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Engaging and building trust with Gypsy, Roma and Traveller people

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Acknowledgements

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Health of Gypsy, Roma and Traveller populations in the UK

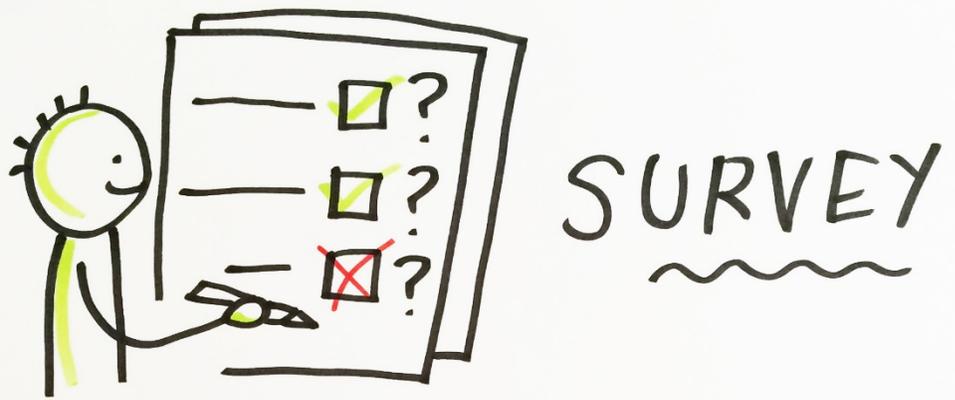
- Low life expectancy – Leads difference of 28 years
- Higher maternal and child mortality
 - All Ireland Study found infant mortality four times higher than in general population
- Gypsy, Roma and Traveller children have the poorest health of any group in the UK
- Low uptake of immunisations
- Poor dental health, low registration and high level of unmet need

The study



Enhancing Gypsy, Roma and Traveller peoples' trust: using maternity and early years' health services and dental health services as exemplars of mainstream service provision





CASE
STUDY



OPTIONS
FOR GOVERNMENT



The methods

Four-stage multi-method design:

3 literature reviews

Online consultation

4 case studies

2 Stakeholder workshops

The participants

Online consultation

n=196 (third sector, policy and health care practitioners)

Case studies

44 mothers (or other family members)

54 health care practitioners

13 third sector organisation workers

Involving Gypsy,
Roma and
Traveller people
in the research

RESEARCH



... BETWEEN 'RESEARCHERS'
& 'RESEARCHED'!

Mixed satisfaction;
varied expectations?

Complex needs
and poor health
outcomes

Good experiences
linked to good
relationships with
certain practitioners

Engagement with
dentists; some
difficulties; high
level of treatment

KNOWLEDGE
AND
EXPERIENCES
OF HEALTH
SERVICES

Examples of
misdiagnosis
by healthcare
practitioners

Influence of past
experiences of
services (own,
other's) affects
engagement

Exercising autonomy:
additional/alternative care

Not meeting
expectations of care

Not being listened
to, dismissed

Short-termism

Broader issues

Transience

Navigating services

Registering/regular care

Community consultations without result

BARRIERS TO ACCESSING AND ENGAGING WITH HEALTH SERVICES

Emphasis on written word

Services not integrated; slow, complex referrals

Language/interpreters

Balancing HP and service user priorities

Communication, explanation, support

Concerns: monitoring, confidentiality, passing on information

Concerns: discrimination, hostility

Approach to appointments (late, missed)

Without trust, particularly with a community that are very skeptical about outsiders then the service you provide isn't going to be taken up to its fullest

If you don't have trust in someone you're not going to be at ease, you won't confide in them, you won't ask them questions

TRUST

Seeing the one person all the time is better, because you don't have to go through your whole life story with them, they know you when they see you

Travellers, we're very private. It takes a lot to confide in each other. With health professionals, we should be able to relax and confide in them to the point where they won't take it anywhere else.

The doctors and midwives and health visitors, sometimes you've got to go on your own intuition. You can't trust them entirely.

I think it's very hard to register with a dentist. If you miss one appointment then you're thrown out. I missed an appointment, they fired me out.

A health bus was used as a reason by local GPs why they didn't need to register people at their surgery, and the reason a lot of our members are registered at a practice which is seven miles from the site.

ENGAGEMENT

The health visitor says how comes I'm in a house? How comes I'm not on a site? I was going to say to her it's none of her business, but I thought I won't. I'm going to be nice to you because you're new to me.

There's always a fear, your biggest fear is someone coming to take the kids off you.

We're currently down to a sessional worker, and two health link workers. We're writing bids that will go for three and five years. This is not a quick fix situation

Strategies to enhance trust and engagement

- Advocacy
- Collaboration
- Flexible services
- Tailored/dedicated services
- Specialist roles
- Community support and outreach
- Holistic care
- Education and training of health practitioners

Principles for enhancing engagement and trust

- Community participation in service design
- Proportionate universalism: actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage
- Negotiating trust should be explicit e.g. time to develop trust
- Engagement approaches e.g. dedicated services as a strategy to develop trust and a bridge to mainstream services
- Sustained investment to allow time to build trust and avoid disillusionment
- Collaboration between health service and third sector organisations

Final recommendations

1. Sustain investment in projects and initiatives to allow relationships and trust to develop and continue;
2. Increase collaborative working with those that already have trusted relationships with GRT communities e.g. individuals from third sector organisations, individual health or other sector professionals;
3. Develop minimum standards of courtesy for all health service personnel including first points of contact e.g. receptionists, helpline staff;
4. Simplify GP and dentist registration e.g. allow c/o addresses, flexible requirements for proof of address; and develop less punitive approaches to dealing with non-attendance or arriving late for appointments;

Final recommendations

5. Introduce literacy help cards throughout NHS (cards that can be presented to front line staff or receptionists to ask for discreet help with form-filling etc.) and provide alternatives to written information;
6. Enhance GRT people's health literacy: e.g. awareness of health service-user rights, tips on how to communicate with healthcare professionals and confidence to ask questions
7. Use engagement with routine maternity and child health services to deliver wider health messages, especially relating to child oral health
8. Provide flexible services e.g. flexible times/'drop-in' services/multiple access routes, one-stop shop

THANK YOU

Final report available at

<https://discovery.dundee.ac.uk/en/publications/enhancing-gypsy-roma-and-traveller-peoples-trust-using-maternity->

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