

HEALTHY ROUTES PROJECT

FINAL PROJECT REPORT

VOLUNTARY ACTION LOCHABER



March - September 2007

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This project was funded through the Phase 3 Tobacco and Inequalities (T&I) Small Grants Fund, managed by ASH Scotland



Acknowledgements

The Project Worker would like to acknowledge the help and assistance the following people and organisations have given to the project over the last six months.

1. The staff and Board of Directors at Voluntary Action Lochaber. In particular Flora McKee, Manager, for all her valuable support and advice.
2. The Project Worker has liaised closely with the Healthy Together Team. We have carried out joint working projects and have organised and run various events. In Argyll & Bute Allison Henderson and Fiona Wilson are the Joint Project Leaders and Benny Wilson is the Outreach Worker. As a team we have worked very successfully together and I would like to thank all three of them for their advice, help and assistance throughout the project. The Project Worker would also like to thank members of the Steering Group for the Healthy Together Project for all the advice and support they have given to the project.
3. Nancy Campbell and Catrin Evans, Smoking Cessation Advisers, NHS Highland for the constant support they gave to the service. Nancy visited the site at Brackletter, Spean Bridge most Tuesday evenings for four months. Catrin engaged with residents at the Travelling site in Kentallen quarry.
4. Jill Denton and all the members of her Smoking Cessation Advisers working in Argyll & Bute. Jill Denton, Elspeth Shaw and Sara McPherson contributed invaluable help and advice to the Project Worker and attended Healthy Living Sessions at Duncholgan and Ledaig.
5. John Sim and Tracey Norris from ASH Scotland, Jan Irving from the NHS/Big Lottery.
6. Dr McNicol, Port Appin Surgery.
7. Lastly, all the members of the Gypsy and Traveller community who engaged with the service and made this such an exciting project.

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Ledaig Health Issues Session



Background - Healthy Routes project

The Healthy Routes Project was derived from Lochaber Routes. The latter had originally been supported by a Supporting People Grant administered by Highland Council. Lochaber Routes was a Community Development and Support Project for Gypsy and Travellers living and travelling within Lochaber; whether on Council sites, roadside encampments or in housing. When Lochaber Routes folded in January 2007 Voluntary Action Lochaber agreed to continue the Smoking Cessation work which had been funded by ASH – Scotland, NHS Highland and the Big Lottery. A Steering Group was set-up to support the project with representation from all three funders and staff from Voluntary Action Lochaber. The Steering Group held monthly meetings in An Drochaid.

A number of studies into the needs of Gypsy and Traveller communities have been carried out. The Commission for Racial Equality (CRE) reported that

“Prejudice and overt discrimination are the daily experience of Gypsy and Traveller people. In an era in which it would now be unthinkable for landlords to use the ‘No Blacks, no Irish, no dogs’ signs of the 1950’s, ‘No Traveller’ signs are a frequent occurrence, despite constant challenge by the CRE”.

The Gypsy and Traveller community has been an integral part of British life for centuries. The Travelling community in Scotland has existed for hundreds of years. This unique group of people are amongst the most marginalized and discriminated community in the British Isles. Theirs is a non-literate tradition, so their history is found fragmented in documents of the dominant settled community. The history of the Gypsy and Traveller community is marked by attempts to disperse, control, assimilate or destroy them.

If this unique cultural tradition is to continue it is essential that members of the community are empowered so that they can have an active involvement in decisions which affect their lives.

The Project covered the whole of Lochaber and Argyll & Bute. Lochaber covers an area of more than 4,450 square kilometres and at the last census (2001) had a population of 18,740, a fall of three percent from 1991. Most of the inhabitants live in and around Fort William and in a number of smaller settlements such as Kinlochleven and Ballachulish. The rest are small villages, crofting townships and four inhabited islands. Argyll & Bute covers the second largest geographical area of any Scottish local authority covering an area of 690,900 hectares with a population of 91,306 as at the 2001 census. It has six towns, 25 inhabited islands and over 2,700 miles of coastline. The size of the Gypsy and Traveller population in Scotland is unknown.

1. Introduction

Aims and objectives

The project began on 1 March 2007 and was contracted to end on 31 August 2007.

The aims and objectives of the Healthy Routes Project were:-

1. To respond to the needs highlighted by Gypsy and Travellers to provide support and advice around smoking cessation or smoking reduction.
2. To provide an accessible and appropriate service that is sensitive to the specific needs of the Gypsy and Traveller community.
3. To engage a range of services into supporting Gypsy and Travellers in an appropriate and effective way.
4. To develop and plan long term provision towards addressing some of the health inequalities experienced by Gypsy and Travellers by using partnership working.
5. To use opportunities, as appropriate , to provide Gypsy and Travellers access to a range of health information.
6. To ensure that the needs of Gypsy and Travellers are represented at relevant local groups and forums.

Save the Children asked over 100 Scottish Gypsy and Traveller children whether their lives had improved as a result of the first inquiry conducted by the Equal Opportunities Committee. Summarising their evidence, Save the Children stated: “The research findings in this report are alarming and disturbing:”

- Discrimination – 84% of the young Gypsy and travellers interviewed reported the situation was the same or worse than in 2001
- Accommodation – 77% of the young people felt their living conditions whether on sites, camps or houses had remained the same or got worse.
- School – 71% reported conditions at school were either the same or worse
- Health – 84% said getting access to a doctor or dentist had remained the same or worse.
- Government – 90% felt that the Government does not listen to young Gypsy and Travellers.

The project was aimed at any member of the Gypsy and Traveller community who smoked and was living or working in either Argyll & Bute or Lochaber. The NHS Highland Tobacco Strategy and Action Plan 2005 – 2008 states:

“All smokers should be offered brief advice to stop smoking and offered treatment to help them do so and dedicated specialist smoking cessation services should be accessible to all those wishing to stop.”

2. Methodology

Sites Targeted:

Two Highland Council Gypsy and Traveller sites exist in Lochaber. Brackletter site is situated in Northern Lochaber and Kentallen in Southern Lochaber. Argyll & Bute has three sites which are managed by ACHA (Argyll Community Housing Association). The sites are Torlochan (Dunoon), Duncholgan (Lochgilphead) and Ledaig (Oban). All five sites are very different attracting a cross section of the Gypsy and Traveller community. The Project Worker has also engaged with members of the community who are housed, and those living in roadside encampments in both areas.

The work took place at the sites, in the homes and caravans of the Gypsy and Traveller community.

Healthy Living Sessions:

- 1.1 In conjunction with the Healthy Together Project we organised four “Healthy Living” sessions which took place at the three sites in Argyll & Bute and one in Fort William. These sessions were planned to give members of the Gypsy and Traveller community access to a range of information on health issues and give them contact to health professionals.
- 1.2 At the Torlochan Site (Dunoon) three nurses carried out basic health checks including blood pressure tests. Appointments were made for members of the community to visit a local doctor for further health checks and medication, if necessary. A member of the Drug and Alcohol forum held discussions with young members of the community. Food was provided and information about healthy living options was made available. As a result of the open day in Duncholgan (Lochgilphead) nurses have decided to provide a regular health check service on the site.
- 1.3 A marquee was hired for the Ledaig session and Dr McNicol attended. Allison Henderson also carried out a Health Needs Assessment. Sara McPherson, Smoking Cessation Adviser, gave a talk on the effects of smoking on health and how to quit. She produced lots of information and used various aids to enhance her message about the effects smoking has on the human body. Sara will do follow up work at the site. Two other health professionals

also attended the sessions and provided health checks for residents. A cross section of the community (from the very young to the more mature) attended the session and it attracted people from both the settled community and those living on sites.

Awareness Raising Sessions:

We also organised six “Awareness Raising Sessions” for staff from statutory organisations such as the police, teachers, nurses and doctors, staff from the education and housing sector were also involved.

The aims of the Inter-Agency Awareness Raising Sessions included:

1. To raise awareness of the health needs of members of the Gypsy and Traveller communities.
2. To identify meaningful ways of increasing access to healthcare to this population.
3. To tackle discrimination towards Gypsies and Travellers where it exists.

The sessions took place in Dunoon, Lochgilphead, Dunstaffnage, Craignure (Isle of Mull) and two in Oban. A full summary of the feedback from the sessions can be found at the end of this report. Appendix I

Gypsy and Traveller Engagement:

We engaged with all members of the community regardless of whether or not they were housed, living on sites or, unofficial encampments. We had no age restriction on the project and engaged with anyone who smoked and was considering either reducing the number of cigarettes they consumed or wanted to stop altogether.

Venue:

Venue was also not a consideration – the Project Worker engaged with members of the community in whatever setting was appropriate. This was frequently her, or the clients’ vehicle. Each site has its own special needs and apart from the fact that only members of the Gypsy and Traveller community are allowed to live on them it is not possible to make generalisations about the various sites. Nancy Campbell, Smoking Cessation Adviser for NHS Highland tried to maintain a weekly service at the Portacabin on the Brackletter site, Spean Bridge. This session ran from 5.00 p.m. – 7.00 p.m on Tuesday evenings, and the numbers varied depending on the tides and whether or not people were working. They also varied if people had set target dates and had been unable to meet them. Towards the end of the project the numbers began to increase and Nancy and the Project Worker are trying to organise for clients to visit the new health centre in Fort William. At the other sites the Project Worker visited the client with members of the NHS Smoking Cessation Team.

In Argyll & Bute, Jill Denton leads a team of 13 Smoking Cessation Advisers. The Project Worker attended two meetings with the team and has worked with Jill Denton, (Campbeltown, Dunoon and Lochgilphead), Sara McPherson (Ledaig) and Elspeth Shaw (Duncholgan). Sara McPherson is planning a regular session at the Ledaig site so that members of the community can receive smoking cessation advice and information without having to leave home. Jill Denton and the team provided an excellent service and have engaged well with the community.

The Project Worker has also been trying to engage with members of the Gypsy and Traveller community living in Campbeltown. This has been difficult because the community does not have a Travelling site in the area. Members of the community are either living on commercial sites or have been housed. One member of the community living in Campbeltown has been assisting her to engage with Gypsy and Travellers but due to ill health he has not always been available.

3. Results

The Awareness Raising Sessions held throughout the area over the course of the past few months have also enabled staff working in statutory organisations to understand the importance of the Gypsy and Traveller community. They have been made aware of the unique culture of the community and why it is important for them to engage with the Gypsy and Traveller members in a positive and enlightened manner.

Forms were devised and discussed at the first Steering Group meeting held at Voluntary Action Lochaber offices in Fort William. The Steering Group decided that the attached forms were the most appropriate for the services. (See Appendix II).

NHS Highland held a Healthy Weight week from Monday 10 to Friday 14 September 2007 and the Project Worker spent the week working in the Lochaber area with Nancy Campbell and Catrin Evans, Smoking Cessation Advisers for NHS Highland.

Sites

Lochaber Site:

Engaging with the community in Lochaber was relatively easy for the Project Worker as she had been working with them for some years. She has a good relationship with members of the Gypsy and Traveller community who live at the sites, stay in the unauthorised encampments and those who have settled. Within the first month she was able to engage a number of people in the project and pass them on to the Smoking Cessation team in Lochaber.

Duncholgan (Lochgilphead) Site, Argyll & Bute:

The Project Worker had no previous experience of the community living in Argyll & Bute apart from the occasional engagement with people using unauthorised encampments. Locating the three sites was the first challenge.

The sites tend to be located in remote and difficult to access areas. They are usually old landfill sites, next to pylons, quarries, under motorways or electric sub stations. Fiona Wilson, Healthy Together Project visited Duncholgan Site (Lochgilphead) with the Project Worker on her first visit. This was an excellent introduction to the community and enabled the Project Worker to start making relationships with people immediately. Obviously, it is very difficult when working as a Smoking Cessation adviser to instantly start discussing the subject. It was essential to create a relationship with people and for them to trust you before you can start to discuss such a sensitive issue as Smoking reduction/cessation.

Two residents at the site had already given up smoking the previous year and even though they were struggling to cope with the desire to smoke they felt that treatment would be unnecessary. Two male residents refused to even discuss the issue. One female resident did engage with the service and Jill Denton and Elspeth Shaw Smoking Cessation Advisers visited the site. The Project Worker has continued to work at the site and has maintained regular contact with other members of the community.

Torlochan (Dunoon) Site:

Allison Henderson, Healthy Together Project Worker introduced the Project Worker to members of the community at Torlochan (Dunoon). Smoking was prevalent amongst the younger members of this community and engaging with young men became the issue. Again, it was essential to create a rapport with them before approaching the subject of smoking cessation. The Project Worker discovered that the young men want to be self employed gardeners and required Chain Saw certificates. She started to investigate courses and funding possibilities.

Four young members of the community have consequently engaged with the service. Only one other person living on the site smokes and she is still struggling to decide when to quit.

Ledaig, Oban Site:

Ledaig, Oban was the most difficult site to penetrate. The Project Worker visited the site on a regular basis and found it initially difficult to find common ground on which to work. After a few weeks she was able to engage with the younger members of the community and this was the turning point. Again, it was training for a Chain Saw Certificate that was the building block in the relationship. On Friday 20 July Allison Henderson (Healthy Together Project) and the Project Worker organised a Health Issues session at the site. Doctor McNicol (Port Appin Surgery), Sara McPherson (Smoking Cessation Adviser) and two nurses attended the day. It was very successful and although four

members of the community denied smoking at the beginning of the session they all decided to quit by the end. Dr McNicol has since reported that all four people have visited him for advice on Smoking Cessation. Sara and the Project Worker will continue to work at the site.

Campbeltown:

Campbeltown does not have a site but it does have a small population of Gypsies and Travellers living in the area. The Project Worker was able to locate a member of the community who lived in Campbeltown and he tried to introduce her to the community. Unfortunately, the first visit they made to a commercial site where a Travelling family live proved a negative experience as the family had just received news that a member of the family living on the east coast was seriously ill. They visited a few members of the community who had settled in the area but no one was interested in smoking cessation. Jill Denton, Smoking Cessation Adviser for the area provided valuable training for the Project Worker.

In Lochaber 37 members of the Gypsy and Traveller community engaged with the service. Not all the people who contacted the service were smokers some had other health issues but everyone was assisted. The following is a summary of the issues dealt with:-

Advice and quit dates

Brief advice to quit and quit dates set – Lochaber:

6 Females and 2 Males

- 2.1 Aged 11 – 20 1
- 2.2 Aged 21 – 30 2
- 2.3 Aged 31 – 40 2
- 2.4 Aged 41 – 50 1
- 2.5 Aged 51 – 60 2

Brief advice and smoking assessment but no quit date set – Lochaber:

3 Females

- 2.6 Aged 21 – 30 1
- 2.7 Aged 51 – 60 2

Brief advice to quit - Lochaber:

In addition brief advice to quit and information on Lochaber Smoking Cessation service was given to 7 males and 7 females by either the Project Worker or Smoking Cessation Advisers.

In Argyll & Bute 26 members of the Gypsy and Traveller community accessed the service. The following is a breakdown of participants.

Brief advice to quite and quit dates set – Argyll & Bute:

7 Males and 5 Females

- 2.8 Aged 11 – 20 4
- 2.9 Aged 21 – 30 2
- 2.10 Aged 31 – 40 3
- 2.11 Aged 41 – 50 2
- 2.12 Aged 71 – 80 1

Brief advice and smoking assessment but no quit date set – Argyll & Bute:

3 Males and 3 Females

- 2.13 Aged 11 – 20 2
- 2.14 Aged 21 – 30 1
- 2.15 Aged 41 – 50 1
- 2.16 Aged 51 – 60 2

4. DISCUSSION AND CONCLUSION

The Gypsy and Traveller community in Argyll & Bute and Lochaber are an integral part of the area. They are a dynamic and fascinating community whose unique culture should be acknowledged and respected. Every day is different and one never stops learning unique and interesting facets of the life of the community. The Project Worker has found working with the community a fulfilling and enjoyable experience.

Additional outcomes related to smoking and health as a direct result of the project includes:-

- 3.1 Discussion with 4 young people under the age of 16 about smoking cessation has taken place. None of the young people receive any education.
- 3.2 Two people registered with a General Practitioner in the Fort William Health Centre
- 3.3 Three people with severe obesity issues were seen and are being followed up by a family health nurse including one under 16 who is not in education and has never been seen by a General Practitioner.
- 3.4 Three other people were given support with other health related issues during the Healthy Weight Week.

A Fort William based health visitor met with the Project Worker at the Brackletter (Spean Bridge) site and was able to discuss issues relating to the communities health. The Health Visitor, Smoking Cessation Adviser and the Project Worker visited individual families living at the site.

For clients based in Argyll & Bute as a result of engaging with the project:-

- 3 Clients have registered with the local Health Centre and are receiving assistance with Smoking cessation.
- 2 Clients with weight problems have been referred to the local health centre and are receiving treatment.
- The Project Worker has been involved in issues relating to the health and accommodation of a severely disabled young member of the community.
- Health advice and assistance has also been given to a family with two severely disabled young children.

The project was funded for six months and given the time it takes to get to know new people the Project Worker feels that she has been very successful in engaging with members of the Gypsy and Traveller community living in Argyll & Bute. This would not have been possible without the support of members of the Healthy Together Project, HNS Scotland, Smoking Cessation team members, ACHA (Argyll Community Housing Association), Dr. McNicol and Voluntary Action Lochaber.

The transient nature of the Gypsy and Traveller community meant that the methodology used had to be very flexible. Visiting the sites on a regular basis and engaging with all members of the community was fundamental to the success of the project. The sites attract a complete cross section of the community from young babies to old age pensioners.

Engaging with young people was essential and this was done by discussing work and educational opportunities with them.

The young men are interested in any training that involves machinery, chain saws or landscaping. They realise the need for qualifications, insurance and assistance to run their own businesses. The Prince's Trust Business section has a team of experts who can help young people gain qualifications and start new businesses and they have been contacted by the service.

Young women tend to engage in the hospitality industry or the caring profession. They are usually interested in computer training and accessing education through the use of a laptop. The Prince's Trust Development Awards have been very generous and provided funds so that young people can access computer and education training through the use of a laptop. The older members of the community have been assisted by providing access to services such as Citizens Advice, Housing, Social Services, Education and Health. Health days have been held at all three sites in Argyll & Bute and this has increased access to NHS services.

Anyone working with the community has to maintain a flexible attitude. Members of the Gypsy and Traveller community are not controlled by appointments, dates or times. They are used to living a life of relative freedom and flexibility controlled by the stages of the moon. They will usually work on the full and new moon and be more settled the rest of the month. From early spring until late summer they will travel throughout the British

Isles. Some families travel to the south of England to pick fruit and earn an income. Others travel to remote Scottish islands or remain on the mainland. Engaging with the community can be a challenge, but it is never without its humorous moments.

Initial contact can be difficult and obviously smoking cessation is not a topic of conversation that is easy to introduce. It is essential to be flexible and approach every situation in an open manner. The Project Worker has enjoyed the time she has spent with the community and will miss the interaction.

In her book "The Yellow on the Broom", Betsy Whyte makes the following comment:-

"The council house was a bit like prison to us, and that is a name we gave it. There were so many restrictions."

A group of residents at the Brackletter site, Spean Bridge has expressed an interest in starting a Tenants Association. The Project Worker has arranged for them to obtain advice from the Community Worker based at Voluntary Action Lochaber who can assist them with all the necessary paperwork.

The project achieved its objectives by remaining open and flexible at all times. Every situation is unique and the Project Workers had to find inventive and open ways to engage with each separate group. For example, when organising an open Health Day at the Ledaig site we noticed that one family had purchased a marquee. The site does not have any facilities so we decided to hire the marquee from the family. This ensured that all the families attended the event particularly the young men who had to erect the marquee. Engaging with male Gypsies and Travellers can be difficult and it is important to be able to offer them incentives. This can be done by obtaining Development or Business Awards from the Prince's Trust. Registering them on computer courses at the local college or organising Chain Saw courses. It is essential that anyone working with the community is able to interact with each family as a unique entity. If events have been organised with the community it is essential that the organisers realise that family commitments will always take precedence over organised sessions as family ties and commitments are the most important element in the life of the Gypsy and Traveller communities. Family will always come first.

The Project Worker has enjoyed working with the Gypsy and Traveller community over the past five years. Engaging with the Community has been very rewarding both personally and professionally and she has a much greater understanding of the various Gypsy and Traveller communities in Scotland.

5. Recommendations for future work or research

Health issues in all communities are becoming increasingly more important and the Gypsy and Traveller community is no different. The residents at the Brackletter site have been discussing the establishment of a Tenants Association and if future projects could engage with this organisation to encourage Smoking Cessation and other health related issues then this could be one way forward. The Tenants Association could be the main focus for future smoking cessation promotion and could liaise with health professionals to ensure an active participation from members of the whole community.

The Project Worker believes that huge changes need to be made in the way statutory organisations approach the Gypsy and Traveller community. The community is hidden away on sites which are unacceptable. They are usually sited away from the settled community and on land that is of no use. Basic facilities such as running water and sanitation cannot be accessed in the caravans belonging to the community and outside toilets are provided. The toilet, bath and wash basin are frequently stainless steel and sited in breeze block buildings which are extremely cold in winter. The sites could be described as reservations.

Consultation with the community is essential. Members of the Gypsy and Traveller community will have to be involved in any debate about future sites and facilities. It is remarkable that in the 21st century they are still being treated as if they do not exist and are not an integral part of the life of this country. It is also imperative that members of the community decide on any future facilities that are provided so that money is not wasted on inappropriate sites and buildings.

It is also important that as many members of the community are consulted as possible. Every site has its own unique culture and consultation should be on an individual site basis and not via a committee.

One of the most difficult aspects of working with this community is accepting that appointments and timetables will not be adhered to. The challenges include finding out why this is the case and trying to find alternative solutions to this. Many of the community live such a transient life. This causes challenges for statutory organisations that are used to a very structured way of working. Families will have to move very quickly when circumstances demand. For example, funerals are a very important ritual in the life of the community. The whole community will turn up for a funeral – they will not stop to consider whether or not they have any other commitment – attending the funeral will be the focus of attention. Families also have to move very quickly because of conflict within the community – this can be within one's own family or other groups. Sometime travellers from outside the community turn up at sites and this can force a family to leave their home for days, weeks or months depending on the nature of the relationship they have. Families also travel with the tides, and again, it is important to be aware of this. Many families in the community have serious health problems and this can also be a factor when trying to arrange meetings.

This is generally a non literate community. Communication is a major barrier when trying to engage with the various groups. As they have limited literacy skills sending letters is not usually an option. Mobile phones are seldom switched on because of lack of funds and land lines are usually non existent. They do not have answer machines so leaving messages is also problematic. Usually, the only way to ensure that they attend appointments is to provide transport and make sure that they are reminded on a regular basis.

Another issue which became apparent was the reluctance on the part of members of the Gypsy and Traveller community to engage with paid members of their community working for NHS Highland in Argyll & Bute. This reinforces the fact that the Gypsy and Traveller community are not a homogeneous group and it is therefore essential to consult all members of the community on issues of importance. We had to convince the community that we respected their stance and would ensure that paid members of the community would not attend open events. It is essential that people in these positions have well developed communication skills and are open and receptive to the options of the whole community even when they personally disagree with the majority decision.

6. References

Scottish Gypsy/Traveller Strategy
CRE Scotland 2006 – 2007

Save the Children

NHS Highland Tobacco Strategy and Action Plan 2005 – 2008
4.1.5. Smoking Cessation Guidelines for Scotland 2004 Update.

The Yellow on the Broom. Betsy Whyte
Page 149.

Appendix 1:

Healthy Routes Project & Healthy Together Awareness Training Sessions Evaluation

The following data comprises evaluations from some the Awareness Raising Sessions which have taken place throughout 2007. 46 Participants attended the meeting on 12 June 2007. The Evaluation form for this meeting was designed by NHS Highland and differed substantially from the form usually used at these meetings. It has therefore not been possible to incorporate any comments from this meeting into these statistics.

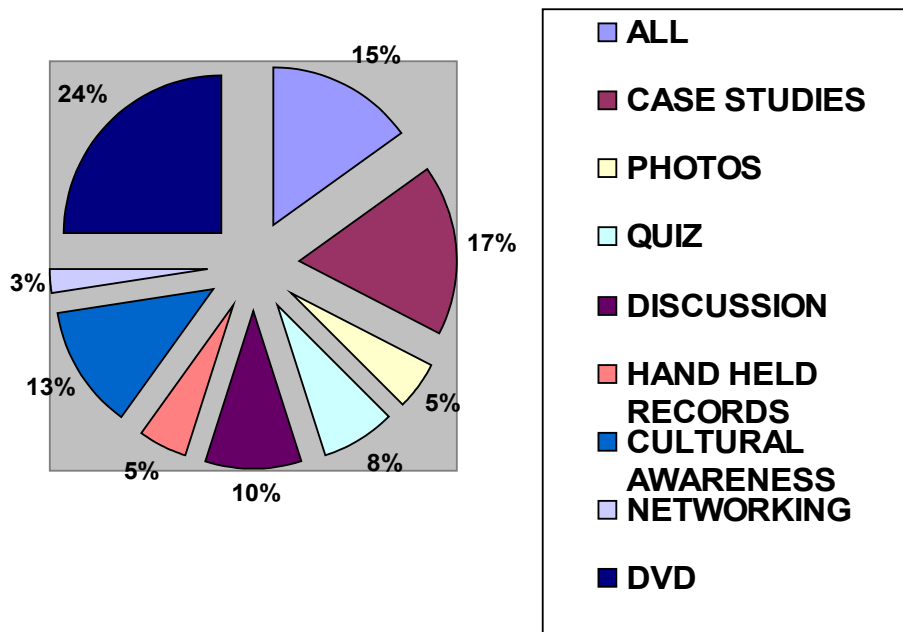
Five more meetings were held in 2007 and the following is a list of the meetings.

| | | |
|---------------------------|-----------------|----------------|
| 1. Oban – 29 January | 16 Participants | 10 Evaluations |
| 2. Dunoon – 18 May | 13 Participants | 9 Evaluations |
| 3. Mull – 24 May | 10 Participants | 6 Evaluations |
| 4. Lochgilphead – 22 June | 10 Participants | 9 Evaluations |
| 5. Oban – 6 September | 12 Participants | 11 Evaluations |

The following is therefore based on 45 responses from five meetings.

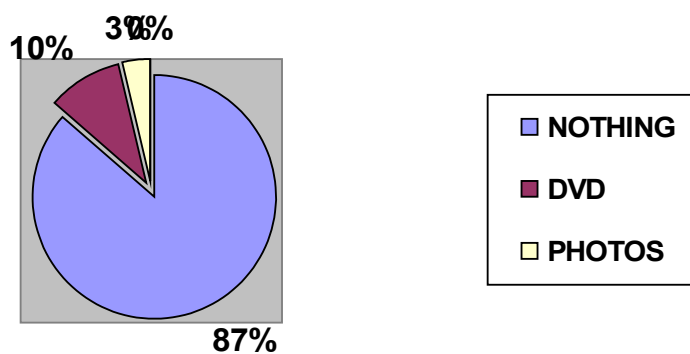
The session included a quiz, DVD, case studies, legislation and policy.

1. Which part(s) of the seminar worked best for you?



2. Which part(s), if any, were least useful?

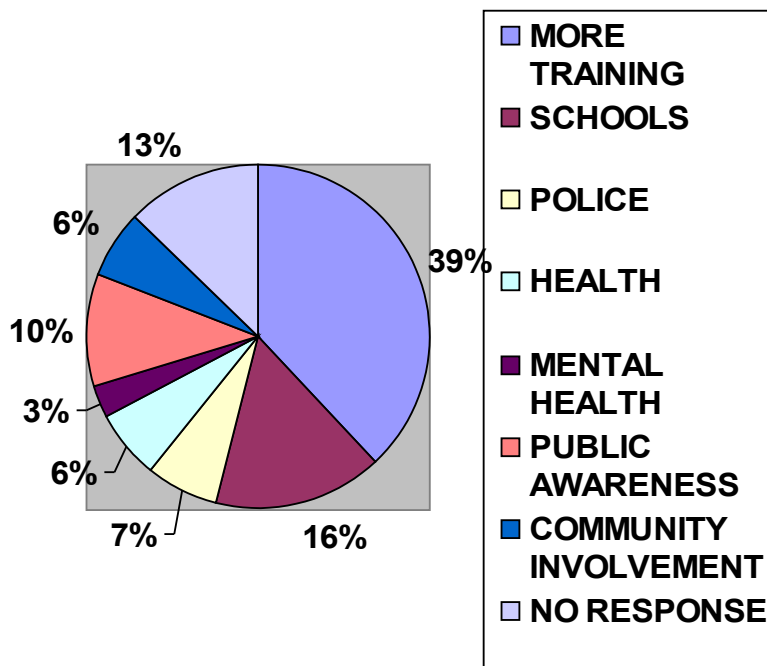
The DVD was voted the least useful part of the session because the sound on the recording is very difficult to understand. The rest of the meeting was considered excellent.



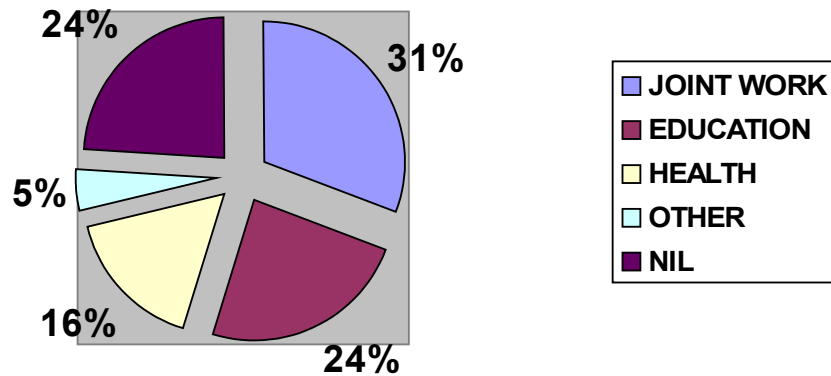
3. What do you think should happen next?

As illustrated in the chart 39% made a general statement about the need for more training.

In relation to community involvement 6% of respondents felt it would be useful to have more input on how to engage and involve the Gypsy and Traveller community in relation to the service they provide.



4. Please give details of any further training you would like to receive.



In general most respondents commented on the need for further training in response to question 3. Some people elaborated on specific training needs within specific professions e.g. joint health work 31%, education 24%, and health 16%. Interestingly 31% of respondents felt it would be useful to have joint training with members of the Gypsy and Traveller community to help explore how to make their services more accessible.

5. Any Other Comments?

The vast majority of respondents gave positive feedback about the training content and the way it was delivered. For example:
"Really good presenters today lots of information and presented in relevant way".
"Opened my eyes and changed my ideas". "Enjoyable, helpful and informative".
"Very interesting day, relaxed and informative".

The other main comment was the need for more training and awareness raising sessions to continue to be run by members of the Gypsy and Traveller community.

Appendix 2:

**VOLUNTARY ACTION LOCHABER HEALTHY ROUTES
PROJECT**

SMOKING CESSATION

CLIENT RECORD SHEET

NAME _____

ADDRESS _____

POSTCODE _____

Date of Birth _____

Age _____

Gender: Male/Female

When did you start smoking?

How many cigarettes do you smoke a day?

Would you like to reduce the number of cigarettes you smoke or stop smoking?

Date of first visit _____

Assigned to

SUPPORT SESSIONS

Appendix 3:

VOLUNTARY ACTION LOCHABER HEALTHY ROUTES PROJECT

SMOKING CESSATION

CONSENT FORM

NAME _____

ADDRESS

POSTCODE

D.O.B. _____ AGE _____

I/we authorise

Voluntary Action Lochaber Healthy Routes Project
An Drochaid
Claggan Road
Claggan
Fort William
PH33 6PH

to pursue enquiries on my/our behalf and to receive information in respect of smoking cessation and healthy living.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

Appendix 4:

VOLUNTARY ACTION LOCHABER

HEALTHY ROUTES PROJECT

DATA PROTECTION ACT 1998

In order to help you we need to maintain a record of your case, which may contain sensitive personal data. The law says we must get your consent to do this.

Everything you tell us will be treated confidentially.

Sensitive personal data is defined as information relating to any of the following: racial or ethnic origin, political opinions, religious beliefs, trade union membership, health, sexuality or sex life, offences and/or convictions.

For the purposes of the Act the Data Controller is Voluntary Action Lochaber.

I give my consent to Voluntary Action Lochaber Healthy Routes Project maintaining a record of my case; they may share this information with NHS Scotland, ASH Scotland and external evaluators

Name of Client _____

Signature _____

Date _____