

Brighton & Hove

Gypsy & Traveller Rapid Health Needs Assessment

December 2012



Sussex

Gypsy and Traveller Rapid Health Needs Assessment

Lead author

Dr Bryony Hughes, Clinical Lecturer in Global Health, Brighton and Sussex Medical School

This health needs assessment was produced during a placement in the Public Health Directorate, NHS Sussex (Brighton and Hove)

Acknowledgements

All members of the Steering Group. See Section 3.3 for more details.

The peer researchers: Avril Fuller and Marya Soudani, Friends, Families and Travellers.

All community members and professionals who participated in the needs assessment.

Everyone that advised and commented on the methodology and content of the report.

Table of Contents

List of Tables	4
1. Introduction	5
2. Purpose	6
3. Methodology.....	6
4. Population.....	9
5. Legislation, policy and evidence.....	9
6. Description of local services.....	11
7. Findings.....	12
8. Recommendations.....	20
9. Key contacts	24
10. Key supporting documents	25

List of Tables

Table 1: Summary of commissioner-provider relationships of Traveller specialist health services

Table 2: Determinants of Traveller health

Table 3: Priority health conditions for local Traveller population

Table 4: Barriers to Travellers accessing health services in Brighton & Hove

Table 5: Facilitators of Travellers accessing health services in Brighton & Hove

Table 6: Challenges faced by health professionals in delivering quality healthcare to Travellers

1. Introduction

Research has shown that Gypsies and Travellers are the most disadvantaged ethnic group in the country experiencing significant inequalities in their health outcomes, particularly around life expectancy, infant mortality and maternal mortality¹. Studies have reported that the life expectancy of Gypsies and Travellers is between 10-50% lower than the general population.^{2,3}

From national research, we know Gypsies and Travellers face a number of barriers in accessing health services, but, as identified by the Brighton & Hove Traveller Commissioning Strategy, local knowledge is limited.

Although Brighton & Hove has fewer Travellers per capita than would be expected for the population of the city, the lack of suitable stopping places means Travellers are four times more likely than the national average to be on an unauthorised site. This is significant as the lack of facilities for sanitation, rubbish disposal, clean drinking water or electricity on unauthorised sites is recognised as an important determinant of health.⁴

Nationally, it is estimated that two thirds of Travellers live in bricks and mortar housing, but it is thought a smaller proportion of Travellers live in bricks and mortar housing in Brighton & Hove. It is important to identify the needs of different Traveller populations as there is some evidence to suggest that moving into housing can have an adverse effect on health, especially mental health, and that Travellers living in a house are more likely to have a long term illness, poor health state or anxiety.⁴

1.1 Traveller Commissioning Strategy 2012

The Brighton & Hove Traveller Commissioning Strategy⁵ highlights the need to improve access to health and other support services for Gypsies & Travellers in the city (Goal 5).

The Commissioning Strategy action plan recommended that a specific needs assessment on the health and wellbeing of Traveller communities in Brighton & Hove (Objective 5.1) is conducted to inform the development of an action plan by service commissioners for improving access to healthcare services for Gypsies and Travellers (Objective 5.2). These recommendations were informed by the findings of review conducted by the Environment and Community Safety Scrutiny Committee.⁶

¹Parry G, Van Cleemput P, Peters J, Walters S, Thomas K, Cooper C. Health status of Gypsies and Travellers in England. *Journal of Epidemiology and Community Health*, 61(3), 198-204, 2007.

²Barry J, Herity B, Solan J. *The Travellers' health status study, vital statistics of travelling people, 1987*. Dublin: Health Research Board.

³Baker, M. *Leeds Baseline Census 2004-2005 Gypsies and Travellers*. Leeds: Leeds Racial Equality Council

⁴Atterbury J. *Fair Access for All? Gypsies and Travellers in Sussex, GP Surgeries and Barriers to Primary Healthcare*. Friends, Families and Travellers, 2010. Available from: <http://www.gypsy-traveller.org/resources/documents/>

⁵Brighton & Hove City Council. *Traveller Commissioning Strategy 2012*. Available from: <http://bit.ly/OcPXER>

⁶Brighton & Hove City Council. *Traveller Strategy Scrutiny Panel Report: Volume 1*. March 2012. Available from: <http://www.brighton-hove.gov.uk/index.cfm?request=c1269414>

1.2 Permanent site

Following the publication of the Traveller Commissioning Strategy, Brighton & Hove Council announced a proposed location for a 16-pitch permanent Traveller site.⁷ The Department of Communities and Local Government has provided the Council with a grant to develop the site, and Travellers will be expected to pay rent and Council tax. Addressing Travellers' accommodation needs is expected to improve their access to local health & education services and reduce the number of unauthorised encampments in Brighton & Hove.

1.3 Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) provides an overview of the health and wellbeing needs of the local population and is used to identify commissioning priorities that will improve outcomes and reduce health inequalities. The 2012 JSNA summary⁸ highlights that the Traveller community have poor health outcomes in comparison to other groups living in socially deprived areas, and also emphasizes the significant gaps in our knowledge around Traveller health.

2. Purpose

The objectives of the health needs assessment were to:

1. Explore how Gypsies & Travellers access mainstream and specialist health services
2. Identify unmet health needs among Traveller communities
3. Identify areas of good local practice
4. Produce recommendations on how to improve access to health & other support services
5. Summarise commissioning and provider relationships for specialist health services

The report will be used to inform the Clinical Commissioning Group and other local authority commissioners on priority areas for addressing the needs of Gypsies and Travellers. In addition, it will form part of the evidence on Travellers' health needs for the Joint Strategic Needs Assessment.

3. Methodology

3.1 Primary qualitative research

Primary qualitative research was conducted to address gaps in knowledge about the health and wellbeing of the Traveller communities in Brighton & Hove. Owing to time and resource constraints, the primary research focused on access to mainstream primary care services and specialist health services provided in the community. Findings from previous primary research project were used to inform our understanding of access to urgent care services in Brighton & Hove.⁹

Public Health worked in partnership with two peer researchers employed by Friends, Families and Travellers (FFT) to conduct 15 semi-structured interviews with local Travellers.

⁷Brighton & Hove City Council. Press Release 'New Traveller site to boost neighbourhood relations'. 7 March 2012. Available from: http://www.brighton-hove.gov.uk/index.cfm?request=b1149084&action=show_pr&id=275105

⁸Brighton and Hove Joint Strategic Needs Assessment 2012 <http://www.bhlis.org/jsna2012>

⁹Hall V, Fuller A, Soudani M. Gypsies' and Travellers' experience of using urgent care services within NHS Brighton & Hove boundaries, 2009.

Public Health conducted semi-structured interviews with five GPs (Morley Street Health Centre, Avenue Surgery, St Peters Medical Centre, Carden and Warmdene Surgery) and seven other professionals (Specialist health visitor, Specialist midwife, FFT outreach workers, Traveller Liaison Team, Traveller Education Team) who work directly with the Traveller communities in Brighton & Hove.

The interviews were analysed using thematic analysis. The lead researcher (BH) worked with public health colleagues to analyse the interviews with service providers and worked with the peer researchers to analyse the interviews with Travellers.

The project was reviewed and given a favourable ethical opinion by the Brighton & Sussex Medical School Research and Governance Ethics Committee.

3.2 Secondary research

In addition to primary qualitative research, the author reviewed academic and 'grey' (i.e. not formally published in an academic journal) literature on the health of Traveller communities in the UK. There is limited research quantifying the health needs of the population or evaluating how effective strategies are in improving outcomes or reducing inequalities.

3.3 Members of the steering group

A steering group for this project included representatives from the Traveller community, Public Health, FFT, Brighton and Hove Council, and the relevant NHS Commissioners.

Traveller community

Avril Fuller and Marya Soudani worked as peer researchers and conducted interviews with the Gypsy & Traveller communities in Brighton & Hove. Previously, Avril and Marya worked with Professor Val Hall from University of Brighton to produce the 'Gypsies' and Travellers' experience of using Urgent Care Services' report⁹.

Public health

- Becky Woodiwiss, Health Promotion Specialist in the Communities & Resilience team, is the lead ongoing contact between FFT and Public Health.
- Bryony Hughes (BH) worked specifically on the health needs assessment. Bryony is a clinical lecturer in global health and works part-time with Public Health. She conducted the interviews with service providers and worked with Avril & Marya to analyse the interviews with the Gypsies & Travellers.
- Alistair Hill, Consultant in Public Health, oversaw the work done on the JSNA and supervised BH.

Friends, Families and Travellers

FFT is a national organisation based in Brighton that seeks to address the problems facing the Gypsy and Traveller community. We worked in close partnership with Lisa Bruton (Policy Officer) and Zoe Matthews (Strategic Health Improvement Manager) from FFT.

Brighton & Hove City Council

- Jonathan Fortune represented the Traveller Liaison Team. The Traveller Liaison Team provides support to those living a nomadic lifestyle within the city and encourages them to access services such as health and education.
- Andy Staniford, Housing Strategy Manager
- Sarah Tighe-Ford, Equalities coordinator
- Mary Evans, Head of Equalities & Inclusion

Clinical Commissioning Group

- Ramona Booth, Head of Planning & Delivery for Clinical Commissioning Group
- Jane Lodge, Patient Engagement lead at Clinical Commissioning Group

NHS Sussex

- Phil Seddon, Lead on Equalities for NHS Sussex

The responsibilities of the steering group were to:

- Provide advice on the design and conduct of the project
- Provide contacts to facilitate the project process
- Comment on the draft report
- Agree on final recommendations
- Advise and participate in the dissemination of the final report

The steering group held two meetings during the process – They met first in June to review and agree on the proposed aims and methods, and again in September to review the findings and agree on the final recommendations.

In addition, papers were sent to Geraldine Hoban, Chief Operating Officer for the Brighton and Hove Clinical Commissioning Group.

3.4 Strengths

The rapid health needs assessment involved rigorous academic research, and has collected detailed qualitative data from Travellers and service providers. The findings provide further understanding of the needs of the local Traveller population as well as identifying areas of good practice and opportunities for improving service delivery in the future.

Recognising that Gypsies and Travellers are a heterogeneous population with diverse needs, interviewees were selected through purposive sampling to represent the population and the core health topics. Data analysis was iterative and interviews continued until data saturation was reached, i.e. when themes were recurring. We are confident that the interviews have captured the most important views of the different Traveller communities.

3.5 Limitations

While the project provides valuable new insights into Traveller health, it is not a comprehensive health needs assessment. For example, owing to limited time available, the researcher was not able to interview all of the relevant stakeholders nor was able to explore issues of funding & cost-effectiveness.

There is limited data available on the health needs and service use of Travellers in Brighton & Hove. Primary qualitative research was used to collect data on the perceptions of Travellers and service providers, but for effective service planning, it would be beneficial to also have additional quantitative data. This needs assessment does not provide new data on the number of gypsies and travellers living locally.

Triangulation is used in qualitative research to increase the credibility and validity of the findings. While we have not had the time or the resources to use additional research methods to triangulate our findings, we sought feedback on the recommendations from both Travellers and service providers. In addition, data analysis involved colleagues in Public Health (service provider interviews) and the peer researchers (Traveller interviews).

There was potential bias in the conduct and analysis of the interviews. For example, the lead researcher is medically trained, and was aware of potentially interpreting Travellers' accounts from the perspective of a health professional rather than as a researcher. In addition, while it was important to use peer researchers to gain access to the community, the proximity to the population may have biased interpretation of the data.

4. Population

There is no definitive data on the number of Gypsies and Travellers in Brighton & Hove.

A national Caravan Count is carried out on behalf of the Government. In January 2011 it was reported that there were 60 caravans in the City. It is estimated that 146 Travellers in 46 households were living in these caravans.⁵

The 2011 Census recorded data on those who identified themselves as Gypsies and Travellers for the first time however it is recognised that Gypsies and Travellers are often reluctant to disclose their ethnicity for fear of discrimination.

It is acknowledged that Travellers' ethnicity is not routinely recorded in health records, and this limits our ability to analyse health needs and service use.

For further information on the different Traveller groups, please consult Section 2 of the Traveller Commissioning Strategy.⁵

5. Legislation, policy and evidence

Nationally, the Government is committed to tackling health inequalities as part of its agenda on fairness and social justice, and the NHS constitution now includes a commitment to promoting equality in health outcomes and access to health services. In 2010, the Government established the Inclusion Health programme to improve health outcomes and access to health services among

socially excluded groups, and set up a Ministerial-working group to specifically focus on the inequalities experienced by Gypsies and Travellers.^{10,11}

Under the 2012 Health and Social Care act, the National Commissioning Board and the clinical commissioning groups (CCG) have a duty to address inequalities in health outcomes and in access to health services.

5.1 Costs

Nationally, health inequalities cost the taxpayer in England £31 to 33 billion per year in productivity losses, £20-32 billion per year in lost taxes and higher welfare payments, and £5.5 billion per year in additional NHS healthcare costs.¹² To our knowledge, there has been no economic analysis of the costs associated with the health inequalities experienced by the Traveller population in the UK, and it is difficult to estimate the financial impact of Travellers' health needs locally.

5.2 Evidence of effectiveness of strategies for addressing needs

As with many vulnerable groups, the evidence on successful interventions for Travellers remains weak. Recognising that those responsible for Joint Strategic Needs Assessment and commissioning will need information to guide decision-making on which services to commission, the Department of Health is working with the UCL Institute of Health Equity and the Inclusion Health working groups to address gaps in the research.

5.3 Local evidence

In the past few years, local research has looked specifically at oral health, the use of urgent care services, and domestic & sexual violence among Travellers in Brighton & Hove.^{9,13,14} In addition, FFT published a report, 'Fair Access for All?' about the barriers to primary healthcare across Sussex, and West Sussex published a needs assessment of Health & Social Care of Travellers in October 2010.^{15,16} Given the fluidity of Travellers' movements across the county, the findings from this report are highly relevant to Brighton & Hove. All of the reports have highlighted the poor health outcomes of the Traveller population, and have stressed the importance of cultural awareness training and outreach in improving Travellers' access to health services.

¹⁰Department for Communities and Local Government. Progress report by the ministerial working group on tackling inequalities experienced by Gypsies and Travellers. April 2012. Available from:

<http://www.communities.gov.uk/publications/planningandbuilding/mwgreporttravellers>

¹¹Cabinet Office Social Exclusion Task Force. Inclusion Health – Improving the way we meet the primary health care needs of the socially excluded. March 2010. Available from: www.cabinetoffice.gov.uk/media/346571/inclusion-health.pdf

¹²UCL Institute of Health Equity, 2012.

¹³Friends, Families & Travellers. A Collaborative Programme to Improve the Oral Health of the Gypsy and Travelling Communities in Sussex. June 2010. Available from: www.gypsy-traveller.org/wp-content/uploads/oral_report.pdf

¹⁴Brighton & Hove city council. Improving outcomes for Gypsies and Travellers experiencing domestic and sexual violence. July 2012. Draft still under review

¹⁵Office of Public Management. Health and Social Care Needs of Gypsies & Travellers in West Sussex. October 2010.

¹⁶Friends, Families & Travellers. Fair Access for all? Gypsies and Travellers in Sussex: GP surgeries and barriers to primary healthcare. August 2010. Available from: www.gypsy-traveller.org/pdfs/fair_access_health.pdf

6. Description of local services

Travellers are able to access all mainstream health services in Brighton & Hove, and there are a number of specialist Traveller services including: a health visitor, midwife, health trainers, outreach health workers and a weekly Traveller women's drop-in clinic.¹⁷ The table below summarises the commissioning and provision of these services.

Table 1: Summary of commissioner-provider relationships of Traveller specialist health services

Local service	Role	Provider of service	Full time equivalent (FTE)	Commissioner of service	Funding details
Specialist health visitor	To assess the needs of BME families, to provide health advice & child developmental checks, and to refer people to mainstream services where necessary.	Sussex Community NHS Trust	0.8 FTE With approximately 30% time spent working with Travellers	Anita Finlay, Commissioner for Children's services, NHS Sussex	Within Health Visitor contract, Sussex Community NHS Trust
Specialist midwife	To facilitate socially excluded groups (i.e. substance users, homeless and Travellers) in accessing antenatal care services and to support them during pregnancy and childbirth.	Brighton and Sussex University Hospital NHS Trust	0.8 FTE With estimated 20% of time spent working with Travellers	Kathy Felton, Commissioner for Maternity services, NHS Sussex	Within Maternity Services contract
Health trainers scheme	To provide training to community members to enable them to support Travellers in making lifestyle changes &	Friends, Families and Travellers (FFT)	10 hours a week	Becky Woodiwiss, Health Promotion Specialist, Public Health, NHS Sussex	£12,000 annually until March 2014

¹⁷The weekly drop-in clinic used to be held at Moulsecoomb Children's Centre and was an opportunity to discuss a range of health issues. The service was suspended over the summer owing to the mobility of the Traveller population, but will re-start in the Autumn if there is sufficient interest from Travellers.

Local service	Role	Provider of service	Full time equivalent (FTE)	Commissioner of service	Funding details
	improving their health.				
Outreach health workers	To provide information & advice to Traveller communities on how to look after their health, and how to access health services, including registering with GPs.	FFT	2 FTE Community Development workers who work across Sussex	Reaching Communities programme from Big Lottery Fund	Reaching Communities programme until March 2013
Mental Health Outreach	Support and signposting	FFT	17.5 hours a week across Sussex	Lankelly Chase charitable foundation	Lankelly Chase Foundation until March 2014
Weekly Traveller women's drop-in clinic	To provide an opportunity to discuss health issues, and to provide health education	Delivered jointly by health visitor, midwife & outreach health workers	n/a	Various	

In addition, there is a Traveller Liaison Team and Traveller Education Team employed by Brighton & Hove City Council to deliver support for those in the city that live a nomadic lifestyle. While these teams do not deliver health services directly, they play an important role in signposting Travellers to the relevant health professionals and services.

7. Findings

7.1 Determinants of health

In 2010, the Marmot review reviewed the most effective strategies for reducing health inequalities and highlighted the importance of addressing the social determinants of health. Locally, the interviews identified the following determinants as influences on Traveller health. As with health conditions, it has not been possible to quantify the size or impact of the determinant factors from the data available.

Table 2: Determinants of Traveller health

Determinant factors		
Social	Stress	Associated with evictions and the constant need to move on. Stress impacts on health and acts as a barrier to accessing health services.
	Isolation	Housed Travellers are reported to feel isolated and 'stuck between two worlds'.
	Stigma & discrimination	Travellers experience stigma and discrimination from institutions and the general public.
	Adaptability & resilience	Travellers gave examples of individual strength, determination & resilience.
	Gender roles	Women are responsible for family health, but often do not have access to transport to get to appointments, and do not make the decision about when it is time to move on.
	Literacy	Travellers are intimidated by filling out forms to register at GP surgeries. They also have difficulty reading & understanding health information i.e. about medicines & their side effects.
Economic	Employment	There is a shortage of job opportunities for men, particularly in the current economic climate. Access to employment is further disrupted by the need to move on every six weeks.
	Access to education	Access to education can be disrupted by evictions and the need to move on. Travellers often discontinue school from their early teens. However, local schools reported to be 'very effective' at addressing discrimination towards Travellers and promoting understanding of their culture.
Environmental	Water & sanitation	Travellers report a lack of toilet and wash facilities at temporary sites. This is highlighted to be a particular issue for children when inviting non-Travellers to visit, teenage girls embarrassed at menstruation, and new mothers who need to be able to wash as part of postpartum care.
	Waste disposal	Travellers report waste disposal facilities at temporary sites are very good with regular collections.

	Warmth	Keeping warm is a particular concern for older Travellers living in caravans.
	Transport	Women have difficulty accessing local services owing to lack of access to transport during the day. For example, Travellers can access funded nursery places but women are unable to get their children to the nurseries when men are out at work.
Lifestyle	Smoking	High rates of smoking are reported. Service providers are particularly concerned about smoking among pregnant women.
	Diet	Diet is reported to rely heavily on processed and ready-made meals.
	Breastfeeding	There are low rates of breastfeeding reported. One service provider said, 'I have never come across a Traveller who breastfeeds'.
	Sun-beds	There is a high use of sun-beds among young women. Also reports of use of illegal tanning injections.

7.2 Health and wellbeing needs and outcomes

As with other vulnerable minority groups, Gypsies and Travellers have a range of health needs that are exacerbated by social factors. A summary of the national research on the health of Gypsies and Travellers is available in the Traveller Commissioning Strategy.¹ Locally, Travellers and service providers identified the following health conditions as priorities. From the data available, it is not possible to quantify the size or impact of the health conditions on the local population.

Table 3: Priority health conditions for local Traveller population

Health Conditions	Examples
Oral health	Service providers described poor dental health among the local Traveller communities with many children having large numbers of teeth extracted. The interviews attributed the poor dental health to high consumption of fizzy drinks and to poor oral hygiene practices.
Obesity	Interviews described a high prevalence of obesity, particularly among women and children. One service provider described both health and social effects of obesity on Traveller children (i.e. bullying). Obesity was seen to result from the shift to a diet that relies on processed or takeaway foods that are quick and easy to prepare.
Alcohol & substance use	Service providers reported the rate of alcohol consumption and substance use to be a particular concern among New Travellers. In addition, two of the GPs described the complex needs and mental health consequences associated with alcohol and substance use.
Mobility issues in older people	The health needs of older Travellers were described in only a few interviews. However, one service provider described how challenging it was for older Travellers to manage the pain and limited mobility associated with arthritis when living in caravans.
Mental health	Depression was reported to be high among the local Traveller communities. For men, there is an expectation for them to provide for their family, but in the current economic climate, it is difficult for them to find stable employment and a regular income. For women, their carer responsibilities and social isolation on the sites are considered to be the main risk factors for depression. Finally, it was reported that housed Travellers were also vulnerable to depression owing to 'being stuck between two worlds' and isolated from traditional social support networks.
Recurrent urinary tract infections & constipation	Interviews with Travellers and service providers reported high incidence of recurrent urinary tract

	infections and chronic constipation. This was considered 'normal' and was attributed to mobile Travellers having limited access to toilet facilities.
Miscarriage & stillbirth	The interviews described a high rate of miscarriage and stillbirth among the local Traveller communities. This was a particular concern among mobile Travellers as they had difficulties in accessing bereavement support services.
Developmental disorders	Some of the service providers reported the complex needs associated with developmental disorders and described the challenges in accessing the appropriate services for mobile Travellers.
Chronic disease, i.e. diabetes, cardiovascular disease	The service providers found it difficult to comment on the prevalence of chronic disease among the Traveller population, but reported that there was limited capacity among providers to effectively address chronic disease and also low uptake of preventive services by Travellers.
Cancer	One service provider interview described high levels of fear around testicular cancer. A Traveller was reported to have died recently. Lung cancer was also described to be a concern owing to high smoking prevalence.

Ageing

The service providers reported having limited contact with older Travellers. This was attributed to limited capacity to address chronic health conditions and to proactively reach out to hard-to-reach groups. The peer researchers described limited mobility and warmth to be the main concerns for older Travellers living on sites, but that they would not ask for additional support for fear of being a burden on their families.

Interviews with Travellers reported that there are no elderly Travellers, but that Travellers age early and are considered old in their 50-60s. From the data available, we do not know what happens to Travellers as they age in terms of life expectancy, social support and housing.

7.3 Access to health services

Travellers' complex health needs make it difficult to access health services and navigate the health system. Furthermore, many Travellers' have low health aspirations, poor expectations of services, and limited opportunities for choice.

National research has found that common challenges faced by Travellers in accessing primary care services include being unable to register without proof of identity or permanent address, poor literacy making it difficult to navigate the system, anticipated discrimination from health services, health professionals not understanding the health beliefs and lifestyle of Traveller communities, and mobile Travellers relying on urgent care services.^{18,19}

¹⁸Cemlyn et al. Inequalities experienced by Gypsies and Travellers: A review. Equality & Human Rights Commission, 2009

The interviews found that many of the barriers to Travellers accessing health services in Brighton & Hove were similar to national findings.

Table 4: Barriers to Travellers accessing health services in Brighton & Hove

Access to health services: Barriers	
Prejudice – real & anticipated	Travellers report hostile attitudes from receptionists & do not believe they will be accepted at GP practices. They express frustration at not being able to access their entitlement to health services. Travellers also report what they believe to be negligent practice by doctors. They feel their concerns are not listened to or properly investigated.
Fear of social services involvement	Travellers are reluctant to access health services for fear of social services involvement and having children taken away
Lack of confidence in engaging health services	This applies to all Travellers. It was reported that housed travellers find it difficult to access health services despite having a permanent address
Waiting lists	This is a barrier for mobile Travellers who may have moved on before getting an appointment. One example given by Travellers was the waiting time experienced for counselling services.
Registration process at GP practices	Receptionists act as ‘gatekeepers’. Travellers report that they need literacy & proof of identity/permanent address for registration.
Traveller’ health beliefs	<p>Travellers reported to have low expectations for their health status and are fatalistic about what is going to happen to them.</p> <p>There is a stigma attached to accessing health services. Men will not go to the doctor unless faced with life-threatening condition.</p> <p>Travellers also appear to value investigations over clinical examinations.</p>
Drop-in services	Travellers are reported to rely on A&E and other walk-in services (i.e. Morley St and Station walk-in). Access to family planning services is reported to be good.

¹⁹Van Cleemput, P. et al. Health-related beliefs and experiences of Gypsies and Travellers: a qualitative study. *Journal of Epidemiology and Community Health*, 2007; 61 (3): 205-210

However, the interviews also identified several examples of good practice, and the Travellers overall gave positive feedback about the specialist services they receive.

Table 5: Facilitators of Travellers accessing health services in Brighton & Hove

Access to health services: Facilitators	
Engaging with key members of family	Where there is fear or reluctant about accessing services, Travellers reported that it is beneficial to engage with extended family and get their support.
Flexibility	Both Travellers and service providers reported the value in flexibility, for example, allowing multiple family members to attend GP appointments
Outreach services	Specialist service providers view outreach as essential for identifying Travellers' health needs and encouraging access to health services.
Established relationship with provider	Travellers gave positive feedback about specialist providers, i.e. specialist midwife 'extremely well-liked and trusted' and Traveller Education team seen as 'pretty understanding'.
Role of community health workers	Support workers from Friends, Families & Travellers signpost to services, accompany Travellers to appointments, and explain health information. Service providers felt it would be valuable to have male health trainers.
Communicating by telephone	Travellers have mobile contact numbers for specialist providers, which is reported to facilitate accessibility.
Drop-in services	Travellers reported to rely on A&E and other walk-in services (i.e. Morley St and Station walk-in). Access to family planning services is reported to be good.

7.4 Effective service delivery

The interviews identified a number of challenges faced by health professionals in delivering quality healthcare to Traveller communities:

Table 6: Challenges faced by health professionals in delivering quality healthcare to Travellers

Challenges to effective service delivery	
Engaging hard-to-reach groups	The Traveller patient population is predominantly made up of women and children. Service providers report low level of contact with men and older people.
Limited capacity	Service providers' time is taken up addressing Travellers' acute needs, and there is inadequate capacity to address chronic conditions (i.e. care needs for older people, preventive services).
Low uptake of preventive services	When preventive services have been offered, there has been low uptake by Travellers, possibly because they do not appreciate the health benefits.
Uncertainty over immunisation history	GPs report being uncertain of immunisation history when Travellers do not attend with their 'red books' (also known as personal child health records), and err on side of caution rather than risk giving a duplicate.
Antenatal care	Travellers tend to present to services at a late stage. While hand-held maternity notes work well, child protection and substance use notes are kept separately, and it is not possible to access notes from previous pregnancies.
Continuity of care	It is difficult for health professionals to make referrals or follow up appointments when Travellers move on regularly and do not have a postal address.
Use of medications	Service providers report issues around compliance with medications and not understanding side effects. GPs report that there is an expectation to prescribe medications even when not indicated.
Child protection	GPs raised concerns about not being able to follow up on issues around child protection when have one-off contact, i.e. At-risk register states child is registered at GP practice but GP only seen family once.

8. Recommendations

Drawing on findings from primary and secondary research, the following strategies are proposed to address the health inequalities experienced by Travellers in Brighton & Hove. It is recognised that while it is feasible for many of the recommendations to be implemented by local Commissioners, others will need regional or national leadership.

- 1. Outreach health services:** Currently, outreach health services are provided by the specialist midwife, the specialist health visitor and FFT outreach health workers. While providing a highly valuable service, the interviews identified that there is not enough capacity to engage with hard-to-reach groups such as men, older people and single Travellers.

In addition, interviews with service providers revealed that there is low uptake of preventive services and a high prevalence of smoking, obesity and alcohol misuse. To increase access to primary and secondary prevention interventions, both Travellers & service providers recommended expanding existing outreach health services. This could be achieved in a number of ways:

- a. Ensure there is a room suitable for clinical use on the permanent site:** With plans for the permanent site currently under review, there is an opportunity for Commissioners to recommend that a room suitable for clinic use is integrated into the new site facilities. If the proposal was approved, the Commissioners would need to determine what services were delivered from the room and whether the facility was for use by residents on the permanent site only.
- b. Develop a mobile clinic service across Sussex:** While a mobile clinic could significantly increase Traveller access to primary health care, the Steering group felt that such an initiative would only be financially viable if delivered in partnership with East and West Sussex. It was suggested that health promotion activities targeting children (for example, promoting a healthy diet and encouraging good oral hygiene) could be delivered via the Brighton & Hove playbus.
- c. Consider transport arrangements for women and children:** When men are out at work, women are often left on the site without any transport and are unable to take their children to nursery, school or clinics. It was suggested that transport arrangements should be considered for women and children to attend specific clinics at the local assigned GP surgeries.
- d. Appoint a nurse practitioner as an additional outreach health worker:** The steering group suggested appointing a specialist Traveller nurse practitioner to focus specifically on addressing chronic conditions (including preventive services) and the needs of hard-to-reach groups. It was thought that the nurse practitioner could do some outreach work, but would primarily be based at a GP surgery that works closely with local

Travellers. It is noted that there are two practice nurses at Morley Street, but that currently neither do site visits.

- e. **Integrate vocational skills training delivered by male Travellers into health promotion activities:** Interviews with Travellers and service providers confirmed that there is low uptake of health services by male Travellers. This is thought to be due to the traditional gender roles in Traveller communities and the resulting stigma associated with help-seeking behaviour. The two peer researchers and other colleagues at FFT advised that it would be difficult to recruit a male Traveller to work as a health trainer or outreach health worker. They instead recommended developing a Traveller-led vocational-skills training scheme, and only integrating health promotion activities when there is established buy-in from the community. This initiative could also increase the likelihood of future employment, which was identified as a cause of significant stress in the interviews with Travellers.

2. GP services

- a. **Identify one to two GP surgeries that are well-positioned to be models of good practice for primary health care service delivery:** Rather than aiming to develop Traveller services at every GP surgery, the Steering group thought it was more feasible to focus on one to two surgeries that are well-positioned to be models of good practice for primary health care service delivery (for example, Morley Street, Carden or Warmdene) by developing specialist knowledge and understanding of the needs of the population (including how best to deliver preventive services).
- b. **Provide Traveller-led cultural awareness training for health professionals and administrative staff at the identified GP surgeries:** Interviews with Travellers revealed that real and/or perceived prejudice acted as a significant barrier to accessing GP services. For example, Travellers reported hostility from receptionists when they tried to register or make an appointment. Interviews with service providers and Travellers recommended cultural awareness training for health professionals and administrative staff to address racial prejudice.
- c. **Develop a wallet-sized card for Travellers to present to receptionists:** Travellers reported difficulty in registering at GP surgeries and recommended a card that could explain their needs (i.e. unfamiliarity with health services, low literacy) and the protocol for registering individuals with no proof of identification or fixed address. The Steering Group felt that such an initiative could be of use to other socially excluded groups, such as asylum seekers, refugees and homeless individuals.
- d. **Promote collaboration between identified GP surgeries and specialist providers:** Interviews with specialist providers described examples of good collaboration with referrals being made between different providers. While GPs reported being aware of some of the specialist Traveller health services, for the most part they do not have a close working relationship with them. It was suggested that identified GPs work more closely with specialist providers as this could facilitate Travellers accessing GP services.

- e. **Consider ways to improve access to GP services:** Interviews with Travellers and service providers highlighted difficulties with making and keeping appointments at GP surgeries. Many of the interviews suggested that drop-in clinics could make primary care services more accessible to Travellers. GPs recommended that this would work best if clinics targeted specific age groups rather than being exclusively for Travellers, for example offering drop-in clinics for under-5s and/or young people. The Steering Group notes that drop-in clinics are associated with increased costs for GP surgeries and may only be of value in urban areas with a high population density.

3. Specialist health services

- a. Ensure Traveller specialist health services are able to be proactive in succession planning: Interviews with both Travellers and service providers showed that building trust with the Traveller community is instrumental in improving access to health services. However, establishing relationships can take many years, and there is a concern that the success of existing services depends on key individuals. It is recommended that succession planning begins early and involves a handover period.
- b. Commissioners to consider how to improve monitoring of Traveller specialist health services: Routine monitoring information was not available for this report. The Steering Group recommends that Commissioners consider how to improve the monitoring of Traveller specialist health services.

4. Communication and record keeping

- a. **Encourage GP surgeries and hospital trusts to widen the use of mobile phone technology to communicate with patients:** Service providers reported challenges with making referrals and follow-up appointments. Where Travellers do not have a permanent address, it is suggested that service providers use mobile phones and SMS messaging to communicate appointment times. Some GP surgeries and hospital services are already using mobile phone technology, and it is suggested that expansion of the initiative focuses on GP surgeries that are serving hard-to-reach populations.
- b. **Make health information accessible for those with low literacy:** Interviews with both Travellers and service providers highlighted that health information is often inaccessible to those with low literacy. In particular, interviews reported that Travellers often do not know how to take their medications. As recommended in the FFT report on barriers to primary health care¹⁵, it is important to involve Travellers in existing initiatives to make health information accessible to those with low literacy.
- c. **Evaluate the feasibility of piloting the use of handheld or shared electronic health records for Gypsies and Travellers:** Service providers described how challenging it was to deliver an effective service to mobile Travellers without access to past medical records. Handheld maternity records were reported to work well and may be a model to explore for mobile Travellers. It is relevant to note that the West Sussex needs assessment also recommended the use of patient-held records for the Traveller population¹⁴.

5. Public and patient engagement

- a. Create opportunities for dialogue between Travellers and health professionals by making Public & Patient Engagement processes more accessible to ethnic minorities and socially excluded groups:** Interviews revealed that Travellers sometimes have unrealistic expectations of GP services, and GPs often have limited understanding of Travellers' culture. Regular dialogue between health professionals and the Traveller community was suggested to promote greater understanding.

6. Improve ethnic monitoring

- a. Ensure that ethnic monitoring in health records is robust and systematic:** There is no definitive data on the number of Gypsies & Travellers in Brighton & Hove, and it is difficult to quantify their health needs and service use. The West Sussex needs assessment recommended that agencies work together across the county to ensure ethnic monitoring is consistent with the approach introduced by the 2011 census¹⁴. In addition, this report recognises that Travellers may be reluctant to make their ethnicity known to service providers for fear of discrimination. To build a strong evidence base, it may be necessary to work with the community to explain the role of the ethnicity data in potentially securing additional services.

9. Key contacts

NHS Sussex / Brighton and Hove Clinical Commissioning Group

Ramona Booth, Head of Planning & Delivery, B&H Clinical Commissioning Group (BHCCG) ramona.booth@nhs.net

Alistair Hill, Consultant in Public Health, NHS Sussex alistair.hill@brighton-hove.gov.uk

Bryony Hughes, Lead author, b.hughes@bsms.ac.uk

Jane Lodge, Engagement lead, BHCCG jane.lodge1@nhs.net

Phil Seddon, Lead on Equalities, NHS Sussex, p.seddon@nhs.net

Becky Woodywiss, Health promotion specialist, NHS Sussex Becky.Woodiwiss@brighton-hove.gov.uk

Friends, Families and Travellers (FFT)

Lisa Bruton, Policy officer, lisa@gypsy-traveller.org

Avril Fuller, Peer researcher/Outreach worker, avril@gypsy-traveller.org

Zoe Matthews, Strategic Health Improvement Manager, zoe@gypsy-traveller.org

Marya Soudani, Peer researcher/Outreach worker, marya@gypsy-traveller.org

Brighton and Hove City Council

Mary Evans, Head of Equalities & Inclusion, BHCC Mary.Evans@brighton-hove.gov.uk

Jonathan Fortune, Traveller Liaison Team, BHCC Jonathan.Fortune@brighton-hove.gov.uk

Andy Staniford, Housing Strategy Manager, BHCC Andy.Staniford@brighton-hove.gov.uk

Sarah Tighe-ford, Equalities coordinator, BHCC sarah.tighe-ford@brighton-hove.gov.uk

10. Key supporting documents

Brighton & Hove City Council. Traveller Commissioning Strategy 2012. Available from: <http://bit.ly/OcPXER>

Brighton & Hove City Council. Traveller Strategy Scrutiny Panel Report: Volume 1. March 2012. Available from: <http://www.brighton-hove.gov.uk/index.cfm?request=c1269414>

Friends, Families & Travellers. A Collaborative Programme to Improve the Oral Health of the Gypsy and Travelling Communities in Sussex. June 2010. Available from: www.gypsy-traveller.org/wp-content/uploads/oral_report.pdf

Friends, Families & Travellers. Fair Access for all? Gypsies and Travellers in Sussex: GP surgeries and barriers to primary healthcare. August 2010. Available from: www.gypsy-traveller.org/pdfs/fair_access_health.pdf

Hall V, Fuller A, Soudani M. Gypsies' and Travellers' experience of using urgent care services within NHS Brighton & Hove boundaries. August 2009.

Office of Public Management. Health and Social Care Needs of Gypsies & Travellers in West Sussex. October 2010. Available from: www2.westsussex.gov.uk/ds/cttee/cs/cs140111i6.pdf