



**Healthwatch Southwark**

**Gypsy and Traveller Community Engagement Report**

May 2016

| Contents                                     |    |
|--|----|
| Background                                   | 3  |
| About the Contributors                       | 3  |
| Aim of the focus group                       | 3  |
| Findings                                     |    |
| - How Travellers find information            | 4  |
| - Access to GP Services                      | 5  |
| - Navigating health and social care pathways | 6  |
| - Cultural needs of Travellers               | 7  |
| - Summary of findings                        | 9  |
| Next Steps and Considerations                | 10 |

**Dates of focus groups:**

Tuesday 19<sup>th</sup> May 2015 - Springtide (Focus group at Sojourner Truth Community Centre mostly represented by Springtide residents and some from Ilderton)

Friday 20<sup>th</sup> November 2015 - Brideale

Monday 23<sup>rd</sup> November 2015 - Ilderton

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**Acknowledgements:**

Healthwatch Southwark would like to thank Southwark Travellers' Action Group (STAG) for working with us to plan different methods of engagement to allow as many voices as possible to contribute to this work. We would also like to thank them for coordinating access to Traveller sites in Southwark where possible and advising us on the best approach to encourage participants to contribute and participate.

**Disclaimer:**

Please note that this report relates to discussions that took place on the dates above. Our report is a summarised account of what was contributed at the time.

## **Background**

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Healthwatch Southwark (HWS) is an independent champion for the patient and public voice in improving health and social care services locally. We want people's good and not so good experiences to count towards improving services for everyone. We know that some groups, such as the Gypsy and Traveller community are 'seldom heard' and may face extra barriers in accessing quality healthcare. We therefore approached the Southwark Travellers' Action Group (STAG) to work with them to plan and deliver targeted engagement, in order to understand the experience of this group.

## **About the contributors**

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HWS spoke with Traveller women who reside in Traveller sites in Southwark, of which there are four: Springtide (Peckham), Brideale (Peckham), Ilderton (Bermondsey) and Burnhill (Peckham).

STAG actively works within the sites to offer advice, support and advocacy to local Travellers. It has developed a strong relationship with the community and as a newly independent organisation, is working to involve Travellers in all aspects of its work, including its governance.

We spoke to 10 women between the ages of 15 to 68 who currently live on-site or in bricks and mortar accommodation. Apart from the 15-year-old, all had children, and some grandchildren, of school-going age. 2 participants were

single, most were married and 2 did not want to comment on their marital status.

## **Aim of the focus group**

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- Understand the experiences of the Traveller community in **accessing health and social care services**
- Identify **needs specific** to this community
- Understand the **cultural context** and how it impacts on using services
- Identify the best way of engaging with the community or **getting information** through to the community

We planned 3 engagement sessions with the Traveller community through STAG:

- Tuesday 19 May: At Sojourner Truth Community Centre, attended by 5 people
- Friday 20<sup>th</sup> November: Traveller site in Brideale in Peckham, attended by 4 people
- Monday 23<sup>rd</sup> November 2015: Ilderton Road Site in Bermondsey, attended by 1 person

Discussions were led around how this community accesses information, what their experiences of accessing GP services and social care services are like, how they navigate health and social care pathways and how well the cultural needs of the Traveller community are identified by those who deliver and provide health services.

Upon gaining feedback from STAG around the use of written material and understanding the low levels of literacy in the community, we planned additional engagement activities using more accessible material to capture further experiences.



*make more enquiries for us and get to the bottom of it.”*

They also told us that *“people talk”* and that word of mouth is a powerful tool to share information - *“Word of mouth, sometimes the old remedies are the best ones so sometimes you don’t need a doctor. Sitting down and talking with someone can help you get through it yourself.”*

One person said that she would be open to receiving information by post, and five people said they would like to receive information from their GP:

- *“What works best for me, is if she [doctor] explains everything - I tell her I can’t read or write anything so there is no point giving me papers, but sometimes I might bring it back to the girls to read them for me anyway.”*
- *“I like to talk to people myself because I can’t read or write. If I do get one [leaflet] I have to bring them home to get one of these lot to read them for me, but if I really had to I’d like to talk to the person [doctor] myself.”*

Literacy was raised as an issue with older members of the community with most not being able to read and write. The younger generation can read and write and will help convey written information to their families.

Respondents said they were interested in finding out about changes to health services. They were aware that some of the walk-in clinics had now closed. When

## Findings

### How Travellers find information



We know that finding information can be difficult at times; we wanted to understand what the best way was for the Gypsy and Traveller community to access, receive and digest information.

Most women said they would like to receive information face to face and preferably through STAG or someone they knew well:

- *“Because they [STAG] work for Travellers...[they] know what we are talking about. Because if we can’t explain what we mean to other people [they won’t understand our problems]. Because it’s for Travellers and there’s Travellers working there.”*
- *“If I wanted more information, I would go to STAG and they will*

asked what they did when they needed to access out-of-hours services, all said that they go to A&E or that they would contact out-of-hours GP service (SELDOC).

### Access to GP services



We want to understand what it is like for the Gypsy and Traveller community to access their GP practices. We want to know what aspects have gone well or if there were any ideas about how to improve the service and experience at their GP surgeries.

### Getting an appointment

Many participants felt that GP practices had too many registered patients, which meant that people were not able to see their preferred doctor - “[We need] *More doctors, less patients*”, “*It’s impossible to get an appointment to see my GP.*”

### Interaction between Doctor and patient

When asked what interactions were like with the GP, we heard mixed responses. Some people were happy with their doctor - “*I feel very comfortable talking to my GP, if I get to see him!*” whereas some people said they didn’t feel listened to “*It’s like going into a military camp; you come out feeling ten times worse than when you went in*”, “*The doctor I see, seems really stressed, they don’t do any call outs anymore.*”

### Do people know what a GP surgery can offer them?

When asked about what other services were available at their GP surgery, besides seeing a doctor, participants’ responses were mixed. Some said they were unaware of what other services there were, and they felt the surgery could do more to inform patients -

“*There are no signs up [about what else is there]*”, “*They should highlight what they do in one leaflet - we haven’t got enough information I don’t think*”, “*There used to be a television, with doctors [at the practice] talking on there, they should have them say on there what they do.*” One person had a positive view about this and felt their GP surgery gave information and informed them of any changes - “*I really have no fault on them. If I have to move ten mile away tomorrow, I would have to come back to this doctor*”

### What services do people prefer to use?

Most participants stated that they were unhappy with the waiting times often required for appointments at their GP practices and said they would go to A&E if they couldn’t be seen by their GP:

- “*If you go to the doctor and they don’t see you, you go to the hospital and you will be seen..... Instead of arguing with the doctor ‘will you see us?’... ‘no’, ‘alright we will go to the hospital then’.*”
- “*The doctors, make an appointment with the doctor, then you go two weeks waiting to see her or him... that’s if you get one, and sometimes*

*you might even go over that. But then, if it's in an emergency and we need advice quicker, I'll go to hospital."*

- *"For an emergency obviously.... It's only in the last couple of years that this out-of-hours doctor's had opened, before that there was none so if my child was unwell I'd bring them to A&E... at Kings."*

Most participants regularly use their local pharmacy services for advice and over the counter medication - *"There is a man [chemist] around here [Peckham], he is very good. There is no point going round to the doctors and waiting, if he [chemist] gives you something and maybe in a day or so you will be alright and then you don't need to go to the doctor."*

Some people told us they weren't aware of urgent and emergency services, for example Guy's Urgent Care Centre - *"I didn't know about that, it's good to know"* and some had used the out-of-hours GP service (SELDOC) but felt they would prefer to go to A&E as some were referred there by SELDOC:

- *"[In an emergency we used to go to] the Lister Centre but that's closed down... The out-of-hours surgery in there, [name] has gone there with the children...and they told them to go to the Hospital."*
- *"I think it is a matter of trust, you have all the facilities there at A&E. You could go sit and wait in a clinic [GP or SELDOC] and still be told to go there... [A&E]."*

When asked if they would go to a counselling service at their GP practice for their mental health, there were mixed opinions amongst the participants. One woman talked of receiving Improving Access to Psychological Therapies (IAPT) service at her GP practice which she found useful, but another woman said *"no, we become the counsellors. We don't need counsellors to tell us we need counselling"*

### Navigating health and social care pathways



We know that sometimes a person will be seen by one professional, who will then send the person to another professional to deal with a particular health condition; we call this a 'pathway' or a 'patient journey'. We are interested to learn what this process is like for people. We asked the group to reflect on how they found their care or treatment when there is more than one team of professionals involved in their care.

Five participants had excellent feedback on communication between GP and hospital services - *"When I went in and had everything done, I had a letter from the hospital explaining everything to myself and to my doctor. So when I went back to the doctor [GP], I didn't have to explain anything to her because it was all on the system. Because sometimes you want to explain but you*

*don't know how to explain so it made a lot of difference."*

When asked about getting referred from GP to hospital service, some said the wait wasn't too long - *"I had a lump on my breast, was seen by my GP who sent a referral. I was seen by a specialist service within 4 weeks"* - whereas others had different experiences - *"You are supposed to wait 6 - 8 weeks for an appointment in the hospital but you are waiting for a lot longer."*

Most women commented on maternity services and believed women were being discharged from hospital too soon after giving birth. This was often people's only experience of being discharged from hospital. However, one person said she was pleased to go home soon after having her child as she felt she would get more support at home - *"After having my baby, I was asked if I would be able to go home because they needed a bed. I was happy to go; I couldn't be doing with hearing screaming babies with their parents not tending to them", [I would] get more help at home."*

They also felt the specialist Traveller health visitor service which was decommissioned was a big loss to women's health on sites - *"There used to be a Travellers' health visitor, she used to come to the site and see the mums and that to make sure the babies were up to date with their jabs. They stopped the money for it now, but it was good when she was there."*

## Cultural needs of Travellers



We wanted to know what would make it easier for the Gypsy and Traveller community to use health and social care services (or 'care in the community' services).

## Relationships with healthcare professionals

One person, with depression, said they liked seeing the same Doctor so that they don't have to keep repeating themselves. Another said that they get different messages about their health from different GPs which is confusing and can affect the diagnosis they receive.

All participants said they prefer to see female healthcare professionals for issues relating to their health but didn't mind if they were attending appointments with and for their children:

- *"We prefer a female doctor and there's not enough of them - good ones anyway."*
- *"It is a tradition for Traveller women to speak to female doctors... and you feel more comfortable."*
- *"I was in the hospital having my baby and the baby was breached. They called the doctor to have a look at me and when I saw it was a man, I hid in the toilets. It's the most embarrassing thing, but with a man it's worse."*

Trust and respect were mentioned as important to this community, therefore they preferred to see the same professionals that know them and understand their needs.

- *“I tend to see one doctor down there [at GP practice] I see that doctor and that doctor only. I know how to relate to her and her to me... it’s not because the other doctors are bad, it’s just I talk to her and I trust her.... sometimes it’s difficult, I have to wait for her [to be seen]”*
- *We have a lovely doctor [who] is Indian. He understands and says to me ‘hang on lady, let me get you a lady doctor’ because he knows straight away. To me because he has the same kind of culture we have, he respects it.”*

When asked if they had ever felt discriminated against for being a Traveller, all said they felt they were treated the same as others in a healthcare setting - *“Because you’re a Traveller, there’s none of that....no discrimination....At King’s anyway, definitely no way! There are all different orientations....different religions, cultures whatever it is.... One by one, if you are in the queue you are in the queue. King’s is a great hospital.”*

### Caring for family members

Everyone agreed that the older Traveller generation do not use residential care homes and that family play an important role in caring for their elders.

- *“They will be looked after in the Traveller community among*

*ourselves...[we] will take shares in taking care of someone.”*

- *“When it comes to dementia, some people will put them into a hospice or a home... well that doesn’t happen in a Traveller community, [we] will keep them on until their death bed.”*

Some people told us this could be challenging but that alternatives wouldn’t be considered - *“We look after our own parents... I share her care with my sister she goes from hers to mine [every week]. Honest to God, people who do that 24/7 would have a breakdown alright...But we wouldn’t have her anywhere else.”*

### Health of Traveller men

The Traveller women told us about the attitudes of Traveller men, regarding health and wellbeing. They implied that men are dismissive of their own health needs, and wouldn’t use health services unless they really had to - *“A man would need to be at death’s door before he would go to the doctors, they have to be very very sick before they would go.”* One person said that men don’t like to take medication because they do not trust it, and often rely on the women in their families to look after them. The Traveller woman said that men do not speak about their wellbeing with women or with other men, because of their pride: *“Especially the men, they will never ever speak about these things, its pride... Men are too afraid and too ashamed, they would keep everything in.”*



## Taboo subjects

We asked the Traveller women if there were any 'taboo' subjects amongst their community, i.e. subjects that people do not feel able to discuss openly. The group told us that sex is the big taboo subject and is rarely spoken about - *"You get married, have a baby that's it - you don't talk about it!"* They said that they do not allow their children to have sex education in schools and request that they be taken out.

The group also told us that healthcare professionals do not need to ask them questions about drink and drugs as it isn't appropriate - *"In the Traveller community they don't need to be asked them questions", "It's just the difference between Travellers and settled people, that's all it is."*

We were advised by STAG that mental health is not a topic that is openly discussed in the Traveller community, and that the terms 'stress' or 'nerves' are more culturally appropriate. There were mixed reactions when we asked people who they would talk to if they needed support to deal with stress or nerves.

The participants generally agreed that they would prefer to talk to someone and get counselling support than take medication. They implied their GP would prescribe them unwanted medication - *"because if you go to them with a problem, they put you on medication for anti-depression."*

Some said they would prefer to discuss the issue with family first and seek their advice before contacting the GP, although most said that as mental health wasn't talked about much, it wasn't a subject they understood very well - *"We didn't understand it before [talking about mental health], I think we were blind to it before."* However, they felt times were changing and people in the Traveller community were more aware of mental health:

- *"In the last few years, a lot has come forward. And people will talk about it now."*
- *"For a long time no, thought it was voodoo."*
- *"There is a lot of suicide in Travellers, they are too ashamed to talk about their mental health, rather than talking about things, they would rather take it to the grave with them and that's every culture of Traveller."*



## Summary of Findings

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Traveller community wants to be informed changes upcoming up in health services.

Travellers would go to A&E if they couldn't be seen by their GP and have little confidence in using out-of-ours GP services.

Pharmacy services are used regularly and 'old remedies' before turning to prescribed medication.

Refereed to discharge from maternity services and believed women were being discharged from hospital too soon after giving birth and felt that specialist Traveller health visitor service which was decommissioned is a big loss to women's health on Traveller sites.

Female Travellers prefer to be seen by female healthcare professionals for their health issues.

Trust and respect are important to this community and relationships play a big role in accessing information and services.

Travellers do not feel discriminated against in a healthcare settings, this is more evident in social settings and in the media.

Care of older relatives is kept within the community and alternatives such as care homes not considered.

Traveller men dismiss their own health needs and wouldn't use health services unless they really had to - there is a lack of trust around medication and are often too proud to say if they are unwell.

Taboo subjects include talking about sex, mental health, drug and alcohol problems. Parents choose to take children out of sex education at school as they feel it is not appropriate for children.



## Next Steps & Considerations

The findings from this report will be shared with relevant stakeholders in order to consider the experience of Travellers in accessing health and social care services:

- Southwark Council
- NHS England and NHS Southwark CCG who jointly commission primary care services
- Healthwatch England
- The general public through our website and e-newsletter
- STAG including Traveller networks locally and nationally

In terms of next steps, Healthwatch Southwark plan to continue working with STAG.