors of added value were also addressed through the course:

- Development of literacy skills (though audio support was also provided);
- Opportunities for developing computer skills;
- The flexible approach which was adopted also provided other incidental learning opportunities;
- A college-type social venue providing the students with a chance to socialise with other young people;
- Opportunities to work on Individual Learning Plans (ILPs);
- An end result of having a critical skill and qualification helpful for taking up employment opportunities and appropriate for the Gypsy/Traveller culture.

This course has now been mainstreamed by Adult Basic Education and may be offered at The Bridge. Through the Initiative, members of staff there have had

¹⁵ MacMaster, K and Møller-Jensen, J (2004) Working with Gypsy/Travellers: Education and Social Work.

orientation training and support on the specific factors associated with interrupted learning which are likely to be faced by the young Gypsy/Travellers.

Pathways to College Courses

Some groundwork was undertaken by the Education Development Officer with staff at Inverness College to pave the way towards encouraging young Gypsy/Travellers to sign up for courses of specific interest to them. At the time of writing, this development was still on-going. At least one of the Outreach Workers also worked with the College to set up appropriate work placements for young Gypsy/Travellers.

Finding Recipes for Healthy Eating

This project emerged from the health education and health promotion work undertaken by all of the team and particularly through the opportunities offered through the use of the on-site portacabin during the times when the Education Development Officer and the Community Specialist Practitioner were around at the same time. This was a direct response to questions arising from the healthy eating messages and how to translate them into reality. This also addressed literacy skills where appropriate.

Exploring and Piloting Innovative Ways of Supporting Learning

The Education Development Officer was interested in obtaining as much information as possible about new developments set in place to help young people who did not fit easily into mainstream schooling. This included making contact with developers and becoming involved in piloting elements of courses (for example, the M-learning project in association with the Adult Literacy Strategy Group), evaluating their implementation and sitting on steering groups and committees associated with developments in this area.

Piloting the Use of Hand-held Education Records

Hand-held education records were also developed and piloted during the time of the Initiative. Support was given to teachers in how to make the most effective use of them. Parents were also talked through how best to use them. This was seen to be one of major elements in helping to ensure that education could be supported in ways which were acceptable to the Gypsy/Travellers' families and which helped to establish a more cohesive approach to the education delivered to the children across the schools they attended.

Ongoing Opportunistic Learning

Learning opportunities were taken up whenever possible, perhaps most typically when team members were helping Gypsy/Travellers to complete forms and to read the guidelines associated with completing them accurately.

4.4 Promoting Wellbeing, Quality of Life and Social Inclusion

Themes associated with working to enhance health and wellbeing, quality of life factors and social inclusion informed virtually all of the activities undertaken by the Initiative team. Many of the actions reported addressed social inequalities by providing bridges for accessing entitlements and supporting the processes involved in obtaining them. Regardless of context, the negotiation, advocacy and explanation of bureaucratic processes were common factors in their work.

Actions specifically associated with health and education have been reported previously and accounted for a great deal of what the Development Officers and the Outreach Workers addressed on a daily basis. The kinds of actions reported below address some of the areas where action was needed to underwrite, support and facilitate access to the core services. They included areas known to be of major and immediate concern for many of the Gypsy/Traveller families where hardship was likely to be experienced if solutions and resolutions were not effected.

Much of this involved taking on the role of a critical friend and modelling effective approaches to problem solving. This often took the form of:

- Explaining processes and system-based reasons for delay (in contrast to those associated with incompetence or discrimination);
- Providing guidance on how best to deal with the petty irritations generally associated with any bureaucracy.

Underlying this was the acceptance of the importance of building in success where possible and addressing the kind of capacity building which developed the skills, information base and range of effective tactics needed in making access to services work for the Gypsy/Traveller culture.

4.4.1 Benefits and Entitlements

This was an area where the Outreach Workers provided considerable support. Social Fund applications, disability allowance, help for appropriate clothing, footwear and furniture were all frequently supported in a number of ways, including:

- Recognising where rights and entitlements were due but not taken up;
- Explaining rights and entitlements;
- Supporting applications (e.g. with letters explaining the background circumstances);
- Monitoring the progress of applications;
- Explaining the system;
- Bridging, negotiating and interpreting difficulties arising or likely to arise;

- Providing support and encouragement throughout the process;
- Challenging discrimination where this was identified and modelling how to do this;
- Achieving successful outcomes and discussing the processes by which they were obtained.

4.4.2 Support with Accommodation

A major concern for Gypsy/Traveller families is finding places for short-term and longer term stays which feel safe, comfortable and free from threat. Where these were not in place, it was anticipated that there would be a negative impact on the take-up of education and opportunities for economic activities. It was also seen as likely to be highly disruptive to the sense of security of all family members affected and in some instances was reported as being associated with negative effects on chest infections, heart disease and mental ill-health.

The following actions were all described as occurring regularly:

- Supporting applications for settled housing with housing departments and associations where this was requested;
- Exploring possibilities of renting private property;
- Setting in place applications for necessary furnishings;
- Explaining the Council's Unauthorised Camping Procedures and its implications;
- Providing an advocacy role in housing processes;
- Providing a bridge between housing officers or officials, e.g. through translating the travellers' needs and fears, or explaining why properties on offer may be unsuitable;
- Providing information to service providers about the needs of Gypsy/Travellers generally, particularly the importance of being able to follow their travelling culture freely;
- Providing information to service providers about rights and entitlements where this was necessary;
- Modelling conflict reduction strategies and sometimes explaining why they had been used and for which purposes.

4.4.3 Justice

Support was also provided by members of the Initiative team to Gypsy/Travellers engaged with the justice system. For the most part, this involved:

- Encouraging and helping Gypsy/Travellers to attend court hearings as required;
- Accompanying Gypsy/Travellers to court appearances when this was requested;
- Helping with preparing for court appearances;
- Helping with negotiations in court e.g. on paying fines;
- Supporting people who were working through community service orders.

In addition, an innovative intervention was put in place following a harrowing community incident in which Gypsy/Travellers had been attacked by young men. A conflict resolution process was developed with Save the Children and the Scottish Human Services Trust after a non-custodial sentence was sought following agreement to attend sessions designed to enhance understanding of the Gypsy/Travellers' way of life and factors central to their identity as an ethnic group. This process also facilitated discussion about how communities respond to Gypsy/Travellers.

4.5 Facilitating the Development of Policy and Practice within the Statutory Sector Services

4.5.1 The Strategic Role of the Steering Group

The Initiative was located within NHS Highland's Directorate of Strategic Planning with the Head of Community and Health Improvement Planning currently holding the chair of the Steering Group. This provided the Initiative with a strategic framework and the following advantages:

- Clear and immediate multi-service links to policy makers and managers based within NHS Highland and The Highland Council;
- Links with other local bodies and national agencies on the Group with a track record of working with the main stakeholders such as Save the Children;
- Opportunities for discussion of arising issues with all represented groups, particularly the Gypsy/Traveller representative;
- A two-way route for the transmission of information and any new thinking between the Initiative and all the public bodies and agencies represented.

In addition to monitoring the progress of the Initiative, the Steering Group was also able to provide the following functions:

- As a forum for discussing arising issues;
- As monitoring body regularly assessing the implications of shifts and changes;
- As a cross-service multi-agency group providing regular briefings for councillors and professional officers;
- As a valid agency for disseminating considered views and agreed positions.

This latter point was anticipated to be particularly important where consultation exercises were in progress.

4.5.2 Team Members Input to Other Initiatives

Members of the Initiative team sat on a number of national committees with an interest in Gypsy/Travellers. There was engagement with service-specific professional bodies set up to share developments on Gypsy/Traveller issues, for example the Traveller Education Network (TENET), an inter-authority teachers' group. Contributions were made to the Scottish Executive U/C policy, the Association of Chief Police Officers Scotland (ACPOS) Diversity Strategy, the ACPOS Unauthorised Camping Guidance and the COPEs Diversity Strategy. Activities such as these were continually ongoing throughout the project.

Within the duration of the project, some of the time of each of the Development Officers was seconded to national bodies to support policy development. The Initiative Development Officer was seconded for two days a month to NRCEMH to lead the development of the Patient Record of Personal Health (PRPH) for Gypsy/Travellers in Scotland, now approved and timed for national distribution in Spring 2005. This secondment also involved assisting with the process of Health Needs Assessment for the Gypsy/Traveller community, overseeing the development of the 'Equally Healthy' approach to health needs assessment. All of this work was also fed into the SPEOC Recommendations and was seen to be very much part of the push towards enhancing the health and wellbeing of Gypsy/Travellers at national level. From July 2004, the Initiative Development Officer provided line-management for the NRCEMH Health Needs Assessment Link-worker post.

The Development Officer for Interrupted Education was also seconded to the national body STEP within the lifetime of the Initiative. This was principally in order to contribute to the development of an information leaflet and DVD for Gypsy/Traveller parents on their rights to accessing education. Assistance was also provided to other ongoing STEP initiatives.

Team members also worked with other agencies, such as the location-based Gypsy/Traveller Forums and Lochaber Routes. Team members sat on the steering groups of other bodies too such as the Argyll & Bute Healthy Together Project, an ASH project on smoking cessation and Men's Health Project Highland.

Some of the work of the Initiative involved cross-service working and integrated service delivery, which was likely to spread information across a broader base. The Development Officer with educational responsibilities was instrumental in formalising meetings of this kind, with regular meetings for sharing good practice now in place.

The team's involvement in the piloting and evaluation of aspects of some national projects also provided a two-way forum for disseminating experience, expertise and good practice both into the local context and emerging from it. Reports written on this and other more general elements of the Initiative's work also have the potential to inform policy and practice. Reflective diaries kept by the Outreach Workers also highlighted issues important to future developments at this level.

Mainstreaming some of the pilot work could also be seen as having this function. This was evidenced when the development work led to the Driving Theory Programme being mainstreamed, with mainstream staff being provided with an orientation on Gypsy/Traveller issues.

4.6 Raising Awareness of Discrimination and Stigma within the Service-providing Agencies

Raising awareness of discrimination and stigma was addressed in two main ways, both as an on-going aspect of the work of the Initiative and through a series of seminars entitled *Working with Gypsy/Travellers* and designed for service providers.

The first approach aimed at alerting staff in the services to circumstances where discrimination and stigma may have been happening. Wherever possible, team members worked to raise awareness of overt and covert forms of where and how this tended to manifest itself. Interviews with members of the team highlighted how this had on occasion led to challenges to service providers and highlighted the need for information provision on the legal position and national guidelines on racism and the promotion of equality.

The series of seminars for professionals was designed to address this more formally and systematically through the following aims:

- Increasing general understanding of the situation of Gypsy/Travellers in Scotland;
- Highlighting the discrimination faced by Gypsy/Travellers;
- Increasing knowledge of the legislative and policy framework in Scotland.

The seminars also had an additional capacity building function embedded in the process of delivery. They represented a cooperative effort, led by the Initiative with support from Save the Children and for the seminars run in the West Highland, from Lochaber Routes. Gypsy/Travellers also provided input for each of the seminars in

both development and facilitator roles. Their involvement was a critical element built into how the seminars were run in order to address the following potential outcomes:

- Addressing the development of specific skills for the Gypsy/Travellers involved;
- Creating a potential ripple effect across the Gypsy/Traveller Community based on the sense of empowerment through the training role;

It was also anticipated that having Gypsy/Traveller involvement in the seminars would provide an additional and enhanced dimension to the participants' experience and subsequent levels of enhanced sensitivity and awareness.

Nine seminars in all were run across the Highlands. They were attended by over 200 service providers and other interested people, including personnel from health, housing, education, social work, justice services and others.

CHAPTER 5

OUTCOMES AND ISSUES EXPERIENCED BY THE TEAM MEMBERS

5.1 Intermediary Roles and Dedicated Responsibilities for Gypsy/Travellers

The experiences of the team highlighted the continuing need for provision for Gypsy/Travellers to be supported by staff with a clear brief for addressing Gypsy/Traveller needs. The urgency, frequency and range of the team's interventions throughout the Initiative were all felt to be crucial to the process of helping Gypsy/Travellers onto pathways to the services required. Interventions where members of the Initiative team helped to build bridges, acted as advocates, intermediaries or negotiators, provided direct support and helped to interpret responses for their clients were thought by the team (and the Gypsy/Travellers themselves, reported later) to have been groundbreaking. The team also felt that their interventions were effective in obtaining outcomes for their client group.

The team as a whole was aware that their effectiveness varied across different services. They reported most success in their dealings with the professionals in education, health, housing and justice. Difficulties were reported most often with social work services. This was usually attributed to staff shortages in that service.

For the most part the team felt that interventions and support from professionals with a dedicated brief for Gypsy/Travellers similar to their own Initiative roles would continue to be required beyond the lifetime of the Initiative. (This issue will also be discussed later in the Report.) Though the team acknowledged that some gains had been made in confidence and capacity in accessing services, they did not feel it was enough for the developments made to be sustained without some bridging strategies being provided through the intervention of professionals whose main role was to build on their understanding of the Community and develop effective working relationships based on mutual trust and confidence in each other.

5.2 Building Confidence through Supporting Access and Delivering Successful Outcomes

Each of the team members reported that they were aware that confidence had been raised among those Gypsy/Travellers they had supported by accessing services either on their behalf or hand in hand alongside them. This covered a wide range of services including education, health, housing, social work, justice and the Benefits Agency.

Service provision was not per se part of the brief given to the Outreach Workers. However, it was not always possible to maintain a clear-cut distinction between the

roles of service providers and those of mediator and facilitator even within the context of a community development strategy based on empowerment and capacity building. There were some instances where an Outreach Worker negotiated directly with a specific service or agency on behalf of the individual client. There were other instances where an Outreach Worker accompanied the client to a meeting with a service provider, either to offer direct advice or to provide moral support. As a group, the team members were aware that this may have had the effect of developing some dependency on each of the Outreach Workers. However, they also frequently highlighted the mentoring role associated with the negotiation, mediation, advice and support they provided, engaging in dialogue about the processes involved. They felt that this had been instrumental in obtaining the following kinds of outcomes:

- A client group better informed about the systems;
- More realistic expectations set in place;
- Better informed about the sequence of procedures;
- Greater awareness of strategies for managing frustration (often associated with bureaucracy);
- An enhanced understanding of where and why anticipated results might not be obtained;
- A working knowledge of routes to use to obtain optimal outcomes for their circumstances.
- A stronger knowledge base for anticipating the most likely results from the processes followed.

In addition, a number of instances were reported of Gypsy/Travellers feeling more confident about dealing with specific services and agencies as a result of this kind of mentoring support from a team member. This tended to have a positive impact on their expectations regarding future dealings with the same services and this applied irrespective of age, gender and circumstances. Sometimes successful outcomes at one level raised expectations about what could be achieved in another context with the support of members of the team. Indeed in some instances expectations were raised to a level which could be characterised as unrealistic. Though these reported confidence-related outcomes were not seen to be widespread, they were seen as important foundation stages. The team members were very much aware of this and continued throughout the time of the Initiative to explore the developmental and capacity building potential of as many appropriate shared experiences as possible.

In some instances, team members also reported that a successful outcome for an individual which had produced an enhanced confidence about dealing with specific services could also have a ripple effect on the expectations of their immediate family or social group. No claims were made by the team suggesting this was widespread across the Gypsy/Traveller Community as a whole. It was rather that these too should be perceived as small gains on which further developments could be built.

Obtaining optimal outcomes (even if not necessarily successful) and enhancing the process as a positive experience worked better in some circumstances than in others. Not surprisingly, where Gypsy/Travellers were themselves involved in accessing services and sought help from the Initiative staff to resolve minor difficulties, this was more successful in sustaining confidence in the processes than where Gypsy/Travellers were working through situations where there had been major clashes and a history of aggressive interaction to work through. Sometimes in these circumstances this was reported as emanating from a service provider. Sometimes the fault was acknowledged as being associated with a Gypsy/Traveller. In the latter case, it was more likely that outcomes were seen to be associated with the direct intervention of the team members. This also made it less likely to add to the confidence or capacity of Gypsy/Travellers who found themselves in such situations.

The team were conscious that where developments were embedded in experiential circumstances and strongly linked to trial-and-error learning, addressing the required skills and confidence levels would need to take account of the following:

- A more consciously structured approach towards capacity building;
- The need to sustain capacity building within ongoing long-term development plans.

In the context in which the team worked, more often than not the higher order factor was ensuring satisfactory service delivery outcomes. Confidence and capacity building often ensued, with team members noticing the difference this tended to make for individuals. There was, however, an acknowledgement that further steps were still required before Gypsy/Travellers as a whole community would notice a difference in their confidence and capacity for making most effective use of the services required.

5.3 Empowerment through Experience

Capacity building and skills development was also addressed through the involvement of Gypsy/Travellers in the delivery of the seminar programme *Working with Gypsy/Travellers*. In this context, the team members reported a growing sense of empowerment among the Gypsy/Travellers who had been involved in their development and delivery.

The team recognised the importance of ensuring that members of the Gypsy/Traveller Community had the opportunity to pick up as many key roles as possible in such seminars where explaining the culture of their communities was a central factor in raising awareness and improving services. The team members knew that the support needed for this to work well would vary on the basis of the previous experience and levels of confidence the Gypsy/Travellers involved brought to their role and they were sensitive to this.

At a broader level, the experience of the Initiative identified the following actions for continuing development in capacity building and empowerment:

- Identifying more and more broadly-based opportunities where a greater number of Gypsy/Travellers could be involved in awareness raising and information provision;
- Finding opportunities where the skills development already in place could be further enhanced;
- Building a framework or structure for supporting capacity building more systematically, particularly in areas of social and community development.

Response from the Gypsy/Traveller Community supported the views of the team on this, detailed in the later chapter on The Gypsy/Traveller Response.

5.4 Greater Awareness among Service Providers

A major outcome of the kinds of interventions and support undertaken by the Initiative was seen by the team to have resulted in raised awareness amongst service providers.

The team reported a number of significant areas where they had noted enhanced understanding, such as the following:

- The importance of service providers taking on board the need to work on the Gypsy/Travellers' own terms;
- An acknowledgment that service providers needed to give adequate time to planning, at every level, on how to best address the needs and circumstances of the Gypsy/Travellers;
- An awareness that for service provision to work well, it had to be delivered in ways which were sensitive to the Gypsy/Travellers' own priorities and their culture;
- A growing understanding that adequate time and different kinds of support often needed to be provided so that the traditional travelling patterns of the Gypsy/Travellers could be taken into account.

The team's implicit assumption was that greater awareness would translate into more effective action and reduce the likelihood of Gypsy/Travellers experiencing discrimination and stigma. However, the team also felt that before this could be

predicted on any significant basis, there were major areas which still had to be addressed. They remained concerned about the following issues:

- Though raised awareness had been noted among the service providers the Gypsy/Travellers had come into contact with, there remained large proportions of professionals who remained uninformed and unaware.
- Even among those who were informed to some extent, greater awareness was needed, particularly in terms of being sensitive to the following areas:
 - The likely impact on service delivery of moving from place to place;
 - The need to factor-in additional time for service delivery to the Gypsy/Traveller families;
 - A greater acceptance of service providers travelling more, in order to facilitate delivery and to provide a more equitable service;
 - A less simplistic approach to understanding the importance of travelling among the Gypsy/Traveller population as a whole, including those who are housed;
 - A greater understanding of how being housed does not erode the values traditionally held by Gypsy/Travellers.
- The necessity remained for ensuring that national developments in law and policies, particularly those relating to equal opportunities and racial and ethnic equality, were translated into practice at every level of service provision and delivery.

The team felt that the seminars *Working with Gypsy/Travellers* had been effective - with those who had been able to attend them. Mention was made that some services used the seminars for raising staff awareness more than others.

Those who attended the seminars provided very positive feedback. What was covered was seen to be effective in raising levels of awareness and scope for much greater provision was identified. The service providers and others who had attended raised the following points for future planning:

- A clear need emerged for more such seminars to be run;
- A greater spread of staff within each of the services attending such seminars was still sought;
- There would be willing takers for further seminars designed to address more issues and in greater depth.

The team members reported that they had experience of service providers who were still perceived to be reluctant to deal equitably with Gypsy/Travellers and it was felt that a great deal of work was required on changing attitudes and practices. As a team, they were also conscious that this was something which would require a long-term, ongoing framework incorporating policy development, implementation strategies and

regular inbuilt monitoring and review of aims and outcomes at every level of the services.

5.5 Linking into the Mainstream

Members of the team reported a number of significant areas where mainstream developments had resulted from Initiative action such as the following:

- Small numbers of Gypsy/Traveller children were being supported in mainstream schooling with school-based support for their particular patterns of interrupted learning. This outcome tended to be most apparent in the primary sector.
- Other small groups of Gypsy/Traveller children were gradually being acclimatised to the experience of education in the mainstream, both at the pre-school and secondary stages.
- Small numbers of older children and teenagers were being provided with mainstream support in the post-secondary sector and in out-of-school contexts.
- Reports were also made of the Gypsy/Traveller families themselves watching these developments very carefully and monitoring and evaluating them in an informal way. There were also reports of expectations rising and hopes of increased literacy for the next generation.
- The Driving Theory Course specifically developed for Gypsy/Travellers had been piloted and subsequently moved into mainstream provision (and funding lines). Monitoring was important to ensure that it continued to work as effectively for Gypsy/Travellers from a mainstream base.
- Some limited steps had been taken to enhance social inclusion and access to leisure facilities. Where this had happened reports suggested that this had been perceived to be successful, particularly where appropriate support was provided. Continuity was considered to be essential if participation by the Gypsy/Traveller Community was to be extended.
- Though gains from mainstreaming were most obvious in the education sector, the outreach health provision through the health specialist also laid down some effective pathways for accessing health services.
- Growing familiarity with routes to health services through the support provided by the Outreach Workers was also reported.

The experience emerging from the Initiative suggested that where there were post-holders tied into a service-specific structure, this could reduce the extent to which the needs of individual clients were addressed either through trial and error and/or ad hoc strategies. This, in turn, was seen to help to make the pathways towards action and support more transparent and more predictable for the Gypsy/Travellers themselves.

However, this position was not felt to reduce the need for designated Outreach Workers. A continuing and significant role for recognised staff to build long-term service-based relationships with the Gypsy/Traveller community was felt to remain appropriate for some time in order to continue working towards equity in service provision. This was reported to be welcomed by the Gypsy/Traveller Community, and was seen from the Initiative perspective to be effective both in addressing current gaps and as a linking strategy for future developments.

The scope for transferring responsibilities and actions to the mainstream was also seen to enhance the likelihood of continuity and greater sustainability of actions for Gypsy/Travellers. However, concerns were raised about this happening at too broad a level and at too early a stage before a majority of professionals were trained or made more aware of the key issues associated with successfully meeting the needs of Gypsy/Travellers in ways which took account of their culture. If mainstreaming were to result in negative experiences through lack of adequate preparation, then the gains made through the Initiative would be lost as would the potential for follow-on development.

Considering how the gains made could best be built upon, a clear distinction can be made between transferable structures and transferable processes. The Initiative demonstrated the value of certain key processes and pathways which not only provided direct help when this was needed in the short-term but also contributed to an understanding of some fundamental elements of capacity building and more effective experiences of service access in the longer term. These support mechanisms and development processes are transferable from one context to another and can apply across service and inter-agency circumstances.

What is less certain is whether the structures set up within the Initiative would need to be sustained in their present form if they could be delivered through the mainstream albeit with additional structural support. At a significant level this presupposes that lessons learned from the Initiative can be converted into an exit strategy geared not only for sustaining the status quo at the end of the Initiative but also for moving forward to better-paced enhanced future development. This would include ensuring structures were in place for the following key areas to be regularly and systematically addressed:

- Appropriate training programmes designed to be delivered on a rolling basis within a Continuing Professional Development structure;
- Development of formal monitoring and review systems;
- Concurrent capacity and empowerment development plans;
- A structure for continual development of equity policies and plans for action.

CHAPTER 6

THE GYPSY/TRAVELLER RESPONSE

6.1 A Cautionary Note

Not nearly enough time was available to cover all that could have been done in terms of exploring the experience of Gypsy/Travellers in accessing services and working with the Initiative. Much of the time in the earlier visits to families was spent on getting to know the respondents, providing them with information about the evaluation and obtaining their consent before any questions could be asked.

The interview schedule used was very open-ended to ensure a natural flow of conversation. Often the process of asking questions moved naturally into discussion with the family as a whole, which often provided useful background information and greater insight. However, in an attempt to structure some elements of the response, simple one-to-ten rating scales were deployed. The researcher described how to use them and the respondents were asked to apply them to their experiences across the services. The respondents took readily to the idea of a scale. They were often reluctant to actually outline the details of occasions where they had experienced poor service and use of the scale helped to some extent to indicate where their evaluation of the service had proved less than adequate.

It is important to say that use of such a scale was likely to be influenced not only by the most recent interaction with service providers but was also likely to reflect a history of experiences, some of which may have taken place outwith Highland. The response also varied between individuals within the same families, though not usually in response to shared incidents or interactions.

6.2 What was Important to the Gypsy/Travellers

It was clear that the Gypsy/Travellers remained highly committed to their culture and the travelling elements of it. They believed that maintenance of this was very important to their sense of identity and the continuity of their culture. They were aware and concerned about increasing difficulties in maintaining some of the traditional elements of this, particularly in the light of reductions in the number of areas in which they could camp and in the application of Unauthorised Camping Procedures.

They were very keen that their young people should experience the best of their culture and should know the routes and areas where the families had traditionally roamed. This included not only the importance of continuing to visit certain localities but also the importance of following a traditional sequence of moving from place to place. This latter element was particularly important as it often involved meeting up with other members of the family or groups from the broader Gypsy/Traveller Community on a regular basis, reinforcing their sense of identity and the support and friendship networks. This was also important for economic opportunities, as the route

was often associated with returning to places where employment had been available previously. In such instances relationships with potential employers, such as individual farmers, were often so well established that the employers were awaiting their arrival. Though this might not have been the case to the same extent as it used to be, nevertheless there were areas where such expectations were still in force.

Three strong themes emerged, all associated with accommodation, which the Gypsy/Travellers felt needed to be better understood and respected by service providers:

- The strength of the pull to be on the move even when settled;
- The importance of having members of the extended family and support systems either near at hand or able to visit, whether this be at traditional stopping places, at designated sites or where housing had been allocated;
- The desirability of housing options having easy access to open spaces.

The Gypsy/Travellers were eager to address (or have addressed) issues of equality of opportunity and inclusion. They wanted the extent to which their lives were seriously affected by discrimination and stigma to be at least understood. But they did not, generally speaking, have high hopes that these would be addressed in the near future. They anticipated that improvements were most likely to happen for the next generation and they were more positive when this was the framework for discussion. Their life experiences had taught them not to expect a great deal of support from communities other than their own or from any of the statutory services and, by their own descriptions, they felt that they had often been let down. They wanted an element of control over what they could be offered and how this could be accessed. Most of all, they wanted their traditional culture and its impact on the use of specific statutory services to be taken into account in how these services were delivered to them.

6.2.1 Education

Education was a topic on which each generation of respondents tended to have strong views. As a community, the Gypsy/Travellers were very keen that their children were taught basic numeracy and literacy skills, perhaps particularly the latter. The adults often commented on their own levels of literacy, and those who were able to read and write often referred to the value of this skill. They also knew the cost to them of acquiring such skills and many had very negative experiences to tell of institutional and peer-group bullying at schools when they were young. There was often a generational difference here, in that the older the respondents, the more likely they were to have suffered bad experiences at school (though not all did). The experiences of parents with small children were generally more positive. Nevertheless, parents openly reported their fears for their children and how they had experienced high anxiety levels especially initially or where a child was breaking new ground for the family by attending school on a regular basis.

What was wanted by the Gypsy/Travellers fell within a fairly narrow band of what was on offer in the school curriculum. The need for numeracy and literacy skills dominated their thinking, while other skill- or topic-based areas were not usually mentioned, except for an interest in acquiring information technology skills.

The respondents were very clear that they did not want schooling at the expense of their traditional culture. They were aware of the potential of home-based education involving use of lap-tops or personal computers and saw information technology as something which could be compatible with their culture. In particular they felt that this would enable them to have control over the learning process in terms of pace, interest level and so on. It is fair to say that their expectations here may have been very high, perhaps more than could be delivered, given the skilled support and monitoring which this kind of home-based distance learning usually requires. But the idea had clearly been embraced and the challenges associated with putting it into practice were not seen by the Gypsy/Travellers to be insoluble.

There was not a great deal of interest shown in the role of school as a socialising experience or in those aspects of schooling often referred to as the hidden curriculum or the whole school ethos, i.e. those aspects of learning which address responsibility to self and others, respect for others and other similar aspects of relationships and being a member of a social institution. School for school's sake was not of particular interest and often distrusted. They did not believe that schools would be likely to take account of how their cultural sense of social responsibilities operated. They were also concerned about the broader influences of teenage culture at local and more global level. This was not just a concern that their own culture might be swamped by popular culture; there were also worries about the potential influence of its more negative elements, including anti-social behaviour, violence and drug misuse.

Where the young Gypsy/Travellers were encouraged to participate in educational or leisure opportunities, they described how they were initially hesitant but, with support, were able to participate confidently and with enjoyment in organised sports (e.g. football matches) and also in more informal activities.

Generally, where Gypsy/Traveller children and young people engaged with some level of educational provision, the response was very positive. The primary school children were particularly enthusiastic, with parents describing them as looking forward to school when they set off in the mornings. Experience of secondary schooling was less widespread and less positive, with very few children or their parents keen to continue even on the basis of partial access. However, the out-of-school provision piloted by the Initiative was very well received and kept a number of young people within education and training, primarily because it was more tailored to interrupted learning and delivered in ways to which the young people could more easily adapt.

The additional support put in place through the Initiative was also highly appreciated. The children and young people took on board work designed to be done at home, sometimes provided by the school (good practice in interrupted learning endorsed by the Initiative). Sometimes this was also provided by the Development Officer with educational responsibilities.

A positive response was also given to the records which parents were provided with to take from school to school. These records were in the process of being piloted through the Initiative and other bodies. When the families involved returned to their Highland base, and could access their previous Highland school, their confidence was such that they wasted no time in contacting either the Development Officer or the school.

To sum up, not all of the Gypsy/Traveller families were ready yet to fully engage with the educational system and many of the children and youngsters were not yet ready for a full curriculum. But some effective approaches had been piloted to address the most critical learning needs. Furthermore, some of the families recognised the potential value of the next generation of children engaging more fully in the educational system without necessarily feeling that their travelling culture would automatically be threatened by this.

6.2.2 Health

The Gypsy/Travellers talked about the harshness of their way of life. They gave a great many examples of where their living conditions had caused or exacerbated chronic ill-health and associated additional stress. This was widespread in the families, as indeed across the Gypsy/Traveller Community as a whole.

Some of the stress and anxiety was caused by discrimination and stigma, whether anticipated, perceived or experienced. For the Gypsy/Travellers as a community, this was a major issue with repercussions affecting almost every area of their lives. For them, as a group, discrimination tended to be more than an unpleasant experience. It sometimes led to violent attacks and sometimes to being banned from accessing facilities or specific locations. These experiences left them fearful - often to the point of moving on, and this, in turn, impacted negatively on their sense of security and their sense of being in control over key areas of their lives. They described experiences which were frequently harrowing and explained how such experiences had also had a sustained negative effect on their long-term emotional, mental and physical health.

Though there were many difficulties associated with achieving parity with other families when seeking access to a full health service, the Gypsy/Travellers, when they got to see medical personnel, usually reported positive experiences in all but a few instances. However, it was clear that experiences with some medical practices or health centres were more positive than others. Practice described as good by the Gypsy/Travellers included:

- Practitioners making allowances for their travelling culture and not holding missed appointments or being late against them;
- Practitioners taking the time required for the following:
 - To explain the system;
 - To provide the required information about the condition for which advice or treatment was sought;

- To explain the reasoning behind the treatment offered;
- Practitioners actively monitoring what was happening and being proactive in encouraging the Gypsy/Travellers to follow through with tests and treatments or preventive actions.

The Gypsy/Travellers who were interviewed tended to be most responsive to those health professionals who actively looked out for them, showed an understanding of their culture and health needs, seemed willing to “go the extra mile” and had a track record of working sympathetically with the Gypsy/Traveller Community.

The Gypsy/Travellers who had good experiences of support in accessing health services either through the Initiative or through parallel good practice in service provision were more inclined than those who did not to use the services responsibly and most pro-actively. This highlighted both the potential and the need for good practice in planning and delivering equity of services to be sustained and extended.

6.2.3 Accommodation, Housing and Associated Issues

Encampments

The Gypsy/Travellers were very concerned about the reduction in the number and range of places where they could set up encampments which (a) were safe for their children and dogs and (b) were on the routes that they wanted to travel. A number of references were made to how difficult it was to find stopping places, to the extent that Gypsy/Travellers sometimes felt that their culture, particularly the travelling element, was under serious threat.

They were also very concerned about safety. Many of the unauthorised encampments were on main roads with nowhere for their children to play. The provision of bins for rubbish disposal and access to sanitation remained an issue, particularly where public toilets were locked for the night, or closed altogether over the winter. They highlighted where the Initiative had been able to have bins and rubbish collection organised for them in some parts of the Highlands but this remained a general concern.

To overcome some of these difficulties, some of the Gypsy/Travellers favoured the provision of formal Transit Areas, where they could hook up to facilities for short periods of time. Some had used Transit Areas when they travelled in England and felt they could work well for Gypsy/Travellers in Highland too.

Established Sites

Gypsy/Travellers’ views varied according to the site and circumstances but some concerns were common across all sites. These included:

- The damp and cold of the cabins;
- The cost of heating both cabins and facilities blocks;
- A general lack of space and storage.

None of this was particularly surprising and indeed reflected the main issues identified in the Communities Scotland report on Highland Gypsy/Travellers¹⁶. In short, the Gypsy/Travellers would appreciate sites where the basic facilities were a bit less basic.

For the most part, the Gypsy/Travellers felt that site management was adequate, though occasional reference was made to some management practices being too prescriptive and over-controlling.

Settled Accommodation

Bad health often encouraged some Gypsy/Travellers to seek settled accommodation, at least for the coldest months of the year. In addition, over the course of the Initiative, a major incident took place on one of the sites resulting in a number of families moving on when they had not planned to do so. A further separate incident also occurred on an unauthorised site. The Gypsy/Travellers were reluctant to talk about this. Both incidents resulted in a number of families seeking settled accommodation.

The Gypsy/Travellers explained that settling into a house was made easier where the following conditions were in place:

- Where other houses were not too close;
- Where the design of the house ensured that there was plenty of light and space;
- Where the house design countered the feeling of being hemmed in, for example as in an end-of-terrace house;
- Where there was easy access to the countryside;
- Where they could be close to locations at which they could pick up on previous employment opportunities on the land and also have access to family-based recreational activities such as fishing.

Overall, the Gypsy/Travellers reported that their experience with the Housing Service and Housing Associations was generally good. They acknowledged the role of the

¹⁶ Highland Council Gypsy Traveller Case Study Report by Communities Scotland with Comment and Updated Information by The Highland Council

Initiative both in supporting access to the service and in providing guidance and assistance through process towards outcomes in a highly positive way.

6.2.4 Law Enforcement

With reference to encampments, the Gypsy/Travellers were mainly positive in their description of how the police worked with them, whether this was part of discussions on moving on or about other matters. They felt that, for the most part, the police treated them with respect and in the context of some very critical incidents, were generally very complimentary about the role of the police in general and the actions taken by a number of individual police officers in particular.

Some of the Gypsy/Travellers said that they were becoming increasingly worried about the prospects of seeking work in communities close to their authorised and unauthorised sites. There were two aspects to this. They were concerned about residents seeing them as threatening or suspicious when they went from door-to-door seeking work. They were also concerned about the permits and insurance certificates that were now required for the type of work which they traditionally used to turn up to do. They saw the main solution to this being to make stronger links with the police to help support these activities and keep their options open. In some areas this kind of contact was already in place; in others more work was felt to be needed.

6.2.5 Consultation

Across the interviews with the Gypsy/Travellers, reference was frequently made to consultation processes. The Gypsy/Travellers reported themselves pleased where consultations did take place and thought it very important that consultations should be undertaken where decisions were to be made relating to factors likely to have a critical impact on their lives. However, they also expressed a weariness with such processes as their perceptions were that consultations had been implemented more as tick-box exercises than as genuine opportunities to listen and they professed themselves dismayed as to the lack of follow-on actions reflecting their views and inputs.

Their hopes for current and future consultations focused on the following key positions:

- That the importance of seeking Gypsy/Travellers' views in the first place be accepted;
- That consultation exercises be undertaken in such a way as to ensure that genuinely democratic processes have been followed;
- That a transparent process indicating how the views of Gypsy/Travellers would or could be used to change practice and provision be explained to the Community (for example, which committees would make use of the consultation findings, or which key factors would influence decisions taken);

- That reasons for not being able to incorporate preferred actions or positions emerging from consultations be explained as part of an automatic feed-back phase of all such exercises.

6.3 Rating of Experience of Service Provision

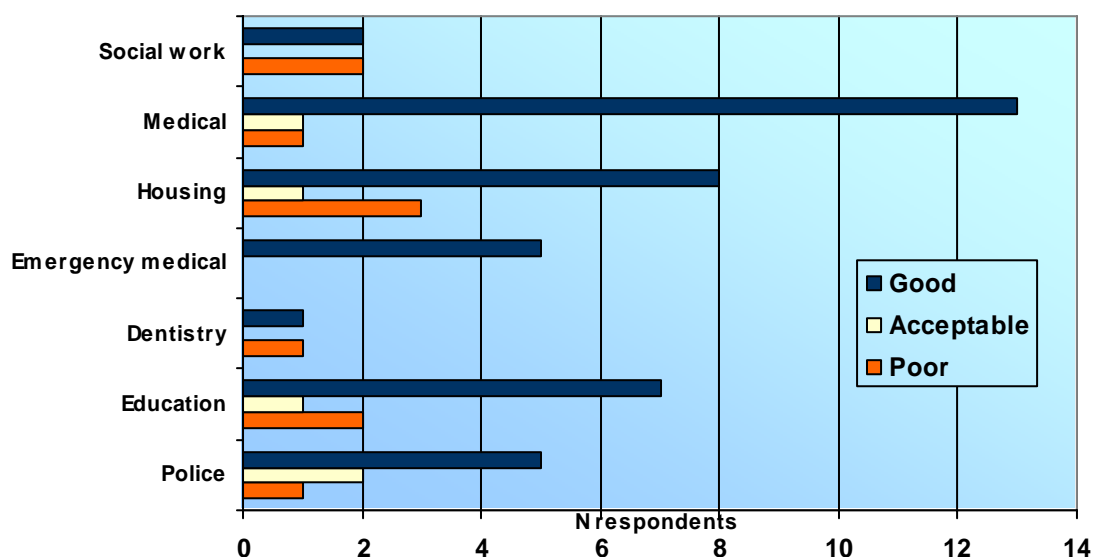
The graph below represents ratings given in a conversational setting on a one-to-ten scale (where one was very poor and ten was very good) regarding the quality of service provision experienced by the Gypsy/Travellers. Numbers are low, so care must be taken in interpretation, but the response can be used to support indicative findings. (See Graph 1.)

Generally, good ratings were given more often than poor ratings. The graph indicates that positive ratings were given across the services, particularly with regard to the medical services and to a lesser degree to education, the police and housing. The majority of experiences were good, leading to successful outcomes and with the service users reporting that they had been treated with respect and care.

However, the graph also indicates that some respondents had experiences which had been less than acceptable and, though numbers were small, this highlighted the importance of moving forward in the following ways:

- Changing the institutional service-based cultures to help ensure equity for the Gypsy/Travellers as an ethnic minority group in accordance with their culture - by service providers across the board (as distinct from service providers with a particular interest, or who were particularly good at their jobs);
- Ensuring equity is delivered as of right;
- Continuing to provide direct training and awareness raising for practitioners;
- Working towards implementing statutory developments and national policies on equal opportunities with all levels of service staff.

For Graph 1, see over:

Graph 1: Rating of Service Provision

6.4 Response to the Work of the Initiative

The response of the Gypsy/Travellers to the Initiative was overwhelmingly positive. This was the strongest finding to emerge from the evaluation. This response emerged regardless of which approaches were used, suggesting that at this stage what made a difference was not so much the approach adopted as the commitment and care given to the task in hand.

It could have been the case that the researcher may have been identified with the Initiative team, as it was team members who arranged the introductions. Although it was explained that the researcher was independent of the team, nevertheless this may have had an impact. Even so, the responses made had an authenticity and a sincerity about them which rang true. Informal observation of how the families and team members interacted with each other when discussing aspects of the Initiative also strongly suggested a genuinely positive response.

The descriptions given by the Gypsy/Travellers of the support provided by team members closely matched how the team members described their role. On occasion, explanations associated with process and rationale were also provided, adding a further element of where attitudes were adapting to dealing more effectively with service systems.

6.4.1 Early Indications of Better Relationships with Service Providers

The Gypsy/Travellers reported that the support provided by the Initiative team laid the foundations for better working relationships with service providers. This was on occasion associated with the development of tentative early feelings of trust – albeit where this was clearly linked with the Initiative team members acting in a bridging role, as the following comments imply:

They listen to you more when X is with us.

Y made an awful difference. We knew then that they were telling the truth.

The Gypsy/Travellers also reported how their experience with the team members helped them to realise successful outcomes, as illustrated by two comments made about this:

X understands and won't let us down.

They have done more for the travelling people than anyone.

It was to be hoped that response of this kind could be broadened to more positive expectations of successful service outcomes under their own auspices, though a number of fears were expressed, typified by the following statement, about the end of the Initiative:

I'll feel abandoned without Y.

6.4.2 Issues of Control and Empowerment

Building capacity and developing empowerment were addressed through two approaches, namely at a general transferable level and specifically in relation to accessing services and obtaining successful outcomes.

In relation to service usage, evidence was emerging of situations where Initiative actions had begun to provide a sense of control and empowerment. One of the Gypsy/Travellers actually phrased his/her¹⁷ experience in these terms:

It left us feeling very much more in control of things, very much more in control.

Though such response was not widespread across the Gypsy/Traveller Community as a whole, the potential for improvement in service use and outcomes was referred to by a number of individuals who felt that the kinds of access support and capacity building provided by the Initiative staff had made a difference to their sense of empowerment.

¹⁷ “his/her” is used to protect anonymity

The Initiative staff members were keen to address capacity building and empowerment in a holistic manner, anticipating influence on confidence levels from one skills area to another and acknowledging the importance of leadership experience and its potential for ripple effects throughout the Gypsy/Traveller Community.

Opportunities for capacity building were taken up wherever they occurred and were also more systematically addressed through the Gypsy/Traveller training roles in the seminar programme *Working with Gypsy Travellers*. This provided evidence of empowerment beyond that of dealing with service systems. Gains were undoubtedly made through this approach, reported in terms of confidence, comfort, involvement, integration and an undoubted sense of achievement. Those who were involved talked particularly about the importance of as wide a range of Gypsy/Travellers as possible becoming involved in processes such as the training of others, but perhaps this was felt to be particularly important for young men to enable them to find additional ways of giving them a voice beyond their own Community and engaging at a broader level for positive social development.

6.5 The Implications of the Gypsy/Traveller Response

The Initiative was judged by the Gypsy/Travellers who engaged with it to have made a difference. They had experienced some positive outcomes through better working relationships with service providers being established and some tentative hopes had begun to emerge of better access and outcome experiences through the kinds of support provided by the Initiative. In short, their response indicated that their understanding of the services and how best to use them had been enhanced.

However, as a community, the Gypsy/Travellers said that they would still require a bridging role in some format from professionals who were, at least in part, designated to work with the Gypsy/Traveller Community. They made it very clear that though of course there were individuals who could and did engage with the services on equal terms, a majority did not yet have the confidence or background knowledge to do so. They felt that the two kinds of bridging roles offered to them through the Initiative had worked for them, namely that of designated Outreach Workers with no specific service attachment and also through those posts which were more embedded in or associated with a particular service.

Their response also highlighted the need for professionals generally to be better trained and more aware of issues of equity and respect for clients, so that best practice could become much more general and part of standard expectations. It was probably the case, across the statutory services, that most staff were not yet well enough prepared or trained for all aspects of support for Gypsy/Traveller families to be fully mainstreamed unless through dedicated and intermediary roles. Without this, in the present climate, it was likely that the potential for clashes between the Gypsy/Travellers and service-based cultures would remain.

Service-based changes in themselves could be seen as likely to be unsustainable without careful thought being given to the more general context of attitudes and

behaviour at the level of the local communities. Information regarding the law with respect to Gypsy/Travellers and other ethnic minorities was seen to require broader and better understanding, as was the case for levels of awareness of the impact of discrimination and stigma on Gypsy/Travellers' lives.

The emerging signs of empowerment within the Gypsy/Traveller Community could be viewed as a significant factor in this context of working towards better awareness of the extent of the equity gap in service access and provision and in terms of health and well-being indices. The Gypsy/Travellers themselves could and should be part of this process of working towards the social development required - but not on their own, not yet and not without a programme for action coordinated with any parallel training and development plans designed for both service-related professional development and for community level attitudinal shifts.

One of the key implications to be drawn from the Gypsy/Traveller response is the extent of the groundwork which remains to be done - tempered by the significance of the positive steps that have been reported. These steps provide evidence from the service users' perspective of the following:

- That it is designated support which works, as distinct from the structures through which it is provided;
- That training and development across the board are key factors in sustainability and development;
- That noticeable change in the service culture can be brought about, given the proper will, support, knowledge and expertise.

CHAPTER 7

THE RESPONSE FROM SERVICE PROVIDERS

7.1 Common Themes Emerging Across Services

One of the main themes to emerge from the service providers, regardless of service, focused on equality of service access and provision and the ethos in place at the point of delivery. Three main issues dominated:

- A strong intention to promote greater inclusion regarding service access;
- An awareness of the importance of professional development at all levels within the services;
- A commitment to work towards the point where service quality is not dependent on the commitment of particular individuals but on high general levels of professional performance.

7.1.1 Reducing Barriers to Equal Access

Regardless of the service, there was recognition that Gypsy/Travellers were more likely than others to experience discrimination. It was acknowledged that past experiences were highly likely to have produced a hesitancy regarding access throughout the Community as a whole. Within that, the following kinds of barrier were also identified:

- Where the flow of necessary information had gaps, usually relating to appointments e.g. for hospital visits, consultations of different kinds or appearances in court or at police stations;
- Where information was lacking for Gypsy/Travellers about how to access services in general or in a particular locality;
- Where Gypsy/Travellers felt so hesitant about engaging with officialdom that even where service access was in their best interests they chose not to.

Response from the service providers indicated that these gatekeeper barriers operated at critical levels. They impacted negatively on the extent to which Gypsy/Travellers could experience inclusion in terms of service access and provision. Addressing them was embedded in the objectives of the Initiative, but was also almost always seen as an integral concern for all service providers engaging with Gypsy/Travellers, even to a very limited degree.

Broadly speaking at senior levels, staff members from across the services were aware of the need to understand and take into account why Gypsy/Travellers might not keep

appointments, keep from making appointments when they might benefit from doing so or why many do not think preventatively or proactively about their health. They also recognised the importance of identifying the key factors associated with negative outcomes (for example why accident figures are disproportionately high within the Gypsy/Traveller Community; why uptake of secondary schooling is low; or the issues associated with non-attendance or non-payment of fines). There was also a growing recognition that small additional inputs could often make a difference, through the following:

- Developing informal links within and across services or with other professionals;
- Seeking funding lines which would facilitate new proactive actions;
- Systematically piloting changes in practice.

7.1.2 Delivering Equity in Service Quality

For the most part, services providers also accepted the need for bridging strategies in order to address equity in service provision. They knew that more could be done given time, funding, adequate staffing and appropriate training, but in the interim accepted that small stepping stones needed to be put in place.

The service providers were very clear about where they wanted to be. There was no service provider who did not want to move away from the position where the quality of service provision depended to a significant degree on the individual professional who happened to be delivering. It was recognised that this was a long-term view, requiring systematic training and planning. In the meantime, in addition to working towards this long-term aim of all professionals being adequately trained to deliver quality services equitably to Gypsy/Travellers, professional thinking incorporated two additional but contrasting dimensions focused on their client group:

- On the one hand, working towards equity through positive discrimination, addressed through designated funding, staffing and frameworks within services;
- On the other, there was also evidence of a move towards the need to incorporate Gypsy/Traveller groups into other broader groupings, defined by other common characteristics such as age-group or particular interests such as sports. This was often manifest in areas such as funding applications, for example for youth activities designed to attract young people inclusive of young Gypsy/Travellers.

Overall, the position of the service users favoured an interim support phase. While mainstreaming and incorporation were seen as long-term objectives for Gypsy/Traveller social inclusion, it was recognised that in the short- and medium-term there was still a case for additional support for Gypsy/Travellers, through

designated workers, either within the services or with cross-service or multi-agency responsibilities.

The service providers were also aware that an additional factor in moving towards equity and inclusion was the acknowledgement that Highland communities, at a community level, needed to raise their game in respect of the acceptance of diversity, working against discrimination and addressing the rights of all. This too was recognised as a long-term process but also one which should be incorporated in all formal planning and policy developments relevant to the client group.

7.1.3 Enhancing Capacity among the Service Users

Each of the service providers who were interviewed drew attention to the need for capacity building as one of the more critical elements to be addressed if the Gypsy/Travellers were to attain equity in access and provision of services according to their needs and wishes.

Attempts to address this were seen as equally important whatever the service, and a number of examples were provided which indicated that some of this was already in place, for example with health visitors, headteachers, housing officers and community police officers.

Where it was in place, practitioners knew that their expectations had to be realistic as to what might be achieved and saw the process as gradual and long-term. At the same time there was also a strong realisation that, as with all community groups, Gypsy/Travellers constitute a diverse people with different needs and problems and representing a wide range of experiences. Not all of them were reluctant to approach services. Many were directly accessing services successfully and confidently, and were as aware as other people of poor or ineffective service. All else being equal, their base-line stance was positive and even where they were encountering barriers to access or discrimination and stigmatisation they did not like to be seen as victims or viewed as disempowered.

The professionals who worked regularly with individual Gypsy/Travellers and families shared some common perspectives and experiences:

- Though the Gypsy/Travellers had in common a need for better service access and provision generally, their individual and specific needs varied as much as any other group;
- Some members of the Gypsy/Traveller Community were much more proactive than others in accessing services and knowing their way around the services and agencies they needed;
- Even so, additional intervention or special measures were welcomed provided it was on their terms;
- They disliked any imposition of solutions without adequate consultation, negotiation and the right level of agreement;

- They recognised patronising approaches and inadequate levels of service provision;
- Where agreement and trust was established, pro-activity and a developing sense of rights and responsibilities were considered realistic outcomes, particularly in the longer term.

It was possible from the service providers' response to identify certain generic skills which were unevenly distributed within the Gypsy/Traveller Community but which, if acquired and cascaded across families, could have a major impact on capacity building and sustainability of any developments made. In part, capacity building here was interpreted as relating to self-referral to services. However, it was also seen as needing to relate more to active participation, for example in working groups of different kinds and working with service providers to explore solutions.

The professionals interviewed understood that the foundation for building Gypsy/Traveller capacity was being informed about how the system works, particularly in the following ways:

- Knowing the appropriate channels and procedures;
- Having realistic expectations about what to expect and how soon to expect the different levels of progress towards the required outcomes;
- Learning how to cope with built-in bureaucratic frustrations and to persist in spite of them;
- Knowing what options to expect and how to negotiate preferred options;
- Knowing how to work with the service providers and how to problem-solve with them.

What the above reflects is very much geared to working towards mainstream expectations of service provision. However, across all services, the professionals were aware that in many instances the Gypsy/Travellers still remained outside the parameters of mainstream solutions. There was general agreement that the processes of addressing this would require the following:

- Consistent and continuing consultation and negotiation with the Gypsy/Traveller Community;
- Ongoing policy development;
- Constant monitoring of the effects of how strategic actions translated into actions and outcomes.

7.1.4 Perceptions of Next Step Requirements

Where service providers had worked regularly with Gypsy/Traveller families, they described themselves as having developed a high level of awareness of Gypsy/Traveller culture and an understanding of their attitudes to service uptake. They were willing to undertake the kinds of problem-solving approaches needed where difficulties emerged due to factors associated with being on the road. They often built on this awareness to plan solutions, engage in dialogue, explain processes and procedures and generally enhance the service role.

However, they knew that this did not apply to all. The service providers interviewed for the evaluation were selected *because* of their association with either the Initiative or the Gypsy/Traveller Community.¹⁸ So where the response of the service providers who either held management posts and/or had particular responsibilities for Gypsy/Traveller families identified good practice and inclusive thinking, there was also an awareness that this did not apply throughout the services.

The service providers saw embedded posts as providing the best support structures for optimising sustainable developments. Current gains tended to be seen within the context of special measures designed to bring Gypsy/Travellers into the system more, whether this related to the NHS, education, housing or access to social work services. And though there was a recognition of the impact of such measures (including the Initiative) because they were not embedded within a service structure they were seen as part of short-term thinking unlikely to bring about *sustainable* levels of empowerment within the Gypsy/Traveller Community or establish *predictable* good practice within each service.

These service providers wanted the experiences gained to be incorporated within a service or inter-agency structure in order to maximise the impact on professional development within and across services. They also saw added value in mainstreaming support systems for continuity and coordinated planning for development, not least with regard to the financial underpinning likely to be required. This was particularly likely to be the case where senior respondents were aware of the implications often associated with an absence of exit strategies from programmes of special measures.

7.2 Service Providers' Response to the Initiative

The service providers who were interviewed were all aware of the work of the Initiative and recognised the drive and commitment of the team. They were aware of the wide-ranging nature of the objectives and sympathetic to the difficulties of addressing long-term aims within a limited timescale. They also understood how long it took to be accepted as someone with whom Gypsy/Travellers would work and how long it took to establish trust.

7.2.1 On Raising Awareness

¹⁸ The remit of the evaluation did not cover the views of service providers as a whole.

The Initiative team was perceived by the service providers to have done a good job of raising the awareness of Gypsy/Travellers and the complexity of the issues associated with their service access. They were seen to keep many of these issues on the agendas of policy-making groups and service-specific planning meetings and at the forefront of the attention of other development agencies, both in Highland and beyond. A few respondents felt that the Initiative could have achieved a higher profile across a wider base, but the majority response was that the Initiative had worked well.

The service providers were aware that raising awareness was a necessary element of the Initiative's work and were familiar with the series of seminars *Working with Gypsy/Travellers* developed in collaboration with Save the Children, Lochaber Routes and Gypsy/Travellers themselves. Response to the seminar was provided through formal end-of-seminar evaluations and was very positive. Participants wanted more seminars and opportunities to take on board additional content.

More generally as service providers, they were conscious that there were gaps still to be addressed within their own services and at inter-agency levels. There was a general acceptance that this was particularly so in relation to diversity, race relations, equal opportunities and discrimination at all levels. A need was expressed for more training and discourse around these issues.

The service providers were aware of how the bridging role often taken by members of the Initiative team also helped to raise professional awareness of critical issues, particularly at points of service delivery. They acknowledged the importance of the team's negotiation role not only in the provision of information and support to the Gypsy/Travellers, but also in explaining the background of specific situations to the service providers themselves.

There were also times where members of the Initiative intervened in disputes between Gypsy/Travellers and local communities and attempted to negotiate a mutually acceptable solution. The professionals who had been associated with such interventions were highly complementary about the level of expertise brought to the situations by the Initiative team.

7.2.2 On Establishing Trust and Good Working Relationships with the Travellers

The service providers were aware of the fragile nature of the relationship between anyone perceived as "official" and the Gypsy/Traveller Community and were familiar with how it operated in their own service provision. For instance, some of the service providers talked about relationships which were robust enough to be sustained through both positive and negative experiences - but only when these relationships involved not just a good dialogue between the two parties, but regular contact, real engagement and perhaps also some history of where differences had emerged and been worked through to resolution.

All the service providers felt that good solid groundwork had been carefully set in place by the Initiative team and that relationships were established which enabled the objectives of the Initiative to be addressed.

It was acknowledged that getting the balance right between capacity building and getting a result for the Gypsy/Travellers, particularly in a crisis situation, was hard. In this context, some criticism was expressed that, on occasion, team members may have found themselves in situations where they were more directive than was usually expected within a community development model. On the other hand, some service providers expressed the view that more confident direction in interventions would have enhanced the impact of the Initiative.

Time may have been one of the main factors affecting this issue, particularly the time taken to establish trust, explain and justify the Initiative aims and provide proof of its effectiveness. Capacity building can often take for granted that these processes are dealt with but it was critical for the Initiative to start from scratch and establish the foundation required for any effective development to take place.

7.2.3 On the Positive Discrimination Approach

There were two main sets of views in terms of the service providers' expectations of the Initiative. Some accepted that the outreach workers could best lay down the foundations for effective pathways to service provision from outside the services – albeit as an interim measure. Fewer believed that there was a whole-service ethos currently in place capable of providing a predictably good service for all clients, regardless of minority group, which could be reliably and consistently delivered by at least a majority of service providers.

In terms of how this related to the work of the Initiative, the service providers were equally complimentary about the work done by team members operating outside the services and those who were more closely associated with or embedded in a specific service. Nevertheless, there was no doubt that the service providers as a group hoped that the Initiative might have been able to operate to a greater extent on confident assumptions of equity and adequacy of service within and across services. However, there was equally no doubt that they were also fairly pragmatic about the reasons which influenced the extent to which the Initiative team remained committed to the continuing need for positive discrimination and the extent to which the client group themselves expressed this view. In the current context, they accepted that a more proactive outreaching approach would benefit Gypsy/Traveller families and that systematically and careful planning would be required to support the developments begun through the work of the Initiative.

The services also approached the Initiative from different starting points and variations in where they currently stood in their progress towards addressing equal opportunities and racial discrimination at a systematic and structural level. This was an issue which to some extent had exercised every statutory service and all the respondents were aware of the major shifts required in practices and attitudes.

Sometimes concerns were raised about the likelihood of the positive discrimination model being strongly tested if support provision was mainstreamed without interim measures including continuing monitoring or piloting. Where designated time had been seconded or bought out from embedded posts within a clear service-based structure under the auspices of the Initiative, the service providers who commented felt the gains made to have been more secure. They also anticipated less of a gap and less negative fallout in the interim phase before mainstream thinking moved on to what was needed to sustain an operational model of delivering equal opportunity for all.

7.2.4. On Working with Other Professionals

The majority response from the professional group as a whole to the Initiative team was very positive and appreciative of the skills and expertise they brought to their work. Frequent references were made to the care and commitment of the team. The majority judged their interactions with team members to be constructive and forward looking. Indeed, almost all of the professionals who were interviewed indicated that they would have welcomed even more interaction and joint working. In addition, some professionals said that they would have liked to see broader coverage of Highland, particularly in the North, had time and staffing allowed. However, there was also acknowledgement of the time commitment involved in extending coverage to all parts of such a large rural area.

Though there were only a few examples of inter-agency cooperation and joint service working, the service providers responded positively to what had been tried by the Initiative and to what had been the outcomes. Some attempts made by the Initiative staff to establish cooperative working had not been taken up, but where they were, service providers felt that such approaches provided added value.

There was only one area where problems arose where clashes of opinion, direction and personality were reported. It has to be said that this is not unusual in initiatives such as this where strong levels of commitment inform how roles are operationalised and practice is implemented. This is an integral part of community development, change and political shift. On occasion, however, this was reported by a number of respondents as becoming counter-productive and potential opportunities for pulling of resources, avoidance of duplication of effort and the development of a more cohesive approach across Highland were felt to have been missed.

What seemed to lie at the heart of the problem was a number of structural difficulties which included the following:

- A number of ongoing developments and projects for Gypsy/Travellers funded from different programmes, each with different conditions associated with grant provision and regulating the types of activity allowable within the programme guidelines;
- Difficulties of coordination at planning level across the different timelines of such projects and the time-scale of the Initiative;

- Lack of clarity over where levels of authority were or were not embedded in the Initiative;
- Absence of a pan-Highland line of responsibility for Gypsy/Traveller actions, projects and initiatives, though there were structures (The Gypsy/Travellers' Forums, or the Steering Group of the Initiative) which could have been given this responsibility.

Overall, such issues should not take from the highly positive professional response to the value of the work of the Initiative and the way in which the members of the Initiative team had undertaken their brief. As a body, the response of the professional service providers indicated how they had come to recognise the enormity of the needs facing the Gypsy/Travellers and to acknowledge the importance of the Initiative in feeding back to the relevant services and agencies and informing ongoing and future service development.

7.3 Issues Arising from the Professional Response

The information provided by this body of respondents highlighted a number of issues and reinforced a number of points raised in earlier chapters. The need to address the disadvantages experienced by Gypsy/Travellers as a group was accepted by key professionals within each service who were already involved in Gypsy/Traveller issues at some level. There was an acceptance that access to services, particularly education and health, needed to be improved.

Though there was not an agreed position across each of the services and agencies who had taken part in the evaluation on the extent to which they favoured special measures for Gypsy/Travellers, there was a broad consensus that some level of special intervention was required, even where senior management within services were relatively confident about reducing inequalities in access and delivery. For the most part, the preferred option was for at least one post to be set up with designated responsibilities for Gypsy/Travellers which would bring responsibility for the Gypsy/Traveller Community structurally into mainstream service provision.

Training for delivering equality and recognising diversity also emerged as a cross-service and cross-agency issue. Respondents saw this as working best where it was well-embedded structurally and was systematic, on-going, non-negotiable and an acknowledged area to be covered within Continuing Professional Development (CPD). To some extent in this context, developments taking place at national level were seen to be critical, particularly with regard to how this should be incorporated in initial service-specific training and in generic courses which cover ground associated with social issues and community development.

Working together was seen to be important, whether this was services cooperating with agencies, services with other services, different departments within services or any joint-funded initiative or action. But it was also considered to be important that a single system be set up which could facilitate integration and joint working, within a

recognised structure positioned in each of the core services and linking to a senior pan-Highland policy body which could influence operational practice in the core services.

The professional response articulated the following understandings:

- That no initiative was likely to make major and sustainable inroads into this difficult area without an embedded mainstreaming position for planning actions, implementing practice and monitoring outcomes;
- That a cross-service, multi-agency approach and agenda seemed to offer the best opportunities for most effective development;
- That a cross-service, multi-agency approach was also likely to give added value in terms of the required ethos of equal opportunities for all within each service;
- That the professional officers given a designated responsibility for Gypsy/Travellers should be appointed at management and decision-making levels with clear lines to policy-makers;
- That such professional officers be supported by outreach workers, effectively continuing the outreach support role around which the Initiative was structured, also holding designated responsibilities while having service or cross-service embedded support.

The response provided a framework for improvement compatible with the provision of integrated services for children and various other integrated structures already in place. Most of the professionals interviewed were ready to take this forward, even though they acknowledged that servicing and attending the meetings such systems necessitated would take time and commitment.

CHAPTER 8

CONCLUSIONS AND RECOMMENDATIONS

8.1 The Role of the Initiative as a Development Tool

The work of this Initiative played a major part in enhancing the potential for greater and more effective service access and provision for Gypsy/Travellers. The team members were instrumental in helping to sustain the ongoing debates with both the Gypsy/Travellers themselves and service providers on issues associated with delivering services and enhancing Gypsy/Travellers' health and wellbeing.

It is important to remember that the Initiative was operating during an unsettled time for the Gypsy/Traveller Community. In addition to the general acceptance that conditions were becoming harsher for Gypsy/Travellers, two major social incidents had a very negative impact on the sense of security of Gypsy/Travellers in Highland and on their confidence in building relationships with the broader community.

Even so, a great number of positive interventions were made on a consistent and regular basis and successful outcomes were obtained on behalf of many Gypsy/Travellers throughout the time of the Initiative. Developments and improvements were reported across the five Initiative objectives which were:

- Improving access to services;
- Providing educational opportunities for children;
- Making gains in the move towards greater social inclusion;
- Providing support in the development of policy and practice within the statutory sector;
- Raising awareness of discrimination and stigma within the service-providing agencies.

What the Initiative demonstrated (also reinforcing what other similar interventions have experienced) was that though significant steps had been taken, particularly in raising awareness and expectations, much work remained to be done before the Gypsy/Traveller Community as a whole could experience improved service provision and equity in social inclusion as a matter of course, as distinct from the current position where:

- Access remains patchy and delivery is uncertain;
- Quality of service provision remains variable;

- The range of services needed may not always be fully utilised;
- A perception remains that better outcomes are obtained as a result of direct intervention on their behalf.

This does not diminish what the Initiative has achieved. The aim of equity of service provision resulting in enhanced health and wellbeing was unlikely to have been achieved within the available three years, with a small team of people and across such a geographically dispersed area.

Where the Initiative has been effective has been in establishing more widespread awareness of the following underlying points critical for developing service provision:

- The need to take a long-term view of planning for enhanced service access, service provision and an expanding range of specific health and wellbeing improvements;
- The need to lay down a process for ensuring continuity for moving developments emerging from the piloting Initiative into embedded practice through addressing such critical areas such as:
 - training for professionals;
 - capacity building across the client group;
 - funding earmarked for reducing the equality gap.

These are the kinds of areas which could form the basis of an exit strategy – even where this may need to be written retrospectively. Continuity in such areas emerged as a critical point - critical enough to warrant consideration as a potential standing item on the agendas of any forums or committees given future responsibility for planning, coordinating and developing service provision for Gypsy/Travellers.

The way in which the Initiative was staffed also emerged as a significant factor. Its brief was addressed through different kinds of roles:

- Two Outreach Workers provided support for access to all services (though they were employed through the Initiative by NHS Highland);
- The roles of these Outreach Workers were combined with additional service-specific appointments or actions, such as:
 - the post of the Development Officer with responsibility for education, initially seconded and then mainstreamed;
 - facilitated part-time access to a dedicated Community Specialist Practitioner (for some of the time during which the Initiative was running);
 - other smaller actions such as the fruit and vegetable provision of the *Give Me Five* project.

Together these provided the Initiative with multiple pathways to services at different levels. Through the external influence of the Outreach Workers across services and the seconded or associated posts more formally linked with education and health, a strong basis for enhancing service access and outcomes was put in place.

As an outcome of the Initiative, many families have been helped towards the services they needed and a good number were able to describe how this had helped health and wellbeing, though it is fair to say that as yet this has not been generalised across the Gypsy/Traveller Community as a whole. To have achieved this level of impact was beyond the capacity of any short-term Initiative. However, the Initiative did move things forward. As a result of its actions, there was greater awareness among both service providers and service users about Gypsy/Traveller service needs and how this linked to Gypsy/Traveller culture. In addition, the Gypsy/Travellers' expectations had been raised, if not across the whole of the Gypsy/Traveller Community in Highland, then significantly in some localities, families and communities. At this stage in the move towards better services and greater inclusion, raised expectations represent development. However, expectations are fragile and easily reversed and the value of carefully coordinated and well developed planning strategies cannot be underestimated.

8.2 An Argument for Mainstreaming for Normalisation

In many ways the Initiative's piloting element provided a fruitful testing ground for a number of ideas. The team had different backgrounds, they were supported by different organisational structures and their thinking had been informed by past training and expertise developed in previous posts. The team members who specifically addressed educational opportunities and health promotion were both linked closely with a departmental structure and its support systems while the Outreach Workers, though contracted to NHS Highland, worked outside departmental and service structures to raise awareness and support access across the services.

This range of briefs with its supporting diversity of backgrounds and skills worked very positively within the Initiative. It highlighted the following:

- That there were benefits associated with service-embedded posts such as:
 - Raising awareness within a service base;
 - Being able to influence colleagues formally and informally;
 - Accessing service-related advice and support from colleagues at different levels;
 - Using the structures of the core services to work for the client group;
- That there also remained a continuing need for designated posts to help clients navigate pathways to the services.

Though for the most part the respondents worked with small numbers of Gypsy/Travellers, the interventions which were reported demonstrated what needed to be in place for further developments to prove acceptable enough to the

Gypsy/Traveller families to continue using the services at current levels and more widely in the future. The seconded posts' potential influence within their core service departments emerged clearly, contributing towards enhanced understanding of Gypsy/Traveller issues there and influencing development within their bases. However, the Initiative indicated that there was still much more to be done, including the need to have Gypsy/Traveller issues addressed within already established structures through which the following significant service responsibilities could be continually considered and monitored:

- Training;
- Client group consultations;
- Monitoring and evaluation of outcomes;
- Issues associated with staffing and continuing professional development;
- Financial support;
- Consideration of the most effective structures for the coordination for multi-agency service delivery.

The Initiative also demonstrated that both designated outreach workers and designated embedded staff would continue to be required. The balance of opinion indicated that more sustainable outcomes could be expected from the incorporation of both kinds of designated posts within mainstream structures. This would help to support continuity, more predictable development and provide a flexible enough base for incorporating integrated cross-service and multi-agency working. Having designated staff within such a framework would also help, at least in the short term, to ensure that the required commitment to greater empowerment and better services was not likely to become overshadowed within the mainstream machine.

8.3 Recommendations

The main recommendations to emerge from the evaluation started from the premise of a need for greater integration with service structures and greater integration across services and agencies. Other recommendations follow on from this.

In order to extend the reach and influence of actions aimed at greater inclusion for Gypsy/Travellers, better services and, ultimately, a significant shift in major indices of health and wellbeing, a senior post at decision-making level in each of the core services and agencies (including those responsible for economic developments such as HIE) should be designated as having a specific responsibility for Gypsy/Travellers, perhaps under the broad umbrella of equal opportunities, equality or ethnic minority issues.

Until such time as equal opportunities in access and provision for Gypsy/Travellers becomes more predictable and more widespread, the need for the outreach worker role at some level within the system is likely to continue. It was thought that their effectiveness could be strengthened (1) were they to be more closely linked than now to a core service and (2) were there to be more of them. Such outreach workers could influence the services and the services in turn could enhance their reach and impact.

Policy-to-practice efficiency could be enhanced were it possible to link the outreach worker operational posts with the senior posts suggested above in each of the key services or agencies. This could be on a service-specific basis, or within an integrated service structure or through staff with a cross-service role. A number of such operational responsibilities within each service would enhance the added value likely to be associated with multi-agency team working through ongoing opportunities for sharing ideas and information, professional support and access to different levels of advice and expertise.

A cross-service structure would be required were service integration to be addressed. This would also facilitate regular meetings between the teams with dedicated responsibilities. This could be built on forums already in place and be tasked with addressing such aspects as:

- Sharing good practice across services and agencies;
- Pushing forward the rolling programme of long-term planning and strategic thinking;
- Monitoring outcomes systematically to identify where attention needs to be sustained, where resources should be moved to other areas and where new priorities need to be identified;
- Working to ensure Gypsy/Traveller representation for such meetings and continuing to enhance good working relationships with the Gypsy/Traveller Community.
- Establishing a system to support broad-based recruitment of Gypsy/Traveller representatives to serve on committees and attend meetings, to enhance the consultation process and also with a view to specifically addressing ongoing capacity building.

A cross-service structure could also accommodate the following:

- Systematic opportunities within and across services for policy development, strategic planning and practice guidelines to be addressed in a coordinated, integrated and cohesive manner;
- A move away from a reliance on short-term funding to a situation within which there is the potential for ongoing development while still having access to any short-term funding programmes designed for supporting specific policy themes and interventions;
- A greater emphasis on cross-service and inter-agency planning and coordination;
- A smooth transition into the post-Initiative phase which builds on what has been achieved.

Developments of this kind could in turn lead to:

- A more sustainable and integrated structural framework for planning and delivering services to Gypsy/Traveller families;
- A stronger platform for pushing for informed dialogue at national and local levels and for negotiated access to existing integrated service structures such as School Liaison Groups (SLGs);
- A service-embedded support system for those posts which have some designated responsibilities for working with Gypsy/Travellers;
- The establishment of enhanced inclusion for Gypsy/Travellers on the agenda of all of the services;
- The potential for service development keeping pace with rising expectations of the Gypsy/Travellers.

This could also provide a base for the following practice-based activities:

- Utilising the experience and the expertise gained across a team of professionals;
- Speeding up the process of converting raised awareness into practice within and across the services and agencies;
- Helping to reduce the trial-and-error basis of much previous development;
- Providing a basis for developing appropriate multi-agency training.

There remains the issue of how to raise awareness within local Highland communities. Addressing this is a major long-term commitment and is likely to involve many pathways:

- Through the professionals with a designated brief;
- Through the schools, particularly Personal and Social Education (PSE) programmes and the whole school ethos-building which is central to the New Community Schools Approach (NCSA)/ Integrated Community Schools (ICS);
- The cumulative impact of legislation and mass-media campaigns;
- The Gypsy/Travellers themselves.

8.4 In Conclusion

This Initiative added significantly to the ongoing debates on eradicating discrimination and stigma, facilitating access to services and ensuring equality of opportunity for Gypsy/Travellers. Expectations have been set in place. There is enough evidence from the evaluation to suggest that the signs of increased empowerment in some quarters (a little but enough to give heart) has reinforced levels of confidence in the commitment within Highland to persist with the developments which have now been initiated and build upon them. There are at least some key practitioners among each of the main stakeholders ready to take this further - including some Gypsy/Travellers.

The conditions associated with effective future engagement emerged clearly and fit easily with best practice in service delivery:

- Respect for the culturally influenced choices of the Gypsy/Travellers;
- An awareness of the kinds of outcomes associated with such choices;
- An acceptance of the slow pace of social change;
- An acceptance of the anxieties associated with social changes (for example where greater social inclusion could be seen to raise the likelihood of young people moving away);
- Taking on board that equality in relation to rights and entitlements is dependent on having access to the relevant information on which informed decision-making can be made with confidence.

The Initiative has provided some indications of potential and has also highlighted what needs to be addressed at a fundamental level before the Gypsy/Traveller Community as a whole can begin to experience equity in access and quality of provision. The Gypsy/Travellers who contributed to the evaluation were ready to take on the roles and responsibilities involved in working jointly for the outcomes sought for their communities. The service providers already engaged in promoting greater Gypsy/Traveller use of services were thoughtful, informed and in a position to influence the thinking and working practices of their colleagues. Policy development on equity and service provision is at least appearing on some agendas and moves are in place to move this forward at a political level. What is needed now is more of what has become established and expected – including more planning – on the following key issues:

- Addressing continuity, particularly in terms of the interregnum between the end of the Initiative and the next steps;
- Understanding the implications of how and where and to what extent expectations are in place in the Gypsy/Traveller Community for a better deal in service access, provision and delivery;

- Addressing the training needs on an ongoing continuing professional development basis;
- Respecting and accepting the nature of the Gypsy/Traveller culture;
- Taking on board the civic responsibilities involved in consulting with different minority groups such as the Gypsy/Travellers in order to understand their diverse needs and the associated factors which hold an importance place in their culture;
- Accepting the need for innovation and piloting in order to work towards delivering equity in the quality of service experienced by all.

Building on the Initiative experience, the key public services can make a difference – particularly if early bridging structures are set in place to capitalise on the outcomes already achieved. Strong indications have emerged from the Initiative on potential ways forward with both NHS Highland and The Highland Council in a good position to work together towards the next stages of development.

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