**AIM AND OBJECTIVES OF PROJECT**

- To work in partnership with Gypsies and Travellers to provide a cohesive service to Gypsy and Traveller families in the Nottingham area
- To increase access to health and educational services to address their individual needs
- To increase awareness of policy makers and the wider community about the needs of Traveller families
- To produce and disseminate an evaluation report
- To maintain and develop networks and multi-disciplinary working
- To continue and develop training to professionals and others

**HOW WERE THE COMMUNITY/USERS INVOLVED IN SETTING UP AND IMPLEMENTING THE PROJECT**

- The clinical work is client led – Travellers and staff identify the needs and we work on them together
- Travellers refer others and their extended families to the Team
- The teacher of the Adult Literacy class is a New Traveller and lives on a boat
- 8 Traveller volunteers have been involved in the Grundtvig work
- Two Traveller women are now taking part in workshops and training provided by the Team
- Travellers have contributed photos and accounts for reports and publicity
- Evaluation discussions have been held in Travellers’ own homes

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"A project never fails. This is because both success and failure provide important lessons for all concerned.”
NHS PRIORITIES ADDRESSED
- Mental Health
- Cancer
- Primary Care
- Cardiovascular
- Improving the patient experience
- Children Services/ Young People
- Reducing Inequalities
- Services for Older People
- Building the capacity to deliver Health and Social Care
- Smoking Cessation
- Healthy Eating
- Emergency Care

OTHER PRIORITIES ADDRESSED
- Education
- Housing
- Avoidable Injury
- Race Relations (Amendment) Act 2000 requirements

PARTNER ORGANISATIONS INVOLVED
- Nottingham County Council
- Nottingham City Council
- Nottinghamshire Healthcare Trust
- Further Education Colleges
- Police
- Voluntary Sector organisations
- Schools
- Universities
- Rushcliffe Primary Care Trust
- QMC Hospital
- Gedling Primary Care Trust
- City Hospital
- Nottingham City Primary Care Trust
- Health Promotion Service
- Broxtowe and Hucknall Primary Care Trust
- Area 1 forum
- Sure Start Bulwell
- Early Years Service
- Community play groups
- City Schools
- Cardiff Law School
- Probation Service
- Women’s Aid
- Homeless Team
- Surviving homelessness project
- Refugee Action
- National Association of Teachers of Travellers
- National Association of Health Workers with Travellers
- Advisory Council for the Education of Romany and other Travellers
- Gypsy Council
- Showmen’s Guild

WHAT ARE THE PROBLEMS AND NEEDS WITHIN THE COMMUNITY THAT THE PROJECT ATTEMPTED TO ADDRESS

Nationally and locally:
- Lack of access to education for Travellers – low literacy levels
- Little awareness amongst some Traveller groups of the value of play and learning for child development
- Poor access to health services for Travellers – statistically they suffer from poorer health
- Lack of knowledge in the Traveller community about the range of, and how to access, services available
- Lack of knowledge amongst policy makers and providers of Traveller numbers or needs
- Lack of awareness amongst service providers of the extent to which racist attitudes towards Gypsy and Traveller communities contribute to problems of access, uptake and quality of care
### Evaluation of the project

**WHAT DATA WAS COLLECTED TO PROVE THE SUCCESS OF THE PROJECT AND HOW WAS IT COLLECTED**

<table>
<thead>
<tr>
<th>Data</th>
<th>Method of Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Daily diaries by each Team member</td>
<td>Details of all contacts and visits</td>
</tr>
<tr>
<td>2 Numbers and details of Travellers – school, health, addresses, etc</td>
<td>Specially devised form NHS Clinical Information System</td>
</tr>
<tr>
<td>3 Actual activity and needs of each individual</td>
<td>Health Visiting and education records Database</td>
</tr>
<tr>
<td>4 Numbers able to access services</td>
<td>List of services accessed and numbers</td>
</tr>
<tr>
<td>5 Children enabled to go to school</td>
<td>Attendance and enrolment details recorded and passed to policy makers</td>
</tr>
<tr>
<td>6 Needs of Travellers from their own perspectives and that of professionals</td>
<td>Reflective diary kept</td>
</tr>
<tr>
<td>7 Processes within the Team and issues recorded</td>
<td>Reflective diary kept</td>
</tr>
<tr>
<td>8 Semi structured interview –evaluation by users</td>
<td>Interviews held informally, notes read back to speakers before being transcribed</td>
</tr>
<tr>
<td>9 Records of steering group, campaigning group and Team meetings</td>
<td>Records / files available</td>
</tr>
<tr>
<td>10 Records of training, conferences, workshops and presentations given</td>
<td>Materials and plans + evaluations available</td>
</tr>
<tr>
<td>11 Annual report</td>
<td>Team effort</td>
</tr>
</tbody>
</table>

### Impact / Change

**DEMONSTRATION OF THE IMPACT (CHANGE) THE PROJECT HAS HAD ON “HEALTH INEQUALITIES”**

- All Gypsies and Travellers in Nottingham area offered the health visiting service face to face. (Only very few were previously in contact with services, usually at crisis)
- Travellers can now access services: 50% now have a permanent GP
- 21% have a temporary GP
- 49% have been enabled to access a specific provision e.g. midwife, dentist, housing, etc
- Children under 5 years old are offered structured play sacks, with parents and carers being helped to learn the value of play and education
- Nottingham City Council policy document on treatment of illegal encampments has now been passed, requiring health, education and welfare assessments before eviction
- Policy makers and service providers are now aware of the issues and have valid figures and needs assessment upon which to base decisions (e.g. Arboretum PMS have agreed to take highly mobile families)
- Multi disciplinary Strategy / Policy group set up in City and area wide to encourage joined up thinking (includes City Councillors)
- Other organisations and fellow health professionals value and use the Team as a source of advice, information and expertise

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DEMONSTRATION OF THE IMPACT (CHANGE) THE PROJECT HAS HAD ON “ACCESS TO HEALTH SERVICES”

See above.

Numbers enabled to access specific services:

- **GP**: 210
- **Family Planning**: 92
- **Midwife / Antenatal**: 50
- **Welfare Rights**: 30
- **Dentist**: 26
- **Cervical Cytology**: 18
- **Housing**: 14
- **Preconceptual care**: 10
- **Social Services**: 7
- **Hospital out patients’**: 8
- **Police liaison**: 10

Schools:
- **Pre school**: 8
- **Primary**: 32
- **Secondary**: 19
- **Adult literacy**: 5

- The Team has worked towards reducing bureaucratic rejection of Travellers when they arrive at Health centres by training and awareness raising with providers, and by arranging a rota of GPs for temporary registration of newly arrived families in the Bulwell area (near the only official site).
- The Arboretum PMS is now offering full GP registration to a few highly mobile families.
- A particular need has been assistance with appointments: help with making them, then receiving letters, reading and explaining them and reminding patients of dates and times. (Low literacy and no address = problems ++ with appointments)

DEMONSTRATION OF THE IMPACT (CHANGE) THE PROJECT HAS HAD ON “HEALTH IMPROVEMENT”

- Families have been enabled to access preventive services such as immunisation (262 immunisations), family planning (92 women), screening, and other Primary care.

See above.

- Health promotion has been offered, particularly on smoking and alcohol use (An estimated 80% of Traveller men and 60% of Traveller women smoke).
- 210 people have been directly enabled to register with a GP.
- Notifications of A&E attendances are low, comparable to the general population.
- Families report that they attend A&E much less if they can get to see a GP.
- Treatment of impetigo, scabies and head lice has been prompt and appropriate, almost none has been seen in this area for the past year.

- Child development work has encouraged intellectual and physical development, 8 children are now accessing pre school provision. (None previously)
- Welfare benefits have been obtained for 30 families (DLA for the first time for 5 adults).
- Public health work has been undertaken in respect of sites, eviction and toleration policies, and influence on providers of services. Valid statistics and needs assessment findings have been collected and communicated.
- Training and dissemination has been local and national.
THE REASONS WHY WE THINK THE PROJECT IS SUCCESSFUL

• Partnership working – respect for each other’s skills and knowledge, and the ability to use each other fairly, both within the Team and in our work with families.
• Professional ability – high calibre workers with the strength to cope with uncertainty and with the ability to self direct has led to development beyond the original objectives.
• Management has been enabling and supportive, but not interfering.
• Outreach working has been imperative to contact Gypsies and Travellers, who historically do not seek out or trust those in positions of authority or bureaucracy.
• The service provided by the Team has been client led within the confines of resources and legal imperatives. Clients have identified and prioritised the work, and remained in control of interactions.
• The high level of need uncovered led to high motivation and a sense of the importance of the work, leading to job satisfaction.
• Team members have a strong ethos of fairness and equality of provision.
• Communication and networking skills have led to effective contacts, both with clients and other providers. Networks and presentations locally, nationally and internationally have raised the profile of the Team. Considerable skill and energy has been needed, with the commitment of time outside and above normal working hours.
• There was little current provision (pre March 2000) to compare us with. Generic health workers and teachers in schools rarely have the knowledge or confidence to approach Gypsies and Travellers, particularly on illegal encampments. Before the Traveller Team, only a few Show families or Travellers on one private site had contact with service providers other than A&E.

THE 5 KEY SUCCESSES OF THE PROJECT.

1. Access to and uptake of services has been enabled. See impact on “Access to Health Services”
2. Travellers, previously a ‘hard to reach group’, now know and trust the team and refer others to us. Statistics are more reliable.
3. Joint working has been successful and effective, we acknowledge that health and education are indivisible and mutually dependent. The Team functions well, accepting our different skills and perspectives and using them to help each other.
4. There have been changes in provision and treatment of Travellers:
   • by GPs, dentists and other health service providers
   • by schools and pre-school providers
   • by City Council departments (e.g. Parks, Environmental Health, Planning)
   • by Police
5. Colleagues and students have been keen to learn about the needs of Travellers in order to improve their service. There is a desire for more training from Universities, colleges, schools, Primary Care Teams and fellow professional in many disciplines.

RECOMMENDATIONS FOR MAINSTREAM ORGANISATIONS ABOUT HOW THEY PROVIDE THEIR SERVICES

• There is a need to maintain specialist services, and to work together with mainstream providers to ultimately change their culture and provision so that Gypsies and Travellers are able to be fully included as much as they require. Acknowledgement and respect for differing cultures and priorities should be integral to health and education provision. There is still a huge distance to go in terms of the beliefs and attitudes of staff and sedentary society.
• Joint provision with other services makes each more effective. For example, Police, youth workers and Social Services involvement would be ideal for inclusion in the Traveller Team. “Health” providers cannot address basic health needs without co-operation from other agencies.
• An outreach service will be needed for the foreseeable future, as the Gypsy / Traveller population is mobile and made up of many differing groups. They are an extremely vulnerable, hard to reach group, and they have generations of experience of

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IMPLICATIONS FOR THE TARGET POPULATION GROUP IF THE PROJECT DID NOT CONTINUE AFTER HAZ FUNDING

• 350 contacted Gypsy or Traveller children, their parents and extended families have been known to stay in Nottingham over the past 2½ years. (Approximately 1000 people) They were almost unknown before the project and very few accessed services. It would seem reasonable to suppose that this situation would return very rapidly without the outreach work and facilitation of the Traveller Team.

• The groups had low rates of immunisations and difficulty in accessing primary health care services. In turn this made it difficult to access secondary and tertiary referral and supplies of medicines, etc. They have a higher rate of morbidity and mortality. Without the Team, health service and other providers may find it difficult to address the needs of Gypsies and Travellers according to their obligations.

• Travelling groups have been pleased with the Team’s services and have contacted us when they return or new families come. They need a point of contact that will continue from year to year.

• An established post, preferably a Team of workers, is necessary for continuity, so that staff and clients can build up trust and respect in each other, to enable Gypsy and Travellers’ needs to be addressed. It takes considerable time for workers to develop a sound knowledge of the culture and families, and confidence to work with other services. A team retains the knowledge within itself if one worker leaves. Our Team supports and enables its members to function effectively with this difficult and complex client group.

• Based on national evidence on the need for sites, it is imperative that Nottingham and Nottinghamshire provides sites for Travellers. The public health issues of hygiene and soiling of current unauthorised sites, where there is no water, no refuse or sewage collection and continuous harassment of families are unbelievable in this century. Basic human rights are not possible for travelling families, as they are constantly moved on. Offering a house is not appropriate for their culture and tends to lead to mental ill health and social problems when families are forcibly housed.

• Politically the issue of Gypsies and Travellers is sensitive, and not popular at election times. Without campaigning and pressure, backed up with valid data, provision may not be made for these groups.

• Racism is overt towards Gypsies and Travellers much more awareness raising and training is needed, which could be provided by the Traveller Team, jointly with other agencies. Without the knowledge and skills of the Team, the training offered may not be appropriate or effective. Volunteers are now part of the Team and make sure that our knowledge is verified.

• An established post, preferably a Team of workers, is necessary for continuity, so that staff and clients can build up trust and respect in each other, to enable Gypsy and Travellers’ needs to be addressed. It takes considerable time for workers to develop a sound knowledge of the culture and families, and confidence to work with other services. A team retains the knowledge within itself if one worker leaves. Our Team supports and enables its members to function effectively with this difficult and complex client group.

TOTAL AMOUNT OF FUNDING RECEIVED FROM HAZ 2002-2003

£41,000

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