

## **COMMUNITY ENGAGEMENT WITH GYPSY AND TRAVELLER EMPOWERMENT HERTFORDSHIRE**

### **1. Background**

A series of reports over the last two decades have concluded that the overall health status of the UK Gypsy Traveller Community is very poor when compared with the general population and relatively poor in comparison with other seldom heard groups. Despite a commitment to reducing health inequalities, differences in health outcomes and in healthcare access and service provision have persisted.

The principle of community engagement has been an essential component of Hertfordshire Community NHS Trust's Patient Experience approach and strategy.

In 2016, the Trust set up the Equality and Community Engagement Forum where senior leaders meet and plan service improvements with a wide range of Hertfordshire-based community and voluntary organisations.

Community Forum members include representatives from the Herts Interfaith Group, the Deaf community, Gypsy and Traveller Empowerment Hertfordshire (GATE), Herts AID (a HIV & Sexual Health Charity), Carers in Herts, Healthwatch Hertfordshire, Community Development Action, and MIND. The Forum has a positive and progressive atmosphere where diversity is embraced and difficult issues are discussed. Forum meetings take place once every three months chaired by the Tricia Wren, Director of Nursing & Quality (Acting). Partnership with grassroots organisation has been central to the success of the forum to date.

#### *a future vision....*

What emerged from the Forum was the need for a conversation about addressing the serious health inequalities experienced by Gypsy and Traveller groups. This was an ideal opportunity to work with GATE to improve access to healthcare for the Gypsy and Traveller community in Hertfordshire.

### **2. Defining the Gypsy and Traveller community**

In the United Kingdom, Gypsies and Irish Travellers have been recognised as distinct ethnic groups in law since 1989 and 2000, respectively. Despite this recognition in law, they only became part of routine ethnicity monitoring in major surveys such as the Office for National Statistics (ONS) National Census, the General Household Survey and the Health Survey for England in 2011.

In studies of their health and healthcare provision, the term Gypsy and Traveller is often used as a generic term to variably include English Gypsies, Welsh Gypsies, Scottish Gypsy Travellers, Irish Travellers and Romany Gypsies from Europe. Each of these groups has a separate ethnic identity, but they share many aspects of a common cultural identity. Health studies often tend to exclude as a subcategory Showmen and New Travellers who also often have a mobile lifestyle but may have a different cultural tradition. UK government definitions for housing and planning purposes for the Gypsy and Traveller population have evolved over the years with the latest definition inclusive of people who would otherwise be classified as Showmen and New Travellers. The government now defines 'gypsies and travellers' as:

- i. Persons with a cultural tradition of nomadism or of living in a caravan and

- ii. All other persons of a nomadic habit of life, whatever their race or origin, including:
  - (a) such persons who, on grounds only of their own or their family's or dependant's educational or health needs or old age, have ceased to travel temporarily or permanently; and
  - (b) members of an organised group of travelling show people or circus people (whether or not travelling together as such).

This definition includes those ethnic Gypsy and Travellers that are now permanently housed and have given up the travelling lifestyle.

### 3. HCT / GATE Task and Finish Group

Following initial conversations in Spring 2017, the task and finish group had its first meeting with GATE to help the Trust prioritise improvements to take forward. The first meeting on 10 May 2017 was attended by GATE members, Carers in Herts, Herts Valley CCG, East & North Herts CCG, Healthwatch Hertfordshire, HCT Integrated Community Nursing, HCT Health Visiting, Dacorum and Hertfordshire County Council. The meeting was approached along the lines of a co-design engagement session.

Doing 'with' and not 'to' is our ethos; embracing the 'co-design' theory. A concerted effort made to create the space in which co-design and co-production can happen - Community, Conversation and Co-production.

The Trust is in the early stages of implementation. However important lessons have already been learnt that will enable future involvement to be deeper, strengthened and sustained and more effectively embedded in the Trust's day to day work.

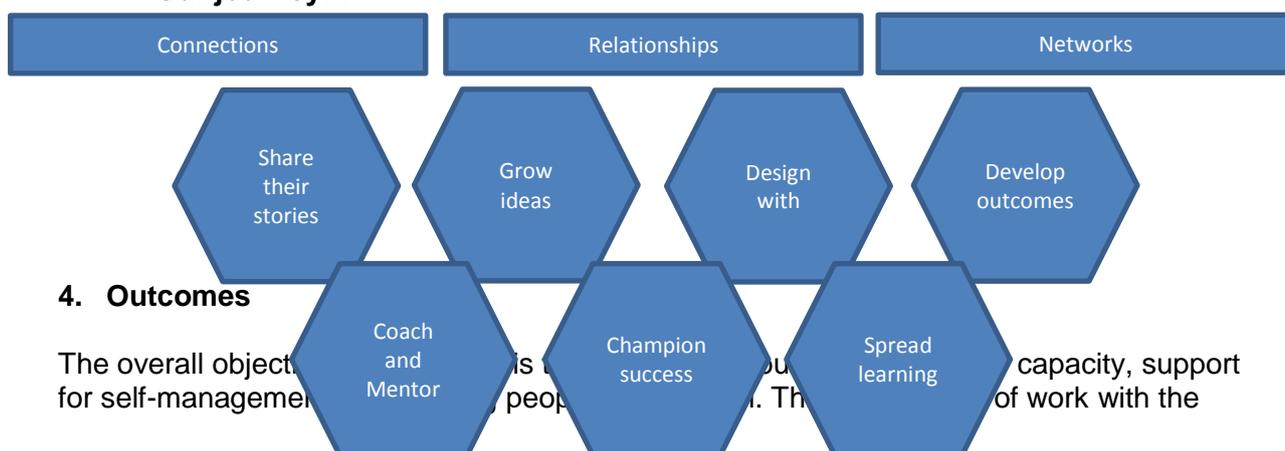
GATE's increased level of trust in HCT has allowed us to facilitate dialogue with other health and social care partners. This is a very different conversation with GATE around what we can collectively create or adapt to meet their needs using the resources we have.

*Call to action...*

The Task and Finish Group is designed to achieve the following outcomes:

- i. To improve staff awareness of the specific health inequalities and health needs of Gypsies and Travellers
- ii. To understand the specific barriers for Gypsies and Travellers in accessing and using health services appropriately
- iii. To learn from examples of good practice and identify specific actions to take that will improve access to health care for Gypsies and Travellers

#### Our journey...



### 4. Outcomes

The overall objective is to improve the health and well-being of Gypsies and Travellers. The overall objective is to improve the health and well-being of Gypsies and Travellers. The overall objective is to improve the health and well-being of Gypsies and Travellers. The overall objective is to improve the health and well-being of Gypsies and Travellers. The overall objective is to improve the health and well-being of Gypsies and Travellers.

Gypsy and Traveller communities is focused on the implementation of practical steps to achieve this. Examples of the work to date include:

### **End of Life**

**GATE told us they don't have access to EOL care in their own homes and they don't access Hospices. To address this issue we:**

- Interactive presentation on 23 June led by Specialist Palliative Care Clinical Quality Lead for North Herts setting out the provision of practical support for carers and family at the end of life.
- GATE raised awareness of the challenges and needs of the Gypsy and Traveller community i.e. refusal to use Hospice care, management of pain relief in their own homes

### **Work Experience Scheme for Gypsies and Travellers launched**

**GATE told us that their young people do not have access to work experience. To address this we:**

- Reviewed the possibilities of work placements for young people from Gypsy and Traveller communities.
- Working with GATE we published an information flyer to be distributed to the local Gypsy and Traveller communities offering placements for young people.
- We set up our first work experience placement specifically for the community to commence 12 February 2018.
- The Work Experience scheme is a fantastic way to gain insight into a career in the NHS and equips people with soft skills such as team working, communication skills and punctuality, all of which are sought after by employers.

### **Training for Carers**

**GATE told us that Dementia was increasing in their communities and they struggled to manage the impact of this illness. To address this we:**

- Discussed the challenges of managing individuals with Dementia in the Gypsy and Traveller community and the difficulties they faced accessing support services i.e. social care, voluntary agencies.
- Worked with Carers in Herts to deliver an interactive session on being a carer of an individual with Dementia and the role of the carer in health. We are working to identify local health champions from the community who can deliver key messages on managing lifestyles and access to healthcare.

### **Domestic Abuse links with the council**

**GATE told us that domestic abuse is an area of concern that they want to work on. To address this issue we:**

- Invited the Strategic Lead for Domestic Abuse, Adult Care Services at Hertfordshire County Council to our meeting on the 5 September 2017 to discuss the Department of Communities and Local Government (DCLG) grant funded programme, which will focus on ensuring equality of access to domestic services for marginalised groups.
- Focused our work on building links between GATE and health and social care organisations to support people to put ideas into practice.
- Stevenage Borough Council has been provided with funding from the grant to work in partnership with GATE, delivering a project to support Gypsy/Traveller families affected by domestic abuse. The funding has been allocated for one year and it is anticipated that a member of GATE will be co-located within Stevenage Borough Council Anti-Social Behaviour Team one day a week. This project and subsequent work will form part of the wider Gypsy/Traveller project, funded through the DCLG, and will be monitored through the multi-agency Honour Based Abuse Sub-Group.

### **Job Application for people with learning disabilities**

**GATE told us that young people in the Gypsy and Traveller communities experience difficulties accessing jobs. To address this we:**

- Worked with GATE to co-design a job application for candidates with low levels of literacy or learning disabilities.
- We developed an accessible, easy to read application form
- We adopted this approach across the Trust and have made it available via the public website and via other agencies i.e. job seekers plus.

**Other areas of work that we have driven forward to support the work with GATE include:**

- Supporting a Survey Monkey approach to assess how well the Gypsy and Traveller community accesses health services including access to GPs, dentists, antenatal care. The survey was promoted on social media. 50 responses received so far with a mixed age group but fewer men and under18s. The survey has provided an insight into the community's opinions about community health issues and quality of life. Results discussed with Equality and Community Engagement Forum.
- Partnering with health and social care organisations and inviting key leads to join our Forum.
- Creating links with acute trust West Hertfordshire Hospitals NHS Trust to look at reducing A&E attendance.
- Creating links with the CCG leads and practice manager groups to support improved access to GP care.

### **GATE Herts Josie O'Driscoll on the project:**

“Gypsies and Travellers have some of the poorest health outcomes and therefore are a key priority. We welcome the effective commissioning of health services to our communities, we aim to improve health outcomes for Gypsy Roma Travellers through the work GATE Herts Task & Finish group and HCT are doing.

Together we will develop and promote opportunities for Gypsy and Traveller community members to identify and meet their own health needs.

We support Gypsy and Traveller community members to overcome literacy and other barriers in order to access and effectively utilise primary and secondary health services. These include GP's, community healthcare, mental health services, drug and alcohol, domestic abuse, hospital trusts, and carer support, and end of life care.

We are particularly grateful to the HCT for establishing the trainee work experience programme with our youth Team at GATE. It's a unique initiative and as far as we are aware the first of its kind in the UK. We will continue to work together with HCT ensure equal access into mainstream community based, CCG and hospital trust healthcare“



### **5. Priorities for 2018/19**

We are committed to maintaining this valuable work with GATE and have agreed our priorities going forward including:

- Rolling out the work experience scheme for Gypsy and Travellers to widen access across the Trust
- Work with Carers in Herts to train community members as Dementia Friends Champion encouraging others to make a positive difference to people living with dementia in their community. This is achieved by giving champions information about the personal impact of dementia, and what they can do to help.
- Map gaps in awareness and provision for victims of domestic abuse within the Trust. Linking in with the work led by the council.
- Advertise jobs and the accessible application form to encourage applications from the Gypsy and Traveller community.
- Support GATE to repeat online health survey
- Develop Healthy Child videos created by our Health Visitors that can be easily shared with new mothers from the Gypsy and Traveller Communities
- Sharing a patient story at our board meeting to raise awareness of the difficulties in accessing health care experienced by Gypsy and Traveller communities

## **Conclusion**

Realistic expectations are an important component of the work with the Gypsy and Traveller community that avoids disappointment, but equally it is important to have open discussion and consideration of all possibilities. Continuity and good communication with trusted professionals is important. Following up on promised actions maintains the trust which can be fragile and easily lost if community member involvement is seen to be tokenistic.

There remain a considerable number of areas where knowledge of population numbers is poor, service provision is not based on need and the uptake of services is low or not known.

There is an ongoing need to improve knowledge of the Gypsy and Traveller population and the provision of and access to services that are culturally sensitive and responsive to the needs of Gypsy and Traveller communities. Whilst we have focused on implementing this programme of work, it is only one component of our wider strategy for improving the health of Gypsy and Travellers through effective health services across the county.

Whilst it is clearly premature to evaluate the long- term health (and social) gains accruing from outcomes of the Gypsies and Traveller core strand of the Trust's Patient Experience strategy, some short-term gains have been made. Many of these gains have been made in the process of involvement and we are committed to continue this work to ensure this group of individuals have equal access to health care.

**Tricia Wren**  
**Director of Nursing & Quality (Acting)**

**Monika Kalyan**  
**Equality & Diversity Manager**