SCOTTISH GOVERNMENT RESPONSE TO RECOMMENDATIONS

1. That any individual could be turned away from what should be a free, universal healthcare system was one of the most alarming pieces of evidence we heard. We urge the Minister to report to us, clarifying what obstacles exist, on what steps can be taken to stop the practice of refusing GP treatment and/or registration to Gypsy/Travellers – and, indeed, to anybody who requires it, irrespective of background or housing arrangements.

Registering with a GP is one of many barriers to improving the health of Gypsies/Travellers. We know that Gypsies/Travellers don't often make the best use of primary care services even when registered because they may not know or trust what is available. Whilst Gypsies/Travellers living in bricks and mortar housing will tend to register with their local practice, they may not self-identify thus, due to perceived stigma.

Regulations relating to GP registration apply equally to members of the travelling and settled populations. There are no inherent obstructions which relate solely to the Gypsy/Traveller community. However, the GP Registration Form is currently in the process of being reviewed, with views having been actively sought from professionals working with Gypsies/Travellers in order that we can improve guidance for General Practitioners so that the community do not continue to experience refusal of treatment or registration. As part of the agreement of the 2013-14 GP contract, we shall also be working with the profession to improve access to general practice across the board.

2. We highly commend the work carried out by individual health care practitioners and voluntary services in developing health awareness initiatives and helping Gypsy/Travellers to understand the support available to them. We recommend that the Scottish Government and the NHS consider further how such initiatives can be repeated and maintained. Such initiatives should not overlook Gypsies/Travellers who travel, or Gypsies/Travellers living in bricks-and-mortar homes. We ask that for this, and all recommendations in this report, the Scottish Government report back to us on progress.

Our overarching aim (20:20 Vision initiative) is that by 2020 everyone, regardless of whether they are a member of the settled or Gypsy/Traveller communities will be able to live longer, healthier lives in their own home or in a homely setting, regardless of whether this is a bricks and mortar house or not. We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self management. When hospital treatment is required and cannot be provided in a community setting, day care treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions.

More specifically, we have identified the potential for a more Scottish GP Contract to contribute to a reduction in health inequalities. The remit has been agreed for a small group which is considering how to pilot interventions focusing on vulnerable families and patients aged 45 and over with multi-morbidities. This is being
progressed in conjunction with a small number of GP Practices, one of which is specifically concentrating on improving healthcare to its Roma Community. Where we identify successful health awareness initiatives both within the settled and Gypsy/Traveller communities, we will of course incorporate these into these initiatives.

3. Having heard evidence outlining negative effects of centralisation of midwifery services on the relationship of trust between Gypsy/Travellers and GPs, we call on the Scottish Government to review this aspect of Gypsy/Traveller healthcare. We ask the Government to establish a timetable for the review and to inform us of the timetable.

There is no Scottish Government policy to centralise midwifery services. Midwives are one professional group within the multi-professional and multi-agency team who provide maternity care and work within that context. Consistent with the other 3 UK countries, our policy is that all pregnant women have specialist care managed by maternity services, provided by appropriately skilled professionals and tailored to their individual needs.

For healthy women, including those from Gypsy/Traveller communities this means being managed by midwives as the specialists in normal pregnancy; with care for women with medical or obstetric complexities being managed by obstetricians as specialists in high risk pregnancies.

This collaborative specialist team approach to maternity care facilitates women from the Gypsy/Traveller community having their care planned in a way that suits their medical, social and obstetric needs.

However, we understand that many Gypsy/Traveller women who are registered with a GP may wish to keep that continuity of care throughout their pregnancy. Therefore, antenatal care can be shared by the GP practice team where appropriate and requested by the individual and their carers. The Refreshed Framework for Maternity Care requires Boards to ensure that women are made aware and supported in their choice of seeing their GP at any point during their pregnancy.

We expect Boards to identify and ensure that antenatal care services are tailored and proportionate to the local population need including planning the provision of services for the specific needs of groups in their area including those of Gypsy/Traveller communities. NHS Boards are required to have evidence that effective communication and collaboration is in place between maternity services and primary care services delivered by GP practices with specific processes defined where these services are not co-located.

Maternity teams are expected to work and communicate with other professionals and agencies in managing the woman's maternity care as required, including the registered GP Practice of the woman. GPs and their practice teams are key professionals involved in the patient-centred health and social care services delivered to expectant mothers, and often to their families. Whilst this applies to all

women, working in this way with women from the Gypsy/Traveller community enables a holistic approach to provision of their care during pregnancy and after the birth.

We know that inequalities in access to, and or, the quality of antenatal healthcare received continue to contribute to health inequalities. In Scotland, women and babies who are at the greatest risk of poor health outcomes are the least likely to access and/or benefit from the antenatal health care that they need. This significantly hampers the contribution maternity care services can make to improving health and reducing health inequalities.

There is a clear correlation between poorer pregnancy outcomes, including higher rates of maternal and infant deaths and morbidity in women who book later for antenatal care, attended infrequently or never attend for care. Women under 20 and women from areas of deprivation and from particular population groups including those from Gypsy/Traveller communities tend to ‘book’ for antenatal care later than other women. Late booking is a significant factor in maternal and infant mortality and morbidity.

A key component of the Refreshed Framework is to drive measureable improvements in early access to antenatal care that is person centred, safe and effective, and of equitable quality regardless of the circumstances and characteristics of individual women and families. Specific outcome focussed evidence in action guidance was provided to boards on reducing antenatal health inequalities.

This improved access needs to be accompanied by a focus on continuous, effective, assessment of health and social need in order to identify any prevention and early intervention actions needed before babies are born and in the early days of their lives. Maternity staff need to work in partnership with each other, other services and with women and their families, using health asset or strengths based approaches that are based on inequalities sensitive practice.

To support this, an antenatal care access HEAT target has been in place since April 2012. Its aim is that at least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation by March 2015 so as to ensure improvements in breast feeding rates and other important health behaviours. Boards are expected to provide evidence that they are working to identify and address access barriers for groups within the communities they serve and this would include taking account the needs of the Gypsy/Traveller Communities and ensuring that services are accessible to that group.

A package of measures to support NHS Boards implement the Refreshed Framework and achieve the HEAT Target is being put in place including:

- workforce development (including education and resources to support inequalities sensitive practice),
- information and data collection improvements which will contribute toward Boards being able to ensure their ‘reach’ to particular inequalities Groups

http://www.scotland.gov.uk/Publications/2011/01/13095621/0
• improving the quality of pathways of care to ensure services work together to identify and support families with complex medical and or social needs.

In addition Scotland is the first of the UK countries to have a single, unified national woman held maternity record. This provides an important tool for women to communicate with their maternity care team during their pregnancy. The record enables different health professionals providing care to communicate with each other and to understand any problems the woman may be facing in her pregnancy both social and medical. The record is particularly important for women who may move to other Board areas throughout their pregnancy and may therefore come into contact with different maternity teams. The record provides a consistent, detailed and accessible source of information to enable staff to provide high quality, safe and person-centred care.

We would therefore suggest it is inappropriate to review midwifery services in isolation, as these are integral to the multi-disciplinary and multi-agency Maternity and Early Years care provision and that given the raft of current activities going on in this area it is sensible to allow policies and practice time to bed-in and begin to effect change.

4. We welcome NHS Health Scotland’s current review of the approach to general health care provision for Gypsy/Travellers, including the hand-held health records. We ask that the review take into account:

• This report’s recommendations on the provision of general health care, outreach services and support for staff.

Initially this aspect will form part of the review of the Hand Held Record as well as other methods of engagement.

• Alternative options for support, including the identification and provision of open-house or drop-in surgeries, and/or the development of a network through which GPs can share information regarding patients moving from one local authority to another.

It is anticipated that where our research indicates a practice or approach (such as those outlined above) can be scaled up or replicated that follow-up action will take place.
5. We seek assurance that the review takes into account our concerns that:

- hand-held records were presented to health boards as a voluntary option during roll-out – the voluntary element should be aimed at Gypsy/Travellers themselves as opposed to health boards and GP practices;

Any further engagement which NHS Health Scotland require to undertake with the Gypsy/Traveller community in respect of the Hand Held Record, including considering the voluntary aspect of it, will form part of the more in depth research, requiring ethical permissions, to be carried out next year.

- the requirement for GPs to complete both the hand-held record and the standard medical record means that they might not offer them to new Gypsy/Traveller patients or refuse to accept them; and

- the awareness-raising planned during roll-out was not employed extensively enough to ensure support and understanding amongst GPs, and a rolling programme of awareness-raising was not planned to take account of staff turnover.

Both of these recommendations will inform all parts of the work of the review of the Hand Held Record.

6. We welcome the Minister's recognition that health information about Gypsy/Travellers must be consistent, wherever they access health services. However, we are concerned about the Edinburgh Access Practice's finding that Gypsy/Travellers' unique health needs are not being met. Without a better understanding of those needs and a culturally sensitive approach to general health, there will be inevitable barriers in providing care. We recommend that the Scottish Government and its agencies:

- work in conjunction with the Edinburgh Access Practice (EAP) and other outreach services in identifying further areas for research, similar to that already carried out by the EAP, into the specific health needs of Gypsy/Travellers.

Officials in NHS Health Scotland will make contact with the Edinburgh Access Panel as part of the range of commitments they have undertaken to carry out in response to these recommendations in order to identify further areas which would benefit from research.

- work closely with Gypsy/Travellers to:
  
a) better identify the root causes of specific health issues experienced by Gypsy/Travellers;

b) identify preventative approaches; and,

c) establish areas of treatment that may require specific adjustments for cultural reasons
While officials in NHS Health Scotland believe that this is out with the scope of their current stock take covering the review of the Hand Held Record, they will follow up these 3 issues in a different proposal for future, more extensive research over longer timescales.

7. **We are looking further at living conditions in our Where Gypsy/Travellers Live inquiry and would anticipate that the Minister for Public Health will take account of the effect of living conditions on Gypsy/Travellers’ health, both physical and mental.**

The link between living conditions and mental health is tracked as part of the broader set of wellbeing indicators adopted by NHS Health Scotland.

Meeting accommodation needs is the role of the local authority and the Scottish Government engages with local authorities on this through their local housing strategies and housing needs assessments. We have previously provided funding to them to provide accommodation and facilities on local authority run administered sites. This money is now included within the local government settlement.

The Scottish Social Housing Charter also places expectation on local authorities to engage with Gypsy/Traveller communities.

We look forward to receiving the specific recommendations from the committee’s ‘Where Gypsy/Travellers Live’ inquiry, and as part of our response to these will consider the best way of ensuring that the effect of living conditions on physical and mental health are considered.

8. **Although we acknowledge that an assessment of care needs is required for all cared-for individuals – and can take some time – we believe that the increased difficulties that delays in the process can cause for Gypsy/Travellers who travel must be addressed. That the single-shared assessment, which should be portable, may not apply once a Gypsy/Traveller has moved to a new local authority area is unacceptable. We call on the Minister to establish why that occurs and take steps to address the problem and to provide us with an update on progress towards making portability of care a reality.**

We agree that those eligible for social care should have the support they require determined following an assessment under the Social Work (Scotland) Act 1968. Single shared assessment aims to ensure that information is shared between health and social care partners and to provide a holistic approach to developing the individual’s support.

The single shared assessment is the responsibility of each local authority, but they must consider the requirements of Ordinary Residence, in terms of provision of care services.

Where Gypsies/Travellers have moved from one local authority area to another, the Ordinary Residence guidance is clear in setting out what local authorities’
responsibilities are. The Scottish Government expects local authorities to work together and to ensure that there is not any delay in providing a care package as a result of disputes over the ordinary residence of an individual. We understand that the Association of Directors of Social Workers have produced a statement which they have shared with local authorities to improve consistency of approach on assessment. While this is the responsibility of each local authority, Scottish Government officials will ask COSLA to establish whether local authorities are transferring information in a reasonable way. Officials will also work with MECOPP to try and establish where the blockages occur when Gypsies/Travellers move local authority area in order that portability of care becomes a reality.

9. **We welcome the Minister’s comments about the care portability working group. However, we recommend that, if Gypsy/Travellers have not been directly consulted during the course of that group’s work that their views be sought on any actions or initiatives arising from the group’s recommendations. We also recommend that any changes in guidance ensure that individual needs are taken into account and that the approach to self-directed support does not become prescriptive.**

The Scottish Government is developing draft statutory guidance which will be issued for consultation in advance of enactment of new legislative provisions in the Social Care (Self-directed Support) (Scotland) Bill. The guidance will include good practice guidance on the individual’s support journey, including assessment and support planning. We will ensure that the consultation seeks the views of the Gypsy/Traveller community.

10. **We note that one of the main roles of voluntary organisations supporting Gypsy/Traveller carers is in helping them to understand what support they are entitled to. We believe that such advice for Gypsy/Travellers should also be built in to the health and social care system, including provision of the advice in an appropriate, accessible format. We ask that the Minister investigate the matter further.**

We note that this recommendation mentions the role of voluntary organisations in supporting carers but then goes on to mention the role of the statutory sector in supporting Gypsies/Travellers. We assume that this should refer to Gypsies/Travellers as a logical sequence.

This is an important recommendation. Voluntary organisations of course have an important role in supporting the carers, especially where they have developed good relationships with the carer population. Equally however, there is a role too for local authorities and Health Boards. The Carers Strategy, Caring Together, is clear that its actions apply to all carers.

We have commissioned Carers Scotland and MECOPP to produce a Carers’ Rights Charter. The Charter, which will be distributed to all local authorities and Health Boards and others including carers, can make clear that there are groups of carers, including Gypsies/Travellers which should have advice, information and support.
We will contact all local authority and Health Board Carers Strategy leads to ensure that they are aware of this recommendation.

The cross-sectoral Implementation and Monitoring Group (IMG) for the Carers Strategy will also discuss how best to ensure that this recommendation is taken forward.

11. We note the view expressed by some witnesses on the removal of ringfencing of funds having an effect on support available to carers. However, we understand that local authorities and NHS boards still have statutory obligations to children with disabilities and we ask, therefore, for details of and reasons for any unmet need.

There has never been ring-fenced funding within local authorities’ expenditure lines for support to carers. Both the Scottish Government and, indeed, local authorities are keen to avoid the need for any formal ring-fenced funding given the additional cost in administration that formal ring-fenced funding requires. Also, there is no evidence of improved prioritisation and outcomes through ring-fencing.

Section 23 of The Children (Scotland) Act 1995 puts a duty on local authorities to carry out an assessment of the child, or of any other person in his or her family, in order to ascertain the child's needs in so far as they are attributable to his or her disability or that of the other person, if asked to do so by the child's parent or guardian. The Act does not attach a timescale for completing this assessment or suggest a methodology for carrying out this assessment. The development of the Scottish Governments Getting it right for every child (GIRFEC) approach with its core components, values and principles and National Practice Model provide local authorities and partners with the framework and tools to assess need and plan the action required to address needs. The National Practice Model is a dynamic and evolving process of assessment, analysis, action and review, and a way to identify outcomes and solutions for individual children or young people. It allows practitioners to meet the Getting It Right core values and principles by being appropriate, proportionate and timely. The GIRFEC approach is being implemented across Scotland in every local authority.

For children who need extra help to address well-being, other than that provided through core health or school provision, a Child's Plan should be developed. Guidance on mechanisms to transfer responsibility for the delivery of the Child’s Plan as children and families travel between different Local Authorities and Health Boards will be developed as part of the national implementation of the GIRFEC approach.

Where there are no concerns regarding well-being, the education or health records, should be transferred to the new school/health board area, following the usual processes. It will be for Local Authorities and Health Boards via the Named Person to ensure that these processes are robust and appropriate to the circumstances of Gypsy/Traveller children and their families.

The Scottish Government does not hold specific details of unmet need. Addressing unmet need is a matter for local authorities, NHS Boards and other local partners.
The Scottish Government is investing £13 million between 2010 and 2015 for short breaks for carers and young carers to be provided by the voluntary sector. A large portion of this funding is for disabled children with complex needs up to the age of 20 and their parent carers, administered through the Better Breaks Fund and Take a Break Fund. The aim of these two funding programmes is to provide short breaks to disabled children and young people and their families. A few families within the Gypsy/Traveller community have benefitted from such funding.

In order to encourage future funding applications from the Gypsy/Traveller Community, an advert will be placed in the December issue of the Travellers Times promoting the Take a Break Fund. The next round of the Better Breaks Fund will also encourage applications that reach out to families from the Gypsy/Traveller communities.

12. It was clear that cultural sensitivities might be overlooked when providing care for Gypsy/Travellers. We are concerned that the level of cultural competence displayed when working with other black and ethnic minority groups is not routinely matched by providers when working with Gypsy/Travellers. To this end, we recommend that the Scottish Government take steps to ensure that any gaps in cultural awareness training are addressed.

Provision of all types of cultural awareness training for providers of care is a matter for NHS Scotland and local authorities. This applies to all groups covered by the Single Equality Duty’s equality characteristics, and is therefore for public sector organisations (in this case NHS Scotland and local authorities) to consider as part of the broader work on outcome setting as part of the public sector equality duty. NHS Health Scotland will explore this specifically as part of the work on the review of the Hand Held Record. The Scottish Government is also funding NHS Education Scotland (NES) and SSSC to take forward work on health and social care workforce development in relation to carers and young carers. The work is taking account of hard-to-reach groups including Gypsies/Travellers. In addition to this, we will include information on cultural competence in guidance which we wish to produce for local authorities.

13. We also recommend that NHS Health Scotland and professional bodies within the health and social work sector ensure that any guidance issued relating to cultural competency covers working with Gypsy/Travellers.

This recommendation is for NES. They welcome the report and the recommendations made.

NES has identified cultural competence as key to the delivery of person-centred care and is central to their approach to education and training to support person-centred care. They recognise the specific issues and barriers faced by Gypsies/Travellers identified within this inquiry and will take this into account when developing guidance or resources to support person-centred care.

They have already undertaken significant work within their Dental Directorate to embed cultural competencies within their education and training for dental trainees.
This included specific information on various ethnic groups including Gypsies/Travellers. NES will build on their learning from this work to enable them to further roll out the work around cultural competence within their person-centred care education and training.

14. We were shocked to hear of Gypsy/Travellers feeling that they had no choice other than to settle in housing away from their own communities to access care services, especially given the subsequent detriment to their own health and well-being. We feel strongly that Gypsy/Travellers should not have to abandon their traditional lifestyle and become cut-off from their culture to be able to, for instance, attend regular hospital appointments or secure appropriate adaptations. We therefore recommend that, in establishing care programmes, practitioners should work in partnership with Gypsy/Travellers to find a model of support that suits their existing lifestyle. We hope that improving portability of care through improvements to self directed support and the single-shared assessment will support this recommendation.

Should the current provisions in the Social care (Self-directed Support) (Scotland) Bill come into force, everyone who is eligible for social care will be able to exercise choice as to how their support is provided, so long as it meets the outcomes agreed between the supported person and social work. The flexibility that self-directed support allows means that people are mostly able to access a model of support that suits their lifestyle.

15. We were horrified to hear of the various delays experienced by Gypsy/Travellers in securing necessary adaptations. We welcome the establishment of the aids and adaptations working group, and urge the Minister to ensure that its work covers a comparison against the overall average waiting times for aids and adaptations and investigation into extensive delays.

Scottish Ministers recently agreed to take forward the recommendations of the final report from the independent Adaptations Working Group. The report recommends fundamental changes to the existing arrangements for delivering and funding adaptations. In particular a move from the current tenure based arrangements to a person centred approach to the delivery of adaptations is recommended – the benefits of this for the Gypsy/Traveller community are clear. Concerns about access and delays experienced by Gypsies/Travellers will be considered as part of the work required to implement the working group’s recommendations.

With regards to equipment (it should be noted that the term aids is no longer used), we are in the process of reviewing the national guidance on the provision of equipment and adaptations. The review is considering how the guidance, and supporting toolkits have been used by health and social care partnerships and what improvements have been made. We will also consider whether any updates to the guidance are required in light of recent policy developments. We will consider the issues raised in this recommendation as part of this review.
16. We suggest that the working group take into account the expertise of Gypsy/Travellers and their carers, and consult with them accordingly. To support this, we recommend the establishment of a forum whereby social work professionals, occupational therapists and manufacturers can work with Gypsy/Travellers to develop aids and adaptations better suited to trailers and chalets, as well as trailers and chalets designed with accessibility in mind.

The Scottish Government agrees that the establishment of a forum of this nature, would be beneficial. However, as it would be more appropriate for COSLA to take this forward, Scottish Government officials will ask them to consider doing so.

17. The fact that privately owned trailers or chalets situated on sites owned by councils and housing associations fall between two systems of support - private owner grants and council-funded aid - is not acceptable. We recommend that the Scottish Government and COSLA establish clear guidelines on which adaptations fall under each form of funding, and work with social care providers and Gypsy/Traveller liaison officers in ensuring that the appropriate support is available in helping Gypsy/Travellers apply for adaptations. As stated in our other recommendations, there should be an emphasis on ensuring consistency across all local authorities.

The Equality Act 2010 sets out duties for local authorities that aim to ensure barriers which prevent ill, older or disabled people from accessing services are removed. All owners of privately owned trailers and chalets can apply directly to the local authority for help under these provisions. The ownership of the site where privately owned chalets or trailers are sited should have no impact on this.

The provision of equipment and minor adaptations and funding support for housing adaptations for properties in private ownership falls to local authorities.

We are in the process of reviewing the national guidance on the provision of equipment and adaptations. We will also consider whether any updates to the guidance are required in light of recent policy developments. We will consider the issues raised in this recommendation as part of this review.

The Equality Act duty does not carry across to current legislation on the provision of grants for housing adaptations where the applicant lives in a mobile home or caravan as these properties are not defined as housing. There are currently no plans to amend the definition. However Ministers recently agreed to take forward the recommendations of the independent Adaptations Working Group. The report recommends fundamental changes and in particular a move from a tenure based to a person centred approach to the delivery of housing adaptations and concerns about access experienced by Gypsies/Travellers will be considered as part of the work required to implement the working group’s recommendations.

18. We were appalled to hear of discrimination against Gypsy/Travellers amongst support workers and lack of acceptance of the community as a distinct ethnic group. As stated in paragraph 72, the Scottish Government must continue to support awareness-raising and cultural competency
initiatives to help combat this.

The Scottish Government has always been clear that it recognises Gypsies/Travellers as a distinct ethnic group and it encourages others to do the same. We also acknowledge that they are one of the most disenfranchised and discriminated against groups in Scotland.

As part of our ongoing work to set outcomes in respect of the Public Sector Equality Duty, we are consulting with our race stakeholders in order to ensure their input, both in respect of our outcomes and theirs (where they are a public body subject to the requirements of the duty). We are currently considering how best to represent the overarching needs of Gypsies/Travellers in respect of issues such as hate crime and employability when producing outcomes, which will be published in April 2013.

19. One of the main barriers for Gypsy/Travellers in increasing their own ability to interact with the health and social care system is low levels of literacy and education. We therefore recommend that the Minister for Education and Young People acknowledges this and ensures the inclusion of Gypsy/Travellers in forthcoming outreach and adult learning strategies.

While we accept that there are lower literacy levels in the Gypsy/Traveller population, the reasons behind it are different from those we would normally recognise in adults with literacy difficulties. While the adult literacy learner population tends to be made up of those who have had difficulty in acquiring literacy skills (which may or may not have led to school refusal or behavioural difficulties), generally speaking, in the Gypsy/Traveller community it is not due to difficulties in literacy skills acquisition, but rather the reduced contact with education – partly due to lifestyle and possibly partly due to choice. If members of the Gypsy/Traveller community wish to take advantage of learning opportunities they can acquire literacy skills relatively quickly, unless there is a specific learning difficulty.

The Adult Literacies In Scotland (ALIS) Strategy is overseen by a strategic implementation group (SIG), which will shortly be considering key priorities and planning for 2013-14. Officials in Education Scotland will consider this recommendation with the SIG to see how they can best address this during the 2013-14 period.

20. The traditional model of care-in-the-family described to us by Gypsy/Travellers is a positive approach which should not be prevented by bureaucracy. As such, we recommend that in reviewing models of support and care provision NHS Health Scotland ensure that enabling shared care be taken into consideration alongside other culturally sensitive approaches.

The 2020 vision, as outlined previously, states that by 2020 everyone will be able to live healthier longer lives at home, or in a homely setting. This will mean that Scotland will have a healthcare system which delivers world leading health care through integrated health and social care services and through a focus on prevention, anticipation and supported self management.
This recommendation will be explored as part of the work on the review of the Hand Held Record. The review will identify how this model can be supported to inform potential follow up work in partnership with MECOPP.

21. We recognise the impact that MECOPP has had on the lives of the Gypsy/Travellers it has worked with, and are encouraged to hear that it obtained funding for a further three years in April 2012. One thing that has been clear to us throughout our work with MECOPP is the value of the awareness-raising sessions they run with Gypsy/Traveller trainers, in particular in their ability to dispel common misconceptions and give key support workers the opportunity to meet Gypsy/Travellers and hear their stories. Therefore, we recommend that the Scottish Government support the continuation and expansion of MECOPP’s exemplary work when funding is due for renewal in 2015.

The Scottish Government currently provides MECOPP with funding for 2 separate projects.

- Carers Policy Branch provide core funding during 2012-15 to support and enhance delivery of the Carers and Young Carers Strategy. MECOPP’s work is multi dimensional. They work with the Gypsy/Traveller community, with individuals who have a caring responsibility for a family member or friend, irrespective of whether they have a housing tenancy or live on-sites or at roadside camps. To date they have identified and supported 60 Gypsies/Travellers with caring responsibilities.
- The Equality Unit provide project funding during the same period to adopt a preventative approach by using a range of community development methods to work with Gypsy/Traveller carers to build capacity, develop skills and tackle inequalities which in the past have resulted in hate crime and discriminatory practice. By 2015, health and social care staff will have improved understanding of the issues faced by Gypsy/Traveller carers and will be better equipped to engage directly with community members to address the structural and cultural barriers faced by the community.

We agree that the work MECOPP delivers is exemplary and unique. While we are unable to make any funding commitments post 2015, we will support the continuation and expansion of their work in whichever way we can, in order that the momentum which they have built up is maintained.

22. We also recommend that other voluntary sector organisations draw on MECOPP’s work with the aim of developing a network of expertise able to support both Gypsy/Travellers and health and social care workers across Scotland. This should include exploring alternative approaches to support such as tele-health models.

There is merit in this recommendation. We will liaise with the Scottish Council for Voluntary Organisations, the Coalition of Care and Providers of Support in Scotland, the Health and Social Care Alliance Scotland and Voluntary Health Scotland to ensure that voluntary organisations know about MECOPP in order to draw upon their expertise and knowledge in this area. It would be helpful to have a wide network of
expertise within the Third Sector in order to support Gypsies/Travellers and health and social care workers across Scotland.

The second part of the recommendation about exploring alternative approaches to support such as telehealth models is also important. We have liaised with the Scottish Centre for Telehealth and Telecare who have agreed that they will investigate the matter of telehealth and identify options, including the potential for technology enabled solutions.

23. It is clear to us that one of the greatest barriers to supporting Gypsy/Travellers who travel is a lack of understanding about their lifestyle, population and travelling patterns. This means that the bi-annual count of Gypsy/Travellers carried out by the Scottish Government is unlikely to give an accurate picture of the population. We recommend that the Scottish Government commission a mapping exercise, as soon as is practicable and taking into account information from the 2011 census (which may itself not accurately reflect the size of the Gypsy/Traveller population), to better establish actual numbers of Gypsy/Travellers, popular travelling routes and population centres. We hope that such an exercise will help in establishing locations where:

a) increased training and support for key workers will be beneficial

b) new outreach services, community groups and health initiatives can be set up

c) additional permanent pitches/sites or temporary stopping places may be needed

Further to the recommendation in Paragraph 102 of the Equal Opportunities Committee report on Gypsy/Travellers and Care, Communities Analytical Services within the Scottish Government will undertake its own review of existing and emerging evidence on the Gypsy/Traveller population and their service usage and requirements.

The sources we will examine will include the 2011 Census and the latest Gypsy/Traveller counts, along with administrative sources in Education, Health and Justice. (It should be noted that we do not expect the relevant information from the 2011 Census to become available until summer 2013). The new Ethnic Group question which identifies Gypsies/Travellers as a separate category is now being asked across official data sources. In addition, the Scottish Housing Regulator will be monitoring Housing Charter outcomes specific to gypsy travellers through tenant satisfaction surveys and the findings from these will also inform this work.

We will analyse the relevant information from these evidence sources and summarise in a brief report. This will present the information we know about the size of the Gypsy/Traveller population and their use of services. This exercise will also allow us to gauge what information is missing and we will report and advise on how these evidence gaps could be filled.
24. Although we heard differing views on the ideal role of Gypsy/Traveller liaison officers (GTLOs), it is clear that in some cases these individuals have provided a great deal of support to Gypsy/Traveller carers in accessing health care services. We therefore recommend that all 32 local authorities review the role of GTLOs in partnership with Gypsy/Travellers to ensure consistency of support across Scotland. It should be borne in mind that in some cases a reduced level of interaction may be at the behest of local Gypsy/Travellers, however that this should not mean a higher level of support is not available to those who need or want it.

This recommendation is for COSLA to action, and it would not be appropriate or practical for the Scottish Government to dictate staffing requirements to local authorities. We agree that it would be helpful for local authorities to ensure that they have a named contact with whom the Gypsy/Traveller community can establish dialogue. We have made COSLA aware that they need to consider this recommendation.

25. We are extremely concerned to hear that, where there have been positive outcomes and successful engagement with Gypsies/Travellers during initiatives, there have generally been limited long-term results due to lack of on-going support. Most worrying is the effect this has had on the morale of Gypsies/Travellers, and their trust in both the Scottish Government and public services' ability to help them. We urge the Scottish Government and NHS Health Scotland, in developing any new engagement initiatives, to ensure that such initiatives are sustainable and plan for both the growth of communities and the transient nature of some Gypsy/Travellers’ lives.

In order to foster and sustain the effects of outcomes, and in the hope that we see long term results being maintained, the Scottish Government has established a cross government group to consider how to address the needs of the Gypsy/Traveller community in a joined up and strategic way. It contains representation from across the organisation, will be co-ordinated by officials in the Equality Unit, and met for the first time last month. One of the first tasks will be to initiate the implementation of the commitments outlined in this response.

In addition, NHS Health Scotland’s review of the Hand Held Record will identify initiatives for potential scale up and learning. The engagement with Gypsies/Travellers to ascertain benefits and support for an approach will be undertaken as part of follow up work to develop sustainable approaches across NHSScotland and its partners.

26. We believe that one of the clearest ways to raise awareness of Gypsy/Travellers’ health and social care needs and tackle discrimination is through clear leadership, both at a national strategic level and on a smaller scale within individual departments and practices. Nationally, we recommend that the Scottish Government continue to take into consideration the distinct needs of Gypsy/Travellers in ensuring that policies are open and accessible to all.
The Scottish Government, NHS Health Scotland and providers of health and social care take into account the needs of all members of the community when delivering policy and establishing strategies. As part of the broader work across government, agencies and partners, service providers will ensure that this continues to be the case, particularly through the use of EQIA and against the backdrop of the implementation of the Public Sector Equality Duty.

More specifically, the Scottish Government will look at this as part of a strategic piece of work they are doing to consider the needs of Gypsies/Travellers across the board, to consider how we can better meet the needs of the community, across health, education, accommodation. We will look at how awareness of needs across the board can be embedded throughout organisations, but particularly in relation to individuals and departments who have a leadership role.

27. We have heard of the positive benefits of clearly recognising Gypsy/Travellers as a distinctive group and establishing the term ‘Gypsy/Traveller’ as acceptable terminology, however, more consistency is needed in the use of this terminology. We call on the Scottish Government to review the use of appropriate language within its own documentation to ensure that a strong example is set to other public bodies, and to conduct a review into other terminology related to Gypsy/Travellers to establish similar accepted terms as soon as is practicable. For instance, the term ‘unauthorised camp’ has negative connotations, and we hope that the Scottish Government will work with Gypsy/Travellers to agree on an acceptable term using positive language.

For some years now, the Scottish Government, in agreement with the Gypsy/Traveller community has been clear about the use of the terms Gypsy/Traveller (singular) and Gypsies/Travellers (plural) and that this terminology must be used correctly and consistently in all publications and communications. We note that in this report the Committee has used terminology such as ‘Gypsy/Travellers’ which the communities with which they have engaged have indicated they prefer. We welcome the fact that this has been highlighted and will use the cross government group to consider how best to establish, with the Gypsy/Traveller community, the current accepted terminology within the community. In addition, we will also review the use of the phrase “unauthorised encampment” due to its obvious inherent negative connotations.

28. Good examples have been given of strong leadership at a management level, and we recommend that those delivering public sector services, including healthcare practices, and guidance issued by professional bodies, must ensure the following:

a) facilitating a flexible approach to working with individuals, which would benefit Gypsy/Travellers who may need more support in, for instance, understanding medication or form-filling

b) taking a hard line on any discriminatory behaviour towards Gypsy/Travellers – such behaviour must be dealt with in exactly the...
same way as racial discrimination towards any other minority ethnic group;

All public sector organisations delivering public services are already required to fulfil these obligations and the vast majority do so. However the requirements noted in a and b would benefit from being considered as part of the wider work setting outcomes as part of the Public Sector Equality Duty.

c) ensuring that policies regarding GP registration and treatment take into account cultural sensitivities and do not indirectly discriminate against Gypsy/Travellers, for instance, by requiring a fixed address; and,

As noted previously, the GP Registration Form is currently in the process of being reviewed. Views have been actively sought from professionals working with Gypsies/Travellers to improve guidance within General Practice and to ensure that the sort of discrimination outlined is avoided. As part of the agreement on the 2013-14 GP contract, we shall be moving to greater emphasis on professionalism, whilst ensuring the mechanism whereby these requirements become contractual.

d) encouraging cultural awareness through awareness-raising activities such as staff training and informal open days with Gypsy/Travellers where practitioners can get to know their local Gypsy/Traveller communities and establish what approach to care works best for them.

Any examples of cultural awareness approaches which can be gleaned from engagement with Boards as part of the review of the Hand Held Record will be shared and discussed with colleagues in NES.

29 January 2013