TRAVELLING TOGETHER

SUPPORTING GYPSY, ROMA AND TRAVELLER COMMUNITIES ACROSS NOTTINGHAMSHIRE.

Bassetlaw Gypsy, Roma and Traveller, thematic engagement summary.

July 2021

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RURAL COMMUNITY ACTION, NOTTINGHAMSHIRE

Introduction

This document represents the outcomes of a specific piece of consultation work undertaken with Gypsy, Roma and Traveller (GRT) communities in Bassetlaw between May and July 2021.

Project Brief

To provide a bespoke GRT community engagement service, to ascertain specifically, local attitudes towards the current COVID-19 vaccination programme, including information on but not exclusively:

1. General access to medical services, registration with local GPs, NHS number and/or understanding of how to book a vaccination.

2. Attitudes to and plans to engage with the vaccination programme.

3. Specific barriers to uptake:

    a. An overview of physical barriers such as access to IT, literacy or transportation, childcare, family circumstance.

    b. A thematic overview of any misconceptions, anxieties or cultural beliefs preventing uptake.

Methodology

The format of the consultation involved a combination of visits to site (the initial list provided by Bassetlaw District Council), telephone contact and access to appointment based return visits, if needed. RCAN made site visits, at least once to each identified area, (see Appendix A) and in some cases returned up to three times to capture responses from families to maximise the opportunity for engagement. Several additional phone calls were received following site visits and included families currently living in 'bricks and mortar' accommodation. The cut off for responses for inclusion in this summary report was Friday 2nd July 2021.

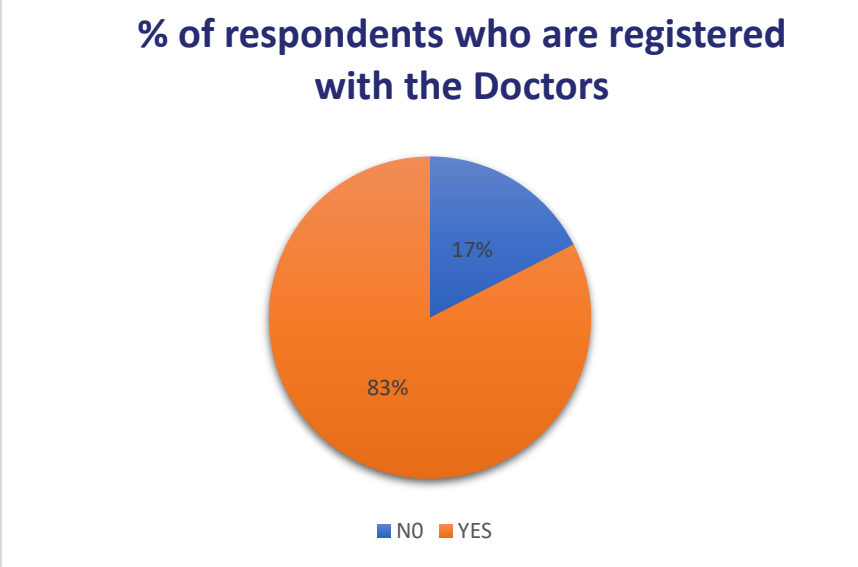
The engagement was designed to establish rapport, encourage conversation, and allow families to feel confident to share their experiences freely. We sought to capture lived experience, and meaningful qualitative responses generated through dialogue and semi structured conversations.

Whilst some key quantitative data was collected to support the project brief, it is noted that no individuals were identifiable, or responses linked to specific sites. Information was collated to provide an overview of responses across the district rather than an analysis of theme by site to protect confidentiality and our relationship with the community.

Key Themes

1. Access to medical services

Generally, there was a positive experience of accessing medical services across the district. Some excellent good practice was described relating to relationships with local GPs, and individuals understanding of how to access the surgery and make appointments. There was a general feeling that reception staff and GPs understood the community's specific needs despite a proportion of responses highlighted reticence to be identified as a member of the GRT community. Whilst most respondents were registered with a GP, the majority did not know their NHS number, a number described their doctor being able to provide this for them.



For those not currently registered, one challenge related to those families living a more transient way of life and splitting their time between two or three areas of the country or travelling for up to six months of the year. Whilst some had been registered with a GP in this or another area, some do not have registration in place. The majority did not know they had an assigned NHS number.

A lady accessing medical support via ad hoc temporary registration or who described often accessing A&E for general illness, stated:

> *"Getting an appointment and having to wait up to a week or two is a problem, by the time I can get an appointment my family will have wanted to move on, that's why we use A&E it's quicker to get seen"*

Whilst presentation at A&E departments is often a thematic challenge in other areas, most of the feedback recorded for this work, did not identify this as a specific issue.

Most respondents when discussing hospital presentations stated that the experience of emergency healthcare was good. The follow up appointments, if needed, being more of a problem. Missing appointments due to not receiving appointment letters or having difficulty understanding the text and the time frames involved was a concern for some.

Where respondents described an unwillingness to register for local medical care, the reasons for this were mixed, including:

- Not knowing how to change or register for a GP.
- Fear of disruption in care - in getting prescriptions, accessing appointments, delays in care is registering locally.
- Sticking with what you know and trust and accessing services in another part of the country.

"I don't live here, I live in Cambridge, I come back every other week to clean for my husband and my daughter comes to collect him whenever he needs to see the doctor back home, we don't want one here as they'd take too long to get him referred and the doctor up there knows him and gets him in immediately, not getting his prescription would be the end of him"

We spoke to a small proportion of families, whereby a member of the family continues to be cared for by family members living outside of the district.

In five cases, family members travel (sometimes over 150 miles each way) to facilitate medical care for a family member who continues to access medical services in another part of the country. This was worrying given the apparent vulnerability of some the family members discussed, all describing longer term or complex health concerns.

Literacy difficulties in respondents were a definite trend. Where reading is a challenge, individuals are reliant on family members to read the information for them.

"I can't read and write, so I have to wait for my son to visit to read the things I get through, sometimes by the time I see him the date (for the appointment) has gone, it would be better for people to ring me."

Compounding this are ongoing challenges with physically receiving post, in some specific areas. Over three quarters of respondents reported issues with receiving post, either correspondence being misdelivered or never received. Apart from one site, respondents reported never having received the leaflet information sent out by RCAN until this had been hand delivered.

"Post never gets to me, I get things weeks after. It gets delivered to the house up the road and they chuck it. If people could ring it would be better, the postcodes do not match to my plot. I miss

> *really important stuff because I never get the letters and then I get in trouble. I think sometimes the postman just puts everything in the box for plot 1, cos they don't like coming on site."*

Challenges in access were also reported in relation to individuals wanting family members to accompany them to appointments for support, to read information, for childcare and other reasons such as transport or feeling vulnerable. The constraints placed on appointments due to COVID restrictions had been limiting for those individuals, who had worryingly opted out of appointments until restrictions were relaxed.

One respondent stated:

> *"I can't work those machines (electronic signing in screen), I ignore them or pretend it's broken. I take my daughter in with me, but this COVID thing means I can't take anyone. I don't go anymore; I'll go when I can take someone in again."*

All respondents described the importance of a trusted, consistent doctor/nurse that understood their needs as fundamental to them feeling confident to access the local GP practice. Many described the general 'mistrust' within their community, leading to them not wanting to disclose that they are from the GRT community. There continues to be an uncertainty as to how demographic information would be used. This was particularly obvious in those communities whereby respondents had described prejudice or community tensions in other contexts, outside of the scope of this report.

A feeling of being 'judged' or 'discriminated' against in some way remained an overarching theme in many of our conversations.

Experience of COVID and the Pandemic

All respondents were aware of COVID and all but two understood a vaccination programme was underway. The majority had either had symptoms, tested positive or had a close family member who had experienced COVID illness. Several people discussed having on going health issues as a result, some citing symptoms of 'long COVID' but only half of these having contacted a GP.

The experience of COVID differed across sites, those on larger sites described difficulties with social distancing and a lack of understanding of how this should have been managed. This was identified particularly when plots are shared by larger extended family groups living in proximity.

> *"Some people on here didn't understand the rules, there were children mixing and people all over the place. They all live together and they don't understand that the social distancing was still needed. I just closed my gates and stayed with my husband."*

There were ongoing concerns regarding how COVID had and continues to affect older and vulnerable members of the community. Some of these described not having accessed medical care due to restrictions, misunderstanding the access guidelines or through not being able to see family members who would normally help facilitate the collection of repeat prescriptions or book appointments. There was a view that whilst families supported each other as much as possible, pride often meant that personal information, such as medical needs were not widely shared.

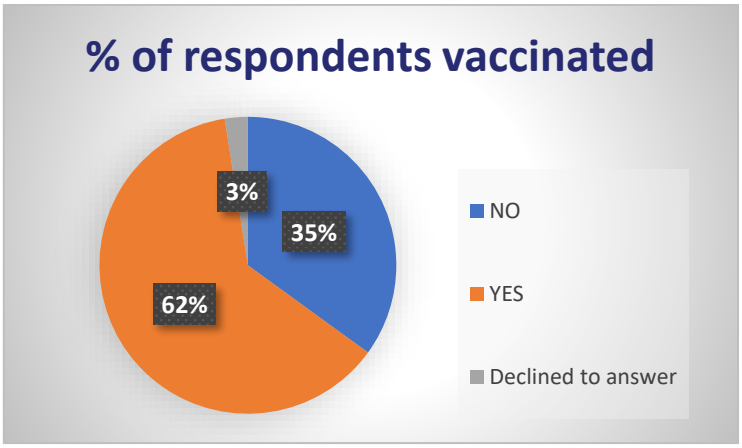
> *"It was hard, we are close people, we stay as a group, not being able to see our families was really hard, people helped each other, but we are proud and don't share our business much."*

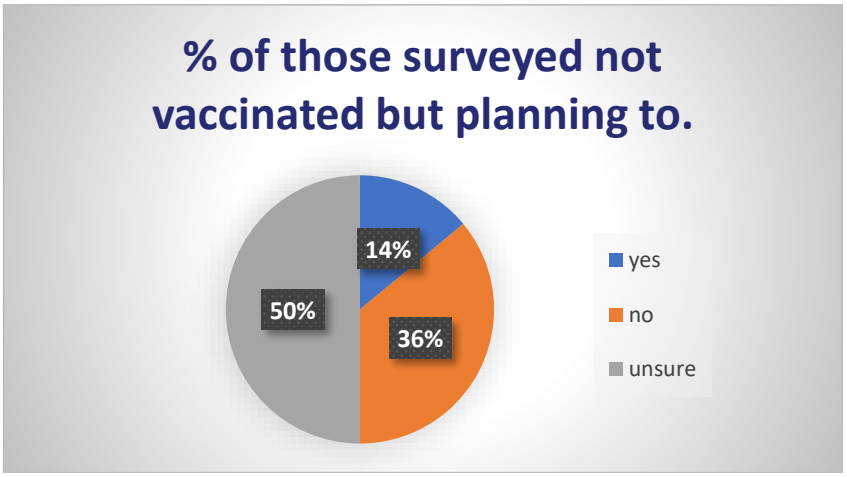
Being separated from family also impacted those respondents identifying as currently 'living in bricks and mortar' accommodation.

> *"I only moved to a house last year for health, I'm used to being on a site, it was bad. I was isolated, I didn't see people and I didn't know what to do.''*

There appeared to be a consistent anecdotal view that whilst the more stringent lockdown restrictions were in place, travel between site or out of district had largely not happened. Since the 'roadmap' had relaxed restrictions and travel re allowed, more transience and a changing demographic noted.

2. Engagement with the COVID vaccination programme.





There appeared to be a relatively high uptake of the vaccination, largely seen in the older generations, with a higher reticence recorded in the younger age groups. More demographic information would be needed to fully assess this as a trend, reservations to provide personal information at this stage, a limiter.

Of those not planning engagement in the vaccination programme the following emerged as the top three barriers:

- Do not think it is safe for them, fear of health issues.
- Want to wait while to see how things go, 'too soon to decide.'
- Lack of information or do not trust the information.

> *"I'm not getting it, nor are the kids, it's too soon and I don't think it's safe."*

"I've had COVID so has my husband, but I'm scared to get it, I don't know why, but I'm being a bit scared and I'll wait for a bit I think."

"I haven't been to the doctor in 5 years, so I'm not getting the jab thing, this bug will go as it came and I'll either be ok or I won't."

For those not having yet been vaccinated but planning to, the main reasons were:

- Not having got around to it.
- Not having been called or understanding that they had.
- Current time commitments, childcare mentioned specifically.

"I'll get round to it, it's busy at the moment with the kids and stuff, I'll get it sorted in the summer."

Of those who were unsure, the main three reasons were identified as being:

- Not having enough information on how to book the vaccine.
- Time commitments.
- Accessing the information to book - Wi-Fi issues.

"You have to get it on a computer, don't you? I haven't got one, I don't have a phone either or not one with internet stuff on it, can't they come to us a nurse or something."

There is an inconsistent experience of online services and accessibility across area, this included general literacy as a barrier as well as connectivity challenges.

Some good practice was described from specific GP practices, whereby staff had contacted individuals specifically to advise when they were eligible for the vaccine and had offered the vaccination at the practice which had supported confidence to access.

3. Conclusions and Next Steps

There is clearly some heartening good practice being undertaken by professionals to facilitate fair access to services across the district. However, access is not consistently understood by all. This work was recognised as a 'Snapshot' in time of a changing demographic. One site was largely empty due to a recent commitment to travel since the COVID restrictions had been lifted. Trends and themes are, therefore, only pertinent to those respondents engaged with this work at this time and do not represent a district wide, over time analysis.

Practically, the picture for less positive engagement largely due to misconceptions or the accessibility of information. Literacy difficulties and receiving correspondence were key factors impacting on an individual's ability to engage with services. There is additional work to be done to fully assess how technological challenges impact on engagement, or how far this is entwined with low literacy levels and the cultural barriers affecting access to services.

Despite capturing some feedback from families 'travelling through' the district, respondents described other transient / illegally encamped populations that are present in the district across the year. Whilst capturing data from these groups more fully was beyond the scope of this work, an understanding of how transiency impacts on the vulnerabilities and barriers to accessing consistent medical care in Bassetlaw specifically, would be useful to inform further work.

Also identified, through 'word of mouth' were respondents contacting from the housed population, whilst some responses were captured, the challenges for this group remain largely beyond the scope of this report. There are still challenges for families living in 'bricks and mortar' accommodation regarding barriers to access and cultural sensitivities that remain largely unexplored in the context of GRT engagement for this group in Bassetlaw.

Unfortunately, a key theme continues to be the perception and lived experience families feel, in relation to prejudice. Whilst there remain pockets of what appear to be successful integration and a culturally sensitive understanding from both the community and the residents, there are still challenges which are unlikely to be fully 'unpicked' in the short

term. Building up and building on relationships with clear and consistent messages is key for longer term and meaningful GRT engagement.

Reliable quantitative statistics are difficult to capture across a time limited consultation. The community are often reticent to engage in recording information formally. Whilst good engagement levels were gained and qualitative lived experience meaningful, further quantitative demographic information would be useful as a cross reference to inform any potential gaps in service.

Next Steps

- Consider bespoke information materials - Recognisable key symbols to mitigate literacy challenges, culturally sensitive information, clear contact details and telephone access/ follow up as needed.
- Additional consultation and/or consistent engagement at points across the year to capture transient populations or those unable to contribute due to circumstance.
- Expansion of engagement to include the largely, statistically underrepresented, GRT communities living in 'bricks and mortar' accommodation.
- Strengthen the consistency of demographic information, culturally sensitive, recording mechanisms to capture relevant data across key services.
- Partnership forums/ liaison groups across sector for the dissemination of good practice, improvement of local knowledge and a collective, consistent approach to GRT engagement.
- Awareness training for key professionals and service providers, promoting a broader understanding of the vulnerabilities faced by this minority group and improved effective engagement.
- Scoping work regarding accessibility in relation to IT to illuminate specific barriers to engagement and how these impact on individuals and the wider community.

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Appendix A

Engagement by Site and Demographic

Name of site	Description of engagement	Demographics
1.Harehill & Long Bow Parks, Markham Moor, Milton	X 3 site visits plus telephone contact. Two split sites, one Romany and one Irish. Six families engaged on visits. Numbers of site fluctuate due to transience and disruption of COVID. Also, illegal encampments often noted in a restaurant car park opposite the sites. Lack of site provision in the district cited as the challenge.	Romany and Irish
2.Brookside Caravan Park, Stubbing Lane, Worksop	X 2 site visits - Large site currently empty other than two families. Other occupants having moved to different sites following lifting of restrictions.	Romany
3.Rear and Side of 31 Cheapside, Worksop	X 1 site visit - Plot / house identified, information left and posted.	Nil – no engagement
4.Travellers Site, Tranker Lane, Worksop	X 2 site visits Gated access 10 vans, vacant. Left information and asked local businesses. This site is believed not to be occupied, used for storage.	Nil – non traveller site, used as storage.
5.Daneshill Lakes, Lound, Retford	x 2 site visits. Gated access, limited phone signal. Whilst there are families living permanently on site, numbers fluctuate at varying times during the year. Some transient families.	Romany and some transient (demographic not captured, although anecdotally mix of demographic)
6.Brough Lane, Elkesley	X 1 site visit. No vehicle access.	Nil - no access /engagement

Cont…

Name of site	Description of engagement	Demographics
7.The Paddock, Long Lane, East Drayton	X 2 site visits, gated access. Large site, three plots approximately.	Nil - Information left, not engaged in person.
8.Land at Cleveland Hill, Main Street, West Markham	X 2 site visit plus information posted and by hand. 3 plots, looks vacant, post had been uncollected in 10 days between visits.	Nil.
9. Treswell Park, Outgang Road, Treswell	X 3 site visits. Large site, 17 plots approx. some unclear due to transience and empty plots.	Romany
10.Gypsy Corner, Land North of Hayton Smeath	X 1 site visit. Large site, numbers fluctuate.	Romany.

Additional Sites / engagement logged.

Name of site	Description of engagement	Demographics
Laneham	X 1 site visit. Approx. 2 plots.	Nil, information left.
Telephone respondents, including Housed Travellers	19 respondents in total, some repeated from site visits.	11 Romany, 6 Irish and 2 not disclosed.

Appendix B

Break down of Respondents.

In total 40 respondents contributed to the demographic information captured by the report. However, family leads offered valuable insights across other family members that we have included thematically as part of the qualitative assessment of 'lived experience'.

It is usual that females are overrepresented in the data for the following reasons:

- Cultural considerations
- Time of day
- Community leads and culturally speak on 'behalf of other family members'.