FRIENDS, FAMILIES & TRAVELLERS

November 2023

Test Treat and Trace for Gypsy Roma and Traveller communities

Background

UK Health Security Agency (UKHSA) is working with the University College London Hospitals (UCLH) Inclusion Health Outreach team to co-design a national service model to improve health outcomes and support elimination and control of key public health infections in Inclusion Health populations. This model will focus on developing strong partnerships between NHS and third sector providers to deliver integrated diagnostic outreach, vaccination, and community treatment to Inclusion Health groups. The service approach will put people with lived experience at the heart of design and delivery.

About Friends Families and Travellers

Friends, Families and Travellers is a leading national charity that works to end racism and discrimination against Gypsy, Roma and Traveller people and to protect the right to pursue a nomadic way of life.We support individuals and families with the issues that matter most to them, at the same time as working to transform systems and institutions to address the root causes of inequalities faced by Gypsy, Roma and Traveller people.

We work at a national and local level to challenge health inequalities and address the wider social determinants of health which put Gypsy, Roma and Traveller communities at high risk of poor physical and mental health. Both independently and in collaboration with the NHS and UK Government, as well as various partnership organisations and fora, FFT develop and identify evidence-based interventions to address health inequalities in Gypsy, Roma and Traveller communities. We work to amplify the voices of community members and equip people with the information they need to make healthy choices. We are a member of the VCSE Health and Wellbeing Alliance and Secretariat of the Inclusion Health Subgroup. In addition, FFT is an accredited Royal Society for Public Health (RSPH) Training Centre.

Introduction to Gypsy, Roma and Traveller communities

There are many rich histories and diverse cultures within and between Gypsy, Roma and Traveller communities. This includes some groups, families or individuals being more traditional with their cultural practices and way of life, while others may be more modern.

The term Gypsy, Roma and Traveller (GRT) encompasses various communities, including Romany Gypsies (English Gypsies, Scottish Gypsy Travellers, Welsh Gypsies, and Romany people more widely), Irish Travellers, New Travellers, Boaters, Showmen and Roma. Use of the 'GRT' grouping presents the same issues as the use of 'BAME', as it arguably fails to reflect the true diversity of the communities referenced.

This table was developed to help readers gain an understanding on practical differences between the communities included under the wider 'GRT' umbrella:

	Ethnicity	Arrival in England	Language	Accommodation type
Romany Gypsies	Historically originating in northern India, Romany Gypsies have been in the UK for many generations.	Before the 16th Century.	Romany Gypsies speak English and many also speak a Romani dialect to varying levels of fluency.	Around 75% of Romany people live in housing, and 25% live on Traveller sites, in caravans or chalets, or roadside.
Roma	Historically originated in Northern India and settled in Europe (including Romania, Slovakia, Czech Republic and Poland) before migrating to the UK more recently. Culturally, Roma individuals may	Small numbers since 1945, with a number of Roma seeking asylum in the 1990s, and early 2000s, then a growth in population following EU expansion in 2004 and 2007.	The majority of Roma speak one of the many Romani dialects as a first language and their European origin country's as a second	The vast majority of Roma people live in housing, although there are disproportionate levels of homelessness and overcrowding.

	Ethnicity	Arrival in England	Language	Accommodation type
	belong to any of ~40 different groups/tribes.		language. However the fluency in second language, as well as in English varies greatly.	
Irish Travellers	Irish Travellers originated in Ireland as a distinct and separate ethnic group from the general Irish population recorded since the 12th century.	Recorded from the 18th century.	Irish Travellers speak English and some speak Gaelic/Irish. Many Irish Travellers also speak Gaelic derived Gammon or Cant.	Around ¾ live in housing and ¼ on Traveller sites in caravans or chalets. Of these, a small proportion live roadside or in public spaces.
Travelling Showmen	Anyone who travels to hold shows, circuses and fairs can be a Showperson. Many families have led this way of life for generations and many have Romany heritage.	According to the National Fairground Archive the first recorded charter was granted to King’s Lynn in 1204.	Showmen primarily speak English.	Most Showmen live on yards in the winter months and travel during the summer months.
New Travellers	‘New Traveller’ can describe people from any background who chooses to lead a nomadic way of life or their descendants.	The New Traveller movement finds its roots in the free festivals of the 1960s, but people of all backgrounds have practiced nomadism	New Travellers primarily speak English.	New Travellers lead a nomadic way of life – in vans, mobile homes, caravans and a small proportion are horse drawn.

	Ethnicity	Arrival in England	Language	Accommodation type
		throughout history.		
Liveaboard Boaters	Anyone who lives on a boat, from all walks of life and backgrounds.	People have been living and working on boats since canals were built in England in the 18th Century.	Liveaboard Boaters primarily speak English.	Boaters live on narrowboats, barges or river cruisers, whether on a home mooring, a winter mooring or continuously cruising on a canal, or in a marina.

For further reference we are recommending these resources to support awareness around Gypsy, Roma and Traveller communities:

●*Roma communities: "7 things to know about Roma" - video developed by the European Roma Rights Centre.*

●*Gypsy, Roma and Traveller communities: "Roads from the past" - video developed by Traveller Times.*

The 2021 Census results confirm that there are at least 103,020 Roma people living in England and Wales, alongside 71,740 people identifying as Gypsy/Irish Traveller according to the Office for National Statistics (2021). However, census engagement is negatively impacted by a significant trust gap between Gypsy, Roma and Traveller communities and state institutions, or public services. It is therefore likely that the official census record is an underestimate of the true population size; other data sources estimate the UK's Gypsy, Roma and Traveller population to be in the region of 150,000 to 300,000, or as high as 500,000.

The Office for National Statistics has made an interactive map tool available to help identify local or regional Gypsy, Roma and Traveller communities.

General health context for Gypsy, Roma and Traveller communities

Members of Gypsy, Roma and Traveller communities have the worst general health outcomes of any ethnic groups in the UK. The 2021 census for England and Wales revealed that 14% of Gypsy or Irish Traveller respondents described their health as “bad” or “very bad”, more than twice as high as the White British group. The Race Disparity Audit reveals that Gypsy and Traveller people are less likely to be satisfied with access to a GP than White British people (60.7% compared to 73.8%) and are also less likely to be satisfied with the service they receive (75.6% compared to 86.2% for White British).

Other research shows that the health status of Gypsies and Travellers is much poorer than that of the general population, even when controlling for other factors such as variable socio-economic status and/or ethnicity; life expectancy for Gypsy and Traveller men and women is 10 years lower than the national average, and 42% of English Gypsies are affected by a long term condition, as opposed to 18% of the general population. Roma communities experience specific social exclusion factors and barriers in access to health and care services. Roma individuals also have multiple overlapping risk factors for poor health and a life expectancy up to 10 years less than non-Roma communities in the UK.

Compared with the general population, Gypsies and Travellers are more likely to suffer bad health. This includes lower life expectancy, high infant mortality rates, high maternal mortality rates, low child immunisation levels, higher prevalence of anxiety and depression, chronic cough or bronchitis (even after smoking is taken into account), asthma, chest pain and diabetes, and higher rates of smoking. There is emerging evidence that health inequalities of Roma people are similar to those identified among Gypsies and Travellers, including a high prevalence of diabetes, cardiovascular disease, premature myocardial infarction, obesity, asthma and mental health issues, compared with the general population.

There are a number of factors that contribute to poor health outcomes among Gypsy, Roma and Traveller communities. These relate to structural inequalities, social exclusion, and barriers to healthcare services.

- Chronic exclusion across the wider determinants of health.
- Invisibility in mainstream datasets, meaning needs aren't identified within services.
- Lack of trust in services as a result of fear of and experiences of discrimination.
- Wrongful registration refusal in primary care.
- Digital exclusion, lack of accessible information and lack of effective communication in health services. These issues can be associated with challenges relating to low literacy and language barriers.
- Inequalities in access to healthcare waiting lists for nomadic populations.
- Inequalities in mental health and access to mental healthcare.
- A failure within services to account for premature onset of typically age-related conditions.
- Low attendance rates for routine healthcare and screening, as well as low levels of health awareness. These issues are linked to previously outlined barriers to accessing care, particularly missed public health messaging due to inaccessibility of messaging tailored to wider population. Additionally, community members may miss out on health messaging via schools and higher education, due to educational inequalities faced by Gypsy, Roma and Traveller communities.
- Lack of awareness and accommodation in services around cultural norms, often relating to nomadic living, the gender of service providers and cultural taboos around certain health topics.

Methodology

FFT conducted a scoping exercise to include existing evidence and insight to Gypsy, Roma and Traveller experiences of access to healthcare services, vaccine information, relevant reports and analysis held internally. FFT then established a working group of Gypsy, Roma and Traveller community members from our staff team to contribute insights and experiences relating to the subject matter, as well as collaborate in developing content for broader questionnaires and focus groups- which was further shaped by colleagues at UCLA. Engagement of community members from Gypsy, Roma and Traveller communities was conducted via a survey, 1:1 interviews and 4 x focus groups. To combat participation barriers relating to digital exclusion, low literacy and language barriers, engagement was conducted flexibly; either face-to-face or over the telephone by frontline workers.

Our first online solicited 23 responses from people across 18-64 years old. The cultural breakdown of these responses are as follows:

Romany Gypsy (5)
Irish Traveller (3)
New Traveller (10)
Boater (2)
Roma (3)

Our second online survey gained 122 responses from people across 18-64 years old. The cultural breakdown of these responses are as follows:

Romany Gypsy (50)
Irish Traveller (28)
New Traveller (25)
Not declared (9)
Boater (4)
Scottish Traveller (6)

The FFT focus group was attended by 42 individuals. Participants' ages ranged from 18-68. The cultural breakdown of participants are as follows:

Romany Gypsy (8)
Irish Traveller (11)

New Traveller (11)
Welsh Traveller (3)
Boater (8)

Focus group respondents came from various accommodation settings and identified as male, female and other. We also interviewed the Health Lead at Roma Support Group.

Focus Groups

Registering with GPs – difficulties registering, getting an appointment, or being seen by a primary care provider

The majority of focus group attendees had been living nomadically and on the side of the road at some point. All attendees had experienced issues related to registering with GPs and gave examples of how they had been dismissed or turned away due to either lack of ID or told that that surgery would not accept them. The general consensus was that people from Gypsy, Roma, Traveller and nomadic communities were so used to this that it no longer impacted them, and they ended up not bothering to attempt to register. If there were any immediate issues that a GP needed to attend to, attendees cited using accident and emergency services at the nearest hospital.

No address ID – not seeing a doctor

"I've lived on a boat for 15 years, and I regularly have trouble registering with a GP. This has led to missed screenings, leading to me getting cancer. This was even a problem post breast cancer surgery when I had a prescription." (F-60s)

"It can be awkward with receptionists – they act as gatekeepers. I was told I needed an NHS number. Google proved this wrong, so I went back into the surgery and showed them, and only then I was told to fill out a form.

'I am a temporary patient at a place near the last camp – they will take me off the books soon – because the camp has moved away. It is really hard to get registered'

We used to get moved on a lot by the council and Police – we got evicted and this meant we would miss doctors and hospital appointments regularly. Then because of that we were blacklisted or take off the books or told we had missed too many and had to start again. When you are not in a settled place your life is not your own. It's hard for women, especially if they are pregnant.

Have you ever heard of the following diseases?

When asked, all focus group participants had heard of the following diseases:

- TB
- HIV
- STIs

However, there was a mixed response around knowing about Hepatitis B and C.

What other illnesses have you heard about that you think are important to understand?

Broadly, focus group participants felt they needed to know more about certain cancers and what the symptoms were. It was acknowledged that cancer is a subject which is rarely spoken about and is still considered 'bad luck' within the communities. There was superstition about using the word itself – so it is more generally referred to as the 'bad thing'. The group had some awareness about improved outcomes and survivors of cancer as treatments have improved. There was still worry around screening and the group felt that any service being designed for Romany, Roma, Irish Traveller and travelling communities should offer support and discreet screening opportunities. Diabetes was highlighted as prevalent issue and there was little understanding on how it could be avoided. Many people believed that it was something that just happened to you as you got older.

Chronic obstructive pulmonary disease (COPD) was mentioned and for the Boater community, lung problems, that originate or are exacerbated by conditions that may occur if the boat being lived on is not kept properly ventilated or heated. For example, smoke from wet wood or coal burned in multifuel burners, cracks in old burners that may cause issues around smoke inhalation, or even carbon monoxide poisoning. Blood pressure, Sepsis, Influenza and Covid 19 were highlighted as medical issues that would benefit from the availability of more information, understanding and support within mental health services.

When discussing mental health, a commonly raise theme was fear around speaking about it, including being frightened to share poor mental health with health care professionals in case of children's services being alerted and their children being removed from their care. It was recognised that 'suffering with bad nerves' was a taboo subject but also one that needed to be tackled:

"There is a lot of depression, anxiety, other mental health issues. The whole country is in crisis, but we get put to bottom of pile. With Autism and ADHD, you are supposed to be able to access a psychiatrist but it's hard because we often can't easily access a GP. To be honest, I have given up and I resort to self-medication. Cannabis, alcohol, meditation etc." (F-30s)

'I think that it's important to know about cancer and what to look for when you get ill. It's not something we really talk about.''

"Women can get into desperation with their mental health, they need a place to go to there and then, to walk in that door and feel safe."

I think we need to know what to look for when we talk about C [sic] (cancer) because I wouldn't know what I was looking out for.'

Where have you heard about the above listed infections?

The group had mixed responses to this question – some people gave solid examples of people that they had known who had some of the conditions. Others said they had seen posters in the GP surgery or in public places. There was little mention of educational settings – and when prompted significant number of attendees said that they had limited schooling and felt that they had missed out on some of the classes. Continuity of education for children from travelling communities was discussed as being an issue, and the fact that many parents do not have the correct knowledge to share with their children, or would not teach their children about some issues, for example STIs.

People also said that some campaigns on TV or radio had alerted them to conditions and symptoms. One community member said that she was very aware of Covid-19 because the campaign about symptoms and how to avoid or use prevention methods was advertised widely - including the symbol of the virus itself - so if she saw that she knew it was important information about Covid, despite having low levels of literacy.

If you suspected you had any of these conditions, would you know how to get a diagnosis?

Everyone was aware you could call a GP and try get appointment or go to A and E emergency services. Some people mentioned going to the pharmacy or calling 111.

Participants mentioned that there were special clinics for sexually transmitted infections that you could walk into, though people were unaware where they were in their areas. It was agreed that education was a requisite aspect for encouraging communities to use these services, e.g. alleviating stigma surrounding STI tests through media intervention and other educational resources made accessible through any designed outreach service. 'Refresher' courses were also suggested, regarding different kinds of diseases and illnesses that are prevalent but remain less known.

"With the STI stuff, there were a few clubs in Oxford that had testing kits in baskets in the bathroom. They were doing a big chlamydia drive. It's great – you send it off and then call and provide the barcode number three days later. It allows you to bypass the name and address issue. Things like that are very sensible. It also proves the system can bypass the whole postcode/address issue!" (F-50s)

'I would see the walk-in clinic and talk to them'.

'I would look it up on the internet'.

Getting treatment – what is a vaccine preventable infection? What conditions are vaccine preventable?

There was good general knowledge about vaccine preventable infections – although there was some debate about vaccine harm and fears about putting toxins into an otherwise healthy body. Some of the groups were very pro vaccine and others were vaccine hesitant, particularly relating to the covid vaccine.

The group discussed not always being aware when or if the vaccines needed boosters or 'topping up' through the life span, with some believing that the first set of children or infant needles would be enough.

The group discussed some infections which are now eradicated in the world – for example smallpox. This was an interesting discussion because it made people think about the significance of current vaccine programmes and how efficacious they really were in stopping serious long-term issues or death. TB was discussed at length, as many people had been told or had known of elderly family members who had TB or had been exposed to it in the past. We discussed how many millions of people had died after being infected by smallpox and how the first vaccines cam about – through variolation and the story of Edward Jenner and linking the cow pox infection with reducing the likelihood of contracting the more often lethal small pox infection.

‘I think as Travellers we should be able to carry our own health records and present them every time we go to a health place. Then mistakes would not be made, and we would get the full service. I know you can carry the phone with NHS app – but I don’t read and write and cant use the phones so carrying my records would be better for me and some elders’

‘I think that we would make sure that we got the right needles in the right time if we had better ways to communicate.’

Have you ever experienced barriers or problem with getting treatment or diagnosis? E.g. when moving for employment etc.

All participants had experienced a barrier or problem getting treatment or being seen, often experiencing a lack of continuity of care or understanding. One female participant said she was asked to get all her old records from her previous GP before she could register – she had ongoing health conditions which required medication on repeat. She came away very upset and explained that she gave up and would get her brother-in-law to take her back to the old GP. She said she was scared of ending up with nobody to care for her conditions, so she just kept quiet to the GP about the move. The experiences of all travelling communities are generally that continuity of care is virtually impossible to achieve, as once you cross into another local authority and are dealing with a different NHS area, records are frequently not passed across so people have to begin their health journey again from scratch, often losing important appointments and openings to treatment.

‘I have been embarrassed by staff receptionists – I use the walk-in centres now’

‘Everything is so difficult I moved up to the midlands to stay with my family and they wouldn’t register me temporary, and I had to travel down to the south every 3 months to get my prescription’

‘I moved to Essex but I couldn’t get a new GP so I still travel back to Sussex to see my old Doctor’

Too much paperwork – council tax bills – picture ID – address Id – I know that you don’t have to provide this but then right from the word go you are having to argue your rights- It is not worth the effort.’

“The whole system forces us to be misleading. I just don't inform them. I hate the fact I have to lie but it’s that or don’t get treatment. I did that before and ended up with breast cancer so now I just lie.” (F-60s)

My daughter had a very bad kidney infection and needed antibiotics- the surgery had registered us as a temporary patient – the reception woman had seen that our camp had moved on and so she automatically deregistered us- my daughter was very unwell, but they refused to see her and treat her. She ended up as an inpatient in hospital on antibiotic drip and a very bad fever. If the service had just given the medication this would not have happened- she was just a child!

If there was a one-stop shop, how would you like it to look?

There was much enthusiasm about a one stop shop approach – either in the form of a mobile static bus or at a regular community placed based setting – like in a library or Local Authority building. People were generally in favour of the idea of a mobile bus being utilised as an alternative health outreach service. It was suggested that these services could help mitigate travelling costs and problems of accessibility, especially for those who live in more rural areas. People were in favour of the idea of having tests and screenings undertaken in the mobile bus e.g. blood tests using pin prick technology which may help tackle aversion to needles prevalent within some communities. It was suggested that screening and testing should be built efficiently as to avoid waiting times and further disengagement. In this sense, they would be more tailored to those who live nomadically and therefore change their GPs more often. Moreover, it was suggested that ensuring quicker results would generally alleviate the stress and anxiety that many experience with health services. There was also a strong message from the group that better access to screening and offering an opportunistic service would be of huge benefit and help prevent health conditions becoming much worse in later years, simply because people find it impossible to register with a GP.

The group were keen to expand any version of an outreach service so that it not only catered to communicable infections and diseases, but would incorporate a full service for Romany, Roma, Irish Traveller and travelling communities. The health outreach service could also include family services, which tailored to the needs of children e.g. podiatrist nurse, women and children only days for delivery, nurses who could talk to young people about their own bodies and health worries - such as checking for lumps and finding out about menstruation – plus offer support around discrete contraception. Regular reminders of mobile hub services would be required i.e., location, time etc. through text or community visits. Locations such as libraries and car parks were seen as appropriate and accessible spaces for mobile services, as well as offering them in places near Traveller sites, with permission from Traveller communities. Focus group participants suggested that trust would need to be built with these communities beforehand.

One participant suggested that it may be beneficial to find ways of operating the service without the usual registration or tracking requirements that may well put members of communities off from engaging with the services at all. The European Roma in the UK were used as an example.

‘Yes I would use it – but it needs to be regular and at the same stop – we would need to know the route and stopping points so we could get there.’

Yes it’s a good idea- I don’t think you should have to register – but just be able to walk in and see the Doctor – the managed to do this when they were giving out Covid vaccines- a mobile with a Doctor just giving needles- you had the choice of registering – but they made it easy – or you could just walk n and not register- I bet this is good for people who are worried about their migrant status.’

‘This is a type of service I would like today – right now- I could get my tests done here and get prescriptions and check-ups- it would be perfect. I get nervous at the Doctors because feel them looking down on me because I am a Traveller – this service wouldn’t be like that at all.’

– like if it came to the same spots every fortnight – you would know the Doctor is coming every other Wednesday for example – we wouldn't forget or miss letters or have to get somebody to read the text for us. And they could send WhatsApp messages to us in voice clips – not use writing – that would be perfect. I don't want my grandchildren having to read out personal health information to me.'

"Not everyone has internet or signal so something physical is necessary. Boaters talk to each other. It wouldn't take much for it to get round the community. We could have a board showing this is what you can access locally in this area. Or the Waterways Chaplains and Canal Ministries could help." (F-30s)

'I think walk in centres/hubs would be the perfect place because women go into 'private depression', and they do not feel comfortable talking about it and their life. This would be important for mental and physical health issues. We see more women taking their own lives more and more and they think it is because they have no one they can talk to and can easily access.'

If people from Gypsy, Roma, Traveller or travelling communities were helping to deliver this service would that encourage you to use it and should it be a paid role or voluntary?

People were keen to suggest that community members could be trained to help bridge between the communities and the clinical service by already having a full understanding of the cultures, what is acceptable in terms of discussing health, and the most appropriate language to use, which could ensure better engagement. Participants also suggested that community members would have a greater understanding of some of the additional layers of complexity that people from these communities experience while navigating health systems, and recognise the need for additional support with communications, reading, and form filling. It was suggested that the community peer link workers or advocates could support with accessing other services, such as food banks, debt advice and form filling.

Responses were mixed. Some participants saw multiple benefits in employing community members within the one stop shop service, but stressed the importance of it being a paid role, rather than voluntary:

“I think it would help as Travellers would be at ease – but they should get paid – not volunteer.”

“It would be good to community members there - they could tell other people too, so the service gets known and people with trust it quicker.”

“The person would know what is and isn’t right – and avoid the clinic staff making judgements that are wrong.”

While others raised concerns around confidentiality and difficulties around inter-community relations:

‘I am not sure. I think I prefer it to be some people outside the community – I know how people can pass stories.’

To combat this, another participant posed that a confidentiality agreement could be in place to protect privacy:

‘I would be happy, but I would want them to sign a confidential paper to say they wont pass gossip or my business on to others in the community.’

Do you know of any health care services in your area that helped your community access treatment and support for any conditions discussed here?

In the Bath & NE Somerset area, the Julian House charity have a Travelling Communities Project, and they work on the canal with the Canal Ministries to deliver a monthly outreach service. The dayboat visits a popular area where Boaters moor once a month, at different locations along the Kennet & Avon canal, between Bath and Bradford on Avon. Although within Wiltshire, the charity also has a funded worker in Wiltshire, so the cross-county boundary has been eliminated here. See case study for more information.

“Three months after moving onto the canal, I was diagnosed with diabetes. I ended up going to a GP in Swindon, they told me to go to my local GP and that they would help with any problems. It was all electronic. Having a good pro-active GP has been great.

They just want to help me so they overcame all the barriers around postcodes etc.” (F-30s)

A Romany woman said there had been a health care service on a site near Leicester years ago and it was brilliant – the bus used to park outside the site, and you could drop in and relationships with the clinical team were positive. Vaccines, contraception and screening services were offered, as well as blood pressure and sugar level checks. Once every few months, a mobile dentist to carry out check-ups and carry out fillings would also visit as many residents couldn’t get into a dentist service, including the children. A dental nurse attended to show you how to clean your teeth properly – and toothbrushes and toothpaste was handed out. However, the respondent said the service stopped running with no explanation, and didn’t attend the site again.

Interview with Roma Support Group – Mihai Calin Bica

When Roma people contact UK health services, they face several practical impediments to communication with health professionals, many of which bear a direct connection to their migrant status. Barriers to adequate care may arise from limited understanding of UK health systems, difficulties in registering with GPs and inability to communicate with health professionals due to language barriers is well documented. Furthermore, health services do not monitor for Roma ethnicity, which places restrictions on providers' knowledge of the ethnic and cultural backgrounds of the patient groups they serve. Both FFT and RSG have been lobbying the Government to include Gypsy, Roma and Traveller in the NHS Data dictionary. The issue is that currently local PCNs and surgeries can use a local code if they have a large cohort – however this is still not disaggregated and there is no national focus in retrieving this data set.

When talking with the Roma community we find that there are layers of discrimination. We have an example of a Roma lady who was at emergency department and waited the majority of the night before a doctor spoke with her. He said that if 'she spoke English then she would have been seen long before' , and she was sent home.

We see that Roma people face the same discrimination and prejudice as Gypsy and Traveller communities. Language is an extra layer to treatment and access. The community rarely know their rights to interpreters and when interpreters are provided, they often speak the language of the nation from where the Roma person has migrated from. It is imperative that interpreters are engaged who speak Romanes and the correct dialect. Many Roma are treated badly and othered in the country where they have left (if they are first generation Roma) and there is prejudice from interpreters who have been found to translate inaccurately because of their own personal discriminatory attitudes toward Roma people.

There will also be issues relating to registration – like Gypsy and Traveller communities. Additionally, many Roma will share the same address with multiple others – this issue can compound registration or flag up worries within the community that their welfare status or other will be affected.

There will be some Roma who are concerned about migration status, and this may impact upon them receiving the correct care that is required.

The Roma Support Group have been running frontline projects for many years and some drop-in services have been operational from the Roma Support Group offices- they have been very successful.

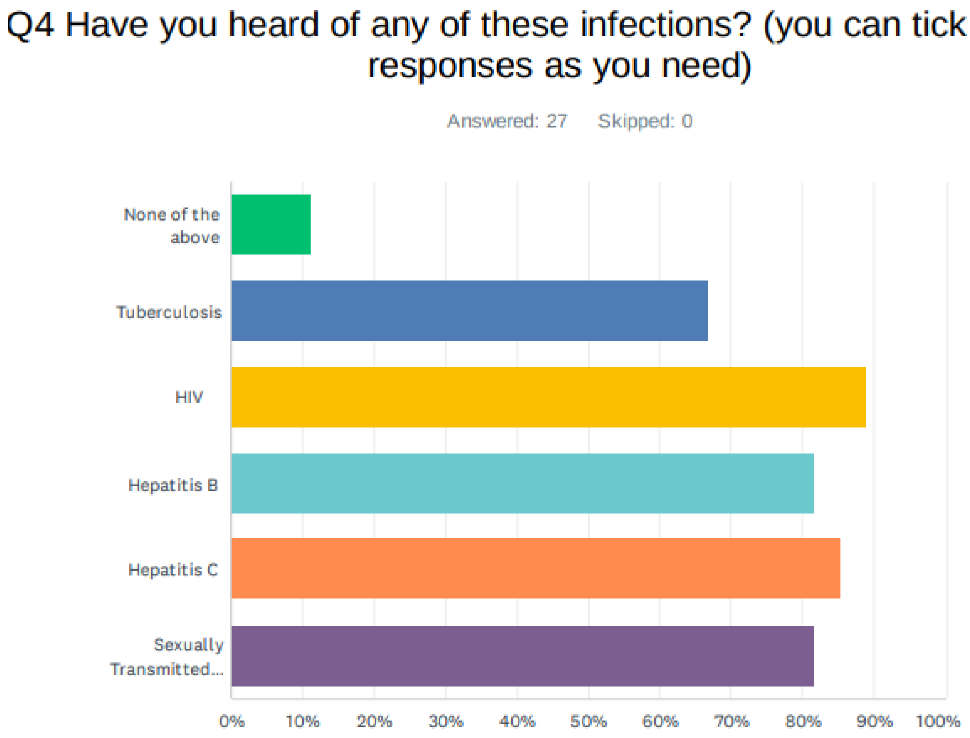
For more in depth information about Roma Support Groups work relating to health groups and the additional inequalities faced by the Roma communities please access our report.

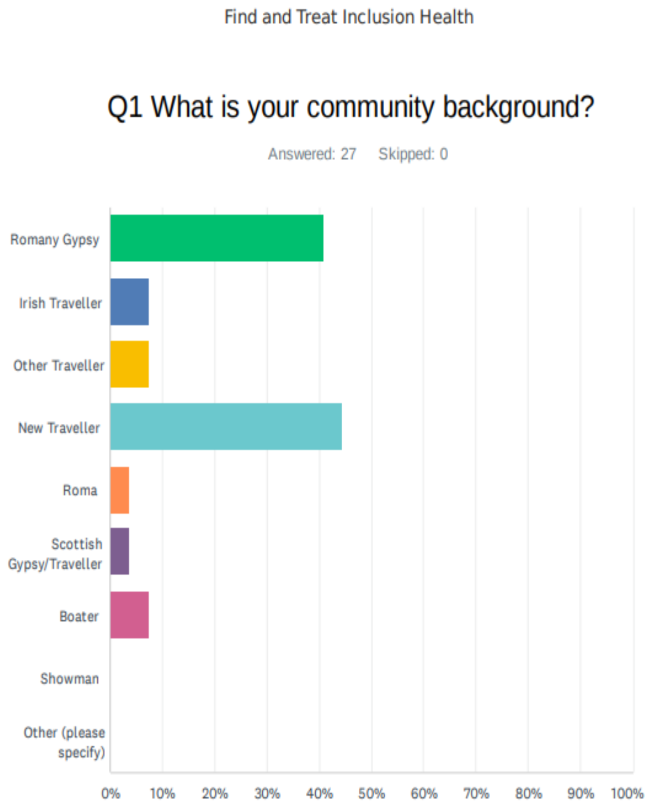
Key findings and insights from the questionnaires

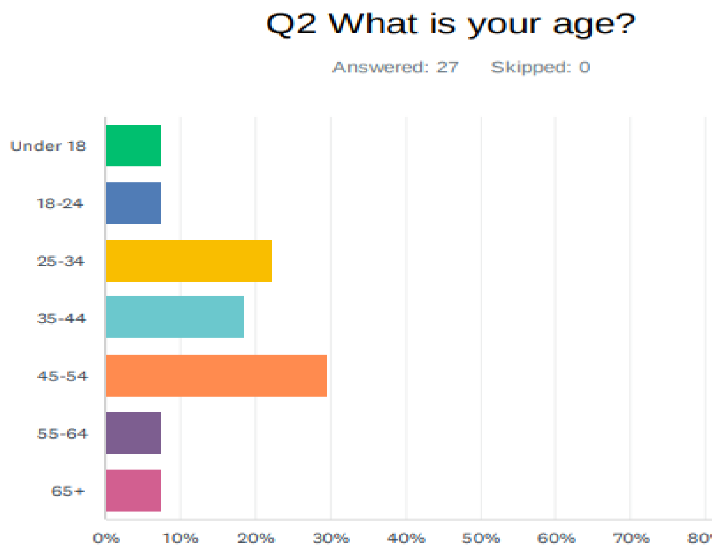
We were able to post out our online survey via our social media across Facebook - we posted two separate links – one for a closed Facebook group and one to our public facing group which has a much wider participant membership.

Group 1- Closed group results and analysis

Q3: What is your gender? Answered: 27 Skipped: 0
Male = 4
Female= 22
Other= 1







45% of respondents said they knew what the symptoms of the conditions mentioned were.

Have you ever been turned away from a GP or healthcare setting when trying to get help with any of the above conditions?

No = 70%

Yes = 30%

Additional comments

‘I have been turned away from many GPs over the years due to my Traveller status’.

‘I was told before I was diagnosed with pneumonia I just had a chesty cough because of the fire in my caravan’.

‘Often calling up and finding there are no appointments and having to call back the next day’.

‘Removed from doctor's surgery list for being temporarily out of area’.

‘I have been told to go to 111 phone instead of a GP near where I was staying’.

Have you or your family had any problems with getting a diagnosis from a GP or within a healthcare setting?

‘Yes, waited for ages to get results - they came back and i was never told – I only found out results after looking into the APP’.

‘Doctors are reluctant to refer/ investigate’.

‘Not being allowed to register without an address, not being listened to, general prejudice’.

‘When my cousin was ill, she died in the end. The doctor kept telling her she was fatigued and nothing serious. Then three months later, she passed away.She was going all the time. It turned out she had cancer. She felt in the way at the doctor’s surgery. Her legs were all bloated up. She felt left’.

‘I’ve often had to travel quite far for healthcare as I haven’t been able to get a local appointment’.

Have you or your family had any problems with getting a treatment from a GP or within a healthcare setting? If so, please tell us more (for example, being worried about being listened to, not understanding the medical language, not having a postal address etc)

‘They won't register us at our site because to many residents’.

‘When I didn't have an address I couldn't get an appointment to see a doctor’.

‘Yes, when I didn’t have a postal address I ended up having to use a homeless service to get antibiotics. They wouldn’t accept the address where I stayed because it wasn’t on their system’.

‘Sorted postal thing with email but have missed an important appointment as they sent a letter’.

Have you or your family had any problems with getting a vaccination? Please tell us more.

‘I haven’t had any since childhood’.

‘Yes, children's vacation not being registered’.

‘Yes. I was group 6 and had to get an MP involved to get it early. I have friends who couldn’t access vaccines at all because they couldn’t get the letter’.

‘Yes, because on side of road’.

If there was one place where you could get healthcare treatment, advice, diagnoses and vaccinations, what would you want it to look like? For example, a weekly or monthly drop in on a mobile bus, at a community centre or library etc.

12 x respondents said that they wanted a mobile bus to visit regularly on a set day in a location of ease but not on a site.

5 x respondents said a community centre or place-based setting – where additional services could also be provided.

‘I’m lucky now, but for sites and folks on the road mobile clinic would be perfect in each area. Or a unit like the breast screening units in Asda car parks’.

‘All in one hub, local to the site’.

‘My current GP The Greenhouse in Hackney is the only GP surgery who have met my needs in a professional, kind, human ant understanding way- this is a combined service for homeless people, and they are totally excellent’.

Is this a service you would use? How would you feel about it?

The respondents were overwhelmingly positive and enthusiastic about a mobile outreach service.

‘I would definitely use this service! It would help up me and my community so much! Also if it is on the back of a food bank or another service it wouldn't be obvious that i would be going there for a health appointment which would be better’.

‘Yes ..if it had privacy I would and different days for different genders’.

‘It would be useful for people of no fixed abode or had no address to use’.

‘Would totally use and know family would also’.

Do you think people from your community should be involved in getting the word out about this type of service? For example, as volunteers or groups like FFT outreach being commissioned to do this.

89% of respondents felt that community members should be involved in operating this service in some capacity.

‘Yes so we all know it will be a safe place’.

‘Yes word of mouth and outreach’.

‘Yes, because they would be trusted. And people won't search it out, so would be good to get the word out. Getting people on sites. Feel thought about by the community’.

‘Yes, Travellers share info by word of mouth more people would use it.’
‘Yes I would like to help’.

‘People trust others in the community, but might not trust doctors or health workers. I would trust a group that has GRT members’.

‘Yes, but pay them’.

Would you be more likely to use the service if people from your community were part of the healthcare team? (for example, as community champions or through sharing information on WhatsApp and Facebook groups etc).

82% of respondents said yes, they would be more likely to use the service.

Is there anything else that you feel is important to delivering good healthcare to Gypsy, Roma and Traveller communities?

Respondents were keen to suggest that service providers should understand the culture of their communities and several community members suggested cultural training should be a prerequisite for being part of the healthcare team.

'I don't think they explain things properly to Travellers, they need to stop using big medical words and understanding some can't read or write. My GP surgery is good with this and will help me fill forms etc, but some aren't this good'.

'Accessibility that isn't reliant on literacy but also GP staff given cultural sensitivity training'.

'Having a advocate in the community that has a understanding with the community and a relationship with them to help and support'.

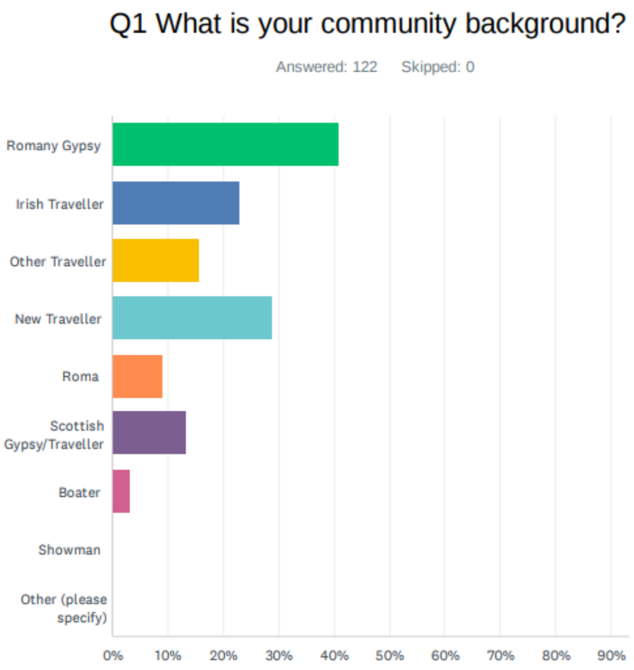
'Yes, being treated as human being'.

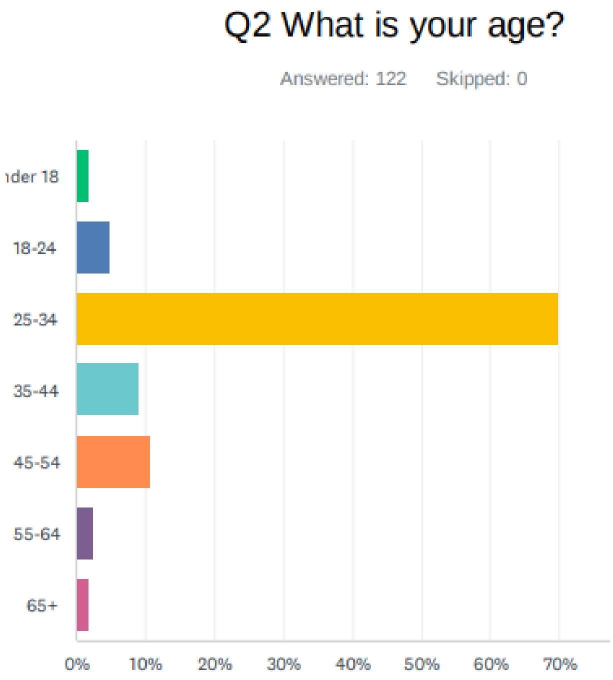
National Survey responses across two separate surveys

Gender:
Male: 42%
Female: 57%
Non-Binary: 1%

Total responses: 101

Percentage of people who said they had been turned away by a primary care setting: 10%





Have you or your family had any problems with getting a diagnosis from a GP or within a healthcare setting? If so, please tell us more (for example, being worried about being listened to, not understanding the medical language, not having a postal address etc).

Survey comments:

‘Fear of being overheard’.

‘Several family members have struggled to have conditions diagnosed. One was told their symptoms could be from alcohol withdrawal despite being tea total’.

‘Yes. My daughter had the flu and the doctor said I was hysterical. I visited the doctor 3 times and then I had to go to a&e my daughter was very sick and had to stay in hospital’.

‘Years ago, when we lived nomadically, my mother needed to speak with a doctor, so she went to a local GP to sign up. They refused stating that she needed an address’.

‘Yes, because the temp patient ran out and I was off the books, so they refused to see me and I had to go to a and e - and it was measles and that was not a good place to go because it’s so infectious’.

‘Yes, because we didn’t have a postcode. We had to cross the border from Birmingham to Solihull to get treatment where we were able to use a postcode’.

If there was one place where you could get healthcare treatment, advice, diagnoses and vaccinations, what would you want it to look like? For example, a weekly or monthly drop in on a mobile bus, at a community centre or library etc.

‘I'd like to have a weekly consultation at the community centre’.

“This place should provide comprehensive health care services, including diagnosis and treatment of common diseases, preventive care, emergency medical treatment, counselling services, etc’.

‘A community centre accessible to the canal and would need to be flexible and longer opening hours...or at least posters up advertising the info on what was offered and when’.

‘Mobile bus would be great maybe at supermarket car parks if it was regular and you could rely on when it was coming. Sometimes it was easy to remember like the First Monday of the month or something’.

‘Weekly drop in would be great’.

‘Mobile bus sounds best’.

‘A drop in bus weekly at a place where everybody to get to it’.

‘A mobile bus that comes to sites and goes to unauthorised encampments. Or sites have a community hub so services can come and talk and tell us about healthcare and education’.

Do you think people from your community should be involved in getting the word out about this type of service? For example, as volunteers or groups like FFT outreach being commissioned to do this.

‘Yes definitely. People would respond better to someone they already know and who speaks the same 'language’.

'Yes it would be helpful'.

'Yes it would be better if the message was passed on by a community member'
'Fft should be part of this'.

'Yes definitely. Hearing and seeing fellow community members talk about initiatives is a very effective way to get people on board.'

'Groups like FFT could help get the word out there and then the service would be trusted more- if the council advertised it I wouldn't know whether to trust the service as I would be worried they would share my personal information'.

'Yes, more people that know about it the better. Outreach from FFT is great! also train up health champions'.

Do you know of any services which are doing any work with the communities?

'Doctors of the World, British Red Cross. Public Health Walsall and CCG West Midlands'.

'Julian House Gypsy, Traveller, Boater Service outreach boat project. Also Healthwatch Oxford'.

Is there anything else that you feel is important to delivering good healthcare to Gypsy, Roma and Traveller communities?

'Making them feel more comfortable to access without racism and prejudice- more welcoming'.

'Education on both sides is needed. My people need educating as much as NHS and PHE. Some people are scared to go on sites and think we are being difficult but they don't understand our reasons. When one of my community members does go to hospital this illness has gone on for years...if people get upset its cos the person is scared'.

'They also need to change the wording of things that are taboo subjects. I don't go for smear tests or if I had a lump on my breast or anyone in my community did it would be too shameful for us to go and get help'.

'Training from community members to help them understand the communities and build trust and confidence'.

'Staff need to have an awareness of the needs and issues and cultural requirements/customs of each community. They need to be aware of the barriers that exist (eg lack of address, literacy issues, lack of trust etc) and need to be non-judgemental'.

Anonymised case studies highlighting the challenges faced by Gypsy Traveller community members- in accessing vaccinations, harm reduction and testing/treatment

"My partner and I are liveaboard Boaters, when I became pregnant, my husband tried to register with a GP, to see how achievable it would be for me – but without me having to deal with the stress. We cruised across 3 or so cities, trying to register with 5 or more GPs. No one would take my husband without evidence of a fixed address. We ended up moving to a location near my parents so I could use my childhood GP surgery with my parents address. Not being able to register adds to stress, when you're in a position that you don't want more stress. When we moved away from London, my partner had to commute into work which meant we were spending additional money on travel during this time. We would have preferred to stay local if it had been possible, but I needed continuity of care throughout the pregnancy. We had access to solutions, like having a car and my parent's address, but many people won't have these options'

Beccy in Bristol, who lives in her van full time, said:

'About three years ago, I had been registered with a GP surgery who had given me permission to register and use the address of the surgery as my postal address and to receive my medical post there – they were really helpful. I later moved to a different area and tried to register with the surgery there.

The surgery refused to register me without evidence of a fixed address. I offered to use my parents address in another area and they said it had to be a local address – the receptionist said that the system wouldn't let her register me otherwise, but the systems can't be that different in the same area. At the time I didn't know anyone in *the area, so I had to ask someone I didn't know that well to give me permission to use their address. At that point the homeowner gave me a letter to confirm they gave me permission and I'm now having to rely on individuals associated with them to provide me with my medical mail'.*

'Since 2019 I have lived nomadically in several ways and also been homeless; in that time, I have tried to register with GP surgeries across Bristol and London. I have invariably been refused registration due to having no fixed abode, despite providing the NHS policies which identify this as illegal. I was left without any support for about 2 years – it's only been in the last two months after getting a registered address that I've been able to access GP healthcare – meanwhile both my physical and mental health were made worse for not receiving any primary care. I have probably tried to register with over 20 surgeries. In some cases, people have been openly hostile to me for challenging their assertion that they are entitled to refuse care to people with no fixed abode – we're meant to have universal healthcare in the UK, the whole situation is unnecessarily problematic and discriminatory for people who don't have a fixed address. There is often limited compassion and flexibility in the active refusal to comply with the duty of care; it gets really demoralising to hear that you can't register from GPs four or five times in a row when you're finding it hard enough to get out of bed anyway, and you need emergency medication. It ends up putting increased strain on the NHS, A&E and 111 services when they become the only form of healthcare available to you – it's all completely avoidable'.

A group of highly mobile Irish Traveller young women rang the FFT access to registration telephone line. This line was set up in response to our survey/mystery shopper research which we had undertaken during Covid 19.

The women called the line because they wanted to access immunisation service for their young children – the women also wanted to access contraception and have covid vaccinations. The woman had attempted to get the vaccines in Surrey through a service, but the group moved away from the area before the Immunisation Team could facilitate any support. This happened over a 2-week timeframe. The women contacted the phone line and FFT staff attempted to get the necessary support in Birmingham, Liverpool and Manchester. A significant amount of advocacy, support and casework still resulted in none of the women and their children getting the necessary vaccines or services. Eventually the women left the country going back to Ireland.

Issues relating to this attempt to get the services were registration issues, inability to get the vaccines into a surgery, confusion registering NFA, timeframe needing several weeks to get the correct vaccines into the surgery- online registration.
This was a missed opportunity as the women were anxious to get all the vaccines and also contraception – this is always said to be an issue for Irish Traveller community members who often are reluctant to take vaccines and contraception due to religious beliefs.

'Have the same staff – people who you build up trust and relationship with them – The fantastic healthcare team at Morley street (Brighton – homeless healthcare) do not judge you – and try to help you as much as possible – It would be good to hold different surgeries for women – men and families – as sometimes if people are dropping in it can be embarrassing if there are lots of men at the clinic.'

Irish Traveller woman, aged 28.

1) Sign-post other relevant key third sector organisations working in geographical areas that are not covered by the commissioned organisation. A service directory is maintained on the FFT website.

2) Share existing resources that can support awareness of key public health infections and engagement with health services
SS00-Health-inequalities_FINAL.pdf (gypsy-traveller.org)
Services Directory - Friends, Families and Travellers (gypsy-traveller.org)
Gypsies and Travellers get answers to questions about the COVID-19 vaccine - YouTube
How to support access to the COVID-19 vaccine in Gypsy and Traveller communities - YouTube
Improving access to immunisations for Gypsy, Roma and Traveller people - YouTube
NHS Primary Care - YouTube
What can the NHS App do for Gypsies and Travellers? - YouTube
'COVID-19: Guidance for managing Traveller sites, unauthorised encampments and supporting people living on canal boats
(2) NHS England FFT CCG Health Engagement - YouTube
(2) Want help accessing a GP during the COVID-19 pandemic? - YouTube
(2) Immunisations in the Gypsy, Roma and Traveller Community - YouTube

[Inclusion Health Tool for Primary Care Networks - Friends, Families & Travellers (inclusion-health.org)](#)
[FFT Evaluation V2 (1).pdf](#)

3) Advise on opportunities to extend the role of peers and third sector professionals to support outreach including initiatives to recruit, train and support peers.

Health Champions model
FFT have Peer and volunteers' systems in place which utilise the lived experience of the communities. We operate two Health Champions Programme for adults and young people respectively, from the communities, delivering bespoke training to via workshops and training sessions. We have developed resources which resonate to ensure that Community members feels validated, recognising that people are experts in their own health and wellbeing. We have RSPH training centre status and are able to teach Level 1 and Level 2 Qualification in Understanding Health Improvement and Health Awareness. These qualifications are Ofqual certified and Level 2 is the equivalent to a GCSE qualification. The adult exam is multiple choice, and the young persons qualification is achieved via workbooks and several classroom-based sessions. On completion, community members who have passed automatically become Health Champions. Our Health Champions can signpost their friends, community, and family networks toward services – give information about where to find services and how to access them – talk about vaccinations programmes, healthy eating and exercise amongst other topics.

For our adult Health Champions, we automatically invite them to our closed social media groups where they can post information, resources and events encouraging other Gypsy Travellers to become more active, eat well and get vaccinated. The platforms which FFT use ensure that videos voice clips and imagery are used in an accessible way. Our Health Champions are encouraged to start threads and share relevant information- also to be peer supporters of other community members who may be seeking information and advice.
[Royal Society of Public Health Training - Friends, Families and Travellers (gypsy-traveller.org)](#)
[FFT project wins at the Charity Awards 2021 - Friends, Families and Travellers (gypsy-traveller.org)](#)

As trust is gained and relationships develop, FFT build upon this trust, encouraging and supporting key community members to take the RSPH Awards in Level 1 and 2 Understanding Health Improvement. We also encourage uptake of the more challenging Level 2 Behaviour change as we recognise that the proportional contribution to premature death is found to be 40% due to behavioural patterns (McGinnis JM et al). The case for more active policy attention to health promotion, Health Aff (Millwood, 2002).

Evidence shows that Community Health Champions are effective at increasing healthier lifestyles through improving people's mental health, encouraging healthy eating and physical activity, reducing isolation and improving self-care and management (South J., White J. and Woodall J., 2010).

FFT has promoted and advocated the principles of Proportionate Universalism through the national inclusion health agenda as a member of the VCSE Health & Wellbeing Alliance. It is nationally recognised that GRT have the poorest health outcomes. A number of studies have identified the poor health experiences of Gypsy and Traveller groups compared with the general population, including higher rates of mortality, morbidity and long-term health conditions, low child immunisation levels and a higher prevalence of anxiety and depression. A range of factors, such as poor GRT accommodation and poverty are social determinants of poor health. Discrimination, poor health literacy and a lack of cultural awareness and understanding by health professionals of Gypsy and Traveller health and social needs are thought to create barriers to accessing healthcare. FFT recognise that many of our client cohort will be amongst the most disadvantaged in society.

FTT assertive outreach model and asset-based community development

Friends, Families and Travellers (FFT) are renowned locally and nationally as the lead organisation working alongside Gypsies, Roma and Travellers (GRT) employing and committed to an approach which draws and builds upon the assets within individuals and communities. This empowers communities to control their futures and create tangible resources such as services, funds and buildings (J Foot, T Hopkins).

FFT recognise that everybody has skills and knowledge which can be shared, utilised, encouraged and developed to bring forward positive change for individuals, families groups and whole communities. FFT know that strong inclusive communities are able to improve outcomes across all indicators and nurture resilience which in turn supports self-efficacy. This model is supported by the social cognitive theory that there is an interaction that occurs between the individual and their environment. (A Bandura, 1995).

By delivering a multi-method approach, FFT empower individuals to become change agents for the whole of the community which results in a sense of control over lives.

FFT understand that to address many Gypsy Roma Traveller attitudes to health there needs to be appropriate culturally focused activities, resources and support that strengthens the skills, abilities and confidence of people and community groups to take effective action and leading roles in the development of communities.

We have been working throughout Sussex for over 20 years and we have strong relationships with community members in bricks and mortar, on Sussex local authority managed sites and have worked with statutory and 3rd sector partners building a network of trusted key collaborations with the aim to share, improve capacity and cultural understanding with the wider network into which we support and signpost our clients. We recognise that this whole life approach improves access, relationships and understanding for all parties, improving outcomes in health and wellbeing reducing health inequalities and improving equity of service.

FFT trust that by promoting community networks, relationships and friendships, people are helped to grow in confidence, become less isolated and become empowered. FFT support groups and individuals to come together in person and via social media to take part in health promotion and wellbeing activities where peer groups, friendships and activities are shared, designed and led by community members.

FFT use an assertive outreach model. Assertive outreach is a method of engagement through an outreach team to provide flexible support for people with needs in the community, going to where people are. We have local evidence which shows the assertive outreach model combined with the key RSPH training model specific to GRT communities produces excellent outcomes. This mixed model of delivery has been recognised nationally and shortlisted by the National RSPH wellbeing awards 2019 for ‘Community Health Development Award’.

Our model also draws on:

Peer based interventions: supporting and developing peer approaches (e.g. peer education, peer mentoring and peer support) by recruiting and training people on the basis of sharing the same or similar characteristics, to reduce communication barriers, improving support mechanisms and social connections.

Volunteer health roles: development of volunteer health models, e.g. ‘environment and health volunteering’ where volunteers are trained and supported to undertake a health role and independently lead health-promoting activities in their community. Connecting individuals and families to community information, services, practical help, and group activities and volunteering opportunities.
It has been recognised that Outreach models helps to establish a connection to local communities, to build the initial relationship and raise awareness among the Gypsy and Traveller Communities on the range of health and wellbeing services available.

Mobile units and clinics: whilst bringing services directly to or nearby to sites might be a way to establish some rapport, it does not create the trusting relationships without initial bridging support. Community building and health education are positive alternatives. Assertive outreach workers from The FFT Sussex Team will visit sites and places where Travellers are- not expecting the community to come to them – which in itself is often perceived and stated as a barrier by community members.

Patient access: due to the high mobility of some patients, accessible records and interoperability of care records software will be of great benefit to the continuity of care. However any hand held records are valued by the communities – and even the use of the NHS App has increased as patient records are accessible .

4) Contribute case studies of innovative approaches to strengthening access to vaccination, harm reduction, testing and treatment among Inclusion Health populations

‘Really important stuff you are doing on this we’ve all been turned away so many times - I’m so pleased to be with my gp for the homeless - Greenhouse gp In Hackney on Well St they are completely brilliant but am so scared they would chuck me off their books if they knew I have a (non-residential) mooring! Such a good model you probably know them - they really understand homeless issues and have loads of mobile clinics and events they invite you to… Never in my whole life have I had a decent gp before!
Imagine if there was one of them in every county you could go to and not have all that shite?’ **Scottish Traveller living on a boat in London age 65-70**

‘In Basildon they had a mobile bus that parked just outside the site once a fortnight and they checked blood pressure – diabetic checks – sexual health stuff like

*chlamydia – and observations if you were unwell. If you were unwell, they would let you have a consultation they gave advise and were really helpful – They offered vaccinations and baby needles too. The service was good it was every 2 weeks the staff were nice and welcoming. This was around for a while but then the service stopped – people around the site were upset as it was a trusted regular service***.** *I don't know why it stopped but it really helped and as I said it was in a bus unit and it had confidential space too. Men used it and most of them were not with a doctor so it was good for checking on everything including blood pressure for strokes and stuff***.'**
Irish Traveller woman 50-65

FFT Outreach worker Ruby
'Maisie and I did 2 days of outreach on all 3 Chichester sites, talking to people about cancer screening, GP registration and immunisations. We took resources to speak to people about their immunisations such as a timeline showing what vaccines people are supposed to be having and when. On the Chichester transit site, most people were registered with GPs but in other areas of the country and couldn't get their children's imms (they said they didn't know where the local GPs were to register temporarily). Whilst speaking to people, two families advised me that they needed vaccines for their children (some needed initial doses and some needed their second round). I asked whether they would be comfortable with an imms nurse coming onto the site and administering it, they said yes. I had a meeting with the imms team and they agreed to come to it. A week later, the nurse attended, gave the imms and information on when the children needed their next ones. We have now created an information resource for the transit site that site managers will give on families arrival, with info on nearest GPs, A&E, imms team, emergency dentist etc, so residents can book their kids' imms in the future.'

5) Provide sector representatives and people with lived experience to participate in regional workshops with potential NHS service providers and commissioners. Between January and March 2024.

We have a cohort of community members and staff with lived experience who currently will be willing to support this.

FFT report ref Covid test and Trace
[FFT Evaluation V2 (1).pdf]

A PROJECT CASE STUDY OF OUTREACH ON THE CANALS; DELIVERING PLACE BASED HEALTHCARE SERVICES FOR LIVEABOARD BOATERS.

BACKGROUND

Julian House homeless support charity is based in Bath. In 2015 a pilot project was launched to support travelling communities who lived in the Bath & NE Somerset local authority. The project was devised in order to provide information and assertive support and outreach to Gypsies, Travellers, Liveaboard Boaters, and other nomadic communities. Initially two project workers were recruited from Travelling communities to run and develop the project, which continues today, still run by community members from the local Boater community.

https://www.julianhouse.org.uk/service/travelling-communities-support-and-engagement-service-bath-north-east-somerset/

In the pilot year an idea was mooted by the project workers to work in partnership with a church-based organisation called Canal Ministries. This organisation has a small canal boat equipped with galley kitchen, toilet, seating and dining area, running water and heating and was being used occasionally by the Canal Ministries to take young people with SEN on boat day trips. The Julian House workers met with Canal Ministries who were already supporting some Boaters accessing benefits and emotional support and a co-produced outreach project was devised, starting just before Christmas 2015. The Julian House workers went along the canal on the boat, delivering mince pies and service information leaflets and asked for boaters' opinions and ideas of what the outreach boat could offer the community.

https://www.canalministries.org.uk/litania.html

PROJECT INFORMATION

Based on the needs of the community, as identified on the initial Christmas boat trip, the canal boat was used once a month, and moored up at different key locations along the canal in the local authority where boaters gathered and was easily accessible. The Julian House project workers would invite a specialist healthcare worker along to the boat every month to attend the Boaters' Café Club, as the project was called. On the boat, hot and cold lunches, drinks and snacks were provided by the Canal Ministries volunteers. Food packages, sacks of kindling and logs, information about different health and wellbeing, welfare and support services were also provided.

The boat provided a neutral, safe space for people to visit, chat and give them the opportunity to engage with health professionals, to seek referrals, reach out for support and help with benefits or to access the Julian House service and the support offered by Canal Ministries staff.

As many older, vulnerable members of the boater community had no access to transport, or the internet and were often reluctant to step off the towpath and into places where healthcare services were based, the outreach boat project provided that first crucial step to engaging and developing trusting relationships as well as giving boaters the opportunity to learn about and access treatments.

DELIVERING VACCINES

The outreach boat was also used to deliver flu vaccines for boaters through the winter months, meaning that many vulnerable people had access to the treatment who would not have usually been able to. The reasons for people not accessing vaccines could be due to location of their boat and distance to their GP, not being registered at a GP at all due to being refused, travelling around and into neighbouring counties or country wide, lack of trust in health services, no access to transport, unable to attend appointments due to other commitments (work or childcare), not being aware of treatments, not having access to the internet, phone signal or health apps notifications. During the COVID-19 pandemic the Julian House service worked with the local NHS teams and were able to deliver the vaccine to boaters living along the canal between Bath and Bradford on Avon. The exact number of uptake of the vaccination is not known but at each 'clinic' there were queues of boaters waiting to receive the vaccine and on many occasions, the service ran out of vaccine doses. People who may not have normally opted to have the vaccine also attended these outreach clinics when they saw their friends and peers doing so. There is no doubt that many boaters were able to access the COVID-19 vaccination who if not for the outreach service, would not have done so, or been able to.

The Julian House workers were also liveaboard boaters and known and trusted by the community. Therefore, trust in what they were doing was at the core of the project's success. The outreach boat cost very little to run as the Canal Ministries owned and maintained the boat, paid for diesel and provided one of their members (who were also all liveaboard boaters) to take the boat to each location every month. Julian House made a contribution towards the food and drinks provided on the boat and the Canal Ministries volunteers made lunches and provided extra 'bodies' to engage with boaters.

Final conclusions

Analysing the feedback, a majority of participants across the different activities were in favour of an outreach service which could support the Gypsy, Roma Traveller communities in accessing healthcare for test, treat and trace.

Recommendations from the communities

- Health Bus/mobile unit or community venue where community members can access the service regularly on a rolling basis.
- Offer an expanded service where community members can access additional support such as testing for other diseases e.g. Diabetes, asthma/copd and STIs.
- Have drop-in times and set appointment times.

- Facilitate gender specific sessions and a family session for parents/carers with children.
- Hold cancer screening sessions on allotted dates.
- Ensure all clinical and non-clinical staff undertake cultural awareness training for practice improvement.
- Offer mental health support or mental health bridging support.
- Offer a social prescribing service or similar service – where community members can be the link worker/connecter.
- Ensure there is a community offer for employment/training.
- Ensure there is an enhanced offer for communication – e.g How do the patients want to be contacted- Text – WhatsApp- phone- email letter.
- Ensure appropriate translation services can be accessed.
- Coordinate with the service across the country and ensure highly mobile Travellers know where the buses/community venues operate and on what dates.
- Support registration and in some cases do not register if the patient is very reluctant.
- Provide additional support around women's sessions relating to specific women's health issues (Breast lumps- what to look for – menstruation – menopause- maternity)

About us

Friends, Families and Travellers is a leading national charity that seeks to end racism and discrimination against all Gypsies, Roma and Travellers regardless of ethnicity, culture or background.

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