



**County Durham Gypsy, Roma and Traveller Health Project – An independent Evaluation**

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**Report of Amanda Healy, Director of Public Health, Durham County Council**

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**Purpose of the report**

- 1 This report is to update the Health and Wellbeing Board on the final evaluation carried out by an independent researcher on County Durham's Gypsy and Traveller Health Project. This short summary cannot hope to capture the richness and detail contained in the full report and serves as a brief snapshot. However, some case studies will be presented to the Board to illustrate the reality of the work. A presentation will be given at the Health and Wellbeing Board meeting on 25 September 2017.

**Background**

- 2 Gypsies and Travellers are the largest ethnic minority group in County Durham and suffer the lowest life expectancy and worst health outcomes of all communities across County Durham with Gypsies and Travellers over four times more likely to die between the ages of 55 and 74 than the population as a whole. A recent study in the Leeds area showed the average life expectancy of a male traveller to be fifty.
- 3 Following the Health Needs Assessment of Gypsies and Travellers in County Durham undertaken in 2010 and as a direct result of the recommendations in that report, a specific action plan to improve the health and wellbeing outcomes for these communities was developed and implemented.
- 4 This translated into the following actions during 2014/15
  - Provision of cultural awareness training for local authority, health service and voluntary sector staff.
  - Appointment of two health trainers for the Gypsy and Traveller communities.
  - Creation of a specialist Health Visitor/Nurse post.
  - Production of culturally relevant health promotion resources.

- 5 At the same time as these interventions were being put in place an independent evaluation was commissioned from a national expert in Traveller health which was completed in the spring of 2017.

**Summary of evaluation**

- 6 The evaluator worked with the project from the beginning alongside community members and workers. As with many disadvantaged minority communities that live outside of mainstream society, work has been slow and developmental.

7 The approach taken was to capture the richness of our local Gypsy Roma Traveller (GRT) landscape setting this alongside telling the story of developing a health and wellbeing service to meet the differing needs of these disadvantaged and challenging communities; communities where there is a culture of stoicism, fierce independence and distrust of outsiders and services. In addition, many topics of health including cancer and mental health are taboo and this coupled with strict notions of privacy and gender roles makes health development work a huge challenge. This is reflected in the findings of the evaluation with what might seem like small changes representing seismic shifts in cultural behaviours and beliefs.

### **Cultural Awareness Training**

8 289 staff from a wide range of disciplines attended 14 half day workshops. 15 elected members also attended two separate training sessions.

- All training sessions evaluated extremely well.
- Participants reported increased confidence in working with GRT communities.
- Participants shared their increased knowledge with colleagues.
- Participants reported and increased awareness of the impact of discrimination and prejudice experienced by GRT and felt more confident to addressing this.

### **Health Trainers**

- The creation of the GRT health trainer posts in 2014/ 2015 has been effective in supporting healthier lifestyles and the numbers of clients accessing their service continue to increase.
- Most of those seeking the health trainers' support would not have otherwise made the changes required because they had no support to do regular exercise.
- Many have also made substantial changes to healthier diets through the programmes and this has not only benefitted those individuals but has resulted in improved to the diet for the rest of their family.
- Through word of mouth, GRT in houses and on private sites, are also seeking support from the health trainers. Housed GRT and those on private sites have previously missed out on any GRT focused health initiatives despite having on the whole the greater need and the worse health.

### **Health Visitor/Nurse**

- The creation of the GRT public health nurse post in 2015 has been successful not only in increasing awareness of health needs but also in increasing access to appropriate health care.
- The public health nurse role has been effective in improving attendance both at primary care, secondary mental health care and also for hospital appointments. Many of those who have used her service would have previously avoided or delayed seeking health care, and in particular this includes 10 men who do not typically access health care services unless there is extreme need.

- The many GRT who stay on temporary stopover sites or on unauthorised sites are now having their health needs met when previously no health visitors had a remit to visit them.
- There is continued work to improve uptake of preventive screening and of vaccination programmes for adults and children.

## **Health Team**

- 9 By working together as a team the GRT public health nurse and the health trainers have been able to deliver health promotion events on site with a culturally sensitive approach. They have also involve parents in children's activities such as sports days and Halloween events on sites and provided the opportunity to try health food alternatives and find fun ways of increasing physical activity. Working together as a team has also enabled each aspect of their service to become more widely available to GRT in houses and on private sites as well as on the Durham County Council (DCC) sites as they make appropriate referrals to each other.
- 10 By working in partnership with other services this ability to reach a wider number of GRTs has been further facilitated.

## **Health Information**

- 11 A health information group decided on the approach of producing short films, about 10 to 15 minutes in length, on health topics that could be viewed as DVDs or as YouTube clips. The first film tackled an uncontroversial topic of going into hospital. This has been filmed and is currently awaiting editing. A second film on Diabetes is under discussion and should be filmed during 2017.
- 12 This area of work has been very slow to make progress due to difficulties of coordination across agencies and communities.

## **Health Status**

- 13 As part of this evaluation, the issue of recorded primary health data was also investigated. However, due to the problems associated with GP recording GRT ethnicity, it is hard to draw any robust conclusions on specific health issues. The data collected is patchy and incomplete. Consequently, it is difficult to draw many robust conclusions from available sources.
- 14 However, one GP practice conducted an audit of her patients registered as living on a nearby council site and identified higher level of mental health problems than in her general practice population. This ties in with other national statistics concerning mental health issues in GRT communities.
- 15 Further work carried out by North of England Commissioning Support (NECS) in March 2016, looked at combining data from 10 practices across County Durham. Overall 220 patients were sampled by postcode and an additional 20 were sampled by ethnicity. This again showed a higher prevalence of mental health issues with a 25.9% prevalence of depression in GRT adults (18+) compared to 9.4% in general population on GP practice records.

- 16 There is much work still to do to try and increase the sample size and explore other health areas for significant differences. Initial indications are that that are lower adult vaccination rates (Flu, Pneumococcal, Shingles) and lower uptake of screening. However, there is also lower recorded prevalence of atrial fibrillation, hypertension, CVD, cancer and kidney disease which might reflect a lack of engagement with primary care services. The work of increasing awareness and case-finding falls to the GRT nurse working in partnership with primary care colleagues.
- 17 Improving recording of GRT ethnicity is a key challenge in future work to audit GRT health status locally

### Evaluation Conclusions

- 18 The formation of the GRT health team in County Durham is now seen as a model of national good practice. The team model works extremely well with referral between team members facilitating a good uptake of services. This has resulted in;
- Increased feeling among GRT community of knowing someone to trust about their health concerns and improved access to appropriate health care.
  - Discussion of health matters in the GRT community now less of a taboo subject and health issues are being discussed more openly.
  - Previously unmet health needs of GRT communities on the road side on unauthorised encampments are now being addressed.
  - Engaging with men on health issues that have never been addressed.
  - Beginning to make inroads into the housed GRT community members who often have the worst health.
  - Improved attendance for health appointments.
  - Access pathway being developed for urgent mental health referrals.
  - Increased access to and uptake of healthy lifestyle interventions.
  - Increased health knowledge and understanding through uptake of activities related to public health promotion campaigns for example sun awareness, breast examination, and stress management.
  - Health needs of home-schooled children are now being identified.
  - Three health champions have been recruited from the community.
  - Increased opportunities for site wardens to learn about how to support residents with health related matters
  - A course of parenting sessions led by the primary care mental health nurse on each DCC site.
- 19 The project has also seen an improvement in health and other services
- Increased awareness and understanding of GRT health needs and culture among diverse staff disciplines in general practice, primary health care and allied health and social care. This has also resulted in positive changes to practice.
  - GRT health and wellbeing services are now much more joined up with other teams in housing, education and the voluntary sector providing a more seamless service between teams and agencies.
  - Practitioners group formed and meets bi-monthly. This has resulted in improved networking and partnership working.

- Improved recording of GRT ethnicity and creation of GRT templates on the healthcare data system. This enables staff to continue to undertake future audits and raise awareness of significant health differences that require attention.
- Clinical leads for GRT health created in each Clinical Commissioning Group ensuring effective liaisons re GRT health needs and facilitating audit.

## **Recommendations**

20 The Health and Wellbeing Board is recommended to:

- a) note the content of the evaluation report
- b) offer to support the work of the GRT health team to promote health and wellbeing in this most disadvantaged community
- c) continue to work in their individual organisations to address discrimination and prejudice faced by our GRT communities and work to overcome barriers to their improved health.

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## **Appendix 1: Implications**

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**Finance** - there is an implication for the Public Health budget if the health trainers contract is to be renewed

**Staffing** - None

**Risk** - There is a risk that if the work of the health team is not continued that the trust that we are beginning to build between health and GRT communities will be lost.

**Equality and Diversity / Public Sector Equality Duty** - Public health aims to address health inequalities and narrow the gap in health outcomes. This report deals with the health and wellbeing of our largest ethnic minority that suffers the worst health outcomes

**Accommodation** - None

**Crime and Disorder** - None

**Human Rights** - None

**Consultation** - None

**Procurement** - None

**Disability Issues** - None

**Legal Implications** - None