



Friends Families and Travellers

BRIGHTON CLINICAL COMMISSIONING GROUP
JULY – SEPTEMBER 2013

Gypsies and Travellers, urgent care, and local health services

A summary of research carried out for Brighton Clinical
Commissioning Group by **Friends, Families and Travellers**





Friends Families and Travellers

METHODOLOGY

From July to September 2013, Friends, Families and Travellers surveyed 44 people from the Gypsy and Traveller community to assess their relationship with local health services. Of those interviewed, the two larger cohorts were from the Irish Traveller and New Traveller communities, with 18 respondents being from each of these. The smaller cohort was the Gypsy community, with 8 respondents self-ascribing as Gypsies.

A mixture of assertive site outreach (knocking on trailer doors, predominantly on unauthorised sites) and conversation, bespoke form filling and a small amount of in-office contact were the means used to collect the information.

A large majority of those contacted (32) were residing on unauthorised sites, with 8 persons living in bricks-and-mortar housing and a further 4 living on authorised caravan sites.

Most of those contacted were permanent or long-term residents of Brighton (36), with a significant minority 'resorting' to Brighton (8).

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 – THE MAJOR HEALTH ISSUES

29 respondents had used Accident and Emergency (hereafter A&E) within the last five years, mostly for appropriate reasons. The survey revealed a high incidence of bladder problems and chest infections. All of those presenting at A&E were living on unauthorised sites.

Four women interviewed were pregnant. One female respondent was not registered with a GP and used A&E for maternity services. There was one case of eviction-related stress leading to a premature birth by emergency Caesarean section. Number of children was above the national average, especially within the Irish Traveller cohort. In one extended Irish Traveller family, for example, every woman had 4-5 school age children.

There was an alarmingly high incidence of bladder, bowel and lung problems among respondents. Just over half (17) of those living on unauthorised sites either were suffering or had suffered from bladder problems which required medical attention. One woman in her 50s, whose 17-year-old son had complex medical requirements including Cohen's disease, was forced to use a combination of incontinence pads and a bucket to get by.

Heavy smoking was common, in line with norms amongst the Gypsy and Traveller community. Arthritis was common in older community members.

Many respondents, particularly females, said they "suffered with their nerves," a typical Traveller euphemism for anxiety, depression and stress-related mental health problems. There were isolated cases of early onset dementia and lack of motivation among males. Some women had difficulty getting immunisation or "booster jabs" for children.





GYPSIES AND TRAVELLERS, URGENT CARE,
AND LOCAL HEALTH SERVICES

USE OF LOCAL HEALTH PROVISION

There was a mixed response regarding the use of, and feelings about, the various local health providers. On the whole, the walk-in clinic at Brighton Station Health Centre garnered less positive feedback than the St Peter's Medical Centre, the Morley Street clinic and A&E. Several respondents noted that the Morley Street clinic, whilst offering a valuable service, could be a challenging environment for those with children.

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A recurring theme was the huge impact that receptionists and clerking procedures had on whether or not appropriate health care was accessed. Several respondents spoke of bad experiences with receptionists at the Brighton Station Health Centre, whereas those who had used the Morley Street Clinic and St Peter's Medical Centre felt less "judged".

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Many people were worried at the prospect of their Traveller ethnicity, their lack of literacy skills, or both of these, being disclosed in front of members of the public in surgery waiting rooms. Some found their lack of a fixed address a serious barrier to registration, and that it made GP surgeries reluctant to add them to the patient roll.

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Two people said vehicle height restrictors meant they could not park near health providers - many Travellers have just one vehicle, which must be large enough to tow a caravan.

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One New Traveller male in his early 50s had high praise for a healthcare pathway that began at St Peter's medical centre and resulted in an appropriate scheme of care for his chronic health problems. A 23-year-old Traveller man believed GPs charged for appointments, which had put him off; and a 28-year-old man said he had not sought care as he was healthy.

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Sussex County Hospital won high praise for its treatment of a child with Asperger's syndrome and a compromised immune system.

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USE OF LOCAL HEALTH PROVISION

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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ACTIONABLE RECOMMENDATIONS

Many Travellers could benefit from having a card which notifies clerking staff, discreetly, of their limited literacy skills, the fact they may need extra help with paper work, and/or their lack of a fixed address

Health staff would benefit from cultural awareness training as regards to Gypsy and Traveller people

A “health bus” might be able to visit sites to check on children’s immunisation status, and that a record card for which jabs they had had would be useful

Emergency doctors’ access to sites could be improved

Traveller-friendly services could be championed and best practice shared

Portaloos should be made available, including on unauthorised sites, in order to improve bladder and kidney problems and save the NHS money in the long term





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