Healthwatch Cambridgeshire and Peterborough

Our Health Matters Project

Outcomes report

1st November 2021 – 31st October 2024

Introduction

Over the past three years, our "Removing Barriers and Tackling Health Inequalities" project has worked to improve health outcomes and access to care for Gypsy, Roma, and Traveller (GRT) communities. By adopting cultural awareness among health and social care professionals and establishing direct engagement with the community, we have addressed critical inequalities and provided actionable insights to enhance service delivery. This report highlights the impactful outcomes of our efforts, including cultural awareness training for NHS, Local Authority, and Voluntary Sector staff, as well as the results of extensive community engagement programs.

Cultural Awareness Training: Building Understanding Among Service Providers

Attendance of our Cultural Awareness Training Programme.

Our Cultural Awareness Training Programme was a foundation of the project, equipping professionals with the tools to engage effectively with GRT communities. Between March 2022 and March 2023, we conducted 16 training courses, attended by 416 professionals. Additional funding allowed for two more courses in September 2024, bringing total attendance to 472 individuals across NHS, Local Authority, and Voluntary Sector organisations.

Feedback: Immediate Reflections and Key Learnings

Post-training feedback revealed transformative insights. Of the 206 attendees (50%) who answered the question, "What was the most important thing you learned to improve your engagement or practice with Gypsy, Roma and Traveller people?", responses demonstrated a deepened understanding of cultural nuances and practical applications:

Cultural Nuances: "That family is incredibly important, and gender plays a big role in whether a patient will open up or not."
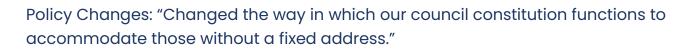
Practical Adjustments: "Awareness on translations when male and female family members are used but aren't of the same gender."

Empathy and Perspective: "To see it from their perspective and put myself in their shoes."

Barriers to Care: "Why the Roma community do not always access antenatal care as it is not classed as a health problem."

Follow-Up: Real-World Impact After Six-Months

Six months post-training, 83 participants (20%) shared the tangible changes they implemented:

Policy Changes: "Changed the way in which our council constitution functions to accommodate those without a fixed address."

Improved Communication: "Suggested a Romani translator to a GP to help communicate with Roma patients."

Advocacy and Awareness: "Written an equalities and outcomes blog referencing this training."

Community Engagement: "Actively involved in CUH EDI meetings and attended local community events''.

Direct Engagement: Building Trust and Capturing Voices

Recognising the importance of direct community involvement, our project manager regularly attended three weekly drop-in sessions run by the Cambridgeshire GRT Liaison Team. This consistent presence built trust within the community, allowing us to:

Gather a significant number of community views on local health and care services.

Guide three individuals to the Healthwatch signposting service for personalised support.

Amplify community voices in project work, ensuring their needs and perspectives inform service improvements.

Advocacy for Demographic Recognition

A critical challenge remains the lack the dedicated GRT demographic category in the NHS Data Dictionary. Despite ongoing discussions with the Integrated Care Board (ICB), and Systems (ICS), GRT individuals are still categorised under "white other". Healthwatch Cambridgeshire and Peterborough will continue to champion the inclusion of a standalone GRT category, advocating for accurate recording and monitoring to inform policy and practise.

Sustained Impact and Future Plans:

The outcomes of this project highlight the importance of cultural awareness and direct engagement in addressing health inequalities. Moving forward, we will:

Continue collecting health and care stories from GRT communities.

Offer Healthwatch's signposting service.

Integrate community voices into ongoing project work, ensuring their lived experiences shape local health and social care services.

Through these efforts, we aim to sustain the progress achieved and inspire broader systemic change to support GRT communities in accessing equitable and culturally competent care.

Feedback

Immediately following each training course, attendees were asked to complete a feedback form which included how they intend to put the training into practice. 206 attendees (50%) answered the following question:

What was the most important thing you learned to improve your engagement or practice with Gypsy, Roma and Traveller people?

Some examples of attendees responses included:

"I found most of the information important to use in future practice."

"That family is incredibly important, and gender plays a big role in whether a patient will open up or not."

"Cultural awareness on specifics such as hand washing in a kitchen sink. Awareness on translations when male and female family members are used but aren't of the same gender"

"Being aware of their cultural differences and that digital technology is not way forward"

"The complexities with regard to chaperoning and taboo topics within the community. That language and reading is such a barrier. And that they originated from India and speak a form of Sanskrit, I speak some Sanskrit in Buddhist teaching."

"To see it from their perspective and put myself in their shoes."

"It was very helpful to understand how their culture impacts their relationship with healthcare professionals."

"To see it from their perspective and put myself in their shoes."

"I thought this was an excellent introduction and will be very helpful with improving insight for professionals"

"That providing a platform for them to talk without judgement will reduce the barriers."

"All of the information taught will help improve my engagement with Gypsy, Roma and Traveller people."
"I learnt that mental health is a taboo subject and may be more helpful to use the term 'nerves'"
"Significance of same gender staff when talking about personal information. Understanding why a client of ours always brings her Aunt to appointments which we

couldn't understand why. Also useful to know that using the term mental health is likely to cause worry/concern"

"gaining trust and being respectful, and also curious regarding their culture and preferences of engaging with services"

"take time to build trust and don't make assumptions"

"why the Roma community do not always access antenatal care as it is not classed as health problem. The impact past treatment has affected the engagement of these communities"

"I had not realised there was a language barrier"

"the biggest thing for mw was thinking about expectations placed on people when they encounter health / social care and how these cannot be appreciated by people who have very different cultural norms"

"to try and work out different ways f reaching the communities"

"how videos would require data to watch and therefore this could still mean people are being left without information"

"age differences could cause a lot of stigma and discomfort when communicating between the generations. That's very helpful for me to know when speaking to young carers who are possibly helping with translation"

Feedback after 6 months

We gained permission from attendees to contact them after 6 months to give them plenty of time to have engaged with Gypsy, Roma and Traveller people and put the learning into practice. 83 attendees (20%) responded after 6 months and reported many positive stories:

Some examples of the impact and changes to practice reported after 6 months included:

"I have sent a 'did you know?' document to all children's services"

"I have written an equalities and outcomes blog which references this training"

"I have suggested a Romani translator to a GP to help communicate with Roma patients"

"I found most of the information important to use in future practice." "We have begun to make changes in a) our vocabulary / language around mental health and b) recruitment techniques avoiding printed word and take the time to build relationships."

"supported colleagues better, challenged preconceptions with evidence gleaned from the training"

"am now actively involved with CUH EDI meetings and I have attended engagement events in their local communities"

"it informed my thinking and advice as a manager with oversight of a project engaging with the GRT community"

"changed the way in which our council constitution functions to accommodate those without a fixed address"

"included cultural awareness training as part of working with families training"