1. Context

MECOPP welcome the Scottish Parliament Equal Opportunities Committee’s (EOC) inquiry into Gypsy/Travellers and care. MECOPP is an independent registered charity providing a variety of services to Black and Minority Ethnic (BME) carers and people in receipt of care. In May 2011 MECOPP began working with carers within the Gypsy/Traveller community in rural and urban areas of Scotland - Edinburgh and the Lothians, Perth and Kinross and Argyll. We have a small staff team working with those in the Gypsy/Traveller community who have a caring responsibility for a family member or friend. We work with carers, of any age, who live in housing, on sites and on roadside camps.

Over the last six months, in conjunction with Gypsy/Traveller carers, we have had the pleasure of working with EOC members on a number of occasions: delivering awareness-raising training in January, holding our Hidden Carers – Unheard Voices dissemination event at the Scottish Parliament in March and giving oral evidence to the Committee in May. In May we also submitted our report Hidden Carers – Unheard Voices to the inquiry as written evidence. This short submission is intended to complement, rather than duplicate, the evidence already submitted. In this paper we wish to respond to questions and issues raised by Committee members on previous occasions but where there was insufficient time to provide a full response. We have structured our response under several key themes:

2. Health

2.1 Inequalities

As previously stated by ourselves, and health practitioners, many Gypsy/Travellers experience appalling health inequalities, lower life expectancy and higher than average rates of long-term conditions such as diabetes and cardiovascular disease. Despite this knowledge about poor health status, and previous examples of good practice, there are currently only a handful of health practitioners who actively engage with Gypsy/Travellers in an effective and sustained way. Sadly, most examples of good practice have been short-lived, often relying on the interest and goodwill of an individual or a particular health initiative, rather than a strategic approach to address the wide range of health inequalities experienced by Gypsy/Travellers. Across the UK and Ireland, there have been numerous examples of pro-active, preventative health promotion work (for example, lay health workers, smoking cessation, healthy eating, and peer advocacy) which have been successfully evaluated but unfortunately most have been short-term.

1 MECOPP, 2012, Hidden Carers – Unheard Voices
2.2 Mental Health
Our own work also indicates that many Gypsy/Traveller carers experience significant mental health difficulties such as depression, stress and anxiety. Further work is required, in a skilled and sensitive manner, around mental health and suicide prevention, anecdotal evidence suggests higher than average suicide rates and we are not aware of any specific suicide prevention work being targeted at Gypsy/Travellers. In 2009 a UK-wide research report commissioned by the Equality and Human Rights Commission recommended “that urgent research is undertaken into the prevalence of suicide and self harm amongst Gypsy, Traveller ... communities in Britain”.2

Recognising the benefits of peer learning and in order to build capacity and knowledge within the Gypsy/Traveller community, it was also recommended in the same report “that health services work in partnership with community groups, the voluntary sector and specialist agencies to train and employ peer mental health workers”.3 Despite the high levels of mental distress reported by the Gypsy/Travellers, and noted by our own staff and the health workers who have given evidence, aside from our own work with carers, we are not aware of any substantive work with Gypsy/Travellers on mental health and suicide prevention in Scotland.

2.3 Hand Held Records
Throughout the current inquiry there has been much discussion about the Hand Held Records (HHR) by Gypsy/Travellers and health staff. My impression of the evidence given so far is that the records were thought, in theory, to be an example of good practice, a practical response to the difficulties often experienced by Gypsy/Traveller whilst moving around Scotland. Furthermore, throughout the development of the record there had been significant consultation with a range of Gypsy/Travellers, as well as Gypsy/Traveller involvement in the planning group. However, it is also clear that there were significant difficulties in implementing the scheme, not least the absence of a ‘buy in’ from GPs. For information, I have attached the Scottish Executive Health Department letter which accompanied the roll out of the records.

Similarly, it has been noted that there was insufficient time and effort to explain the purpose of HHR to community members, as well as the potential benefits. Use of the HHR was always intended to be optional, an individual choice. Amongst Gypsy/Travellers, it is difficult to gauge use of the HHR and it is clear that many Gypsy/Travellers experienced difficulties in using it; however we still receive requests for copies of the record from families, particularly those who are very mobile. The closure of the National Resource Centre for Ethnic Minority Health (who had, in partnership with others, led the development of the HHR) and the absence of

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3 ibid
any monitoring and evaluation make it difficult to comment on the efficacy, or otherwise of this, initiative.

3. Engaging with Gypsy/Traveller carers

3.1 Ways of Working
In our Hidden Carers – Unheard Voices report we detail the ways of working we have found to be effective in engaging with Gypsy/Travellers, in particular using an outreach approach to work with those living in housing or on sites or camps. Similarly, the majority of Gypsy/Travellers and service-providers who have given evidence to the inquiry have highlighted the need for trust in building relationships and thus working effectively.

3.2 Accommodation and Household Growth
Across the three areas we work in Gypsy/Traveller carers regularly voice their frustration and unhappiness at being forced to give up their traditional lifestyle and live in housing, especially those who have caring responsibilities. For many this has also resulted in an erosion of their cultural traditions and strong sense of loss. Part of the reason for having to move into a house is the lack of suitable facilities on sites, as well as insufficient site provision more generally. The design and management of sites is rigid and quite uniform across Scotland, with little provision for the elderly or disabled.

Over the last few decades there has been limited, if any, provision made for population growth within the Gypsy/Traveller community. Instead, the number of pitches available in Scotland has actually decreased over the last decade. Whilst there are no accurate figures available on population size, anecdotal evidence from the community of young Gypsy/Travellers marrying and having their own families suggests the accommodation needs of the Gypsy/Traveller population in Scotland are increasing. We come across numerous examples of young people being concerned about where they will live when they marry, or older people in need of care but also aware there is nowhere on their site for their family carers to live.

Across Scotland accommodation needs assessments and household growth surveys are regularly carried out by social housing providers. Whilst a couple of accommodation needs assessments have been carried with Gypsy/Travellers, MECOPP are not aware of any resultant increase in site provision or any new developments in site design. We are aware that the Committee will be taking evidence on accommodation issues later this year and will submit further details on these issues at that time.

3.3 Needs not Numbers
Over the last year we have participated in many meetings and discussions with service providers, at strategic and operational levels, who have never considered the
needs of Gypsy/Traveller carers. As the Scottish Government stated in Caring Together (the Carer’s Strategy for Scotland 2010 – 2015), low reported numbers of carers should not be assumed to mean a low prevalence of caring, but rather could be seen as a reflection of the difficulties encountered by these carers.

Some of those giving evidence to the current inquiry have expressed the view that ‘everything is okay’ in their area, or that the situation has improved dramatically. We are not aware of any research evidence which would confirm such views. In our outreach work we often come across situations where senior staff have assumed that issues on a site, for example, have been dealt with because they have not received complaints. In reality, tenants can be either fearful of complaining, in case it affects their tenancy, or have often become disillusioned and frustrated with the apparent lack of action to date. For many we work with there is a strong sense of having to ‘make do’ with sub-standard and poor quality facilities and services.

3.4 Gypsy/Traveller Carers
Several carer organisations, at a national level and locally, have stated that the issues being raised by Gypsy/Travellers are also experienced by other carers. Whilst this is true to a degree, there are also a number of additional barriers experienced by carers within the Gypsy/Traveller community:

- Lack of knowledge about Gypsy/Travellers and their culture
- Prevalence of stereotyping amongst service-providers and society more generally
- Isolation – sometimes from your own community and wider society, particularly if living in a house
- Issues associated with living on a site, including poor quality facilities, remote locations, limited engagement with services and restricted tenancy rights compared to other social housing tenants
- Significant health inequalities and poor access to health services
- Literacy levels in many families are limited
- The largely hidden impact on mental health of being forced to live in a house
- A lack of awareness of social care services and entitlements

As the national carer strategy noted a low number of requests for support does not necessarily mean a low level of need.

3.5 Gypsy/Traveller Liaison Officers
In the 2001 inquiry recommendation 32 noted that local authorities should recruit Gypsy Traveller Liaison Officers (GTLO) to support Gypsy/Travellers to access public services. At the time the EOC were very specific in suggesting this role should not be the same as that of a site manager who usually has an enforcement role, as well as recognising the different skill sets that would be required for each role.
Nevertheless, in 2012 our experience suggests many local authorities have simply changed the name of the site manager to that of GTLO.

4. National Leadership and Strategy

It is now over ten years since the Equal Opportunities Committee published the results of their lengthy and wide-ranging inquiry in 2001, our work with Gypsy/Traveller carers, and the powerful evidence given by Gypsy/Travellers to Committee members earlier this year, suggests that for many their lives have not significantly improved. As previously discussed, there have been countless examples of localised, short-term initiatives, which have generated knowledge and, in some cases, evidence of good practice. However, much of the learning is lost when the project closes or the worker moves on.

Working with Gypsy/Travellers is not unique but, at least during the initial stages, a pro-active approach is required, decades of discrimination and unequal treatment, including not being listened to, have for many individuals resulted in a reluctance to engage and initially a guarded response. In our experience, this can be overcome by providing a skilled outreach approach - a way of working which is respectful and sensitive, allowing time to build up trust and lasting relationships. Our experience of suggests that care providers often assume this will mean additional work, but such approaches are equally beneficial to other carers, particularly those who are isolated or marginalised, for whatever reason. We would strongly argue that much of the learning from working with Gypsy/Travellers is transferable.

4.1 A Strategic Approach

The HHR example, the patchwork of provision of health staff across Scotland, the short-term nature of many initiatives, combined with research evidence detailing the poor health status of Gypsy/Travellers and low life expectancy, all illustrate the pressing need for a national Gypsy/Traveller health and social care strategy. Furthermore, the involvement of community members is integral to the development, delivery and monitoring of this strategy. Much can be learned from other areas of the UK and Ireland, as well as what has and hasn’t worked in Scotland. Consideration must also be given to new and creative ways of engaging and working with community members. As with any good strategy there is a need for clearly identified and meaningful outcomes, action plans and timescales.

The research and anecdotal evidence from Gypsy/Traveller carers and agencies working with the community, with regard to health status, is compelling and shocking. However, as the lack of progress since the 2001 inquiry has shown, health inequalities are likely to remain unchallenged without a national targeted approach. The links between health status and care are self-evident, and as long as significant health inequalities exist, the consequent care needs are likely to increase. It is also imperative that community members themselves are at the core of any initiative - too
often in the past decisions have been made on behalf of, rather than in conjunction with.

4.2 Changing Attitudes

In Hidden Carers – Unheard Voices we expressed our concern about some of the stereotypical and discriminatory attitudes and comments heard by MECOPP staff in their work with service-providers. For example, at a care centre one of our staff members was recently asked “what about the impact on other carers? They could all leave if we let Gypsy/Travellers use this centre”. Our experience suggests that such attitudes are not unique to the health and social care sector but rather commonplace within Scottish society. The 2010 Scottish Social Attitudes survey provided evidence of prejudicial attitudes towards Gypsy/Travellers, for example 37% of respondents said would be unhappy if a close relative married, or formed a long-term relationship, with a Gypsy/Traveller. This compared with 9% being unhappy that a close relative formed a committed relationship with a Black or Asian person.\(^4\)

The prevalence of such attitudes has been rarely challenged and strong, and visible, leadership and strategic planning is required to tackle such discrimination and prejudice. In recent years a wide range of deeply entrenched and unacceptable attitudes in Scottish society have been targeted in a robust and sustained manner. The evidence suggests a similar approach is urgently needed to tackle to widespread stereotyping and discrimination faced by many Gypsy/Travellers.

5. Concluding Remarks

We hope this paper is of use to Committee members and would be happy to provide further evidence if required. We look forward to continuing to work with the Equal Opportunities Committee in the coming months.

Michelle Lloyd
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MECOPP
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\(^4\) Scottish Government, 2011, Scottish Social Attitudes survey 2010. Attitudes to discrimination and positive action