

Foreword

An element of the winter engagement on the draft Pennine Plan during December 2017 and January 2018, focussed on engagement with hard to reach communities across Pennine Lancashire.

Following on from a previous successful engagement programme with the Gypsy, Roma and Traveller Community it was recognised that there would be great value in setting up a further project to support, recruit and train interested members of this community to conduct a community research project which involved upskilling these individuals in engagement and research methods.

We were told:

“This is a really good idea; no-one comes to us to ask what we think”

“Now I am married I don’t really visit friends and family like I used to, this has given me the chance to get out and about, I’ve really enjoyed it”

“There’s no point posting leaflets or letters, a lot of people can’t read so it just gets thrown away. Coming out and speaking face-to-face is the only way to make sure messages are shared, this project will help our community, I just hope more services do something similar”

“There are so many negative views about Travellers; it’s really hard to get a job once people know your background. I have really enjoyed this and would love something to come of it and to be involved in any other work that is happening for the GRT community in the future”

“Trust is a big thing in our community; it’s no good just sending different workers out to sites because you aren’t going to get anywhere. We need the same people to work with us so we can build up relationships and trust. By getting us to do this project you will get honest answers because the community already trust us”

Pennine Lancashire GRT Community Researchers

January 2018

Introduction

This report provides a detailed summary of the finding from the Gypsy, Roma, Traveller Community Researcher Project that was undertaken in December 2017 and January 2018 and contributed to our wider engagement on the draft Pennine Plan.

The Gypsy, Roma and Traveller Community will be referred to as the GRT in this document.

The purpose of this project was to engage with and receive feedback on the draft health and care proposals from the GRT community in Pennine Lancashire.

Working with the GRT Community Researchers provided an interesting and informative insight into their health and care views and experiences.

As we started to receive the feedback from the Community Researchers we identified common themes raised by GRT community.

Background

In 2011 Turning Point: Connected Care, were commissioned by East Lancashire Primary Care Trust (PCT) to provide an in-depth account of the GRT community's; health, social care and housing needs.

The findings of this report were taken into consideration during the summer 2017 engagement which helped form the proposals set out in the draft Pennine Plan.

To ensure these considerations were still relevant and true to the current needs of the GRT community, the Together a Healthier Future team started to plan focussed engagement with Gypsy, Roma and Travellers during the winter engagement on the draft Pennine Plan. This was undertaken in partnership with Gill Cookson – Education Access Officer for the Ethnic Minority Gypsy Roma Traveller Achievement Service –Lancashire County Council who works with the GRT community across Lancashire and previously Blackburn with Darwen. Gill was also involved in the co-ordination and implementation of the Connected Care engagement in 2011.

Our approach

As a 'hard to reach' community, it was agreed that an effective way to receive honest and open feedback was to recruit and train members of the GRT community from Pennine Lancashire, to engage with and record the views and experiences of fellow Gypsy, Roma, Travellers. This would break down potential barriers to engagement as there are real perceived issues within the community around trust and fear because of misconceptions of mainly social care authorities and services.

Process of recruitment

The recruitment of the Community Researchers was co-ordinated by Gill Cookson. With her expertise we were able to identify a number of GRT individuals who may be interested in participating in this project. This process was planned to ensure a fair representation of both housed and sited members of the GRT community would be engaged with across Pennine Lancashire.

It was advised that there should be one main contact from Together a Healthier Future team to work with the Community Researchers to build trust, respect and a positive working relationship. It was decided that this would be Nicole Mason – Communications and Engagement Officer who would be the link between the Programme team and the Community Researchers.

As part of the recruitment process Gill Cookson and Nicole Mason carried out joint visits to potential participants to explain the aims of the project and what the Community Research role would involve. This gave the potential recruits chance to ask questions and discuss the project and raise any issues and concerns that they had.

A total of eight GRT residents were approached to take part in this project. After taking the time to speak through issues, worries and concerns of the potential recruits, within three weeks we had four Community Researchers willing to be a part of this engagement project.

Community Researcher Training

As part of our wider Communications and Engagement plan we had created an ‘Easy Read Guide’ to the draft Pennine Plan to use as part of our winter engagement. This guide formed the basis of the training for the Community Researchers and worked very well as it gave them clear, easy to understand statements that we were able to talk through and explain.

We had already established marker scales and set questions to help us theme, analyse and interpret survey data as part of our overall winter engagement on the draft Pennine Plan. It was felt that for this project, the questions and layout of the survey needed to be adapted to help support the Community Researchers and make it easy to capture views and experiences. We also ensured that the questions and responses were structured so that they could be used to identify issues solely faced by the GRT community but also to merge into the overall draft Pennine Plan feedback.

The training took place over two days and was carried out in each Community Researcher’s local area.

The topics covered by the training were:

- Background information on Together a Healthier Future
- Draft Pennine Plan Proposals and what they mean for Pennine Lancashire residents
- Research skill development

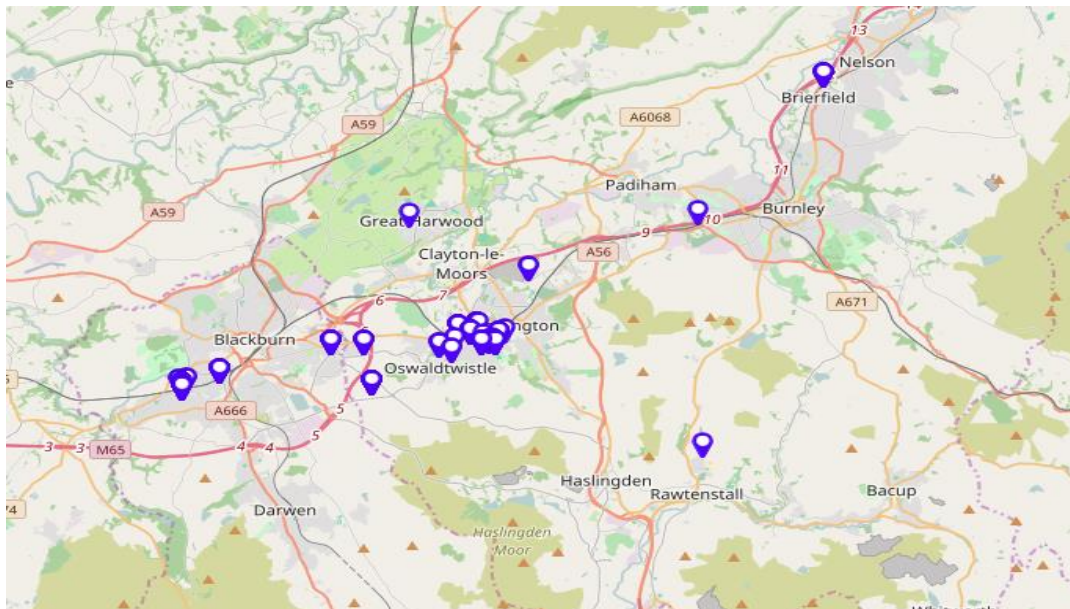
- Information governance
- How to capture feedback
- Peer-to-peer mock engagement
- Demographic criteria
- Mapping exercise to ensure the GRT community across Pennine Lancashire was covered

This training helped to build trust, understanding and community research skills needed to successfully run the project.

During the training concerns were raised which were addressed and taken into consideration when looking at the potential barriers to engagement and completion of the project, these included:

- Cultural issues of communication between men and women
- Expectations and acceptable behaviours
- Keeping the trust of their community
- Ability to relay information on why this project is taking place, to the community, so they know why they are being asked questions
- Not enough understanding of services
- Lack of awareness of services available in Pennine Lancashire

Demographic detail

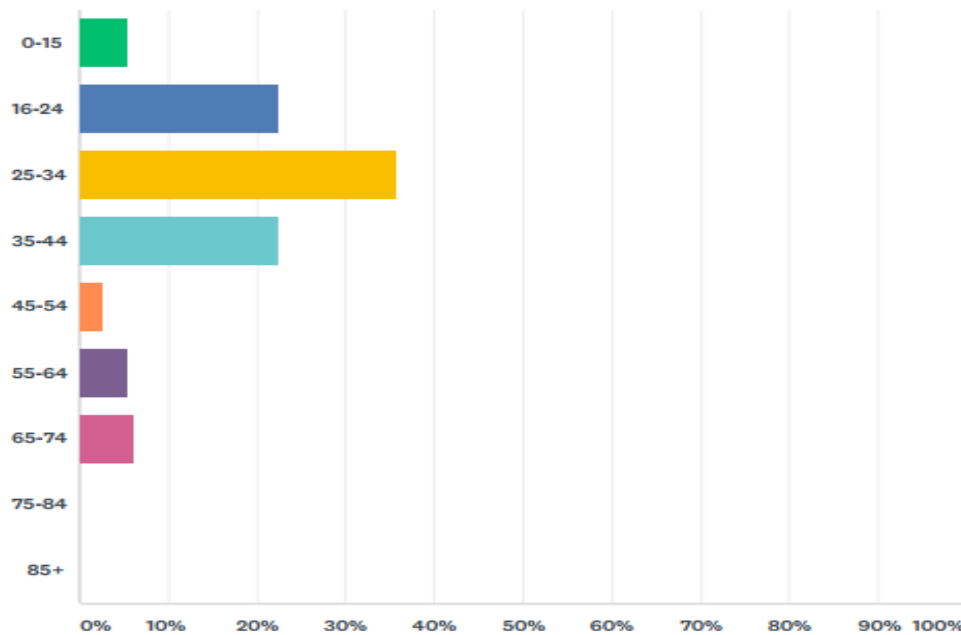


The map above shows the approximate location of survey respondents

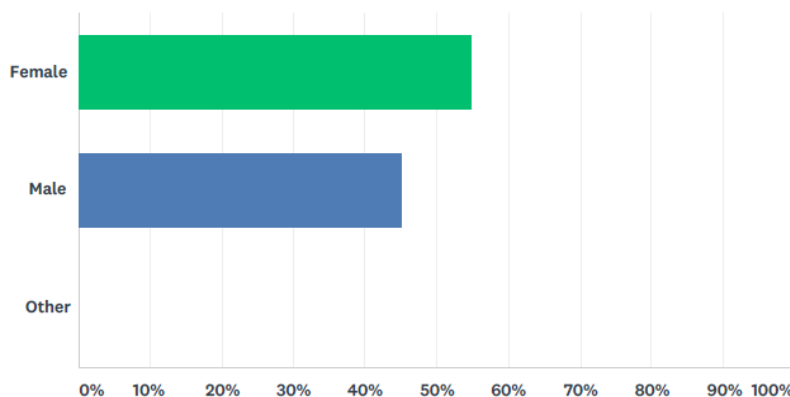
The four Community Researchers spent a number of weeks speaking with members of the GRT community across Pennine Lancashire on the draft Pennine Plan proposals. Due to the nature of the travelling community, postcodes collected by the Community Researcher indicate their location at the time of the engagement, however, it has to be noted that

some of these people regularly relocate across Pennine Lancashire and in some instances wider.

We expressed the importance of involving all ages in this project. The graph below breaks down the age ranges of the participants who chose to disclose their age bracket. Community Researchers raised the issue that it took quite a lot of persuading and effort to gain the co-operation and engagement of the older generations of GRT and those who chose to take part preferred not to disclose personal information such as age and gender.



We had a balanced number of responses from both male and female members of the GRT community as shown below.



Key Findings

Overall views on the draft Pennine Plan

Respondents that took part in the GRT Community Research Project were supportive of the proposals within the draft Pennine Plan. There was broad support and agreement with all elements of the plan. Many comments made included the health and care benefits for their families and future generations if the proposals within the draft plan were implemented.

Awareness and understanding of the GRT community

The GRT community generally feel they are misunderstood and there is a lack of understanding of their culture, living conditions and way of life when they access health and care services. There is a sense of exclusion regarding service provision for the GRT community and many people feel that by identifying themselves as GRT this will have a negative impact on how they are treated or their ability to access services and activities.

Barriers to obtaining health and care information and accessing services

The main issue raised throughout this project from members of the GRT community was the lack of information they receive in relation to self-care, community services and activities in the local area. When asked how they would suggest this could be improved, a common theme emerged, that easily accessible information would be well received as long as consideration had been taken into how it is delivered and presented, ensuring the cultural, education and literature needs were well thought out. It was felt by many that this information is best communicated via word of mouth, from trusted and known sources, such as fellow GRT residents or as mentioned throughout the project, Gill Cookson. The statement “we need more Gills” was prevalent and recorded throughout all Community Researchers’ feedback from their community. This reflects the need and importance for consistency from services for staff deployed to work with the GRT community to build relationships, trust and mutual understanding. It was felt that this element was missing from a lot of health and care services.

Many of the respondents also raised the issue of the health and care of the younger GRT population. A big concern for the community was around the mental health of young men. It was felt that most GRT men would not discuss

feelings and would try to 'stay strong', leading to major mental health issues amongst the community. An identified need was to raise awareness and break the stigma attached to mental health within the GRT community.

Many responses included the view that there are not enough activities targeted at the GRT community, therefore it was felt that a lot of the younger generation were involved in substance misuse and anti-social behaviour because of the lack of opportunities to develop hobbies and interests such as boxing, cooking classes and youth clubs. It was highlighted that for young girls, the activities would have to be 'girls only' due to cultural sensitivities. Suggestions to overcome this included the use of a youth bus and also some respondents suggested the reinstatement of a GRT youth group that used to take place in Oswaldtwistle, where young GRT members could go to socialise, take part in activities and attend informal classes to help them develop reading and writing skills as many young members of the GRT community leave school early.

Inequality of living standards

There is a real concern around the imbalance in standards for Council-owned GRT sites and privately-owned sites. There was a sense of urgency amongst the GRT respondents to have clear set standards for all sites to ensure they have access to basic living facilities such as clean running water, working showers and secure, maintained outbuildings.

An example given was the issue of maintaining hygiene. Many members of the GRT community live on private sites owned by other GRTs and for some there is limited access to working hygiene facilities. This means they frequently use community leisure facilities to take showers. Comments made through talking about the 'My Healthy Home' element of the draft Pennine Plan highlighted the occurrences of confrontation with leisure staff. One respondent was refused access to the facilities as she was not swimming, although she was willing to pay for the swimming session just to take a shower. This made her feel degraded and embarrassed as this was her only access to working hygiene facilities. She felt that if staff were aware of their way of life and living conditions it would have helped them to understand why the leisure facilities were such an important facility. It was recognised that ideally there should be enough working shower facilities on sites, however, the current situation was felt to be far from ideal or adequate for families.

“As a traveller access to toilets/porta loos and shower facilities needs to be thought of better eg having portaloos put in place and local sports centres allowing you to shower (a lot refuse when they know you’re a traveller)”

Draft Pennine Plan Feedback

Place-based Prevention Framework

There was an element of surprise from some respondents that health and care organisations were not already directed and focussed from a preventative angle. There was broad support for the promotion and development of self-care activities and a genuine interest in some of the proposals put forward such as community cooking classes, health education and development, sustainability of community groups and peer support networks.

“Good idea!! I’m surprised it hasn’t been done before!!”

Me and My Family

Education and accessible information relating to pharmacy services, opticians and dental hygiene was raised by respondents as an identified need within the GRT community. Reports from the Community Researchers stated that information on how to enrol with local dentist practices was not common knowledge, therefore there was a lack of consistency when it came to regular dental check-ups for the GRT community. Many GRT would only access dental services via an emergency dental appointment when they had issues with their teeth.

Many respondents felt that they already manage their own health well, but did not necessarily eat and cook healthy meals regularly due to busy lives and the perception that they did not need to change their diet. This relates to the key finding identified around health education and cooking classes.

“Not just me/my family but everyone will benefit”

My Healthy Home

There were mixed views on this element of the draft plan. Most respondents felt that the proposals were positive but were unsure of if these would include the GRT community. As mentioned in the key findings there are identified

issues around living standards. A sited GRT would perceive their home to be their caravan or trailer and the site to be separate. For the purpose of this project we formed the questionnaire to include the views on both their caravans and their site. Most issues raised were site issues, relating to the standards of on-site provision and also the lack of consistency and support when repairs are needed which in turn affected their health and wellbeing. There is clearly a great need to consider how the GRT community live, to ensure an inclusive final proposal is set for the My Healthy Home element of the Pennine Plan.

“Who would help us? We own caravans”

Me and My Community

As part of the Community Research training it was emphasised that within the proposals community meant population within a local area, this was important as the Researchers advised that GRT view themselves as one community. Their view is that they are the GRT community and the other community is the ‘settled community’ which relates to the non-GRT population as a whole, not the area they live. It was identified through discussion that work needs to be done, to break down barriers and involve GRT residents in local activities, in order for them to view themselves as part of their local area community. This involves raising awareness and understanding of the GRT community to enable them to feel confident that they would be able to access and take part in activities free of prejudice and be made to feel welcome.

Access to information about community activities and local groups was also raised, with many not knowing the local offer of services in their area. There were also cultural sensitivities around activities for women and the need for women’s groups and sessions.

“These all seem like good ideas but being part of the Traveller community we don't get to hear about them, leaflets are no good as a lot of my family can't read or write. We need more people coming to speak with us to let us know what is going on in our area. Healthy food education and cooking classes would be brilliant for us as Travellers.”

Living Happy, Healthy and Well

There was overall support for the proposals within the Living Happy, Healthy and Well element of the draft plan. There was a substantial interest in the

development of community cooking classes and the need to learn about healthy foods.

There was support, but also scepticism, around the aim for residents to only have to tell their story once when accessing health and care services. All respondents felt that this would be fantastic but were unsure on how this would work, especially due to the current lack of continuity they experience when accessing services.

Comments made relating to Food Poverty Networks were quite matter of fact and it was felt that this was an alien concept to the GRT community. This insight has helped us reflect on the fact that although there is the view of the lack of awareness about the GRT community, that also some of the GRT community have a limited awareness of how other people live, and the struggles people face in 'settled communities'. This is a matter that we will look to include in future engagement with the GRT community.

"If you've no money, find work to help you feed your family"

"Don't have kids if you need help for food"

Keeping Happy, Healthy and Well

Comments made when discussing this element of the draft plan were appreciative towards involving and including the thoughts of the GRT community on these areas for development. As mentioned previously the community often feel excluded from decisions and development of services and activities. Broad support was expressed for the proposals within Keeping Happy, Healthy and Well. Participants were also eager to learn more about the plans and that they would welcome more detail.

"Good ideas to explain and to involve me in this talk"

"I would love some support for young kids"

Joined-Up Care and Support

There is broad support from respondents on Joined-Up Care and Support draft plans. There were quite a lot of comments made to the Researchers that showed confidence around knowledge on identifying urgent care needs and

where to get help in these situations, also the awareness of out of hours provision.

In-Hospital Care and Support

Agreement and support for In-Hospital Care and Support draft plans was shown in all responses. The need to improve the availability of information on patient choice in relation to their hospital-based care is very much welcomed and needed for the GRT community.

“This is a long time coming. 500 people a day at A&E is shocking”

Conclusion

There is clearly broad support for the direction of travel and proposals contained within the draft Pennine Plan from the GRT Community that were shared during this engagement project.

The Community Researcher method of engagement has worked extremely well to enable us to capture a good quantity and high quality views from the Pennine Lancashire GRT community. It is recommended that similar methods of engagement are repeated in the future and to utilise the trained Community Researchers’ new skills, research abilities and networks within their community.

When reviewing the audit report from 2011 and comparing the information gathered during this engagement activity, it is recognised that the reality for the GRT community is that health and care services and needs over the past eight years, have not improved or moved forward, as many of the issues raised and identified through this project have not changed. This shows the need to support and involve the GRT community in planning for improvements to health and care services.

We have collated and analysed the data from the responses gathered by the Community Researchers. From this analysis we have shared the common themes, along with specific suggestions and feedback which will be considered during detailed design and mobilisation of each workstream. All plans will be Equality Impact Assessed. Furthermore, additional comments and issues relating to other service provision have been fed back to the relevant organisations for action.