

PHR Protocol - project ref: 10/3004/02

Version: 01

Date: 19/4/2011

Outreach programmes for health improvement of traveller communities: A
pluralistic synthesis of evidence

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Funder PHR Programme

NIHR Portfolio number

ISRCTN registration (if applicable)

Outreach programmes for health improvement of traveller communities: A pluralistic synthesis of evidence

1. Aims/Objectives:

To identify and assess effectiveness and cost effectiveness of components of outreach programmes for Traveller Communities.

2. Background:

The phrase Gypsy, Roma and Traveller (or Traveller Communities) is used to describe a wide variety of cultural and ethnic groups. TC is a generic term that covers a number of different groups: English and Welsh Gypsies, Irish and Scottish Travellers, showmen (fairground people) and circus people, bargees (occupational boat dwellers) and New Travellers. These communities have in common a long tradition of a travelling lifestyle, but their history and customs vary¹.

Large scale epidemiological studies have demonstrated that the health status of Travellers in the UK is significantly worse when compared with other socio-economically disadvantaged groups among the non traveller population^{2,3,4,5}. This is true of many domains of health, with members of TC being more likely to experience chronic illness than their age-sex matched comparators^{4,5}; high levels of infant mortality, low birth weight, low immunisation uptake and high child accident rates⁵; and high levels of anxiety and depression^{6,4,5,7}.

Whilst there are efforts to tackle health inequalities in this diverse group, as evidenced through recent funding sources^{8,9,10}, most of these have been initiated in recent years and are as yet unlikely to have yielded significant evidence of impact.

A review of health care interventions for TC recommended outreach services and the employment of trained workers from the community as culturally appropriate and promising components of interventions¹¹. Examples of outreach mechanisms cited as offering potential are diverse, including for instance a community mothers programme¹²; outreach workers from TC^{13,11}; and mobile health clinics or play buses^{13,11}.

The distinctiveness between outreach implementation models and the boundaries between them and others, such as peer support interventions for example, are not always clear in the literature. In order to provide greater focus for this review, and in line with the agenda to tackle health inequalities, the current work will be focussed on outreach efforts that aim to engage TC in a health related agenda. For the purpose of this review, and following the analysis of McGivney¹⁴, outreach programmes will be defined as any health improvement intervention that is targeted at TC, and which takes place in locations beyond usual organisational limits.

3. News:

4. Methods:

a. Setting

The review will focus on European and eastern European models in view of greater likely applicability to UK context, as outreach models are likely to be very different in the United States and Australia, and travelling communities are very likely to be culturally distinct

b. Design

Evidence synthesis

c. Data collection

c. Data analysis

On conclusion of a trawl of the literature base and after rigorous quality assessment, a decision will be made of whether a meta-analysis and cost-effectiveness modelling can be conducted or a narrative synthesis. In parallel, a realist synthesis will be conducted.

5. Contribution of existing research:

The review will quality appraise and synthesis existing subject evidence

6. Plan of Investigation:

Primary search of evidence base. Dual track evidence synthesis

7. Project Management:

Overall project leadership undertaken by Dr Carr supported by team with expertise in evidence retrieval and synthesis (Dr Lhussier and Goodall), traveller communities (Dr Bancroft), inequalities (Dr Adams) and economics (Dr Pennington)

8. Service users/public involvement:

Members of traveller communities will be invited to participate in project steering group and expert hearings.

9. References:

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This protocol refers to independent research commissioned by the National Institute for Health Research (NIHR). Any views and opinions expressed therein are those of the authors and do not necessarily reflect those of the NHS, the NIHR, the PHR programme or the Department of Health.