



Friends Families and Travellers

BCCG REPORT
APRIL - JUNE 2014

BCCG Integrated Care Consultation: **Better Care Programmes**

A summary of the report compiled for Brighton and Hove CCG
by **Michelle Gavin, Friends Families and Travellers**





METHODOLOGY

From April-June 2014, 22 individuals from the Gypsy and Traveller community were interviewed by FFT following a combined methodology of engagement techniques: assertive outreach (site visit); office drop in/telephone; transit site visit, and informal women's group discussion.

These people also responded to a questionnaire which asked about their general status (gender, age, ethnic background etc), employment status, their experiences in accessing health services, and their opinion as to how health care provision could work better.

41% of respondents were men, **59%** were women. **18%** stated their ethnicity as Gypsy; **27%** Irish Traveller; **18%** Welsh Traveller, and **36%** New Traveller (the largest cohort). **45%** were aged 40-60+, with **18%** aged 18-22, and **36%** aged 23-39. The overwhelming majority of respondents were adults aged over 23 years, **68%** of whom reported some form of long-term physical or mental health complaint.

FFT is a national organisation, but for this project worked solely with Travellers in Brighton and Hove city, whether residing there permanently or 'resorting' to the area.

WHAT THE RESEARCH UNCOVERED

Gypsies and Travellers who lived in bricks-and-mortar accommodation were the most likely to have knowledge of, and to access, multiple health services. However, this group reported high levels of anxiety and/or isolation due to the discontinuity with their cultural way of life.

Assessing community members' experiences proved difficult: many (especially those living on the roadside) did not have a registered GP and instead used temporary drop-in centres or the Morley Street homeless healthcare clinic.

Many Travellers who were approached declined to answer the questionnaire, stating that it was not 'relevant' to them as they looked after themselves.

Case studies included a 53-year-old New Traveller man who was eventually diagnosed with early onset Alzheimer's after a string of initial difficulties receiving a diagnosis. With direct and ongoing support from FFT, he was eventually placed in bricks-and-mortar housing, whence he was able to access relevant services.

A 40-year-old Irish Traveller woman who was highly mobile (but considered Brighton to be her home) suffered from a debilitating condition that would eventually require dialysis treatment: she was also resigned to the need to move into bricks-and-mortar accommodation, due to the lack of spaces available nationally on permanent Traveller sites.





In group discussion, it emerged that:

People had struggled getting primary care from GP services.

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Expectations were even lower when it came to specialist services.

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'Social care' services were mistrusted, and there was a belief that accessing them carried a risk of having children taken away.

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People generally preferred to manage their needs within the community.

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There was great concern at services' lack of will to visit unauthorised encampments.

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Continuity of care was a major issue for highly mobile community members.

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'Direct payments' were discussed, and there was acknowledgement that local authority services were often reluctant to accept carers from within the family due to 'vulnerability issues'.

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Overwhelmingly, all Travellers, whether ethnic or non-ethnic, would not wish for care from any person who did not either belong to the community or was a family member.

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QUOTATIONS FROM BESPOKE QUESTIONNAIRE

“I like the idea of carrying my own health records with me because I never know when I will hitch up and leave” - Irish Traveller woman, 50.

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“I don’t want outside help” - Irish Traveller man, 62.

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“Sometimes GPs gate-keep services, so unless you know what to ask for you may not get it” - New Traveller woman, 32.

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“I never see the same doctor and my specialist seems too busy to talk to me... I have had to use accident and emergency many times” - Welsh Traveller man, 62.

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“I have 8 different services - no one speaks to the other ... I would like a key worker who understands my culture” - Gypsy woman, 49.

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“My GP lets all the specialists know about my condition by letter so when I turn up they know I have many conditions. This was good because the cardiac specialist wrote to the digestive disease specialist to stop an operation due to the risks of surgery with my heart” - New Traveller man, 52.

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FURTHER OBSERVATIONS

Brighton has no permanent Traveller site and a high number of Travellers who are forced to live on the roadside and who face constant evictions and the subsequent consequences for their health/wellbeing and welfare.

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Prejudice, stereotyping and poor levels of impartiality shown by professionals show that there is still much work to be done to gain the trust of the community.

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Most Traveller carers have no knowledge of social care services.

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Statutory and non-statutory organisations rarely wish to visit unauthorised sites, which further isolates those living on them.

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Only one member of the community who was interviewed reported a positive outcome of using multiple healthcare services.

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ACTIONABLE RECOMMENDATIONS

1. Framework put in place to accommodate Gypsies and Travellers who have nowhere legal to encamp – and to work with other NHS trusts when a family move from one district to another for continuing care.
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2. To improve Gypsy and Traveller cultural awareness among health and social care professionals.
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3. To be open to the idea of family carers and direct payments to family/community members.
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4. To ensure that the existence of family support should not lead to inaction.
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5. To promote personal health budgets for Gypsies and Travellers who would benefit.
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6. To explore and commission peer education.
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7. To promote the importance of being registered with a GP practice.
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8. To work with the community and with Gypsy and Traveller organisations to develop a model of engagement with these services whereby there is a 'trusted contact'.
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7. To know that information sharing between different agencies is a key factor for improving access for Gypsies and Travellers, but that this should be regarded with caution bearing in mind the lack of cultural understanding/prejudices of some professionals.
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8. To look at better ways in which health records can be carried with the individual, whether on paper or electronically.
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