

Spotlight On
**The Experiences of Shropshire's Romany,
Gypsy and Traveller
Community**

Who is Healthwatch Shropshire?

Healthwatch Shropshire is the independent consumer champion for health and social care in Shropshire. We aim to ensure that people from across the county have an opportunity to voice their opinion on the health and social care services affecting them. We are one of many local Healthwatch across England.

What we do

We listen to peoples' experiences, look for trends and influence commissioning, provision and scrutiny of local health and social care services. We also provide an information and signposting service. We are not individual case workers, but where people need that we signpost them to the right service.

Background

Shropshire has 5 local authority run sites across the county. In addition to this there are a further 22 private sites (a mixture of authorised and non-authorised) with a total of 154 pitches, this does not include the transient Gypsy, Romany and Traveller population across the county. 2011 Census data shows that there were 312 residents registered as being part of the Gypsy, Romany and Traveller community in Shropshire. Which is roughly 1% of the population, this does not account for the individuals who did not complete the census because of the very nature of their transitory lifestyle. This means that the Gypsy, Romany and Traveller communities make up a large ethnic minority group for the Shropshire populous.

It is known that this community generally suffer from health inequalities and have a lower life expectancy. There is very little evidence or data on the Gypsy, Romany and Traveller communities in Shropshire. The JSNA is not populated with this information.

The only substantial data was from the 'Shropshire Gypsy and Traveller Accommodation Assessment for Shropshire Council' 2015

What we wanted to do

We know from national research that the Gypsy, Romany and Traveller communities are more likely to have poor health outcomes. We wanted to know if this was the case with Shropshire's Gypsy, Romany and Traveller communities. We wanted to go and speak to local groups and enable them to have a voice by sharing their experiences and to get a broader picture of what was happening at a local level.

What we did

We worked with Shropshire Council's Gypsy Liaison Officer and Advisory Teacher for Gypsy, Roma and Traveller Children. With the help of the Advisory teacher we then visited 11 families with a total of 14 children, at different sites across the county. At each site we were warmly welcomed into people's homes and everyone was keen to share their stories.

We spoke to families who were on permanent sites, both private and council run. We also spoke to families who were travelling and did not have a permanent site to live on.

We asked people about their experiences of using services in their local area. We decided not to have a structured set of questions, but did ask all of the families if they were able to access services locally. This enabled the families' to have scope to discuss the things that mattered to them and their family.

We also spoke to professionals who worked with the Gypsy and traveller families about their role in the Health care of the community.

What we found out

📍 Where you live

The site that you lived on affected your health, and experience of health services

Overall the families on the council run permanent sites were all registered with their local GP. Vehicular access to the site was good and each plot had a brick built structure with electricity and water. The site was maintained to a high standard. They were able to have post delivered and so could get appointment letters. They did not have a problem accessing services.

This was also similar on some of the other private sites however there was a big difference in accommodation across all of the sites.

One site was in a very rural location, there was limited access by vehicle to the site. There was machinery in the public areas and the general standard of maintenance was very poor. The residents felt isolated and unable to access the services they needed.

Several residents had chronic health conditions. One lady spoke about how the non-emergency patient transport often couldn't find her to take her to hospital appointments. She would need to speak to them on the phone to direct them but the phone signal was very poor and so she would get cut off. The isolation and access had also been a problem when the ambulance service had been called to site for a 999 call and were not able to get to the patient through the mud and debris and this had caused a delay in treatment. Several of the residents were receiving long term care and had simply not attended appointments made for them because they were unable to get there. This included appointments for check-ups and to collect prescriptions. 2 of the residents had been seeing consultants at hospitals in Birmingham. The travel had proved impossible and so they said that they no longer attended appointments at all, it was easier to remain on site and rely on the community to help them.

One resident said that she felt she had been "left there to die" health professional would not come on site and she was not able to get to them.

GP surgeries

A vast majority of the people we spoke to were registered with their local GP. Two of the sites described their GP service as a good service with an understanding of the particular needs of the Gypsy and traveller community. At these practices the GP went out of their way to help their patients.

This was not the case everywhere at one practice a receptionist had refused to help a mother fill in the registration forms for her and her children, even though she had explained that she was unable to read and write. There was a feeling that there was prejudice towards Gypsies and travellers amongst some staff members and this caused mistrust in general of other professionals.

Although literacy is a barrier for some members of the community we found that many of the families did not have a problem with literacy. However, there were still some families with very little literacy and the way in which the GP communicated with their patients seemed to be a key factor in how satisfied the patients were with their local service.

People spoke about the difficulty in getting an appointment with your registered GP, with long waits for appointments. However if you had young children they were seen much more quickly. Families that travelled frequently did not always have a GP and would instead go to A&E if they were unwell; this was seen as much more easily accessible to them. There were no forms to fill in and they were always able to find their local A&E.

Some traveling families had a registered GP in an area where they settled for the winter months. One lady who was on the road for most of the year and had Type 1 Diabetes, would travel back to Leicester for her GP appointments wherever she happened to be in the country. This was difficult for the family but it was seen as a better alternative than having to try and get a new appointment with different GPs and forming new relationships whilst travelling. Once a relationship of trust with a

professional had been developed this was seen as a deciding factor in where to seek help when needed.

Sharing of medical records seemed to be a problem with families on the road. If a family had to move GPs frequently records would not automatically be transferred with the patient. A family who had a teenage daughter who was on anti-psychotic medication had moved to another area but her medication was about to run out. In the past this had resulted in gaps in the medication which affected her mental health. Each time they moved they had to register again with a GP which was difficult as they had no literacy skills, which further exasperated the situation.

Cross Border

The fact that many of the travelling families would cross borders frequently from one authority to another caused significant problems with access to services. Often support would be established in one local authority and the family would be moved on, sometimes only a mile down the road, then this support would need to stop as it would be the responsibility of a new provider. This was of particular concern for children with SEND, where assessments would be started, after long waits in the system only to have to be re-referred and the process started again in a new area. This was made worse by records not following the families quickly. We were told about one family with 3 ASD children needing assessments and support who had been waiting 6 months, only to move to the neighbouring county and the process had to be started again. CAMHS was mentioned on more than one occasion as a service where Romany, Gypsy and Traveller communities were at a particular disadvantage in terms of access and support due to travelling.

NHS Dentists

This seemed to be an issue across the county, with some areas not being able to access dental services. On the same site you could have a family all of whom had a registered NHS dentist, living next to a family who were unable to find a dentist. There were clear dental problems across the sites. We were told about a 13 year child who had to have all of his teeth removed due to decay. In one area families told us that even though they wanted to register with an NHS dentist they were no spaces locally. This was a concern that had been expressed to Healthwatch Shropshire from many more residents in that area and was not restricted to the Gypsy, Roma and Traveller community

Outreach and intervention

'Health Bus'

Some of the people we spoke to talked about a mobile 'health bus' which used to come on site many years ago. It was thought that this was funded by the Gypsy Council of England. The bus would have health professionals on board and provided advice and support. This was sorely missed by residents who said that their health was better because of it and that they were able to get things treated much earlier on. The bus

would visit the families who were in the very rural parts of the county and families that were on the road.

Sure Start Playbus

The Sure Start playbus was another intervention that was talked about positively by families it would come onto site regularly across North Shropshire. The bus would have staff on board that included health and education staff that would give advice to mothers about helping their young children. This included dental health and advice on immunisation programs. The bus enabled messages to get out to parents and children that may decide to home educate and so would not get this information through school nurses.

Communication

Communication was another problem generally, there were no landlines on site and mobile signals were very limited. On a few sites and for travelling families there was not a designated postal address or post code. This caused difficulties for registration as you need a post code to register and to get any communications sent by post. This was made worse if an appointment letter was sent at short notice or cancelled and would then result in non-attendance. The language and structure of the letters was also spoken about as confusing. This was difficult if you had a lot of children all with different health conditions and different appointments. Many of the families had needed support to read and understand their letters. This support was often given by non-health professionals predominantly teachers and others from educational settings. In the case of one family the GP would use the gypsy teacher as a liaison for appointments and letters. The family did not have literacy skills. The gypsy teacher would even attend appointments with the family to support them. This arrangement had worked very well when there had been a good working relationship between health and education professionals. The family told us this support had changed their lives and that of their children and they were so grateful for the help.

Other forms of communication and community engagement

Many of the families had the internet on their phones and would use this to get information, but this would be reliant on signal and credit, both of which varied significantly so were not wholly reliant.

Getting information about services locally was an issue. Local schools seemed to be a good and trusted source of information and advice. There was also high praise for the community nurses and their help. Shropshire School's Nurses and Health Visitors in particular were spoken about as a valued service.

Families spoke very highly about maternity services. There had been a named health visitor for the gypsy, Romany and Traveller community and this again was something that helped to strengthen trusted relationships with a health professional. Mothers knew that they could get advice and support from the health Visitor. However, not all of the families identified themselves to maternity services during pregnancy, this was especially true for families that were on the road. We spoke to a lady who was in late

stages of pregnancy but had not been seen by any health professionals. This had also been the case with her previous pregnancies.

There was a mistrust of strangers into the community and it seemed to take a very long time to build up a relationship of trust. A few people from the authorities had managed to do this and heavily supported families with their health and social care needs even though it may not have been part of their role, and in fact has added to their stretched workload. With many families not knowing who to turn to for advice and guidance and health conditions worsening or getting to crisis point this intervention has been invaluable. But there does seem to be a lack in provision for a Health support worker in this community.

Family support

Many of the people we spoke to told us how important family support was to their health. Most people lived in close proximity to extended family members, often sharing plots or travelling together. When someone was unwell or has a serious accident or medical condition other members of the family are there to support them. This was also very often the case for other members of the community that lived on site but were not related.

This support network was a way of life and culturally very important. This extended to when a family member was admitted to hospital, it was extremely important for the whole family to be by their side. This would mean that a great many visitors from the family would want to come to the hospital at once, and stay for as long as they needed. We spoke to many people who said that their experience of this at the local hospitals had been very positive with the staff understanding this cultural need and accommodating it. Princess Royal Hospital in Telford and Dudley hospital were praised in particular for this. This had helped both the person in hospital and the family members cope with what had been a very traumatic and emotional time.

Discharge from hospital

We spoke to a couple of people about their discharge from hospital. One lady told us that when she was discharged she was given carer support. This care was undertaken by 3 carers that came on site and this made her feel uncomfortable because of their numbers. This support only lasted a few sessions as she preferred to have help from the community on site. This was echoed by other people that we spoke to. There seems to be many people on site with serious illnesses that were being cared for and supported by family and friends. People told us that this was something that they valued and that they put up with the rural isolation of the site in order to remain with their neighbours. This support structure was invaluable not only for people with chronic medical conditions but also families with small children.

Asthma and Eczema

Asthma and eczema seemed to be a recurrent theme in discussion with families. It seemed that both of these conditions were common amongst the families we spoke to on all of the sites.

Thank you

Healthwatch Shropshire would like thank the families that gave us such a warm welcome whilst doing this work. We would also like to thank Janet Millward for her invaluable knowledge and support.

Supporting docs:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6287/2124046.pdf