

**...Working with Gypsies & Travellers...
A brief note for Health Practitioners**

A BIT OF BACKGROUND ON GYPSIES & TRAVELLERS

- English Gypsies, Scottish and Irish Travellers and European Roma are all recognised ethnic minorities - estimated 300,000 Travellers in the UK.
- 2/3 Travellers live in housing, 1/3 live on sites. Local Authority sites are often in poor condition and in very short supply leading to very high levels of homelessness – approximately 25,000 homeless Travellers in UK due to inadequate site provision and criminalisation of nomadic life.
- Travellers experience the highest levels of racial abuse, and ensuing anxiety and depression, of any ethnic minority in the UK.
- Poverty, insecurity around accommodation, racist abuse, and loss of traditional means of employment, heavy burdens on women to care for large families, poor physical health and low expectations of health contribute to poor mental health.
- High levels of poverty, isolation, social exclusion and racist bullying experienced by young people often result in mental ill health and not completing high school.
- 62% illiteracy amongst Gypsies and Travellers (*Dorset 2007*) means many people cannot read prescriptions, information leaflets, and letters and may miss appointments etc. Children also suffer as many parents do not have level of education needed to help with written homework assignments.
- Research suggests that mental health deteriorates after going into housing due to being removed from familiar way of life, being separated from extended family and thus support network, being 'in-doors' and (often) on remote housing estates removed from family and friends.
- Stigma and fear around mental ill-health amongst many Gypsies and Travellers – 'mental health' is viewed in terms of psychosis, whereas stress, anxiety and depression are seen as having 'bad nerves'. Lack of understanding of allopathic language used to describe health with Romany words used to describe emotions, physical pain etc.
- Many Gypsies and Travellers fear that their children will be taken away from them if statutory services become involved in their personal lives. This results in people not accessing support for fear of appearing vulnerable and not fit to take care of their children and being put 'on record'.
- Homeless Travellers have great difficulty accessing primary health care and often do so only at the point of crisis. Many Travellers are refused short term registration with GPs or referrals as they do not have proof of address etc, this results in many having to resort to A&E Departments to access health care.

WHAT MIGHT BE HELPFUL – A GOOD PRACTICE GUIDE

GPs: Most Gypsies and Travellers who are housed or live on sites are registered with a GP. However, illiteracy and lack of knowledge about secondary care services available mean many people do not have knowledge of or access to vital health services such as Occupational Therapists and Community Psychiatric Nurses.

Confidentiality is key: Reputation, gossip and shame play a large role in many Gypsy Traveller communities and your client may abandon treatment if they feel their privacy

has been compromised. Be discreet when visiting clients; do not wear NHS badges on display, try to dress informally (no suits!) and do not discuss your visit with family members unless agreed beforehand, particularly members of the opposite sex.

Don't assume your client can read or write: Many Gypsies and Travellers cannot read or write, and may not disclose this even when asked. Use as many pictures as words and link in with outreach services to help you promote your service verbally.

Get the family on board: Family is extremely important to Gypsies and Travellers. You may find that the family members are very involved in the care of another - so involve the family in the treatment and decision making process. Explain that the Mental Health services are not about "drugging people up" or locking them away, but about supporting them to have a better quality of life. Seeking outside help may be seen as a sign that the family cannot 'take care of their own', so it is helpful to communicate that your services are meant as a complement to the family's care, and not a replacement.

Very clear instructions around Medication: It is important to be very clear when discussing a diagnosis (like "Bi Polar", "PTSD") or prescribing medication. Explain why and when medication needs to be taken and emphasise that medication should never be shared with family members or stopped once a person starts to feel better.

Arranging meetings: Access to local transport may be scarce for some people. Women will almost always have childcare responsibilities; so when possible offer a crèche facility or do outreach visits. You may find it helpful if you present yourself as working in general health than in mental health. It may be better to arrange meetings after 11am when women have had time to complete their morning tasks.

Be flexible about time and keeping appointments: Keeping appointments may be difficult for some Gypsies and Travellers. Always think about sending a text message as a reminder. Always explain your policy on missed appointments. You should also find out why your client has missed their appointment as they may have faced eviction and thus have been moved to another area or have had family issues to deal with. If literacy is an issue then avoid sending out appointments dates by letter.

Visit sites accompanied by someone known and trusted by the inhabitants: If possible, make an initial visit with a service provider who has built up trust with people on the site (like Friends, Families and Travellers). Many Travellers are wary of unexpected visitors turning up as historically such visitors have resulted in evictions, night raids and children being taken into care.

When visiting a client in their home: Time is needed to build up trust, once a relationship is built, it works best if it is the same professional throughout, so minimise staff changes if possible and give as much advance notice of any staff changes. It may be beneficial to see your client outside of their home, where it might be easier for them to talk. Ask if they would like you to take your shoes off when visiting a client at home.

Same sex workers: Many women will not discuss female health concerns in the presence of their husband or sons or with male health workers and vice versa. Ask your client if they would like prefer to deal with a male or female worker and be careful about discussing a woman's health in front of men unless the woman instigates the conversation herself. Do not leave indiscreet leaflets of female personal care out.