Evaluation of a Gypsy/Traveller Community Health Worker service

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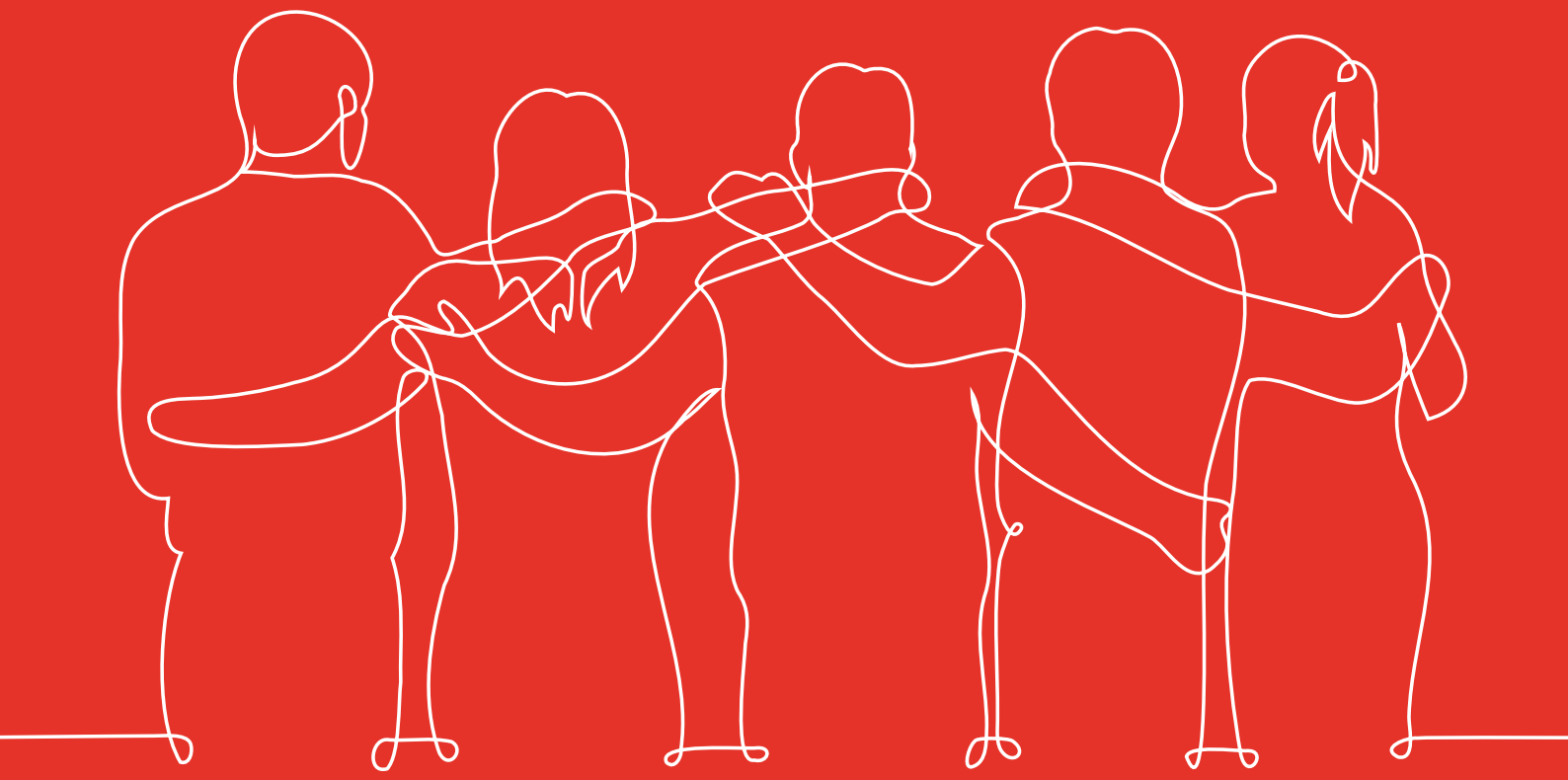

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List of abbreviations

CHW	Community Health Worker
COSLA	Convention of Scottish Local Authorities
CPR	Cardio-pulmonary Resuscitation
EOG	Evaluation Oversight Group
GP	General Practitioner
G/T	Gypsy/Traveller
ESL	English as a second language
MECOPP	Minority Ethnic Carers of People Project
NHS	National Health Service
ScotPHN	Scottish Public Health Network
SG	Steering Group
UK	United Kingdom

Executive summary

Introduction

This report evaluates the two-year Community Health Worker (CHW) service in Scotland delivered by a third sector organisation, Minority Ethnic Carers of People Project (MECOPP), which provided training to Gypsy/Travellers to advocate for their community on health and social care issues. The service, which was created as part of the Scottish Government and COSLA's joint action plan to address inequalities faced by Gypsy/Travellers[1], was designed with the intention to improve their health and wellbeing. Funding for the service was secured by The Scottish Public Health Network and the Directorate for Chief Medical Officer. The evaluation was conducted by the Mother and Infant Research Unit (MIRU) at the School of Health Sciences, University of Dundee, and covered the initial two-year period from August 2021 to August 2023.

There has been extensive evidence showing that Gypsy/Travellers residing in the UK tend to face significant health disparities, resulting in outcomes that are not as favourable as those of the general population and other similarly disadvantaged groups[2,3].

Gypsy/Travellers face high rates of homelessness, inadequate education, unemployment, poverty, and regular experiences of racism and discrimination[4]. This profoundly affects their mental health and overall well-being. Additionally, the potential for lack of trust between Gypsy/Travellers and healthcare professionals impacts health seeking behaviour and health service provision, as there are also barriers in accessing responsive health services and preventative care interventions[5].

Evidence indicates that community-based lay roles can improve healthcare access, reduce costs, and promote knowledge exchange between communities and health services through trusted individuals[6]. This project aimed to evaluate the implementation of the Gypsy/Traveller CHW service, including barriers and facilitators, and make recommendations for its future scale-up. Objectives included describing the roles and activities of the CHWs, exploring the acceptability and feasibility of the service, identifying implementation barriers and facilitators, describing any modifications made, and examining the perceived benefits and disadvantages of the CHW service.

[1] Scottish Government and the Convention of Scottish Local Authorities (COSLA). Improving the lives of Gypsy/Travellers: 2019-2021. 2019. Available at: https://www.gov.scot/publications/improving-lives-scotlands-gypsy-travellers-2019-2021/

[2] Cemlyn S, et al. Inequalities experienced by Gypsy and Traveller communities: a review (Equality and Human Rights Commission research report 12). Manchester: Equality and Human Rights Commission; 2009. Available at: https://research-information.bris.ac.uk/en/publications/inequalities-experienced-by-gypsy-and-traveller-communities-a-rev

[3] Aspinall PJ. Hidden needs identifying key vulnerable groups in data collections: vulnerable migrants, Gypsies and Travellers, homeless people, and sex workers. Canterbury: University of Kent. Centre for Health Services Studies; 2014. Available at: https://assets.publishing.service.gov.uk/media/5a7ca61eed915d7c983bc0a1/vulnerable_groups_data_collections.pdf

[4] Friends, Families and Travellers. Briefing: Health inequalities experienced by Gypsy, Roma and Traveller communities. 2022. Available at: https://www.gypsy-traveller.org/resource/briefing-health-inequalities-experienced-by-gypsy-roma-and-traveller-communities/

[5] McFadden A, Siebelt L, Jackson C, et al. Enhancing Gypsy, Roma and Traveller peoples' trust: using maternity and early years' health services and dental health services as exemplars of mainstream service provision. 2018. Available at: https://discovery.dundee.ac.uk/en/publications/enhancing-gypsy-roma-and-traveller-peoples-trust-using-maternity-

[6] Javanparast S, Windle A, Freeman T, Baum F. Community health worker programs to improve healthcare access and equity: Are they only relevant to low-and middle-income countries? International Journal of Health Policy and Management. 2018;7(10):943. Available at: https://pubmed.ncbi.nlm.nih.gov/30316247/

Summary of methods

The evaluation design was a multi-method qualitative study guided by the CHW service logic model and Proctor's implementation outcomes[7]. These outcomes included reach, adoption, acceptability, feasibility, and sustainability. The study had 3 phases: Phase 1: Stakeholder interviews; Phase 2: CHW focus groups at different stages of implementation; analysis of CHW activities and meetings with service management; and Phase 3: Interviews with Gypsy/Travellers; discussions with community groups, and a workshop with CHWs and management team.

Qualitative data was analysed using the framework method and mapped to five implementation outcomes as pre-determined themes. This included data from interviews, focus groups, and documents.

A Patient and Public Involvement (PPI) group was formed under Article 12[8] for the evaluation process. They contributed to various aspects of the project, including recruitment strategy, document accessibility, and the dissemination plan. An Evaluation Oversight Group (EOG) consisted of a public health practitioner, MECOPP Community Health Team Manager, MECOPP Gypsy/Traveller Support Service Manager, and the evaluation research team. The EOG met regularly to discuss service implementation and evaluation progress, totalling 13 meetings between August 2021 and May 2023.

[7] Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., Griffey, R., & Hensley, M. (2011). Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. Administration and policy in mental health, 38(2), 65–76. Available at: https://doi.org/10.1007/s10488-010-0319-7

[8] Article 12 in Scotland is a third sector organisation that builds capacity and social capital in the Gypsy/Traveller community through an asset-based approach. More information available at: https://www.article12.org/

Summary of findings

The five implementation outcomes discussed in this report are as follows:

Reach

The CHWs were an essential resource in uncovering the obstacles faced by the Gypsy/Traveller community and breaking down barriers to accessing healthcare and other services. Between December 2021 and August 2023, the CHWs made initial contact with around 1,000 Gypsy/Travellers. They primarily served six NHS Health Boards: Ayrshire and Arran, Lanarkshire, Lothian, Tayside, Forth Valley, and Highlands.

The CHWs maintained contact with many of these individuals, offering ongoing support for their complex needs. They also extended support and information to the wider Gypsy/Traveller community due to their influence and close-knit culture. The CHW service has a significant impact on more than the six NHS Health Boards listed due in part to the Gypsy/Traveller community's transient culture. For instance, large groups of 200 to 20,000 people connected with CHWs during Gypsy/Traveller gospel missions[9]. These factors combined, make it difficult to determine the exact numbers reached. Nonetheless, CHWs had to carefully navigate working within their capacity, particularly as their reach grew.

Adoption (initial implementation and uptake of the service)

The involvement of the third sector organisation MECOPP was crucial for the successful delivery and implementation of the CHW service. The participants recognised the innovation and success of MECOPP in delivering and implementing the CHW service. The community's trust in MECOPP and CHWs was noted as a vital factor in the service's positive outcomes. Trustworthy organisations and CHWs can provide community access, which is essential for meeting the needs of minority communities through grassroots initiatives.

The service development involved strategies such as information sharing, advocacy, support, and referrals. Initially, mental health was prioritised, including issues like suicide, anxiety, depression, and loneliness. Domestic abuse was often an underlying issue for women with mental health conditions. Other issues arose, such as childbirth, depression, diabetes, menopause, and men's health. The cumulative effect of multiple health conditions on life expectancy was mentioned.

[9] In Scotland, there are typically four to five missions per year, and CHWs are currently present in all the Health Boards where missions take place. Up to 2,000 people participate in each mission held in Scotland. Additionally, there is an annual Convention of the Light and Life church for the Gypsy/Traveller community, which sees around 20,000 participants from the UK and Europe, including Holland, France, and other parts of Europe. Two of the CHWs are married to pastors of the Light and Life church. Thanks to the CHWs, members of the Gypsy/Traveller community are now receiving health checks, including breast cancer screening, during these events. Even though missions and conventions are gospel outreaches, attendees do not have to be Christian. It's important to note that the concept of missions was co-developed with four CHWs. The video of the Light and Life Convention 2023 Market Harborough can be found on YouTube at https://www.youtube.com/watch?v=8ZEGpkRStOY

The project revealed that understanding health requires considering factors such as accommodation and education, especially for the Gypsy/Traveller community. Social determinants of health include individual factors, social networks, living and working conditions, and socio-economic, cultural, and environmental conditions.

The evaluation also highlighted that third sector organisations may need structural support, such as equipment, materials, and training, as they tend to be small organisations.

Acceptability (satisfaction with the service)

Participants praised the CHWs for their positive impact on the Gypsy/Traveller community. They highlighted benefits such as improved access to healthcare, advocating for Gypsy/Traveller health and rights (e.g. through supporting the community to engage with services, vaccination uptake, screening and healthcare services registration, and facilitating women's groups where women could learn about their rights and gain insight into health and social services), and building trust between the community and services. Most importantly, the participants expressed the value of having someone reliable to provide support and information, which they see as a pathway to opportunities.

It was paramount that CHWs were part of the Gypsy/Traveller community, as they understand their cultural and community needs. Satisfaction with the CHW service is discussed in relation to two key areas of importance: 1) trust and confidentiality; and 2) managing expectations of the CHW role and capacity. Findings indicate that trust is paramount in the acceptance of CHWs by the Gypsy/Traveller community. Confidentiality and the CHWs' genuine desire to help and understand the community are key dimensions of trust.

CHWs act as a bridge between communities and health systems, serving as intermediaries and cultural brokers. Gypsy/Traveller participants appreciated that CHWs can be contacted anytime for any issues. However, CHWs felt the need to carefully manage their capacity and community expectations as there is potential for their personal and professional identities to become blurred due to their close familiarity with the Gypsy/Traveller community.

Feasibility: (suitability of the service for everyday use)

The study investigated the feasibility of CHWs in addressing and overcoming structural and systemic discrimination in healthcare for Gypsy/Travellers. The CHW role aims to support government health and social care policies by addressing issues such as enhancing service access and reducing health inequalities. However, their efforts can be hindered by weaknesses in the health system. Gypsy/Travellers encounter challenges in accessing healthcare, including registration difficulties, discrimination, lack of understanding, poor communication, low health literacy, lack of trust, and at times subpar care.

Moreover, they often face discriminatory, racist, and stigmatising behaviours, which further impede the quality, delivery, and accessibility of care. For example, the findings suggest that healthcare providers and service providers should be mindful of the unique aspects of the Gypsy/Traveller community, such as women's preference to discuss women's health topics away from men, to improve healthcare access.

Many of the individuals and families benefiting from CHWs have diverse health and social needs, including issues with housing and accommodation. Experiencing discrimination, racism, and stigma when seeking services can exacerbate their health challenges. Given that health services are not able to provide direct access to specialists within the community, there is a recognised need to enhance access to these services and address barriers by listening to the voices of individuals and the community as a whole.

The study's findings indicate that CHWs have the potential to address the negative stereotypes and biases faced by the Gypsy/Traveller community in health and social services. This is due to the valuable personal insights that CHWs possess, as they may have encountered similar obstacles in accessing these services. The study examined the impact of CHWs on healthcare providers' understanding of service delivery improvement, with the advocacy role of CHWs and the significance of partnerships in implementation being key findings.

Sustainability: (continuation of the service)

Scalability and sustainability were critical for stakeholders and community members. CHWs were important for building community capacity and knowledge, and it was hoped that they would increase Gypsy/Travellers' involvement in healthcare decisions and ability to make informed choices. The CHW service has positively impacted health outcomes for the Gypsy/Traveller Community in Scotland. However, limited resources and incentives make the CHWs vulnerable to being overshadowed by other NHS priorities. Retention, job satisfaction, and motivation are crucial for sustainability. CHW training is important for their knowledge and skills, but delivering comprehensive training on a large scale presents certain challenges. For instance, it is essential to exercise caution to preserve consistency and quality while expanding the training of CHWs. Nevertheless, another way training can serve as a factor of sustainability is by enabling community and health provider confidence in the CHWs and their ability to perform their duties.

CHWs highlighted the importance of finding satisfaction in improving the wellbeing of Gypsy/Travellers. Having a strong connection to their community allows individuals to feel proud of their role as CHWs, as they know they are working to support their own community. However, this can sometimes lead to tensions between communities and health systems. CHWs who are not well integrated into their communities or health systems can have a negative impact on the quality of care provided and may result in a loss of empowerment for the CHWs. By enabling CHWs to improve their confidence and skills, trust can be fostered with Gypsy/Travellers in the areas where they work and build productive relationships with key service personnel.

Recommendations

Recommendations for NHS health boards

Health Boards should:

1. Provide a CHW service that has sufficient capacity (i.e. numbers of CHWs) to be accessible to all Gypsy/Travellers in Scotland
2. Ensure that CHW service is not reliant on short-term funding
3. Develop a business case for commissioning, implementing, and sustaining a CHW service. The business case should link to broader strategies such as the 'Anti-racism in Scotland progress review 2023'[10]
4. Follow established models of best practice for the CHW service: CHW service delivered through a third sector organisation to ensure a community-led service. Employing the CHWs directly by the NHS risks prioritising service needs that may not align with the values, culture, or priority health needs of the Gypsy/Traveller community
5. Encourage the use of 'Access to Healthcare – GP Registration cards'[11] to increase Gypsy/Traveller community members' GP practice registration
6. Offer flexible appointments and drop-in services for Gypsy/Travellers as they may face additional challenges accessing scheduled appointments
7. Collaborate with CHWs to develop innovative strategies to improve access to health services (e.g., vaccination uptake, cancer, and diabetes screening)
8. Work in partnership with third sector and local community organisations to develop appropriate healthcare services for the Gypsy/Traveller community
9. Embed the CHW service in the NHS with multisector support (e.g., health service providers, third sector organisations, government, and other stakeholders invested in improving Gypsy/Traveller health)
10. Set out equality outcomes that align with the Gypsy/Traveller action plan[12], including improving mental health and well-being and inclusive public health messaging
11. Nominate a Gypsy/Traveller lead to spearhead the development and monitoring of Gypsy/Traveller health improvement plans

[10] Scottish Government. Anti-racism in Scotland: progress review 2023. 2023. Available at: https://www.gov.scot/publications/anti-racism-scotland-progress-review-2023/pages/12/#page-top

[11] Access to Healthcare – GP Registration cards. Available at: https://www.healthliteracyplace.org.uk/toolkit/access-to-healthcare/

[12] Scottish Government. Gypsy/Travellers action plan: 2023. 2023. Available at: https://www.gov.scot/publications/improving-the-lives-of-gypsy-travellers-action-plan/pages/health/

12. Develop a Gypsy/Traveller health improvement plan aligned to the forthcoming national Gypsy/Traveller action plan

13. Work with CHWs to identify the most appropriate ways to raise awareness among Gypsy/Travellers and health service providers to increase access and improve health service delivery

14. Support Gypsy/Travellers to be heard in local and national policy debates to enable consideration of cultural norms and sensitivities

15. Embed Gypsy/Traveller cultural awareness training in the NHS Knowledge and Skills Framework (KSF)[13] and make it mandatory for all staff

Recommendations for CHW service commissioners

Commissioners responsible for the development, monitoring and scale-up of the CHW service should:

1. Recruit members of the Gypsy/Traveller community to develop the CHW role so that they understand the culture and community health needs

2. Increase the numbers of CHWs to improve service delivery for increased numbers of Gypsy/Travellers in Scotland

3. Offer flexibility to CHWs to meet community needs (e.g., working out-of-hours, accompanying Gypsy/Travellers to appointments) and provide opportunities to develop personal interests (e.g., working with specific age groups or on particular issues)

4. Support for CHWs to enhance their lived experience through personal and professional development

5. Promote appropriate work and career development opportunities aligned with personal interests, e.g., mentoring from and taking on roles with external agencies and developing IT skills

[13] Department of Health. The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process. 2004. Available at: https://www.msg.scot.nhs.uk/wp-content/uploads/KSF-Handbook.pdf

Recommendations for policymakers, including Scottish Government and Public Health Scotland

Policymakers should:

1. Continue improving lives and reducing inequalities for the Gypsy/Traveller community as a strategic priority
2. Review with CHWs health information material to reduce health inequalities aligned with the Women's Health Plan[14] (e.g. availability of culturally appropriate menopause materials)
3. Develop a campaign to raise public awareness of Gypsy/Traveller culture, community and contributions to society to reduce stigma and discrimination
4. Consider the complexity of the CHW role and the impact of the social determinants of health (e.g. education, housing, poverty, health literacy) in the CHWs' workload
5. Support the NHS Gypsy/Traveller CHW Steering Group to provide a point of escalation for issues identified by the CHW service
5. Work with researchers to use participatory approaches involving the Gypsy/Traveller community in policy development and decision-making

You know and with Travellers as well, there's a lot of trust issues. You know we're some people don't trust outsiders where they'll trust somebody in their own community... I just hope that the government, they all realise how big asset these community workers are.

Gypsy/Traveller Community Member 1

[14] Scottish Government. Women's health plan (2021). Available at: https://www.gov.scot/publications/womens-health-plan/

Introduction

This report is the final evaluation of the Community Health Worker (CHW) service in Scotland. The evaluation was conducted by the Mother and Infant Research Unit (MIRU) at the School of Health Sciences, University of Dundee. The evaluation period covered the first two years of the service, from August 2021 to August 2023.

Context and background

The term 'Gypsy/Traveller' covers diverse groups including Scottish and Irish Travellers, Romany Gypsies and Roma, who share characteristics of a cultural tradition of nomadism even if they no longer travel, alongside experiences of discrimination and social exclusion. The exact size of the population in Scotland is not known, as due to stigma many prefer not to identify as Gypsy/Travellers. In the 2011 Census, 4,200 people in Scotland self-identified as a Gypsy/Traveller[15]. However, organisations working with the communities estimate the population to be 15,000-20,000 people[16].

There is longstanding evidence that Gypsy/Travellers living in the UK experience major health inequalities with worse outcomes than the general population and other similarly disadvantaged group[17,18]. Average Gypsy/Traveller life expectancy is estimated to be 11.5 years (women) and 15 years (men) less than the general population[19], with higher rates of morbidity from non-communicable diseases, increased rates of suicide and poorer infant and child health reported[20]. Research findings consistently show significant gaps between health outcomes for Gypsy/Travellers compared to the wider population. The impact of the COVID-19 pandemic on Gypsy/Travellers was exacerbated by factors such as digital exclusion, low general and health literacy, and barriers to accessing health services[21]. Nevertheless, communities developed their own solutions to meet community needs.

[15] Scottish Government Gypsy/Travellers in Scotland – A Comprehensive Analysis of the 2011 Census 2015. Available at: https://www.webarchive.org.uk/wayback/archive/20170701200514/http:/www.gov.scot/Publications/2015/12/5103

[16] Scottish Government Gypsy/Travellers. Available at: https://www.gov.scot/policies/gypsy-travellers/

[17] Cemlyn S, et al. Inequalities experienced by Gypsy and Traveller communities: a review (Equality and Human Rights Commission research report 12). Manchester: Equality and Human Rights Commission; 2009. Available at: https://research-information.bris.ac.uk/en/publications/inequalities-experienced-by-gypsy-and-traveller-communities-a-rev

[18] Aspinall PJ. Hidden needs identifying key vulnerable groups in data collections: vulnerable migrants, Gypsies and Travellers, homeless people, and sex workers. Canterbury: University of Kent. Centre for Health Services Studies; 2014. Available at: https://assets.publishing.service.gov.uk/media/5a7ca61eed915d7c983bc0a1/vulnerable_groups_data_collections.pdf

[19] McGorrian C, Frazer K, Daly L, et al. The health care experiences of Travellers compared to the general population: the All-Ireland Traveller Health Study. J Health Serv Res Policy. 2012;17(3):173-180.

[20] Parry G. The health status of Gypsies and Travellers in England: summary of a report to the Department of Health 2004. 2004

[21] Marston C et al. Routes: New ways to talk about COVID-19 for better health- a focus on Gypsy, Roma and Traveller communities and migrant workers in precarious jobs. 2022 Depth Research Group, London School of Hygiene and Tropical Medicine. Available at: https://bura.brunel.ac.uk/handle/2438/26006

The reasons for such poor health in Gypsy/Traveller communities are complex; it is unclear how social determinants such as social exclusion, poverty, poor living conditions, low educational achievement, and pervasive stigma and discrimination interact with lifestyle factors, health–seeking behaviour, and healthcare access[22].

The influence on health of social determinants such as low socio-economic status, poor housing conditions, poor employment, and experiencing stigma, prejudice and discrimination is well-established[23]. Among Gypsy/Travellers, there are high rates of homelessness or poor housing, low education attainment, unemployment, and poverty, as well as daily experiences of racism and discrimination. This has a profound effect on health and wellbeing, mental health in particular.

A key barrier to sustained improvement in health is lack of trust between Gypsy/Travellers and healthcare professionals[24]. It is known that Gypsy/Travellers face multiple barriers to accessing responsive health services including upstream public health interventions focused on preventative care such as screening and immunisation. A systematic review[25] identified barriers including difficulties in registering with GPs and dentists, discrimination towards Gypsy/Travellers by healthcare providers, lack of understanding from health service personnel, poor communication between healthcare providers and Gypsy/Travellers, low health literacy, lack of trust, and poor-quality care. The review also found a lack of high-quality evaluations of interventions to reduce health inequalities, and no economic evaluations.

An acute challenge in assessing health needs for Gypsy/Travellers is the lack of data. As previously stated, many Gypsy/Travellers do not disclose their identity because of the associated stigma. Although a recognised ethnicity in the census, the NHS does not have a code for Gypsy/Traveller in its routine data collection. This means that there is limited understanding of Gypsy/Traveller health outcomes in Scotland. Most of the evidence on health needs is from Ireland. Without this data, health outcomes cannot be monitored and this impacts on the ability to evaluate service innovations quantitatively.

[22] Millan M, Smith D. A Comparative Sociology of Gypsy Traveller Health in the UK. Int J Environ Res Public Health. 2019;16(3):379. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6388580/

[23] Friends, Families and Travellers. Briefing: Health inequalities experienced by Gypsy, Roma and Traveller communities. 2022. Available at: https://www.gypsy-traveller.org/resource/briefing-health-inequalities-experienced-by-gypsy-roma-and-traveller-communities/

[24] McFadden A, Siebelt L, Jackson C, et al. Enhancing Gypsy, Roma and Traveller peoples' trust: using maternity and early years' health services and dental health services as exemplars of mainstream service provision. 2018. Available at: https://discovery.dundee.ac.uk/en/publications/enhancing-gypsy-roma-and-traveller-peoples-trust-using-maternity-

[25] McFadden A, Siebelt L, Gavine A, et al. Gypsy, Roma and Traveller access to and engagement with health services: a systematic review. The European Journal of Public Health. 2018;28(1):74-81. Available at: https://discovery.dundee.ac.uk/en/publications/gypsy-roma-and-traveller-access-to-and-engagement-with-health-ser

Community-based lay roles have shown potential to enhance equity of healthcare access and reduce health service costs[26]. Such roles work on the premise that role-holders are trusted members of their communities who can facilitate reciprocal relationships and flow of knowledge between communities and health and social care services.

To address the scale and persistence of inequalities experienced by Gypsy/Travellers across Scotland, the Scottish Government and the Convention of Scottish Local Authorities (COSLA) published a joint action plan "Improving the lives of Gypsy/Travellers: 2019-2021". The action plan represents a commitment to human rights and delivering a fairer Scotland. The action plan sets outs commitments aimed at improving the lives of Gypsy/Traveller communities by offering the right to safe and secure accommodation, improving access to public services, addressing financial needs and improving employment opportunities, tackling racism and discrimination, and improving Gypsy/Traveller representation. One action in the plan is:

> *"Recruiting and supporting Community Health Workers from Gypsy/Traveller communities, to provide health advocacy on a wide range of health and social care issues, learning from good practice in other countries."*

A public health practitioner from the Scottish Public Health Network, and a Senior Medical Officer in the Directorate for Chief Medical Officer, Scottish Government, secured two-year funding for a Community Health Worker (CHW) service.

[26] Javanparast S, Windle A, Freeman T, Baum F. Community health worker programs to improve healthcare access and equity: Are they only relevant to low-and middle-income countries? International Journal of Health Policy and Management. 2018;7(10):943. Available at: https://pubmed.ncbi.nlm.nih.gov/30316247/

The Community Health Worker service

The CHW service is a two-year programme in which Gypsy/Traveller Community Health Workers (CHWs) are trained to provide health advocacy for their community on health and social care issues[27]. The aim of the service is to address longstanding health inequalities experienced by Gypsy/Travellers, and to improve their health and wellbeing.

The original plan was that the CHW service would be delivered by an NHS organisation. However, implementation was significantly delayed by bureaucratic barriers and the Covid-19 pandemic[28]. In 2021, a third sector organisation, Minority Ethnic Carers of People Project (MECOPP) agreed to deliver the CHW service. The reason for inviting MECOPP to deliver this service was the community trust and respect for the organisation built over a long history of working with Scottish Gypsy/Travellers[29].

The Chief Executives of NHS Boards recommended the establishment of an NHS Scotland Gypsy/Traveller Steering Group. This steering group (SG) was to work alongside the CHW service providing a point of escalation for significant issues, including cross-organisational challenges, and addressing blockages and barriers as they arose. In addition, the SG would support the development and implementation of the service, ensuring its learning, opportunities and challenges were shared across Scotland.

The CHW service implementation started in August 2021 with the appointment of a Community Health Team Manager to manage and support the CHWs. The first cohort of CHWs commenced their roles in December 2021 and the second cohort in January 2023.

[27] Scottish Government and the Convention of Scottish Local Authorities (COSLA). Improving the lives of Gypsy/Travellers: 2019-2021. 2019. Available at: https://www.gov.scot/publications/improving-lives-scotlands-gypsy-travellers-2019-2021/

[28] World Health Organisation. Coronavirus disease (COVID-19) pandemic. Available at: https://www.who.int/europe/emergencies/situations/covid-19

[29] Minority Ethnic Carers of People Project. Gypsy/Traveller Resources. 2022. Available at: https://www.mecopp.org.uk/gypsytraveller-resources

The evaluation methods

Aim

To evaluate the implementation of the Gypsy/Traveller Community Health Worker (CHW) service including the barriers and facilitators encountered and to make recommendations for its future scale-up.

Objectives

1. To describe the roles, responsibilities, and activities of the CHWs
2. To explore the acceptability, appropriateness, adoption, feasibility, reach, and sustainability of the CHW service
3. To identify barriers to and facilitators of the implementation of the Gypsy/Traveller CHW service
4. To describe any context driven modifications to the service as it was implemented
5. To explore the perceived benefits, disadvantages, and any unintended consequences of the CHW service

Design

The evaluation design was a multi-method qualitative study guided by the CHW service logic model (Appendix 1) and Proctor's framework of implementation outcomes[30]. These outcomes were: *reach* (number of people affected), *adoption* (initial implementation and uptake of the service), *acceptability* (satisfaction with the service), *feasibility* (suitability of the service for everyday use), and *sustainability* (continuation of the service).

The study had 3 phases:

- PHASE 1: key informant interviews with stakeholders[31]
- PHASE 2: focus group discussions with CHWs at early- mid- and late- service implementation (cohort 1) and early- and mid- implementation (cohort 2); analysis of records of CHW activities and notes of meetings with the Community Health Team Manager
- PHASE 3: individual interviews with Gypsy/Travellers who had engaged with the CHW service; informal discussions during visits to Gypsy/Travellers community groups, and a workshop with four CHWs and the CHWs service management team[32]

[30] Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., Griffey, R., & Hensley, M. (2011). Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. Administration and policy in mental health, 38(2), 65–76. Available at: https://doi.org/10.1007/s10488-010-0319-7

[31] The CHWs agreed to the use of the term 'stakeholder' within this final report evaluation. The authors acknowledge the sensitivity of this term in a colonial context and recognise that it can be offensive to some Indigenous populations.

[32] Analysis of data captured during the preceding phases elicited the need to expand discussions with CHWs, including the CHW service management team, and led to the conduction of the final workshop to review and revise the CHW service logic model.

Figure 1 summarises data collected for the evaluation.

Figure 1: Information gathering summary for final evaluation development.

- 7 individual interviews with stakeholders across Scotland
- 3 focus groups discussions with Cohort 1 (4 CHWs)
- 1 individual interview with Cohort 1 (1 CHW)
- 2 focus groups discussions with Cohort 2 (3 CHWs)
- 8 individual interviews with Gypsy/Traveller community members
- 116 documents, including 104 records of CHWs activities and 12 notes of meetings
- 2 informal discussions with Gypsy/Travellers community groups and 1 informal site visit.
- 1 workshop with four CHWs and the CHW service management team.

The stakeholder interviews, CHW focus groups, and CHW individual interviews were conducted online using Microsoft Teams. Individual interviews with members of the Gypsy/Traveller community were conducted by phone. The data collected was audio-recorded and transcribed for data analysis. Anonymised records of CHW activities identified the types of activities performed (such as providing information, advice, and referrals) and the number of G/T people contacted. Informal visits provided non-participant observations of the intervention inputs and context. A workshop was held to co-create the CHW service Logic Model.

Analysis of the qualitative data followed the framework method[33] and mapping to five implementation outcomes[34] as a *priori themes*. Qualitative data from interviews, focus groups, and documents were analysed thematically[35,36]. Matrices summarising data by case and by code were developed using NVivo 12 software. The iterative process of data collection and analysis provided valuable insights into the perspectives and experiences of each participant and cohort. As part of the iteration process, reflecting on captured data allowed for updating and adapting, in real time, the methods, sample, and data collection activities to develop a more complete understanding.

[33] Gale, N.K., Heath, G., Cameron, E. et al. Using the framework method for the analysis of qualitative data in multi-disciplinary health research. BMC Med Res Methodol 13, 117 (2013). Available at: https://doi.org/10.1186/1471-2288-13-117

[34] Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., Griffey, R., & Hensley, M. (2011). Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. Administration and policy in mental health, 38(2), 65–76. Available at: https://doi.org/10.1007/s10488-010-0319-7

[35] Braun V, Clarke V. Using thematic analysis in psychology. Qualitative research in psychology. 2006;3(2):77-101. Available at: https://www.tandfonline.com/doi/abs/10.1191/1478088706qp063oa

[36] Braun V, Clarke V. Reflecting on reflexive thematic analysis. Qualitative research in sport, exercise and health. 2019 Aug 8;11(4):589-97. Available at: https://www.tandfonline.com/doi/abs/10.1080/2159676X.2019.1628806

As part of the evaluation process, a Patient and Public Involvement (PPI) group was established under Article 12[37]. The organisation provided valuable input in aspects of the project, including the development of a research participant recruitment strategy, ensuring accessibility of participant documents such as information sheets and informed consent forms, and creating a plan for disseminating the findings. The process involved online meetings with three development workers through Microsoft Teams.

To co-ordinate the evaluation, the Evaluation Oversight Group (EOG) comprised: a public health practitioner from the Scottish Public Health Network (ScotPHN); the MECOPP Community Health Team Manager, the MECOPP Gypsy/Traveller Support Service Manager, and the evaluation research team from the University of Dundee. The EOG met every 6-8 weeks to discuss the service implementation and the evaluation methods and progress. The group met 13 times between August 2021 until May 2023.

Ethics approval for the evaluation was granted by the University of Dundee School of Health Sciences Research Ethics Committee (UOD-SHS-2021-022) in July 2021.

Limitations

The partnership with MECOPP proved invaluable for co-designing the evaluation and providing insights into the importance of working with third sector organisations to develop the CHW service. However, MECOPP were also employers of the CHWs which could be perceived as a conflict of interest. The eight Gypsy/Traveller community members for the individual interviews were recruited by the CHWs. This meant that those taking part in the study might have felt obliged to respond positively about MECOPP, the CHWs, or the other stakeholders of the service. This was mitigated by reassuring participants that their responses were anonymous.

There was an effort to quantitatively analyse the data from the anonymised records of the CHW activities provided by the Programme manager. Although the evaluation provides an overview of the activities and issues identified by CHWs, it did not comprehensively document the number of these activities and contacts, which would have been overly burdensome for the CHWs.

[37] Article 12 in Scotland is a third sector organisation that builds capacity and social capital in the Gypsy/Traveller community through an asset-based approach. More information available at: https://www.article12.org/

Findings

The findings section details the themes developed during data analysis. First, the roles, responsibilities, and activities of the CHWs are described. Next, we consider the implementation of the service covering its reach, how the service was adopted, satisfaction with the service, feasibility, and sustainability. This is followed by an overview of barriers and facilitators to implementation. We then provide evidence of the impact of the CHW service. Case studies[38] and individual quotes are provided to illustrate the findings.

Roles, responsibilities, and activities of the Community Health Workers

Team structure and geographical coverage

The structure and geographical coverage of the CHW service is shown in Figure 2. The first cohort of five CHWs started their posts in December 2021. One left the post because of personal circumstances. The second cohort of three CHWs started in January 2023. The geographical coverage was led by the recruitment process; meaning that each CHW covers the NHS Health Board area where they live. The literature highlights the significance of CHWs being part of their local community[39]. However, the CHWs travel to different locations in Scotland and the United Kingdom (UK) to help Gypsy/Travellers outside their NHS Health Board.

Figure 2: Team structure and NHS Health Boards covered by the CHW service

[38] To maintain anonymity and protect confidentiality, the illustrative case studies presented here combine features from several individual cases.

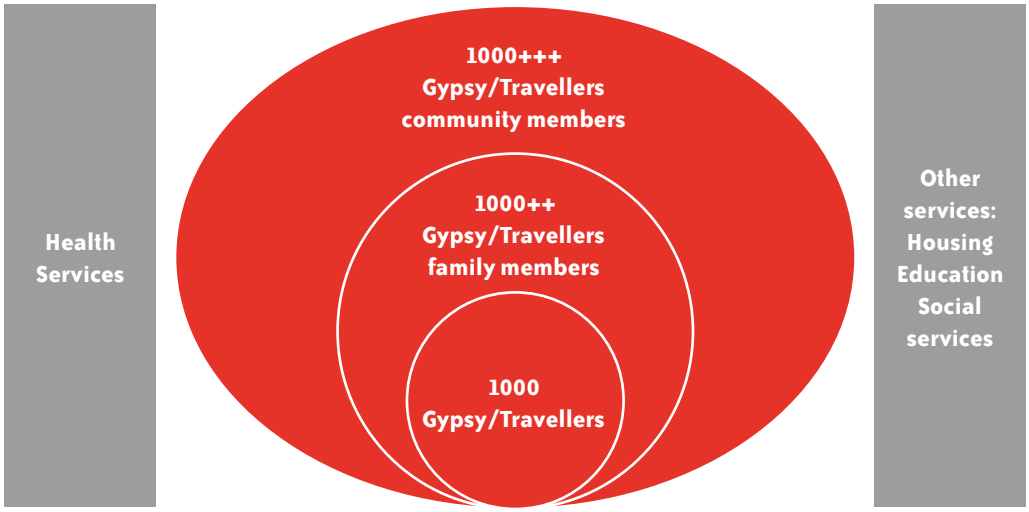
[39] Van Iseghem T, Jacobs I, Vanden Bossche D, Delobelle P, Willems S, Masquillier C, Decat P. The role of community health workers in primary healthcare in the WHO-EU region: a scoping review. International Journal for Equity in Health. 2023 Dec;22(1):1-5. Available at: https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-023-01944-0

Reach: Numbers engaged by the service

Between December 2021 and August 2023, the CWHs made initial contact with approximately 1,000 individual Gypsy/Travellers. The service mainly covered six NHS Health Boards: Ayrshire and Arran, Lanarkshire, Lothian, Tayside, Forth Valley, and Highlands. The CHWs had follow-up meetings with many of these individuals, providing ongoing support for their complex needs. Due to the CHWs' influence in the community and the close-knit Gypsy/Traveller culture, support and information were extended to wider family and community members (as illustrated in Figure 3). The CHWs also facilitate group activities, such as women's groups and young person's groups, allowing them to engage with more community members. This makes it impossible to determine the exact number of those reached.

The findings show that the impact of the CHW service goes well beyond the six NHS Health Boards listed above. This is partly linked to the Gypsy/Traveller community's transient culture. For example, during Gypsy/Traveller gospel missions[40], groups of 200 to 20,000 people can connect with CHWs.

Figure 3: Number of Gypsy/Travellers reached by the Community Health Worker service from January 2022 to August 2023 in Scotland



[40] In Scotland, there are typically four to five missions per year, and CHWs are currently present in all the Health Boards where missions take place. Up to 2,000 people participate in each mission held in Scotland. Additionally, there is an annual Convention of the Light and Life church for the Gypsy/Traveller community, which sees around 20,000 participants from the UK and Europe, including Holland, France, and other parts of Europe. Two of the CHWs are married to pastors of the Light and Life church. Thanks to the CHWs, members of the Gypsy/Traveller community are now receiving health checks, including breast cancer screening, during these events. Even though missions and conventions are gospel outreaches, attendees do not have to be Christian. It's important to note that the concept of missions was co-developed with four CHWs. The video of the Light and Life Convention 2023 Market Harborough can be found on YouTube at https://www.youtube.com/watch?v=8ZEGpkRStOY

Training

During the induction to the new role, the CHWs undertook training delivered by MECOPP. This training and induction included: Confidentiality, Health & Safety (Covid-19), Computer & Internet Safety, Boundaries, Active Listening, The Social Model of Health, Community Mapping, Community Development approaches, Determinants of Health & Health Inequalities, and Reflective Practice.

The CHWs had opportunity to take part in additional training, such as:

- Cardiopulmonary resuscitation (CPR) training the trainer (Save a Life Scotland)
- National Screening & early detection programme (Kathryn Sinclair NHS Lothian)
- Head & Neck Cancer information (NHS Screening and Early Detection Team)
- Sexual Health/Health promotion (Sexual Health and BBV Team NHS Scotland)
- Mental Health First Aid Course (MHFA/ Lancashire NHS)
- Domestic Abuse/Gender-based Violence & Coercive Control (Turas/Scottish Women's Aid)

In total, the CHWs had 16 training sessions. The delivery and topic of the sessions were driven by the CHWs requirements to address Gypsy/Traveller community needs.

Example of impact: The importance of CHWs training to address community needs
Following an informal family visit, a CHW was able to address a case of domestic abuse. The CHW knew how to manage the situation with a person-centred approach because she undertook the Domestic Abuse, Gender-based Violence & Coercive Control training. This showed the importance of CHWs being part of the community (right person, right place, right time) and the value of training on their role.

Understanding the work of CHWs

The evaluation found that CHWs from the Gypsy/Traveller community need a deep understanding of and connection to their community to carry out their roles effectively. Being embedded in their communities, CHWs can identify community needs and address relevant issues with cultural sensitivity.

Example of impact: Uptake of vaccination by young Gypsy/Travellers
The Community Health Worker knows that certain vaccinations for children were typically administered at school. However, some children and young people from the Gypsy/Traveller community do not attend school and may not receive these vaccinations. To address this issue, the CHW contacted the Community Vaccination Team. They collaborated to provided mobile vaccination services, enabling children and young people from the Gypsy/Traveller community to receive the necessary vaccinations.

During recruitment of the CHWs, MECOPP prioritised willingness to develop the role over health-related knowledge. The rationale for this was to improve the sense of confidence among community members through recognising the CHW's unique skills and lived experience as members of the Gypsy/Traveller community. This approach was intended to support community capacity, autonomy, and agency, ultimately leading to positive changes.

> *I think they can they sort of provide us that insight into what the actual challenges are and that kind of perspective. I suppose we have from a public health perspective, [to] advocate for the population, advocate for population health, advocate to address inequalities…that added insight we would get right up from the ground, through the Community Health Workers in terms of what [affects them]… [and if] anything [is needed] in terms of the service provision. [If] we can do anything different or maybe if there are any gaps, probably those will be highlighted to us as well.*
>
> **(Stakeholder 7)**

The CHWs were an essential resource in uncovering the obstacles faced by the Gypsy/Traveller community and breaking down barriers to accessing healthcare and other services. For example, CHWs discovered that some community members did not receive their mail on time because postal services delivered mail to site wardens instead of individual pitches.

> *I'm actually fighting at the minute in a bit of a battle with the [mail service] to get the post back on the site in [NHS Health board]. And but that's what [CHW name] down and in her area there was, on sites they fill it acceptable and on some sites to actually not give people's letters to individual pitches. So that would basically be like if somebody was in a house and estate then having an office at the top of it and everybody's now went to there. I mean, there could be personal letters in there and you know then if the site warden of the area is away, maybe [the Gypsy/Travellers community member] not get it for a week. At a time, people could miss the appointment, you know, all that kind of thing. And without me doing it and [CHW name]'s helping me at the minute and without me changing it on in our area over at the site. Brilliant. If it wasn't for that, it wouldn't get changed. So, just small things like that which seem small, but it is big to the community that live on that site.*
>
> **(Community Health Worker 4)**

As well as denying individuals their right to receive their mail, the CHWs identified instances when delays resulted in missed healthcare appointments. To address this issue, CHWs collaborated with local councils to improve mail delivery services in Gypsy/Traveller sites, potentially reducing the number of missed appointments.

CHWs are a bridge between services and the community, improving Gypsy/Travellers' perceptions of services. For instance, CHWs identified that the community feared social workers, especially in relation to child protection. CHWs had informal conversations with community members about the role of social workers in child protection, which extends beyond just child removal. The CHWs shared examples of the importance of social workers to assess risk, protect children, and support families.

Additionally, CHWs accompanied community members to GP and dentist appointments since some people faced stigma and discrimination and felt unsafe going alone. The CHWs went with Gypsy/Travellers to their appointments for them to feel safe and to make sure their voices were heard, and that the health issue was addressed. Previous studies identified discrimination and stigma faced by the community that impacted their ability to attend appointments[41,42]. The quote shows an example of the support with referrals and access to GP practices:

> *[CHW name] has also helped me with letters and phone calls. And then, she's helped with the mail to get the mail delivered here, because the mail will stop through other people to things happening and she got the mail restarted again. And then so she seemed into that still might be referral to Money Matters, things like that. But like doctors, things from the doctors to fill doctors' forms in cause the dentist she's been really helpful, you know, in getting things sorted. Many things that I can't do myself, cos then sometimes you know it's when you feeling them down it's quite difficult to do things so it's nice to know there's somebody there that will help. And you know fill forms in or write a letter. It's been really helpful. She's been a real help and [to] be honest with you, I think she's an asset. Because the traveling community you know, [need help] for mental illnesses and things.*
>
> **(Gypsy/Traveller Community Member 1)**

Example of impact: Access and support to attend dental services and appointments

During their interactions with CHWs, Gypsy/Travellers revealed the hardships they faced while trying to access NHS services. They mentioned having to pay for dental treatments, which resulted in years of neglecting their oral health. Not being able to see a dentist had a direct impact on their well-being, causing pain and worsening symptoms. The CHWs took proactive measures and contacted dentists to help Gypsy/Travellers register with them, book appointments, and even accompanied them to their dental appointments. The Gypsy/Traveller community highlighted two main challenges: not receiving timely check-up reminders and having to provide proof of address to register with a dentist.

[41] Mytton J, Bedford H, Condon L, Jackson C, UNITING team. Improving immunization uptake rates among Gypsies, Roma and Travellers: a qualitative study of the views of service providers. Journal of Public Health. 2021 Dec;43(4):e675-83. Available at: https://academic.oup.com/jpubhealth/article/43/4/e675/5869187

[42] Marston C et al. Routes: New ways to talk about COVID-19 for better health- a focus on Gypsy, Roma and Traveller communities and migrant workers in precarious jobs. 2022 Depth Research Group, London School of Hygiene and Tropical Medicine. Available at: https://bura.brunel.ac.uk/handle/2438/26006

Example of impact: Access to prescription and GP registration

A member of the Gypsy/Traveller community faced difficulties in obtaining a prescription due to being removed from their GP practice's register, the reason for this being was unknown. The GP practice required proof of identity and address for re-registration, causing distress for the community member as they did not have proof of address due to living in a caravan. Seeking assistance, the community member contacted a Community Health Worker for help as the prescription was urgently needed. The CHW called the GP practice in a professional capacity, identifying themselves as a CHW and requesting assistance with registering the community member. The GP practice staff were helpful in response to the CHW's request, the issue was quickly resolved, and the Gypsy/Traveller community member was successfully registered with the GP practice and received their prescription.

The CHWs have overcome challenges faced by their community. They have arranged and participated in meetings with other services and sectors and organised support groups including women's health groups and young people's groups. The innovation and success of these Gypsy/Travellers women's groups are enhanced by the descriptions of community members, CHWs, and stakeholders.

> *It's just chance for Travelling women. And like you can bring your kids to whatever. And just like chatting about everyday things like that can help me. You know like stuff, smoking and children's health and what you need to do for children and all.*
>
> **(Gypsy/Traveller Community Member 5)**

> *There has already been some notable improvements in that engagement, I think, as I said about, you know, taking on that role as a trusted intermediary. So myself and what and somebody from the Council had attempted to set up a women's group in one particular area near one of the sites, and they're just, they weren't ready to even listen about that as an idea, we didn't have the relationship and rapport, but the (community)health workers managed to, you know her first meeting is it? (…) So she's doing it. She I think she's managing that really well and people are opening up to it.*
>
> **(Stakeholder 6)**

> *I think my proudest thing would be the women's group that just started last week, here in [NHS Health Board] and a few more people came than I expected to, and I'm hoping next fortnight that there's gonna be more kind of attending and I think that would be my proudest thing just now. Because of the amount of topics that we were talking about in among health and things that these women would like to see and learn and things like that.*
>
> **(Community Health Worker 8)**

The CHWs also adapt and distribute health educational materials for community members and directly connect individuals with services. One example of innovative impact is fast-tracking Gypsy/Traveller women to contraception services.

Example of impact: Fast track access to contraceptive services in Tayside

The Community Health Worker engaged in conversations with community members regarding sexual health and education. As a result, the CHW was included in initial meetings with Public Health Scotland's sexual health service to review available materials and courses, and how they could be used, adapted for the community to ensure cultural appropriateness. During this process, the CHW identified the need for community members to have access to contraception. The CHWs collaborated with service providers to fast-track community members for contraception, and this is actively happening in one NHS Health Boards.

CHWs also support the community in identifying dentists and opticians who are willing to register patients without proof of address supported by using the 'Access to Healthcare – GP Registration cards'[43].

> *We heard a few kind of horror stories with children suffering with toothache, etc. and not being able to register with a dentist (…) It's a public dental service. So we were, you know, we were able to advise the Community Health Worker that if they're struggling, you know, here's somewhere that you can contact and we absolutely will see you. One of the other things that we did in [NHS Health Board] the wee blue cards that you can take to GP practices and we developed a poster and we distributed the poster to all the GP practices in [NHS Health Board] to raise awareness that you know people were entitled to, you know, access health services through a GP, whether that was to register because they live in the area or as a temporary resident. But again, we've done some things like that which has been effective and again it supports the community, but it's also raising awareness amongst the staff.*
>
> **(Stakeholder 5)**

Additionally, CHWs also promote their role to Gypsy/Travellers and service providers. The CHWs have escalated several issues to the Public Health Practitioner from the Scottish Public Health Network which has taken additional action. Table 1 shows some examples of activities developed by the CHWs.

[43] Access to Healthcare – GP Registration cards (known as blue cards) were co-designed by the Scottish Government Person Centred Care Team, Primary Care Team, the Scottish Public Health Network (ScotPHN) and vulnerable groups. This card assists individuals registering and accessing GP practices. These cards show, for example, that people do not need a fixed address or an ID to register or receive treatment at a GP practice in Scotland. Information about the Access to Healthcare – GP Registration cards can be found at https://www.healthliteracyplace.org.uk/toolkit/access-to-healthcare/

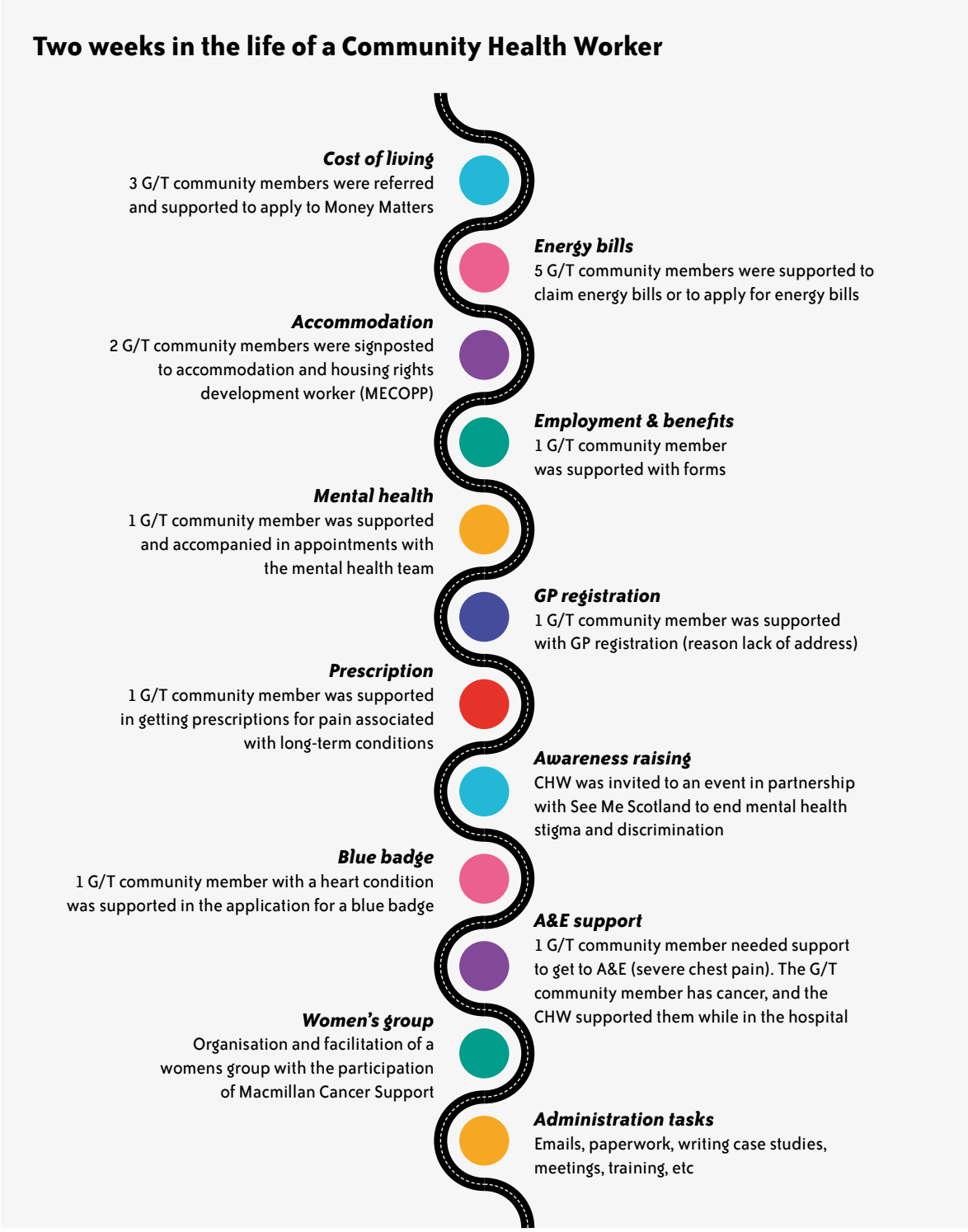
Table 1: Activities developed by the CHWs with some examples.

Activity	Examples
Link individuals into health services	CHW conduct phone calls to book appointments and accompanying Gypsy/Travellers to GP and dental appointments
Identify health issues and concerns	Mental health, long-term conditions, sexual and reproductive health, and others (see Appendix 3 for complete list)
Help and support accessing healthcare services	GP practice, dentist, optician
Facilitating uptake and utilisation of services	Vaccination, cancer screening
Adapt existing NHS resources to be culturally appropriate	CPR training, school educational materials
Support with health literacy issues	Support completing forms and understanding health information
Information sought and provided	COVID-19 guidance, accessible dentists, diabetes information
Support events to improve health information, support and access to services	Gypsy Traveller Mission Event at Eglinton Country Park, Ayrshire; Convention participation. The information provided was about mental health, drug and alcohol use, sexual health, first aid, cardiopulmonary resuscitation (CPR), healthy eating, and housing.
Work in partnership with other services to improve access to services	See Me, Macmillan Cancer Support
Facilitating groups	Women's health group and young person's group with the participation of healthcare services such as Keep Well
Supporting individual community members	Individual meetings to understand issues and develop an action plan
Help and support to access other services	Housing, education, benefits, job centre
Raising and solving sanitation concerns in sites	Lack of toilets, rat infestations

Activity	Examples
Liaise with statutory services	Health, housing, education, social work
Signposting to other MECOPP services and support	Counselling, financial and carers support
Networking and strategy groups	Escalation of issues to Scottish Public Health Network and Gypsy/Traveller Steering group
Making the Gypsy/Traveller community aware of their rights	Use of 'Access to Healthcare – GP Registration cards', awareness of rights related to accommodation (on sites), postal services
Increase awareness and understanding about the Gypsy/Traveller community in the NHS and other services	Sessions to undergraduate nursing students in Scotland, participation in Scottish Government events
Advise how health services can be improved for the community	Discussion with NHS staff about appropriated sexual and reproductive health advice for the community
Develop administration tasks	Keep records of case studies

To illustrate the role of the CHWs, Figure 4 represents a typical two weeks in the life of a CHW and shows the broad activities undertaken. This is an illustration based on actual activities developed by one CHW in two consecutive weeks.

Figure 4: Two weeks in the life of a Community Health Worker



Policy alignment

The CHW service has contributed to the Scottish Government health and social care policies, strategies, and priority areas. There is evidence that this service is aligned with Self-Management Strategy for Scotland[44], Mental Health Strategy[45], Suicide Prevention Action Plan[46], Equally Safe Strategy[47], Women's Health Plan[48], Primary Care Health Inequalities[49], Maternity and Neonatal Care Plan[50] and Race equality framework[51]. For example, the impact of mental health support for Gypsy/Traveller young people is related to the Mental Health Strategy involving the importance of prevention and early intervention. This is illustrated by the following case study:

Example of impact: Group and one to one mental health and wellbeing sessions for young people

The CHWs recognised the importance of addressing mental health concerns among young Gypsy/Travellers. As a result, they helped organise 60 one-on-one sessions for young people. These sessions covered various topics such as suicide, eating disorders, English as a second language (ESL), autism, and the cultural expectations of young men in the Gypsy/Traveller community. Additionally, a walk-and-talk group for young people takes place in one of the NHS Health Boards, providing a safe space for them to share their thoughts and connect with others.

Another example is associated to the uptake of cervical screening by the Gypsy/Traveller women. This aligns with the Women's Health Plan in improving access to healthcare and reducing inequalities in health outcomes.

Example of Impact: Uptake of cervical screening

During an informative group session, a community health worker discovered that 15 of 30 women had never undergone cervical screening. This was due to barriers such as not receiving invitation letters (caused by lack of fixed address), lack of confidence in accessing healthcare services, and fear of embarrassment from community gatekeepers (e.g. site wardens) receiving their personal letters. To address these issues, the community health worker emphasised the importance of the test, assisted individuals in booking appointments, and accompanied women to their cervical screening appointments.

[44] Scottish Government and Alliance Scotland. Gaun Yersel: The Self Management Strategy for Scotland. 2008. Available at: https://www.gov.scot/publications/person-centred-care-non-executive-members/pages/5/

[45] Scottish Government. Mental Health Strategy 2017-2027. 2017. Available at: https://www.gov.scot/publications/mental-health-strategy-2017-2027/

[46] Scottish Government. Suicide prevention action plan: every life matters. 2018. Available at: https://www.gov.scot/publications/scotlands-suicide-prevention-action-plan-life-matters/documents/

[47] Scottish Government. Equally Safe: Scotland's strategy to eradicate violence against women. 2018. Available at: https://www.gov.scot/publications/equally-safe-scotlands-strategy-prevent-eradicate-violence-against-women-girls/

[48] Scottish Government. Women's Health Plan: A plan for 2021-2024. 2021. Available at: https://www.gov.scot/publications/womens-health-plan/documents/

[49] Scottish Government. Primary Care Health Inequalities Short-Life Working Group: report. 2022. Available at: https://www.gov.scot/publications/report-primary-care-health-inequalities-short-life-working-group/

[50] Scottish Government. The best start: maternity and neonatal care plan executive summary. 2017. Available at: https://www.gov.scot/publications/best-start-five-year-forward-plan-maternity-neonatal-care-scotland-97817865276 46/

[51] Scottish Government. Race equality framework for Scotland 2016 to 2030. 2016. Available at: https://www.gov.scot/publications/race-equality-framework-scotland-2016-2030/

Participants highlighted other policies and strategies that CHWs could contribute to such as Realistic Medicine led by the Chief Medical Officer. A critical aspect was that the CHW service could allow Gypsy/Traveller voices to be heard in national policy discussions to enable consideration of cultural norms and sensitivities. One of the stakeholders described some of the topics that should be included in policy documents:

> *All these things about accommodation, education, discrimination, prejudice, they all are interconnected with health and health interconnects with them. This health, meaning physical and mental and emotional wellbeing and underpinning all that was the low expectations and mistrust. So, we have to tackle all this. None of that is recognised in the policy documents.*
>
> **(Stakeholder 3)**

Implementation outcomes

Adoption: Initial implementation and how the service developed

The importance of a trusted third sector organisation to deliver and implement the service: Strengths of MECOPP

The CHW service was developed to address the significant health inequalities experienced by the Gypsy/Traveller community and in recognition that members from the Gypsy/Traveller Community would be trusted by their own community members. The ability to successfully deliver and implement the CHW service was strongly linked to the involvement of a community-based trusted third sector organisation (MECOPP). This was recognised by stakeholders, CHWs and the Gypsy/Travellers community members. MECOPP was also identified as the best organisation to recruit the CHWs, as shown:

> *I suppose because MECOPP I think would have been best placed to identify these workers, I don't think there would have been any other way of, because they have that knowledge, the skills and the specific insight into the needs of this group so I didn't see that there would have been any other way how this would have been initiated.*
>
> **(Stakeholder 7)**

As a result of redirecting the funding to MECOPP, the service proposal had to be reconfigured to make it more appropriate to deliver at a grass-roots level and to align with the third sector organisation funding context, as discussed by one of the stakeholders:

> *We had to do a lot of reconfiguration around the budget. The logic model is part of that. And then once that was confirmed we were able to then start taking the work forward (…) one of the key roles we've had is to take the original proposal and actually to make it more appropriate delivery-wise in terms of the grassroots community.*
>
> **(Stakeholder 4)**

An example given was that the budget had to be re-profiled to include the cost of providing laptops and mobile phones for the CHWs. In contrast, a large public sector organisation could have used existing equipment.

> *We had to rework elements of the proposal, and I think one of the big things was looking at the budget because when you've got an NHS board delivering that, there are all sorts of things that can be given as help in kind which a huge organisation can absorb, it isn't the same for a third sector.*
>
> **(Stakeholder 4)**

Although third sector organisations may need more support with equipment, materials and training, the participants also identified the innovation and the success related to the delivery and implementation of the CHW service by MECOPP. The community's trust in MECOPP and CHWs was identified as a crucial factor in the service's positive achievement. For example, a trusted organisation and CHWs can provide access to the community. Previous worked showed the importance of community-based grass-roots initiatives to meet the needs of minority ethnic communities[52]. Another stakeholder who participated in the evaluation during late implementation of the CHW service, considered:

> *So seeing things like improvement in engagement with service representatives will be already, I'm seeing some of that so around for example some of the community had expressed a need to understand sexual health services better and how they can access them I guess the Community Health Worker and I are conduit to the wider service provision and [CHW name] will raise that with me and then I'll get in touch with the right person within health and join, [CHW name] and them together so that they can meet initially. She can then reassure the community this is a service you can trust, and this is how you access it and then she can feedback if there are any particular needs and barriers about access to those service providers.*
>
> **(Stakeholder 6)**

Development of the service (from proposal to implementation)

As the service developed, it appeared that the proposed service was a good fit for the needs of the community. This involved various strategies, including sharing information, advocating for individuals, providing one-to-one and group support, and making onward referrals/signposting. The women's groups and walking group activities developed by the CHWs were very well accepted by the community and by the stakeholders.

[52] Kapadia D, Zhang J, Slaway S, Nazroo J, Booth A, Villarroel-Williams N, Becares L, Esmail A. Ethnic inequalities in healthcare: a rapid review of evidence. NHS Race & Health Observatory. 2022. Available at: https://www.nhsrho.org/publications/ethnic-inequalities-in-healthcare-a-rapid-evidence-review/

Initially, mental health was the top priority, with issues such as suicide, anxiety, depression, and loneliness affecting people of all ages and genders. One participant suggested that women often presented with a mental health condition, such as anxiety, when the underlying issue was domestic abuse. Other issues that arose included childbirth, antenatal and postnatal depression, diabetes, menopause, and men's health. The CHWs mentioned the cumulative effect of multiple health conditions on life expectancy.

During the project's development, it became clear that understanding health requires a broader perspective that includes factors such as accommodation and education. This is particularly important for the Gypsy/Traveller community, as social issues can impact their health. Social determinants of health include individual factors, social and community networks, living and working conditions and general socio-economic, cultural and environment conditions[53]. Previous research showed that wider determinates of health, such as housing, poverty, and discrimination can affect healthcare access of the Gypsy/Traveller community[54].

> *And to know that [CHW name] never made me feel awkward, but she never made me feel she never ask questions about it. All she knew was my kids was needing education and she provided it and it was how easy it was done. How subtle it was done and how she never kept coming back and forth to me. It was like one day she was like, I can do that if you're willing for me to help, it's all confidential and literally within weeks was like, that's me got a tutor, the kids educated.*
>
> **(Gypsy/Traveller Community Member 2)**

Example of impact: Referrals to housing, including GP support letters

A member of the Gypsy/Traveller community who previously struggled with substance abuse reached out to the CHW seeking assistance with finding a new home. They expressed a desire to move away from their current neighbours, who continue to use drugs and alcohol. Additionally, the individual has been dealing with mental health challenges such as depression and suicidal thoughts. To request relocation, they needed a GP letter supporting their request to be sent to the housing officer. However, when the community member contacted the GP receptionist, they were denied an appointment, which left them feeling discriminated against and stigmatised. The CHW intervened on their behalf and secured a same-day appointment and a supporting letter from the GP. As a result, the community member was placed in temporary housing and added to the housing list. Furthermore, the GP visit led to an emergency speech therapy appointment.

[53] Dahlgren G, Whitehead M. The Dahlgren-Whitehead model of health determinants: 30 years on and still chasing rainbows. Public health. 2021 Oct 1;199:20-4. Available at: https://www.sciencedirect.com/science/article/pii/S003335062100336X?casa_token=R1IGB0cGafgAAAAA:xToBKU5NWOhDZSa49mw9i6Ih-nvNpKC1zFai0IiDkd6zwVO-bwiGGdxI66ywK0nCodqrJet4DaY

[54] Mytton J, Bedford H, Condon L, Jackson C, UNITING team. Improving immunization uptake rates among Gypsies, Roma and Travellers: a qualitative study of the views of service providers. Journal of Public Health. 2021 Dec;43(4):e675-83. Available at: https://academic.oup.com/jpubhealth/article/43/4/e675/5869187

Example of impact: Influence of housing in the Gypsy/Traveller mental health

Case study 8: A member of the community, who experiences physical disabilities, reached out to the council for assistance with mobility in their caravan. The council service offered the option of relocating the community member and their family to a council house. However, the community member was hesitant to leave their caravan, and the idea of moving to a house had a detrimental impact on their mental health. They turned to the CHW for help. Due to the CHW's understanding of Gypsy/Traveller culture and traditions, they recognised that a Gypsy/Traveller with disabilities would not benefit from living in a house. CHWs are integral parts of their community; they comprehend the potential negative effects of changing living arrangements on an individual's mental wellbeing, which can outweigh the advantages of having mobility aids in a house.

Example of impact: Sanitation issues (Rat infestation)

While visiting various sites, Community Health Workers (CHWs) discovered issues with unsanitary conditions, such as rat infestations. The CHWs reached out to the site managers for a solution but did not receive any updates or feedback from the landlords. To address the problem, the CHWs contacted the site managers directly until they received a solution and feedback. As a result, some sites have implemented a new pest control contract, with pest control measures scheduled eight times a year.

Example of impact: Fuel and energy access

Some Gypsy/Travellers who live on sites rely on on-site managers to purchase fuel and energy cards, which are sold by Council workers. Unfortunately, because site managers are not always available, some vulnerable individuals were left without power for three days over Christmas. Additionally, these individuals did not have the funds to top-up their fuel and energy cards with £400. CHWs and their manager brought this issue to the attention of policymakers, who deemed it an emergency and took measures to solve the issue. Conversations are now underway to improve this situation and to avoid this problem from happening again.

Through discussions with the community and CHWs, it was clear that many were unaware of their rights regarding accommodation, education, health services, and welfare and benefit support and advice. One common issue was the distance people had to travel to access health services, particularly for long-term conditions requiring medication. Access to prescription while travelling was escalated through the EoG and the chief pharmacist for Scotland was contacted and clarified that a service was available in Scotland. Then CHWs also identified this issue and shared the information from the chief pharmacist with the community.

Example of impact: Access to prescriptions when shifting

A Gypsy/Traveller with a chronic medical condition temporarily moved to another country without informing their GP practice. They did not want to change their practice as they intended to return to Scotland. To obtain their medication, they asked a family member to send it by mail. However, the parcel was delayed, and the person went without medication for four days. The issue was escalated, and the public health lead was informed. The chief pharmacist in Scotland responded by stating that community pharmacies could provide a patient's usual repeat prescription if necessary while they are between GP practices. Scotland's Chief Pharmacist provided information that community pharmacies could offer patients up to one cycle of their regular repeat medicines through the unscheduled care Patient Group Direction (PGD) as an alternative to registering as a temporary patient with a GP while travelling.

Recruitment and induction of CHWs

It is well-documented in the literature that the Gypsy/Traveller community lacks trust in services[55,56,57]. Therefore, one of the main priorities of the CHW service identified by stakeholders was the importance of building trust.

> *For me building that trust, building that relationship, is absolutely key. And you know we've had to build that relationship with Community Health Workers for them, then to pass on our message. And I definitely think that the community health worker is a pivotal role in breaking down some of the barriers.*
>
> **(Stakeholder 7)**

It was imperative to hire the right individuals for the job. Being a member of the Gypsy/Traveller community was a vital criterion for the recruitment of CHWs. This importance was emphasised by both the community and the CHWs themselves, as explained:

> *[CHW name] quite well known in the Traveller community, just as a person. And not because of her job that she does, so obviously it's kind of just been word of mouth, some other mothers and women on site from other places.*
>
> **(Gypsy/Traveller Community Member 7)**

[55] Parry G. The health status of Gypsies and Travellers in England: summary of a report to the Department of Health 2004. 2004

[56] McFadden A, Siebelt L, Gavine A, et al. Gypsy, Roma and Traveller access to and engagement with health services: a systematic review. The European Journal of Public Health. 2018;28(1):74-81. Available at: https://pubmed.ncbi.nlm.nih.gov/29346666/

[57] Hollinshead R, Gavin M. Tackling Maternal Health Inequalities in Gypsy, Roma and Traveller Communities. 2023 https://www.gypsy-traveller.org/health/new-guidance-tackling-maternal-health-inequalities-in-gypsy-roma-and-traveller-communities/

> *They're like all very well aware of the issues and the challenges that we've got as being part of the community. So, I know that we've actually got the opportunity as Gypsy/Traveller women to actually go and do something. Given the opportunity by an organisation, and we've realised that we don't need any special skills or qualifications. All we need today is actually wanting to do it and show up to the things that we've been asked to, you know, I think it's a fantastic opportunity and I wanted to be a part of that is.*
>
> **(Community Health Worker 1)**

Initially, the job roles were offered for 5 to 15 hours to fit around other responsibilities and lifestyles. The job description for the CHW role can be found as Appendix 2. During recruitment, all CHWs chose to work for 15 hours. However, as they started their activities, they requested to increase their working hours in line with demand. Through the development of the project at the SG and Community Health Matters levels, involving CHWs and managers, it became evident that the initial 15 hours per week allocated to each CHW was insufficient to meet the demands of their responsibilities and the needs of the community. A CHW has expressed this concern:

> *When we came in, in this job, we all came in at 15 hours, I think, and we quickly realised that it wasn't enough. So, we approached and we had our hours increased to as much as what is good for us. We need for our community as well, because I was finding that I wasn't getting through everything and they're just and I was working so much and it was, I couldn't justify what I was doing for 15 hours because it was just too much. So yeah, so we had that increased as well.*
>
> **(Community Health Worker 2)**

Currently, six CHWs are working between 25 to 30 hours per week, while one CHW is working 15 hours per week. The importance of CHWs being available was highlighted by community members. There were occasions when the CHWs worked in the evenings and over the weekend to deliver a community-driven service and provide assistance when needed. The need for more CHWs was identified, emphasising the importance of promoting the role:

> *You know and with Travellers as well, there's a lot of trust issues. You know we're some people don't trust outsiders where'll they'll trust somebody in their own community, you know and so it is. I just hope that the government, MECOPP, they all realise how big asset these community workers are. You know because they do help us.*
>
> **(Gypsy/Traveller Community Member 1)**

> *We need more Community Health Workers, but we need them and know that there is a job opening up there because if they don't know, they can't apply for it.*
>
> **(Community Health Worker 2)**

Being part of the Gypsy/Traveller community is crucial for the CHW role. However, the analysis found challenges associated with the barriers between the role of CHWs and their identity as supporters of their community.

Motivations for applying for the role

CHWs agreed that there were two main reasons behind their decision to apply for the role. Firstly, it had been a topic of discussion in the community for several years, and they had already been performing similar duties informally. Secondly, they were aware of the health challenges faced by their community and felt a strong desire to improve access to healthcare. One CHW also mentioned that the role didn't require any specific qualifications or skills, just the enthusiasm to take on the responsibility. This gave them the confidence to develop the CHW's role.

Benefits of the CHW's role

The role offered numerous advantages to both the community and the individuals involved. All seven CHWs found the position fulfilling and expressed gratitude for the support received from their employer. A significant benefit of the role was the boost in confidence it provided, especially when interacting with public sector employees. The phrase most commonly used by the CHWs was that the role 'opens doors'. The quote emphasises the significance of their CHWs status:

> *But see when you walk in, they [healthcare providers] only see you as this Traveller coming from the site. They immediately don't want to deal with you, and they immediately get an attitude with you because they can. But when you say you're a Community Health Worker, they take you seriously instead of just thinking it's Traveller who's just coming up to shout and scream at them. They actually then have to do their job and treat you like a person.*
>
> **(Community Health Worker 1)**

Examples were given of being able to access information and being respected and taken seriously by local authorities and health service staff. Comparisons were made between attitudes of others towards them as Gypsy/Travellers and attitudes when they introduced themselves as CHWs working for an organisation. This shows the importance of the status of being a CHW but also highlights the discrimination faced by the Gypsy/Traveller community. Discrimination, stigma, and racism are discussed later in the report.

The CHWs were positive about the advantages of their role in improving the health and well-being of their respective communities. With respect to the Gypsy/Traveller community, they appreciated the non-judgmental attitude and cultural sensitivity of the CHWs. The CHWs believed that their formal role would make it easier for Gypsy/Travellers to approach them without hesitation. They also believed that they played a crucial role in facilitating access to health and social care professionals, particularly in interactions with social workers. It was also said that the funding of the roles demonstrated to the community that their needs were recognised by policy makers. One of the CHWs shared feedback received from a health visitor:

Well, I was just speaking to a health visitor because one of my members of my community asked me to. And when arrived she was so positive. She was saying we need more people like you and she's been out to sites and it would be great to have you on board. She said that I can signpost people or and I know [the issues] better than her so she took all my contact details.

(Community Health Worker 2)

Stakeholder role

Various stakeholders participated in implementing the CHW service, including those involved in national policy, public health, and third sector organisation management. Their aim was to improve the health of Gypsy/Traveller communities and address health inequalities. The stakeholders were responsible for designing, implementing, and managing the CHW service, as well as recruiting and inducting CHWs.

I see it very much part of that, at anchor role or commitment, strategic commitment to address inequality. So, I think you very much with the role and when you're very much fits that and I know there's more to be done. It's very much part and parcel of it. Yeah, particularly within the public health directorate and lead on the work and the and we're in the process of developing an anchor plan.

(Stakeholder 7)

Each stakeholder had specific roles and responsibilities during the implementation of the CHW service. However, their main commitment was to address the health needs of the Gypsy/Traveller community, which is one of the most vulnerable groups in Scotland and beyond. To secure funding for the CHW service, the stakeholders presented their proposal to the Minister within the Scottish Government during the initial stage of development and implementation.

The findings also identified their roles as facilitators, advisors and problem-solvers to support CHW service implementation and development, ensuring barriers and facilitators of this service are shared across NHS Scotland, including the commitment to the sustainability of the service. For example, some stakeholders are part of the Steering Group (SG). The SG should escalate significant issues identified by the CHWs. The importance of the SG for the service was understood and recognised. However, the findings showed a lack of direct connection between the SG and the CHWs. This was identified as some CHWs were unaware of the SG's existence and of the SG's role. This may be because members of the SG were not identifying themselves as part of the group when in contact with the CHWs or because the links between management strategic positions of the CHW service and the CHWs need to be strengthened.

Furthermore, stakeholders also identified their role in strategic and policy development, ensuring that the Gypsy/Traveller community has a voice and identity in policy-making.

Impact of COVID

Throughout the implementation process, stakeholders had concerns about the impact of lockdown during COVID-19 and any future lockdowns on the service. CHWs have proven to be adaptable and innovative in finding new ways of working while adhering to public health guidelines. They continued to provide support and deliver the service, even when families needed to isolate to protect vulnerable family members.

> *I visited a family who are very much still in isolation. I maintained distancing and took reasonable measures and wore appropriate PPE to protect myself, as I'm just getting over Covid myself.*
>
> **(Document analysis number 19)**

Members of the Gypsy/Traveller community were contacted through phone calls, but the evaluation emphasised the need for CHWs to deliver services in-person. CHWs had an important role in supporting access to services during COVID-19, such as access to NHS Pharmacy First Scotland[58].

Example of impact: Pharmacy First Awareness Raising

During the pandemic, a Gypsy/Traveller had a minor health problem but did not want to go to a busy GP practice. A Community Health Worker assisted them by taking them to a pharmacy to register for the minor ailments scheme and receive the necessary medication. The CHW also informed the community member and others living on-site about Pharmacy First to raise awareness. Furthermore, the CHW shared the situation with the other CHWs, who were able to promote Pharmacy First in their localities.

Promoting, advertising and referring to the CHW role

The CHWs expressed a desire for recognition of their hard work and its positive impact on the community. To achieve this, it was important to promote and publicise the role of CHWs through word-of-mouth and their presence in missions and conventions, as this aligns with the Gypsy/Traveller culture:

> *I think what's good with [CHW name] is because we're Christians, there's always missions, conventions, where everybody needs in different areas. While [CHW's are] in other areas, she's meeting all other people she's meet and explaining her job title while I'm in the other areas. I'm explaining about [CHW name]. So I think that's the difference between [CHW name] and somebody else was not at church and not going to different areas and staying in different areas for a week or two. Have to I think that's where the big difference is, and I think that's why. Through [CHW name] helping me, it's reached out to so many people.*
>
> **(Gypsy/Traveller Community Member 1)**

[58] NHS Pharmacy First Scotland is a service which allow community pharmacies to give advice, treatment and referrals to specific conditions, such as sore throats and urinary tract infections (UTIs). More information available at: https://www.nhsinform.scot/campaigns/nhs-pharmacy-first-scotland

Example of impact: Missions as a place for health intervention

Community Health Workers who are part of the Gypsy/Traveller community recognise the significance of gospel outreach events – such as missions and the annual convention of the Light and Life Church – for their community. For this reason, the CHWs reached out to their community partners and collaborated to provide support during these events. A working group, including the CHWs, attended the events to offer the community information about health and wellbeing, as well as access to services. During one of the missions, the topics discussed were community-driven and included mental health, drug and alcohol use, sexual health, first aid, cardiopulmonary resuscitation (CPR), healthy eating, and housing. Onsite health checks were also available, including for diabetes, cholesterol levels, and obesity. The community members raised concerns about accessing health services, due to discrimination and stigma associated with their culture. As the work progressed, differences were observed. In the first year (2022), men were not very engaged in the health checks. However, in 2023, they came forward for health checks. Overall, the collaborative efforts of the CHWs and community partners proved to be beneficial in promoting health and wellbeing among the Gypsy/Traveller community.

Acceptability: Satisfaction with the service from perspectives of community, CHWs, and stakeholders

Participants from the Gypsy/Traveller community, as well as stakeholders, spoke highly of the CHWs. They discussed the numerous benefits of the CHWs, including facilitating access to preventative and primary healthcare services, advocating for the community when issues arise, and relieving fears and mistrust between the community and services. Of central importance for the Gypsy/Traveller participants, however, was having someone they could rely on to provide them with information and support. For Gypsy/Traveller participants, access to information facilitated by the CHWs can 'open doors' to outside communities and can be a means to opportunity.

> *All I can say about the community health workers is if they were to get an award, they deserve it. Like literally I don't think they get the appreciation for the job that they do because genuinely, I know it sounds like little things, but the way it's reduced stress in my life, it's opened me up to doors that I didn't know, opportunities that [were] there…I just think it's amazing that our community has people like [that].*
>
> **(Gypsy/Traveller Community Member 2)**

> *[CHW name] she's on my level, she's not above me, she's not underneath me. She's not looking down to me. She's not talking down to me (…) And she understands or she tries to explain things the best she can, and even if you don't understand, she'll try and explain it a different way.*
>
> **(Gypsy/Traveller Community Member 6)**

Examples such as the above quotes illustrate the positive impact CHWs have had for the Gypsy/Traveller community. Satisfaction with the CHW service is discussed in relation to two key areas of importance: 1) trust and confidentiality; and 2) managing expectations of the CHW role and capacity.

Trust and confidentiality

Paramount to acceptance of the CHWs by the Gypsy/Traveller community was feeling trust in them as individuals and in the services they provide. Identified as one of the main priorities by the stakeholders for the CHW service, trust was likewise of high value for the community members.

Several dimensions of trust were highlighted. One was the central role of confidentiality. A CHW described the importance of trust and confidentiality for the job role:

> *I think it's like you could never do this job if people did not trust you or if people didn't feel like they could speak to you. I think it's completely essential that we have trust… We just wouldn't be able to do the work that we're doing because nobody would come with the information because they'd be worried people would talk about their business [to others].*
>
> **(Community Health Worker 1)**

A second dimension of trust was Gypsy/Travellers recognising that the CHWs were there to help them and had their 'best interests at heart'. This was linked to understanding the culture and is strongly tied to their embeddedness in the community.

> *Like I said, people are [going to] trust another Traveller person because they know you understand them, that you know their culture.*
>
> **(Community Health Worker 6)**

> *(…) And because she's from our community, but she works and on our behalf we feel more we can talk to her…she's safer…*
>
> **(Gypsy/Traveller Community Member 8)**

In providing locally appropriate support, CHWs can more easily provide services to meet Gypsy/Traveller needs, while also improving health provider knowledge and perceptions of the community. It is their innate understanding of Gypsy/Traveller needs and the culture that was perceived as a critical component to building trust and to positive experiences with CHWs.

CHWs' embeddedness is vital for their understanding of Gypsy/Traveller cultural norms and this impacts acceptance of CHWs by the community. Participants from the community felt safe in the knowledge that the CHW was someone who will have shared cultural understandings and whom they could trust to act appropriately and in their best interest. For example, while it is usually inappropriate to discuss health issues with members of the opposite sex present, male Gypsy/Traveller participants felt comfortable to share health concerns with the female CHWs.

A CHW described feeling initially apprehensive that she would not be able to reach the men in her community or that people would not speak freely to her, but this turned out to not be an issue:

> *I thought there's no way a man [was] coming to me for help, to women, because it just doesn't happen. But it has been men that I've known for years anyway, and older men, and they've talked with me and chatted with me with their wives there.*
>
> **(Community Health Worker 4)**

Gypsy/Traveller men tend to access healthcare services even less than women[59]. This is associated with the stoical masculinity, and this point was reinforced by the findings of this evaluation. One stakeholder identified one actual impact of the service, associated with men accessing services:

> *The Community Health Worker has been able to communicate is that there she is seeing changes even over her lifetime, particularly men who do not access health services and so she's seen that changing, but I think they have a stoical approach to that. Alongside that, using your family support, and sometimes it's left too late and they come into services when symptoms are so bad that you know, and if we could have had an intervention earlier on, it might not have got to that point.*
>
> **(Stakeholder 6)**

For one CHW, interactions with men were more likely because she was known to the community and they felt familiarity towards her:

> *I think like the reason I've had men come to me is because they know my husband or maybe they've been related to my husband and said they're already comfortable with me. I'll go and see him like, every week visit in any way. So they felt like, you know, comfortable to speak to me.*
>
> **(Community Health Worker 4)**

Managing expectations

CHWs are intended to serve as a 'bridge' between communities and health systems. One of their main bridging functions is to act as an intermediary, or 'cultural broker' between both groups, with the role often extending beyond healthcare delivery. A key advantage Gypsy/Traveller participants described about CHWs was that they could be contacted at any time for any issues that arose. People described examples of CHWs supporting them with wider concerns.

> *You can [talk about anything]. But she's asking how she can help us, she's telling us about what's available at the minute, you know, like the money from the government or just basically everything. She tells about the electricity to help us yeah with gas and things like that…*
>
> **(Gypsy/Traveller Community Member 5)**

[59] Condon L, Curejova J, Morgan DL, Miles G, Fenlon D. Knowledge and experience of cancer prevention and screening among Gypsies, Roma and Travellers: a participatory qualitative study. BMC public health. 2021 Dec;21(1):1-1. Available at: https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-10390-y

In practice, CHWs were sought as the community's first point of call for any dealings with formal services, while also giving their time for general emotional support.

> *(…) She was kind of always someone I could talk to, that wasn't family that. Obviously didn't judge just something that was there was an open ear… All the time. And she was always just somebody that she made time for me…*
>
> **(Gypsy/Traveller Community Member 7)**

While the CHWs were able to provide this support as needed, they had to carefully navigate working within their capacity, particularly as their reach grew.

> *Word-of-mouth travels very quickly within our community…Well, everybody comes to us more. Lots of people are now coming to us and saying, and can you help with this.*
>
> **(Community Health Worker 3)**

The varied role of the CHWs has implications for managing community expectations and expectations about the scope and reach of the project. Given their enhanced level of familiarity with the Gypsy/Traveller community, there is potential for the boundaries of their personal and professional identities to become blurred.

> *You've got to build up a kind of different type of trust with them then as it's like, you have to be seen as the worker. You've got to be two different folk, so folk know that you're doing this job. [I'm] not saying it's a problem it's just something that you need to think about. And people need to know that you're a worker and they can come to you for help. Like they've known me for maybe 20 odd years and I'm here in the capacity of being a helpful worker rather than being just for a cup of tea.*
>
> **(Community Health Worker 5)**

CHWs were also managing their own expectations of what the job entailed. A CHW who assumed at the outset of the project, that she would be tasked with providing general advocacy and social service support, explained that she was pleased to learn that the role centred more specifically around health.

> *My expectations were totally different. I thought I was gonna be doing basically a different job from what I'm actually doing, and I thought it was gonna be more like …helping somebody get a house or something… Well, it's been all about health… it's actually better than what I thought it was gonna be.*
>
> **(Community Health Worker 6)**

Another CHW described being unaware that the job would include dealing with public health and related issues, such as domestic abuse, drug and alcohol misuse, or suicide, in addition to supporting people with accessing health services.

> *When I first heard about the job…I [thought]…it'd be going to see people who are having issues with the doctor. I'll go to the doctor…and then hopefully, you know, get them appointment, if they're struggling with medication, that will get that sorted. So I had a rough idea. And then when I actually got the job and we're sitting down for training and our manager [says] 'you can do you know domestic abuse training or you could do drugs and alcohol or you could do suicide or you know absolutely anything'.*
>
> **(Community Health Worker 7)**

The CHWs' availability to conduct a wide array of duties was viewed favourably by the community members they were supporting. The implications of their varied role and the expectations placed on them is discussed subsequently in relation to barriers to implementation and sustainability of the CHW service.

Feasibility: Practical issues and fit with health systems, and policy priorities

The CHW role has been designed to contribute to Scottish Government health and social care policies, strategies, and priority areas, such as improving health service access and delivery, and reducing health inequalities. The CHWs were able to address some of these issues by providing frontline services but were constrained by health system weakness. In the absence of specialist Gypsy/Traveller service providers, a stakeholder emphasised the importance of understanding structural and systemic barriers to care and how they could be mitigated:

> *The health services are in a difficult situation…we just can't offer specialists direct services to the community, so we can't have, for example, a specialist midwife and a specialist health visitor or a dentist or, you know, all of that. [What] we absolutely have to do, is make access to those services easier and more straightforward and understand what some of those barriers might be so that we so that we can have a responsibility to meet that and also to make sure we're listening to the to the voices either of individuals or the collective communities.*
>
> **(Stakeholder 6)**

Feasibility was investigated by assessing participants' engagement with structural and systemic discrimination, including consideration of how CHWs can contribute to healthcare providers' understanding of ways to improve service delivery for Gypsy/Travellers. CHW advocacy is discussed followed by considerations of the importance of partnerships for implementation.

Addressing discrimination, racism and stigma

The Gypsy/Traveller community and culture has unique aspects that healthcare providers, including CHWs, and other service providers, should know about to improve healthcare access. One example that has been discussed is that women from this community refrain from speaking about women's health topics in the presence of men, which can affect service provision.

…culturally appropriate [care is needed]. But for us, there's been situations [that] I've been involved in where midwives, health visitors, staff are…sometimes they can be not received very well…the reason being Gypsy/Traveller women don't speak about personal women's issues and periods and all stuff like that. And that is just not a conversation that [is] had when a man's present. So, if a health visitor arrives and, I don't know, if [the] woman's brother or a dad or someone's there, she's trying to get rid of the health visitor and not because she wants to get rid of the health visitor, but because in case she comes out with something that she doesn't want to be spoken about. And that's something that I think that that needs more work.

(Community Health Worker 3)

There are numerous instances where Gypsy/Travellers face discrimination, racism, and stigma. Many of the individuals and families who receive support from CHWs have multiple health and social needs, including housing and accommodation. Experiencing discrimination, racism, and stigma while seeking services compounds their health challenges. Some of the shared examples follow, including an illustration of the importance of the CHWs for supporting the community:

She phoned whoever she needed to phone to find out what my rights [were] for being on site. Because for a lot of years, Gypsy/Travellers with council sites, the Council make it out like you have no rights. Even though you rent the property the same way that anybody wants the council house, they still have full authority over the ground that you rent. So obviously [CHW name] found out all my rights. She was on site within minutes, and she was like, walk out and just tell them that they don't have permission to be on your pitch, that you pay rent and council tax and they then went off.

(Gypsy/Traveller Community Member 7)

The findings show that CHWs can confront the negative stereotypes and bias that the Gypsy/Traveller community encounters in healthcare and social services. This is because they are 'experts by experience' and can relate to the same obstacles that their community members encounter in accessing these services.

[CHW name] being a Traveller herself, she understands very well. She knows the worries. She knows the judgment. She knows what people think around our culture. So, it was easier to explain to her [the challenges].

(Gypsy/Traveller Community Member 2)

Yeah, I think the passion stems from lived experience, because most of us have experienced that discrimination or you know that frustration when you can't get to access the service because of the most foolish things, you know and it's [those] that are quite simply resolved. So we've all, we all have that lived experience of, you know, not being able to get GP, not being able to get a dentist. Being stigmatised, being you know, others being racist against your family, your people, your community, all that stuff.

(Community Health Worker 3)

A CHW pointed out that discrimination against the Gypsy/Traveller community was more prevalent and severe than she had realised or encountered before. This observation was supported by a member of the Gypsy/Traveller community and other CHWs.

> *I go to [CHW name] with that, and I wouldn't necessarily go to somebody else with, because she is inside our culture. So what judgment is? It's hard to understand what you're not part of. Yeah, there's a lot of stigma. And with every culture comes good and bad, but when it's somebody what's part of your culture and somebody that understands and knows there's judgment and knows sometimes, you're judged twice as bad just for being part of the Travelling community.*
>
> **(Gypsy/Traveller Community Member 2)**

> *I don't think we even realised, did we, how marginalised our community was, you know, until we started… So we knew that we needed help. We need to signpost and all different stuff. But I don't think I had [any] idea of the discrimination.*
>
> **(Community Health Worker 3)**

> *And she said, but it's just that stigma that's always kind of been there that older people, you know, where [there are] Travellers and non-travellers. And it's just something that I hope to God will end. And I have a feeling that that [it] might not ever end…I don't want to see my children grow up with that kind of stigma being a child, you know, of course, I would never, ever, ever deny that what they were never. But the amount of stigma that you're frightened to put into schools and stuff like that in case they get bullied. And that's something that I think is in a lot of people, especially the older community because they watched their children and grandchildren and great grandchildren with the same things happening over and over again. So, it's I think something that's gonna be there, it's really hard to get through to them.*
>
> **(Community Health Worker 8)**

These findings support existing up to date information regarding the Gypsy/Traveller community's historical experiences of discrimination[60,61,62], including direct, structural, and systemic discrimination. This evaluation also highlights the significance of the CHW service in breaking down barriers related to stigma, discrimination, and racism. Discussions with CHWs and the Gypsy/Traveller participants demonstrated the importance of CHWs advocating for the Gypsy/Traveller community and for sharing their knowledge with practitioners to create effective and culturally appropriate interventions that support positive outcomes for the community. However, participants noted that this effort must be a long-term commitment by government, policymakers, and health and social care providers as it is not feasible to address the long-standing discrimination faced by the Gypsy/Traveller community within 24 months of developing and implementing the CHW service.

[60] Hollinshead R, Gavin M, Byram A. Friends, Families & Travellers. Guidance: Tackling Maternal Health Inequalities in Gypsy, Roma and Traveller Communities. 2023 https://www.gypsy-traveller.org/health/new-guidance-tackling-maternal-health-inequalities-in-gypsy-roma-and-traveller-communities/

[61] Marston C et al. Routes: New ways to talk about COVID-19 for better health- a focus on Gypsy, Roma and Traveller communities and migrant workers in precarious jobs. 2022 Depth Research Group, London School of Hygiene and Tropical Medicine. https://bura.brunel.ac.uk/handle/2438/26006

[62] McFadden A, Siebelt L, Gavine A, et al. Gypsy, Roma and Traveller access to and engagement with health services: a systematic review. The European Journal of Public Health. 2018;28(1):74-81. https://discovery.dundee.ac.uk/en/publications/gypsy-roma-and-traveller-access-to-and-engagement-with-health-ser

Considerations for practitioners

The experience of the CHW service to date has highlighted some factors which may need additional consideration when working with the Gypsy/Traveller community.

- Due to previous negative experiences, stigma, discrimination, and racism, members of the Gypsy/Traveller community may struggle to trust services
- Gypsy/Traveller community members value their privacy; therefore, it may take time for them to open up to service providers
- Gypsy/Traveller community members have a strong family culture
- Gypsy/Traveller community members value school education for children and young people
- Practitioners should use plain English and avoid jargon to support Gypsy/Traveller community members' understanding of health-related topics

Individual and collective advocacy by CHWs

CHWs played a part in tackling systemic barriers but their strength often occurred outside of their healthcare remit through individual and collective advocacy. There were several examples of CHWs linking the community with health services, increasing community knowledge of health and rights, and providing feedback to service providers about Gypsy/Traveller health needs.

At the individual level, many CHWs spoke of being grateful to have the opportunity to spread awareness within their communities about Gypsy/Traveller rights and helping them to access timely and appropriate care.

> *So it's just for me, I'm quite excited because probably the same as other lassies, I've been talking to a few different people lately and helped them and told them their rights and said no, you don't need this and you don't need that. So, for me when I first applied for it, I've always said in all the different meetings was if somebody would teach me that, I can teach somebody else, you know that to know your rights to know what you're entitled to and to point you in the right direction to get the care that we need. I'm really excited about this position. I really am, and the fact that it is starting to make a difference to people.*
>
> **(Community Health Worker 3)**

> *I have had a meeting this week with the other Community Health Workers, and we are all getting so many people come to us with so many different things so our jobs are crucial. The young lady who went into hospital with the suspected heart problem had enough after years of no answers. We have found out now by me speaking to the doctors and contacting them and explaining that this just isn't good enough as she has been suffering on and off with this since she was [age], she is now [age] [15 years gap]! They have booked her in for more scans and*

tests, but they think she has a condition which gives her fluid around her heart, so she is finally getting there and getting answers! What they have not been able to do for years of trying, with my job I could do within a week for her.

(Document Analysis number 13)

At a collective advocacy level, the CHWs have identified numerous issues that they have addressed or wish to address for the community and service provision. Some examples are:

- Access to prescriptions when community members are travelling outside their localities
- Barriers to women's sexual and reproductive healthcare and screening
- Inconsistent information during the Covid-19 pandemic
- Young people's mental health
- Barriers to registering with dentists and opticians (requirement for proof of address and ID)
- Lack of support (health, social care and education) for families with children with special needs e.g., autism, bowel disease
- Diabetes mellitus and prevention of complications e.g., importance of foot care
- Impact of bullying and racism towards children at school on family health and wellbeing, and education of children

At the policy level, the CHWs were advocating for government accountability to the Gypsy/Traveller community, and for feeding back to those involved in meeting the aims of the Scottish Government's action plan to improve the lives of Gypsy/Travellers in Scotland.

So basically, the [Government] action plan was improving the lives of Gypsies and Travellers… [they need to] sort the information that they're getting back...that's where the Community Health Workers come in because we can now feedback and say, well, the action plan has improved things or it hasn't.

(Community Health Worker 3)

Partnership working

The CHWs possess a distinct advantage as they find themselves uniquely positioned within a complex set of relationships between the different people with whom they interact in their work. This evaluation shows that CHWs improve access to health services and improve quality of care for Gypsy/Travellers. However, the challenges they encounter providing their service are beyond the capabilities of a single person to address. The development of CHW initiatives requires coordination and collaboration among various multisectoral actors for effective planning, financing, management, implementation, and monitoring.

As long as we can work together and capture some of those impacts, capture the voices…I think we would be unrealistic if we thought that we could change the world overnight. I know we're talking about a long, long history of exclusion and health needs and health inequalities for the communities…there's no quick fix and there's no one simple answer to it, but… [we can] share good practice examples across the NHS and other services to say this is the way we need to work and then that [will] have hopefully a ripple effect.

(Stakeholder 6)

Stakeholders from different agencies and organisations came together for the implementation of the Gypsy/Traveller CHW service. Its successful delivery and implementation were closely associated with the participation of MECOPP. Partnering with a community-based trusted third sector organisation has improved understanding of health priorities of the Gypsy/Traveller community. This is because third sector organisations have a vital role to play in public service provision. They are accountable to their own members, the individuals and communities they work with, and to regulatory bodies. The long history MECOPP has of working with Scottish Gypsy/Travellers also means that the community trust and respect this organisation.

Barriers and facilitators to implementation and health service delivery

Stakeholders, CHWS, and the Gypsy/Traveller community members identified barriers and facilitators to the development and implementation of the CHW service and to delivering care. Tables 2 and 3 provide summaries of these with examples from the data.

Table 2: Barriers to implementation and delivery with some examples

Barriers to implementation and delivery	Examples from the data
CHWs' low digital literacy	Using a laptop and attaching files to emails.
Role boundaries/unrealistic expectations of role	Difficulty establishing boundaries between personal and professional life. This could lead to difficulty in maintaining a healthy work-life balance.
Discrimination against Gypsy/Travellers by health service staff	Being discriminated against by service professionals could impact trust and confidence in the CHWs' ability to carry out the role.
Adapting the delivery plan for a small third sector organisation	Requires adjusting expectations for MECOPP support provision because the organisation does not have the same resources as NHS institutions, including staff numbers and IT equipment for training delivery.
Budget concerns	Worry over the uncertainty of what would happen to the role at the end of the two years' funding. Job insecurity concerned the CHWs as well as concern over letting the Gypsy/Traveller community down if the service disappeared.

Table 3: Facilitators to implementation and delivery with some examples

Facilitators to implementation and delivery	Examples from the data
Digital literacy training	Learning new skills increased confidence.
Shared cultural understandings and experiences	CHWs do not need to learn about the Gypsy/Traveller culture, which saves time in the service delivery and adds an extra layer of understanding access and delivery challenges.
Having supportive supervision and management	CHWs expressed gratitude for the support provided by MECOPP. They emphasised the importance of having a supportive manager to help them navigate their complex role.
Developing strong rapport during service delivery	Stakeholders and community members view CHWs as an essential link between individuals and healthcare services.
Advocating for Gypsy/Traveller health and rights	CHWs facilitated care, service engagement, vaccination uptake, screening and healthcare services registration, along with facilitating women's groups where women could learn about their rights and gain insight into health and social services.
Advocating for policy inclusion and wider change	Providing feedback on Scottish Government Action Plan.

Low digital literacy posed a barrier for many of the CHWs. They identified one of their main challenges as learning new technological skills, such as using a laptop and attaching files to emails. Despite the challenges encountered, CHWs remarked that learning these skills increased their confidence and was considered a facilitator to their work.

Another barrier corresponded to the aforementioned discussion of role boundaries and how unrealistic expectations of their job can affect CHWs. A stakeholder thought it could be difficult for CHWs to balance their professional role whilst also being a part of the community, which makes it challenging to establish boundaries between personal and professional life. This could lead to difficulty in maintaining a healthy work-life balance. Additionally, there was concern about how the change of status of CHWs to a paid role might impact their relationships with the community, potentially introducing a power differential. However, the CHWs did not see this as a challenge.

> *(…) But they've trusted her approach, so I think… it's a difficult balance for them to play as Community Health Workers because that [is] a role and also [they have a] role in the community as a person. You know that's a difficult thing to manage, and she's doing it really well and doing it in a way that…isn't seen [as] other authority figures are perceived.*
>
> **(Stakeholder 6)**

The need to balance professional and personal identities arises because CHWS and Gypsy/Travellers have an increased level of familiarity with each other as members of the same cultural community. Their shared cultural understandings and experiences also serve as a facilitator to understanding health needs. As the seven CHWs involved in the evaluation are members of the Gypsy/Traveller community, there is a time-saving benefit in the service delivery since they didn't need to learn about the Gypsy/Traveller culture. This is reinforced by one CHW:

> *I understand it because I am a Traveller. I understand their culture, I understand their needs. I understand the do's and don'ts that other people don't understand because we're all Travellers. So, they're speaking to people who completely understand the problem that somebody from outside that community has got no idea what you're talking about. We understand where that person is coming from because we live that life every day.*
>
> **(Community Health Worker 3)**

Having supportive supervision was also considered a facilitator. The CHWs expressed gratitude for the support provided by MECOPP. They emphasised the importance of having a supportive manager to help them navigate their complex role. A previous study showed that lack of support and recognition from supervisors, can result in low levels of workplace trust[63]. This reinforces the important role of a manager for the success of the CHW service implementation.

As a result of their trusted relationships with the community and colleagues, CHWs were able to develop a strong rapport with those they serve. The research findings highlight that both stakeholders and community members view CHWs as an essential link between individuals and healthcare services.

> *I think the Community Health Workers are [a] fantastic resource to allow us to have that communication, to have that two-way relationship and they are able to engage with community and bring things back and vice versa, so we will then try to get people to [access services]. I think they're also really useful in helping to establish that relationship.*
>
> **(Stakeholder 5)**

There were concerns, however, about discrimination against Gypsy/Travellers by health service staff, as even the CHWs faced discrimination in their everyday lives. This was worrying, as it could significantly impact community trust in CHWs. One CHW explained that she didn't want community members to witness her being disrespected or discriminated against by service professionals. This could potentially diminish the trust and confidence people would have in her ability to carry out the role.

[63] Watkins JA, Griffiths F, Goudge J. Community health workers' efforts to build health system trust in marginalised communities: A qualitative study from South Africa. BMJ open. 2021 May 1;11(5):e044065. Available at: https://bmjopen.bmj.com/content/11/5/e044065.abstract

> *One thing that I am quite scared of about this position is…going to and from certain places. Because of certain things that happened in the past, I do get a lot of hassle in [city] because obviously I'm a Gypsy/Traveller and I'm terrified that if I take my clients out, if we go for a walk, or for a coffee, if I get hassled on the street, I don't want them to see that. I don't want them to be around that.*
>
> **(Community Health Worker 7)**

CHWs were recognised as advocates for the community who not only assisted in promoting awareness of rights but also improved access to healthcare services. They facilitated care, service engagement, vaccination uptake, screening, and healthcare services registration. The women's groups they were involved with were regarded as an important aspect of CHW services, as they provided a secure space for Gypsy/Traveller women to discuss their lives, establish a network, access services, learn about their rights, and gain insight into health and social services.

The findings showed that the CHWs play an essential role as part of the Scottish Government's action plan to improve the lives of Gypsy/Travellers in Scotland. The CHWs questioned what the government wanted to gain from the CHW service and whether the project was merely 'ticking a box' (i.e., if this would result in a government plan to act on addressing underlying issues). They talked about the importance of the CHWs feeding back on the impact of the wider Gypsy/Traveller action plan. Additionally, they discussed the housing aspect of the plan and highlighted that while some local authorities were improving the quality of accommodation, this led to a shortage of available pitches and did not address broader causal factors.

Another barrier to implementation was adapting the delivery plan for a small third sector organisation, rather than the original plan by a larger NHS and social care organisation. Despite the success of the service being delivered by the third sector organisation, there was a need to adjust expectations for MECOPP support provision. This was because the organisation did not have the same resources as NHS institutions, including staff numbers and IT equipment for training delivery.

Funding concerns posed an important barrier. There was a worry over the uncertainty of what would happen to the role at the end of the two years' funding. This was at a personal level, with one CHW asking if they could still call themselves CHWs even if they were no longer employed in that role. However, the greater concern was that the CHWs would develop relationships and build trust, and then the Gypsy/Traveller community would feel let down if the service disappeared. This was compared to other services for Gypsy/Travellers that had come and gone due to short-term funding. Participants emphasised how crucial it was to maintain the continuity of the service:

> *[The CHW service] has to go further to continue learning [about Gypsy/Traveller health needs]…whether it's us or whether it's someone else, it has to continue. Because I see this is a massive breakthrough… And bringing the issues out, bringing them to light, understanding the issues...Really understanding them. I think it's essential that [the service] continues…[even] if someone else [is the CHW], but it has to continue.*
>
> **(Community Health Worker 3)**

...Perhaps one of the things that might not go so well is if the Community Health Worker was no longer there… It's one of these things they put things in place, it starts to work well and then they pull it. Again, from the community's point of view, you know we want a continuation, we don't want them to think that it was just a one-off project that's now just fallen by the wayside.

(Stakeholder 5)

But I just hope that [the Government] listens, [as] we do need to get this funding, because [the Gypsy/Traveller community] does need help.

(Gypsy/Traveller Community Member 1)

Sustainability: Continuation and scaling up

The implementation and scale-up of the CHW service relies on government funding. One key challenge to the budget was that it had been envisaged that the CHW contracts would vary in the number of hours specified according to the CHWs' individual preferences. However, all CHWs opted for the maximum hours available, putting a strain on the budget and resulting in fewer CHWs being hired. Three more CHWs were employed in January 2023, making the total number seven CHWs. One successful story is that one specific Health Board (NHS Highland) agreed to partially fund the post of one of the CHWs (partly funded by MECOPP and partly by the NHS Health Board). This example can support the sustainability of the CHW service.

For stakeholders and community members, scalability and sustainability were critical outcomes. The CHWs were important to stakeholders for building community capacity and knowledge. At a policy level, it was hoped that the CHW service would result in Gypsy/Travellers being more involved in healthcare decisions and being able to make informed choices about their health. Adding to this, services would be redesigned in line with partnership collaboration, to be more appropriate to Gypsy/Traveller needs. The positive impact of the CHW service in improving health outcomes for the Gypsy/Traveller Community in Scotland was highlighted in the Race Equality Framework (2016-2030) and the Immediate Priorities Plan (2021-2023)[64]. However, given resource constraints and limited incentives, the CHWs are more vulnerable to being overshadowed by other priorities within the NHS.

Sustainability relies on retention of CHWs and is strongly linked to CHW job satisfaction and motivation. The structure of the service and resources (including renumeration) are contributing factors of sustainability. Beyond financial matters, CHWs described skills development and training as a way to increase their knowledge, skills and job performance. Delivering comprehensive and standardised training to CHWs on a large scale can present challenges. For example, care would need to be taken to ensure the expansion of CHW training would not affect consistency and quality. However, one way training can serve as a factor of sustainability is by enabling community and health provider confidence in the CHWs and their ability to perform their duties.

[64] Scottish Government. Anti-racism in Scotland: progress review 2023. 2023. Available at: https://www.gov.scot/publications/anti-racism-scotland-progress-review-2023/pages/12/#page-top

The CHWs were dedicated to carrying out their CHW activities with hope that the service would continue in the long-term. Stakeholders expressed interest in understanding if CHWs would gain qualifications and continue in the role or work toward other interests. Two CHWs were provided with opportunities to develop other roles – one as a support and development worker, and the other as a lead for Gypsy/Traveller voices in the National Care Plan. While performing their new roles, they continue to work as CHWs in local NHS health areas to ensure the continuation of the CHW service.

CHWs emphasised gaining satisfaction from improving Gypsy/Traveller wellbeing. Community embeddedness allows individuals to take pride in their CHW role as they know they are working to support their own community. However, it can equally create tensions between communities and health systems. CHWs that are poorly integrated into their communities or into health systems impact the quality of care and can lead to CHW disempowerment[65]. Enabling CHWs to increase their confidence and skills fosters the development of trust with Gypsy/Travellers in the geographic areas where they work and forges productive relationships with some key service personnel. A stakeholder explained the importance of clarifying the roles of each actor when aiming to embed the CHW service as part of the whole system.

> *(…) They have that knowledge, the skills and the specific insight into the needs of this group so I didn't see that there would have been any other way how this would have been initiated. But going forward, if we're talking about embedding it as part of the whole system. We need to maybe clarify then what's MECOPP's role. What's (health) boards' roles? What's PHS (Public Health Scotland) role? What's national, local or regional?*
>
> **(Stakeholder 7)**

Defining the CHW role occurred in the initial stages of service development. Participants expressed desire to contribute to the clarification of role boundaries. For CHWs, this was best placed through effective and supportive supervision and the confidence that their input would be valued by the CHW service managers, health providers and the Gypsy/Traveller community members.

[65] Mundeva H, Snyder J, Ngilangwa DP, Kaida A. Ethics of task shifting in the health workforce: exploring the role of community health workers in HIV service delivery in low- and middle-income countries. BMC Med Ethics. 2018 Jul 4;19(1):71. Available at: https://pubmed.ncbi.nlm.nih.gov/29973217/

Context driven modifications to the CHW service

As the intervention progressed, it became clear that several factors related to the socio-economic climate and current events impacted the implementation of the CHW service. Some of the issues encountered and changes made to the CHW service in response to these factors are outlined below.

- **Delivering health and social support**: Initially, the role of CHWs was to tackle health concerns. However, they were soon asked to address social issues such as housing problems. As their role evolved, it became crucial for CHWs to address broader issues, considering the impact of poverty and poor living conditions on health.
- **Cost of living crisis and fuel poverty**[66]: High energy costs associated with living on sites has long been an issue for Gypsy/Travellers. The energy crisis continues to affect households, with Gypsy/Travellers facing a disproportionate impact of the cost-of-living crisis. CHWs dedicated time to support community members to access the cost-of-living support provided by the Scottish Government which was not easily accessible for those living on sites.
- **Housing Issues**[67]: Gypsy/Travellers faced accommodation challenges, including inadequate sanitation, rat infestations, issues with facilities (e.g., poor plumbing, blocked drains, mould), and poor overall conditions. Many of the participants have had their physical and mental health impacted by housing challenges. They reported feeling dissatisfied with housing providers, their local Council and other services, explaining that they received very little feedback about issues concerning community members sites. CHWs supported Gypsy/Travellers to address accommodation problems, such as through contacting relevant local authority services or facilitating acquiring a doctor's letter to support a housing application.
- **Covid 19**[68]: Gypsy/Travellers faced a higher risk of being severely affected by Covid-19 due to health inequalities, discrimination and stigma. Many experienced barriers to health service access, along with receiving inconsistent information during the pandemic. CHWs provided Covid guidance and support to access vaccinations.

[66] Friends, families and Travellers. Access to energy for Gypsies and Travellers living in caravans. 2022. Available at: https://www.gypsy-traveller.org/report/new-report-energy-crisis-worsening-fuel-poverty-for-gypsy-and-traveller-people/#:~:text=A%20lack%20of%20access%20to,month%20on%20gas%20bottles%20alone

[67] Friends, families and Travellers. Accommodation issues facing Gypsies and Travellers in England. 2022. Available at: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.gypsy-traveller.org/wp-content/uploads/2022/07/Briefing_Accommodation-issues-facing-Gypsies-and-Travellers-in-England.pdf

[68] Marston C et al. Routes: New ways to talk about COVID-19 for better health- a focus on Gypsy, Roma and Traveller communities and migrant workers in precarious jobs. 2022 Depth Research Group, London School of Hygiene and Tropical Medicine. Available at: https://bura.brunel.ac.uk/handle/2438/26006

Actual and potential impact : benefits of the CHW service

Gypsy/Travellers highlighted that they lacked this service for a long time. One of the community members said that the CHWs 'get results and things actually do happen' (Gypsy Traveller Community Member 3). In addition, CHWs are increasing the awareness of healthcare professionals about the Gypsy/Traveller culture, to move away from discrimination and stereotypes that the community faces.

Example of impact: Cultural awareness sessions for healthcare professionals
Community health workers conducted two training sessions for approximately 560 pre-registration nursing students at a university in Scotland. The aim of the sessions was to raise awareness among the students about the culture and needs of the Gypsy/Traveller community. The university provided positive feedback on the training and other universities have expressed interest in adopting this approach. This is essential for improving healthcare providers' understanding of the health priorities, culture, trust issues, and healthcare service barriers faced by the Gypsy/Traveller community. Moreover, it is about the confidence and skills the community health workers developed on their CHWs post, which enable them to communicate effectively with professionals about their community needs.

CHWs play a crucial role as they are available, flexible, offer timely support and advocate for the community. This is important to improve the health and wellbeing of the community. This includes reducing stress and presenting opportunities for better health outcomes. One of the Gypsy/Travellers shared of the situations in which the CHWs was essential to help here. It was soon after she delivered her baby:

> *And you're a new mother home from the hospital with a not well baby, with no electricity. So, [CHW name] was like, that's not on. That's not good enough. Somebody needs to at least to be some other protocol of people being able to get electricity for the likes of mothers that's maybe they miss the (site) office because of the picking the kids up from school.*
>
> **(Gypsy/Traveller Community Member 7)**

Moreover, important role CHWs play in healthcare will have a positive impact on the health outcomes of the Gypsy/Traveller community, including increased life expectancy and a reduction in health inequalities.

Community health issues identified by the CHWs

The most frequent theme was mental health encompassing low mood, depression, stress and anxiety, suicidal feelings, addiction, schizophrenia and post-traumatic stress disorder. The CHWs supported both men and women with mental health problems. Physical health problems included diabetes mellitus, women's health issues (e.g., access to contraception, polycystic ovary syndrome), suspected heart problems, sciatica, and inflammatory bowel disease.

> *Yeah, with my doctor surgery. I was needing an appointment due to the lockdown of COVID-19. I couldn't get my contraception changed. And because of the backlog, there were, like, it's run out for over a year. And [CHW name] sent an e-mail to my doctor to explain the stress. That was putting me under and how it should be changed and the situation we're in. And literally when I called up the doctors, I've got an appointment straight away.*
>
> **(Gypsy/Traveller Community Member 2)**

The complete list of issues identified by CHWs is available in Appendix 3.

Most of the individual work undertaken by CHWs involved helping Gypsy/Travellers to access services and/or achieve a satisfactory response from services. Typical scenarios were either that a Gypsy/Traveller lacked confidence to approach services or did not know where to find help.

Example of impact: Uptake of COVID-19 Vaccination

A member of the Gypsy/Traveller community was unsure how to obtain a Covid-19 vaccination due to not having an address. With the assistance of a Community Health Worker, they were taken to a drop-in clinic where they were able to receive the vaccination. This proactive measure helped to boost the number of community members getting vaccinated against COVID-19.

List of examples of impact

Table 4 represents a summary of examples of impact of the CHW service covering impact on individual and family health, housing and education, escalation of issues, and innovation in health services. To expand further each of the examples, this report presents case studies[69] and quotations from individuals to support the case of the impact of the CHW service.

Table 4: Summary of examples of actual impact created by the CHW service.

Impact	Examples
Impact on individual and family health	◗ Impact of training ◗ Support with referrals and registration to GP practices ◗ Access and support to attend dental services ◗ Women's groups ◗ Uptake of COVID-19 Vaccination ◗ Pharmacy First service awareness raising ◗ Uptake of vaccination by young Gypsy/Travellers ◗ Access to contraception services ◗ CHWs recommended families to use 'Access to Healthcare – GP Registration cards' (blue cards) and gave them out to GP practices ◗ Access to prescriptions ◗ Uptake of cervical screening ◗ Gypsy/Traveller men accessing healthcare services
Impacts on housing and education	◗ Arranging access to education ◗ Referrals to housing, including GP support letters ◗ Impact of housing in the Gypsy/Travellers' mental health ◗ Fuel and energy access
Impacts on escalating issues	◗ Access to prescriptions when travelling/shifting ◗ Sanitation issues (rat infestation) ◗ Postal services (mail delivery issues)
Impacts as innovation in health services	◗ Fast track access to contraceptive services in Tayside ◗ Missions as a place for health intervention ◗ Group and one-to-one mental health and wellbeing sessions for young people ◗ Gypsy/Traveller women's group ◗ Cultural awareness sessions for healthcare professionals

[69] The illustrative case studies presented in this evaluation combine features from several individual cases to maintain anonymity and protect confidentiality. The data was gathered based on the document recording, interviews with community members and focus groups with CHWs.

Community Health Worker service logic model

The final version of Community Health Worker service logic model (Appendix 1) was co-created with four CHWs, the Community Health Team Manager, the Gypsy/Traveller Support Service Manager, and the evaluation team. The logic model served as the foundation for the evaluation. It outlined the outputs to be monitored and outcomes to be evaluated.

The evaluation results have been mapped against the outputs (Table 5), short-term outcomes (Table 6), and mid-term outcomes (Table 7). The tables indicate the sources of evidence used to make judgments about achievements, who is responsible, progress, and important comments.

Most outputs were achieved in in the short duration of the service while others are still in-progress. As an example of the outputs in progress, the NHS and third sector have developed further understanding of the health priorities of the Gypsy/Traveller community and the obstacles they encounter in accessing services. Nevertheless, more work is required as this is a multifaceted and long-standing issue for the Gypsy/Traveller community.

Great progress has been made in achieving both short-term and mid-term outcomes for the CHW service. The collection of robust data provided important evidence supporting this claim. Most short-term outcomes were successfully achieved, demonstrating the effectiveness of the CHW service implementation. The mid-term outcomes are more complex and challenging to accomplish due to cultural barriers and the need to change service structure and delivery. Despite these challenges, progress is being made, but more time is required to achieve these outcomes. Positive outcomes were observed from the CHW service implementation. The women in the Gypsy/Traveller community see CHWs as role models. CHWs provide young women with confidence and aspirations to pursue different societal roles. This is significant because women in the community are traditionally assumed to undertake domestic roles.

Additionally, unintended outcomes were perceived. The CHWs aimed to set a positive example for their community. To achieve this, they made lifestyle changes themselves such as quitting smoking, exercising regularly, and adopting healthier eating habits. Another unintended outcome was that CHWs gained confidence in addressing community issues and advocating in name of the community to both professional and governmental audiences.

Table 5: Summary of the CHW service evaluation against the co-produced revised logic model: outputs

Outputs to be monitored	Responsible	Data	Progress	Comments
Community Health Manager recruited	MECOPP	Recruitment of one Community Health Manager.	Achieved	–
No. of CHWs recruited	MECOPP	Cohort 1 Sept 21 ◗ 7 applicants ◗ 5 appointed ◗ 1 resigned due to ill health Cohort 2 Dec 2022 ◗ 8 applicants ◗ 3 appointed Total of 7 CHWs.	Achieved	More CHWs are needed to cover all NHS Health Boards.
No. and type of training provided to CHWs	MECOPP	16 training sessions, including: Confidentiality, Health & Safety (Covid-19), Computer & Internet Safety, Boundaries, Active Listening, The Social Model of Health, Community Mapping, Community Development approach, Determinants of Health & Health Inequalities, and Reflective Practice.	Achieved	The CHWs receive ongoing training based on the needs of the community.

Outputs to be monitored	Responsible	Data	Progress	Comments
No. of resources sourced or adapted and distributed, and topics covered	CHWs	At least 6 resources were adapted including: CPR training, neck and throat cancer, screening and vaccination information, Covid-19 information, agreement with the Scottish government on how Gypsy/ Travellers would like to be treated. The language and content were verbally adapted to be culturally appropriated.	On track	It is necessary to ensure that all NHS and other services are adapted to meet the cultural needs of the Gypsy/Traveller community.
No. of people contacted Geographic reach	CHWs	1000++ contacts Health Boards Ayrshire and Arran, Lanarkshire, Lothian, Tayside, Forth Valley, Highlands and beyond in the UK.	On track	There is still more work to be done with the Gypsy/ Traveller community due to their complex needs, lack of trust in services, and historical and current discrimination.
Type of health priorities identified	CHWs	Mental health, long term-conditions (e.g. cancer and diabetes), women's health, sexual and reproductive health (e.g. contraception and menopause), continuity prescriptions, access to opticians and dentists; GP registration, child health and additional needs, uptake of vaccinations and screening. Complete list available as Appendix 3.	On track	Factors that may affect health needs include lack of trust in public services, discrimination, stigma, and low health literacy.

Outputs to be monitored	Responsible	Data	Progress	Comments
Type of contacts: e.g., advocacy, advice, information sharing, 1:1 support, referral, group support, link-up	CHWs	1000++ activities, including: 1-1 support, liaison with statutory services (health, housing, education, social work), information sought and provided (COVID-19 guidance, accessible dentists and opticians), signposting to other services and support, joint facilitating groups (women's health group and young person's group), networking and strategy groups, cultural awareness for healthcare providers, facilitating uptake of vaccination and cancer screening, lecturers in undergraduate nursing courses in Scotland.	Achieved	CHWs have shown commitment and innovation in their service delivery.
No of referrals and support to MECOPPs counselling, financial resilience, carers support	CHWs	500+	On track	Support from CHWs was necessary beyond the referrals, including attending appointments and completing forms.
No of connections to other services (third sector and statutory services)	CHWs	500+	On track	Support from CHWs was necessary beyond the referrals, including attending appointments and completing forms.

Outputs to be monitored	Responsible	Data	Progress	Comments
No. of awareness sessions, **No. and who attending**	CHWs	Workshops and information sessions Cholesterol, diabetes sessions and Keep Well sessions (support of NHS staff) 12 women attended 3 workshops 5-20 women are currently attending ongoing monthly information sessions in the respective Health Boards: Lanarkshire, Ayrshire & Arran, Tayside and Highlands Women participating in the workshops share information with their family members and friends (part of Gypsy/Traveller culture)	On track	Ongoing awareness sessions are available and can be adapted to meet the specific needs of the Gypsy/Traveller community.
Issues escalated to the Steering Group/ national forums, action taken, and outcome achieved	SG/NHS	Pharmacist, access healthcare services (GP and dentist registration), access to vaccination, maternity care, blue access cards, CHW spoke at an online seminar – Healthcare Improvement Scotland, meetings with Public Health Ministers.	Ongoing/ initial stages	It needs further development, as Steering Group/national forums partially provided a point of escalation for issues identified by the CHWs and Community Health Manager. Scottish NHS/H&SC Gypsy/ Traveller Forum members need to have a more consistent and structured approach to link with local CHWs and support them regarding heath and care information, and information to navigate the local health and care services.
No. of Steering Group meetings	SG	4 meetings	Achieved	Last meeting was in August 2023.

Table 6: Summary of the CHW service evaluation against the co-produced revised logic model: short-term outcomes

Outcomes: Short term (Year 1)	Responsible	Data sources	Progress	Comments
CHWs: motivated, empowered, and confident to undertake their role, including improving IT skills.	CHWs	5 Focus groups, 3 informal visits 1 workshop	Achieved	CHWs are highly motivated and feel confident. CHWs improved their IT skills with the support of MECOPP staff.
CHWs: increased understanding of the health and well-being issues affecting their community.	CHWs	8 Gypsy/Traveller interviews 7 stakeholder interviews 5 focus groups 116 documents 3 informal visits 1 workshop	Achieved	CHWs already had knowledge about health issues and inequalities. They showed a growing understanding of individuals' rights to healthcare, individual and community needs and support from government services.
CHWs: increased understanding of NHS & other services.	CHWs	8 Gypsy/Traveller interviews 7 stakeholder interviews 5 focus groups 116 documents 3 informal visits 1 workshop	Achieved	The systems can be complex, and CHWs are continuously gaining knowledge about the services and systems.
CHWs: increased confidence and skills to effect change and influence local NHS, and health decision-making.	CHWs	8 Gypsy/Traveller interviews 7 stakeholder interviews 5 focus groups 116 documents 3 informal visits 1 workshop	Achieved	Presentation at Health Improvement Scotland seminar and presentation for undergraduate nursing students. Awareness training should be mandatory for healthcare professionals.

Outcomes: Short term (Year 1)	Responsible	Data sources	Progress	Comments
Gypsy/Traveller community: trust the CHWs.	Gypsy/ Traveller community	8 Gypsy/Traveller interviews 7 stakeholder interviews 116 documents 3 informal visits	Archived	Although the goal was accomplished, data indicates that the Gypsy/Traveller community is concerned about the discontinuation of services. The community has expressed apprehension regarding the sustainability of the CHW service. To ensure a lasting and reliable relationship with an individual or service, trust needs to be established and reinforced as a continuous process.
Gypsy/Traveller community: More understanding of issues affecting their health and well-being and actions they could take to improve it e.g., vaccinations, screening, mental health support.	Gypsy/ Traveller community	8 Gypsy/Traveller interviews 116 documents 3 informal visits	On track	Improvement on vaccination uptake, participation in women's groups, health screening (cancer, diabetes, etc.), understanding the importance of accessing mental health services.
Gypsy/Traveller community: confidence in using resources to improve health & well-being.	Gypsy/ Traveller community	8 Gypsy/Traveller interviews 116 documents 3 informal visits	Ongoing/ initial stages	The Gypsy/Traveller community emphasised the significance of CHWs in boosting their confidence in utilising resources.

Outcomes: Short term (Year 1)	Responsible	Data sources	Progress	Comments
NHS and third sector: improved understanding of health priorities of the Gypsy/Traveller community and barriers they face in accessing services.	NHS and third sector	8 Gypsy/Traveller interviews 7 stakeholder interviews 5 focus groups 116 documents 3 informal visits 1 workshop	Ongoing/ initial stages	It was identified a small change in the services that connect with CHWs. The participants noted a need for culturally appropriate care in services connecting with CHWs, addressing discrimination and stigma.

Table 7: Summary of the CHW service evaluation against the co-produced revised logic model: mid-term outcomes

Outcomes: Med term (Year 2)	Responsible	Data sources	Progress	Comments
CHWs: gained transferable skills, knowledge and experience.	CHWs and MECOPP	7 stakeholder interviews 5 focus groups 116 documents 3 informal visits 1 workshop	Achieved	CHWs were employed and received induction and training. Additionally, two CHWs had opportunities to develop other roles.
Gypsy/Traveller community: CHW role and their impact are viewed positively.	Gypsy/ Traveller community	8 Gypsy/Traveller interviews 3 informal visits	Achieved	CHWs, all of whom are women, serve as role models in the community, inspiring young women to seek different roles in society.
Gypsy/Traveller community: More confident in accessing and navigating NHS and statutory services.	Gypsy/ Traveller community	8 Gypsy/Traveller interviews 7 stakeholder interviews 5 focus groups 116 documents 3 informal visits 1 workshop	Ongoing/ initial stages	The Gypsy/Traveller community expressed their need for continued support from CHWs, stating that they require more CHWs.

Outcomes: Med term (Year 2)	Responsible	Data sources	Progress	Comments
Gypsy/Traveller community: understand how to plan for continuity of care, if they move on, or are moved on.	Gypsy/ Traveller community	8 Gypsy/Traveller interviews 7 stakeholder interviews 5 focus groups 116 documents 3 informal visits 1 workshop	Ongoing/ initial stages	The community understands service provision with the support of the CHWs. Challenges are associated with differences in each local area and NHS health board.
Local NHS and third sector: have made changes to make their services more accessible.	NHS and third sector	8 Gypsy/Traveller interviews 7 stakeholder interviews 5 focus groups 116 documents 3 informal visits 1 workshop	Ongoing/ initial stages	CHW service should be part of the NHS as a mainstream service. Improving the life of Gypsy/ Traveller community needs to be a strategic priority of the Scottish Government.

Recommendations

Recommendations for NHS health boards

Health Boards should:

1. Provide a CHW service that has sufficient capacity (i.e. numbers of CHWs) to be accessible to all Gypsy/Travellers in Scotland
2. Ensure that CHW service is not reliant on short-term funding
3. Develop a business case for commissioning, implementing, and sustaining a CHW service. The business case should link to broader strategies such as the 'Anti-racism in Scotland progress review 2023'[70]
4. Follow established models of best practice for the CHW service: CHW service delivered through a third sector organisation to ensure a community-led service. Employing the CHWs directly by the NHS risks prioritising service needs that may not align with the values, culture, or priority health needs of the Gypsy/Traveller community
5. Encourage the use of 'Access to Healthcare – GP Registration cards'[71] to increase Gypsy/Traveller community members' GP practice registration
6. Offer flexible appointments and drop-in services for Gypsy/Travellers as they may face additional challenges accessing scheduled appointments
7. Collaborate with CHWs to develop innovative strategies to improve access to health services (e.g., vaccination uptake, cancer, and diabetes screening)
8. Work in partnership with third sector and local community organisations to develop appropriate healthcare services for the Gypsy/Traveller community
9. Embed the CHW service in the NHS with multisector support (e.g., health service providers, third sector organisations, government, and other stakeholders invested in improving Gypsy/Traveller health)
10. Set out equality outcomes that align with the Gypsy/Traveller action plan[72], including improving mental health and well-being and inclusive public health messaging
11. Nominate a Gypsy/Traveller lead to spearhead the development and monitoring of Gypsy/Traveller health improvement plans

[70] Scottish Government. Anti-racism in Scotland: progress review 2023. 2023. Available at: https://www.gov.scot/publications/anti-racism-scotland-progress-review-2023/pages/12/#page-top

[71] Access to Healthcare – GP Registration cards. Available at: https://www.healthliteracyplace.org.uk/toolkit/access-to-healthcare/

[72] Scottish Government. Gypsy/Travellers action plan: 2023. 2023. Available at: https://www.gov.scot/publications/improving-the-lives-of-gypsy-travellers-action-plan/pages/health/

12. Develop a Gypsy/Traveller health improvement plan aligned to the forthcoming national Gypsy/Traveller action plan
13. Work with CHWs to identify the most appropriate ways to raise awareness among Gypsy/Travellers and health service providers to increase access and improve health service delivery
14. Support Gypsy/Travellers to be heard in local and national policy debates to enable consideration of cultural norms and sensitivities
15. Embed Gypsy/Traveller cultural awareness training in the NHS Knowledge and Skills Framework (KSF)[73] and make it mandatory for all staff

Recommendations for CHW service commissioners

Commissioners responsible for the development, monitoring, and scale-up of the CHW service should:

1. Recruit members of the Gypsy/Traveller community to develop the CHW role so that they understand the culture and community health needs
2. Increase the numbers of CHWs to improve service delivery for increased numbers of Gypsy/Travellers in Scotland
3. Offer flexibility to CHWs to meet community needs (e.g., working out-of-hours, accompanying Gypsy/Travellers to appointments) and provide opportunities to develop personal interests (e.g., working with specific age groups or on particular issues)
4. Support for CHWs to enhance their lived experience through personal and professional development
5. Promote appropriate work and career development opportunities aligned with personal interests, e.g., mentoring from and taking on roles with external agencies and developing IT skills

[73] Department of Health. The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process. 2004. Available at: https://www.msg.scot.nhs.uk/wp-content/uploads/KSF-Handbook.pdf

Recommendations for policymakers, including Scottish Government and Public Health Scotland

Policymakers should:

1. Continue improving lives and reducing inequalities for the Gypsy/Traveller community as a strategic priority
2. Review with CHWs health information material to reduce health inequalities aligned with the Women's Health Plan[74] (e.g. availability of culturally appropriate menopause materials)
3. Develop a campaign to raise public awareness of Gypsy/Traveller culture, community and contributions to society to reduce stigma and discrimination
4. Consider the complexity of the CHW role and the impact of the social determinants of health (e.g. education, housing, poverty, health literacy) in the CHWs' workload
5. Support the NHS Gypsy/Traveller CHW Steering Group to provide a point of escalation for issues identified by the CHW service
6. Work with researchers to use participatory approaches involving the Gypsy/Traveller community in policy development and decision-making

[74] Scottish Government. Women's health plan (2021). Available at: https://www.gov.scot/publications/womens-health-plan/

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An interim evaluation[75] was published in August 2022.

[75] McFadden A, Biazus Dalcin C. Gypsy/Traveller Community Health Worker Service: Interim Evaluation, August 2022. Available at: https://discovery.dundee.ac.uk/en/publications/gypsytraveller-community-health-worker-service-interim-evaluation

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Appendices

Appendix 1: Logic model of the Community Health Worker Service

(Updated September 2023)

Problem/context	Intervention strategy	
G Gypsy/Travellers (G/Ts) have poor health outcomes • Life expectancy • Mental health problems, including suicide rates • Long-term conditions; including diabetes and cancer • Women's health problems • Child morbidity and mortality • Uptake of vaccinations and screening • Risk of COVID-19 **Gypsy/Travellers face barriers to using health services** • Registering with GPs, dentists, opticians and access to health services • Discrimination and stigma • Health literacy • Lack of trust in public services • Lack of culturally appropriated care	• CHW role: information sharing, advocacy, 1:1 and group support, onward referral/signposting; calling for appointments and accompanying in appointments • CHW recruitment accounts for different knowledge and skills • CHW have a strong positive cultural identity and awareness of cultural variations among G/T communities • CHWs are part of their local community in a Health Board locality, but not strictly • CHWs are trusted by the community • CHWs adapt existing resources to be culturally appropriate for G/T • Community Health Manager develops and delivers induction programme • Community Health Manager provides 1:1 and group support and training in response to CHW needs • Community Health Manager supports the CHWs to provide appropriate responses to community priorities • Community Health Manager and CHWs provide awareness sessions for third sector and NHS on health issues affecting G/T community and barriers to accessing services • The Steering Group (SG) provides a point of escalation for issues identified by the Community Health Manager • Scottish NHS/H&SC Gypsy/Traveller Forum members need to have a consistent and structured approach to link with local CHWs and support them regarding heath and care information, and information to navigate the local health and care services	

This logic model underpins the evaluation of Gypsy/Traveller Community Health Workers (CHWs) service which aims to tackle health inequalities and promote health and wellbeing among Gypsy/ Traveller communities in Scotland.

Outputs to monitor	Outcomes to be evaluated		Impact
	Short Term Year 1	Med term Year 2	
Third sector: Community Health Manager recruited **Third sector**: No. of CHWs recruited **Third sector**: No. and type of training provided to CHWs **CHWs**: No of resources adapted/ distributed, topics covered **CHWs**: No. of people contacted and geographic reach **CHWs**: Type of health priorities identified **CHWs**: Type of contact e.g., advocacy, advice, information sharing, 1:1 support, referral, group support, link-up **CHWs**: No of referrals and support to MECOPPs counselling, financial resilience, carers support **CHWs**: No of connections to other services (third sector and statutory services) **CHWs**: No. of awareness sessions, No. and who attending **SG/NHS**: Issues escalated to the Steering Group/national forums, action taken, and outcome achieved	**CHWs**: motivated, empowered, and confident to undertake their role, including improving IT skills **CHWs**: increased understanding of the health and well-being issues affecting their community **CHWs**: increased understanding of NHS & other services **CHWs**: increased confidence and skills to effect change and influence local NHS, and health decision-making **G/T community**: trust the CHWs **G/T community**: More understanding of issues affecting their health and well-being and actions they could take to improve it e.g., vaccinations, screening, mental health support **G/T community**: confidence in using resources to improve health & well-being **NHS and third sector**: improved understanding of health priorities of the G/T community and barriers they face in accessing services	**CHWs**: gained transferable skills, knowledge and experience **G/T community**: CHW role and their impact are viewed positively **G/T community**: More confident in accessing and navigating NHS and statutory services **G/T community**: understand how to plan for continuity of care, if they move on, or are moved on **Local NHS and third sector**: have made changes to make their services more accessible	Improved access and timely and appropriate use of NHS and other services by the G/T community Outcomes of the CHW service are sustained in local areas Outcomes of the service are disseminated to relevant bodies and agencies e.g., NHS/ H&SC, governments, relevant third sector organisations across Scotland Learning is used by NHS and other services in all Health Boards in Scotland to inform service re-design and programme development to improve the health outcomes for Gypsy/ Travellers Long-term impact: Reduce inequalities in health outcomes and increase life expectancy

Appendix 2: The job description for the CHW role

(developed and advertised by MECOPP)

Title of Post: **Community Health Worker**

Employer: MECOPP (Minority Ethnic Carers of People Project)

Work Location: Flexible

Office Location: MECOPP, Norton Park Business Centre 57 Albion Road, Edinburgh, EH7-5QY

Hours: TBC

Introduction

Community Health Matters is a new team in the MECOPP Gypsy/Traveller Support Service.

We are now looking for Gypsy/Travellers to work in that team, your job title will be Community Health Worker.

The aim of the team is to improve the health and well-being of the Gypsy/Traveller community by:

- Working directly with community members to identify health issues and concerns
- Working with community members to share their views and opinions
- Acting as a contact point for community members
- Helping to develop and distribute health information with the community
- Assisting in organising health awareness activities
- Linking individuals into health services
- Advising how health services can be improved for the community

Training and support for Community Health Workers will be provided by the Community Health Matters Manager at MECOPP.

Community Health Workers will be based in various locations in Scotland and will work with community members living on local authority, family and private sites, in housing and living roadside.

Specific Tasks and Activities

1. To publicise their role within the community and the wider role of the Community Health Team
2. To have regular contact with community members in their own networks
3. To identify the health and wellbeing needs of the community through regular communication.
4. To work with colleagues within the Community Health Team to develop different activities to raise awareness of health issues.
5. To work with colleagues within the Community Health Team to develop and distribute health information based on community interests, needs and priorities.
6. To be a contact point so that community members have a named person to raise concerns or issues with.
7. To assist community members to access existing health information.
8. To support community members to access health services.
9. To take part in opportunities to share what has been learnt by the team such as workshops and presentations.
10. To work with existing members of the MECOPP Gypsy/Traveller team to support the community.
11. To keep records of what work has been done and what has been achieved.
12. To take part in an evaluation of the project which will be undertaken by the University of Dundee.

Management and Accountability

1. To take part in regular support and supervision sessions.
2. To take part in team meetings and other meetings as required.
3. To complete the induction programme.
4. To attend any training as required.

Conditions of Service

1. Annual holidays –You will be entitled to paid holidays. The amount of paid holidays you receive will depend on the number of hours you work.
2. Pension – You can join the MECOPP pension scheme. You will need to pay 6% of your salary into the scheme and we will match this. If you do not want to join the MECOPP pension scheme, you can choose another.
3. Union – MECOPP will recognise the appropriate trade union.
4. Equal Opportunities – MECOPP is working towards being an equal opportunities employer.
5. Travel Expenses – You can claim for any travel you do as part of your job.
6. Staff Development and Training –You will be given an induction to the organisation within your first month. This will tell you more about the organisation and how it works.

Person Specification (these are the skills, abilities, experience and knowledge we are looking for)

We will decide whether to offer you the job based on the information you give on the application form, the interview and your references.

You will need to be able to demonstrate the following:

Skill, Knowledge, Experience, Other	Yes	No
I have reasonable written skills		
I can use a computer		
I can communicate effectively and accurately with different people		
I am confident I can provide impartial advice and information without letting my own views and opinions influence me		
I am interested in working with people, listening to them and supporting them to take part in different activities		
I understand the need for confidentiality and am confident that I will respect this at all times		
I am able to work as part of a team		
I am in touch with 10 different families and have my own networks		
I understand the importance of good health and can identify what supports good health and wellbeing		
I am willing to take part in different learning opportunities to improve my skills and knowledge		
I am willing to take part in team meetings and support sessions		
I am willing to travel and can use my own transport		

Closing date: XXXXX

For an application pack: please contact info@mecopp.org.uk or see the recruitment page on our website at www.mecopp.org.uk

Please note that applicants must be a Gypsy/Traveller as this is a Genuine Occupational Requirement

Appendix 3: Issues identified by CHWs (Jan 2022-August 2023)

Health issues

- Mental Health: Depression/Anxiety/Stress; Bipolar Disorder; Schizophrenia; Addiction/alcohol and/or drugs; Suicide; Isolation; Panic attacks; Social Anxiety; Stress
- Post-traumatic stress disorder (PTSD); Attention deficit hyperactivity disorder (ADHD)
- Sexual and reproductive health: Premature Birth, Gestational Diabetes; COVID-19 during pregnancy; Polycystic ovary syndrome; Miscarriage; Infertility; Endometrioses; Rape
- Menopause
- Long term conditions: Obesity; Cholesterol; Diabetes type 1/ type 2; Hypertension, Diabetes complications – sore feet; Incontinence; Stomach/bowel problems; Chronic obstructive pulmonary disease; Thyroid issues, Graves' disease; Arthritis, Kidney issues and dialysis, heart problems
- Cancer: Breast cancer, Skin cancer, Cervical cancer, Head and neck cancer
- COVID-19
- Dental issues
- Acute Trauma
- Eating Disorders
- Sleeping disorders
- Diet and weight management
- Physical disabilities

Health promotion/education and access to services

- Health information that needs adapting to be culturally and literacy sensitive (e.g. sexual and reproductive health advice)
- Contraception information and access to services
- Availability of Hormone Replacement Therapy (HRT)
- Screening appointments (cancer, diabetes, etc)
- COVID and vaccination information

- Access to vaccination (e.g. COVID-19, Tetanus, Human papillomavirus -HPV)
- Health checks (Keep Well)
- Minor Ailments Scheme – information on how to apply
- Registering with frontline services
- Issues trying to register with front line services; opticians/dentists/doctors
- Accessing local authority leisure centres
- Accessing vitamins and supplements
- Advice and access to smoking cessation services
- Escalate/chase up hospital referrals through doctor surgery
- Access to dental care for treatment/emergency treatment
- Retrieving prescriptions whilst shifting/on the road
- Providing information on health services and benefit entitlement; blue badge
- Healthy eating, exercises and the impact of energy drinks
- Occupational Therapy (OT) services and setting up appointments
- Providing information and myth-busting on smear tests
- Prostate information
- First aid and cardiopulmonary resuscitation (CPR) training (different lifespans)
- Pharmacy First
- Information on NHS 24-hour support service

Wider issues

- Domestic abuse and domestic violence
- Rape
- Inadequate housing
- Sanitation issues (lack of toilets, rats' infestation, safety issues)
- Homelessness
- Bereavement
- Access to education
- Mail delivery issues
- Educational rights for children and adults with special needs
- Disability rights
- Cultural and religious believes
- Racism/ Prejudice/ Discrimination/ Stigma
- Attending/supporting 'Work Focused Interviews' with community members
- Access to additional support for learning (ASL) within education (for children with additional support needs or a medical diagnosis)
- Access to social workers
- State pension
- Poverty and cost of living (food, fuel, energy cards)
- Financial advice and support (job centre and benefits)
- Census (sites not registered so Gypsy/Travellers are unable to participate)

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