Children and Family Health Surrey

NHS

Improving health outcomes in GRT communities

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Surrey

@CFHS_Surrey
www.childrenshealthsurrey.nhs.uk

Reasons for poor health status

- **Poor access to health services**
- **Lack of trust**
- **Poor access to education, including PH messages**
- **Lived experience of discrimination and racism (actual and perceived)**
- Negative stereotyping
- Nomadic lifestyle
- Late presentation
- Traditional beliefs
- Poor accommodation: lack of choice, often intolerable conditions
- Limited literacy
- **Low expectations of services**
- Suspicion of professionals
- Hidden in plain sight: Invisible minority ("Internal outsiders")

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Bias: **conscious** and unconscious

TYPES OF UNCONSCIOUS BIAS

Affinity Bias

Feeling a connection to those similar to us

Perception Bias

Stereotypes and assumptions about different groups

Halo Effect

Projecting positive qualities onto people without actually knowing them

Confirmation Bias

Looking to confirm our own opinions and pre-existing ideas.

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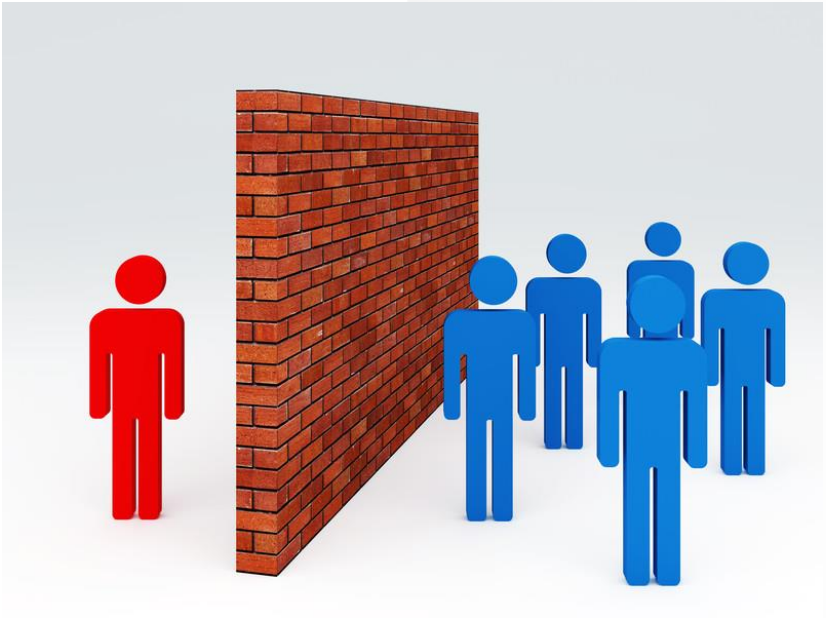
Cultural perspectives V professional barriers: collision of belief systems

Cultural beliefs:

- Family
- Distrust of outsiders
- Fatalism
- **Traditional beliefs (death, cleanliness, gender roles,** lived experience V "Book learning")
- Health and other myths

Professional beliefs:

- Don't engage
- Don't attend appointments
- "Don't help themselves"
- Aggressive
- Not homeless
- Don't pay any taxes or utilities
- Don't want help
- GP registration (ID, address)



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Training

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Cultural competence: what helps?

Challenge:
Understanding the barriers…

Feeling judged
Nervous about forms, leaflets, information,
Feeling excluded, "looked down on"/ language
Unfamiliar environments
Not understanding the "rules"
Different washing, eating, social arrangements
Cut off from family support/family pressure
Social taboos
Distrust of outsiders
Historical persecution
Community expectations

Solution:

Don't assume! **ASK!**
Listen
Offer simple and clear explanations
Involve family (if wanted)
Welcome, explain processes
Expect large crowds and manage expectations
Avoid jargon
Be aware of language
Broach literacy with sensitivity
Don't routinely offer leaflets
Check address and contact details (explain why)
Follow up…
Respect and kindness

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What we do…

- **“NOTHING ABOUT US WITHOUT US” (SCGTF)**
- Advocacy (educating professionals)
- Assertive outreach
- Creative, client-led approach (Light & Life, support with appts, take time, build trust, deliver on promises)
- Whole family approach NOT just children!
- **Monthly GRT Drop-in clinic**
- Collaboration with supportive colleagues (Irish Traveller chaplain, REMA, Surrey Community Action, FFT **Find & Treat**)
- COVID (film, outreach, site vaccs, data scientist, system approach, Roma vaccine equity co-ordinator, shared learning)
- Addressing literacy (direct: F2F, voice messages not leaflets etc. Indirect: projects, such as SCC/GRT strategy, addressing racism, challenging & supporting schools, educating staff, challenging bullying, **raising expectations while defending culture**
- **Peer health trainers**

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Working with partners

- Maternity services / 0-19 teams / safeguarding teams
- GPs/PCNs, link GPs (PHA) for imms catch ups/community
- PHE / QNI / (provide evidence / influence local and national policy)
- GRT Advocacy and resource organisations (LeedsGATE/FFT)
- CCGs, District and Borough Councils
- Surrey Community Action/Action for Carers
- Cancer Alliance, including end-of-life care and hospices
- Bids/projects
- Children's Services, Traveller education support workers support, EHH, **GRT Strategy Group**
- Acute hospitals (A & E's, Paeds, Maternity)
- Local Schools
- St Johns Ambulance etc PHE

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