

**From:** Clair Bell Cabinet Member for Adult Social Care and Public Health  
Dr Anjan Ghosh, Director of Public Health

**To:** Health Reform and Public Health Cabinet Committee - 18 May 2023

**Subject:** Gypsy, Roma and Traveller Health Needs Assessment

**Classification:** Unrestricted

**Past Pathway of Paper:** None

**Future Pathway of Paper:** None

**Electoral Division:** All

**Summary:** It is recognised nationally that Gypsy, Roma and Traveller people have significantly poorer health outcomes than the general population of England and these inequalities in health are a result of interactions between adverse environments (living, working and social), lifestyle behaviours and poor access to health, care and wider support services. Kent has a higher percentage of Gypsy and Traveller people than the England average and many Roma communities. Nationally there is a lack of focus on Gypsy, Roma and Traveller communities in Joint Strategic Needs Assessments which results in these communities being overlooked when planning services. In response to these issues the council's Public Health Team carried out a Gypsy, Roma and Travellers Health Needs Assessment (HNA) to update the previous HNA of 2015.

Findings were in line with what is known about the health needs of these communities nationally. The report makes several recommendations covering the following areas:

- Instigating and monitoring Gypsy, Roma and Traveller ethnicity reporting in health, social care and Voluntary Community Social Enterprise (VCSE) services across Kent.
- Using policy levers and system leadership to develop a system-wide approach to addressing health needs.
- Increasing more joined up working between services and co-design with service users.
- Investing in developing trust and culturally competent services.
- Addressing health and mental health literacy through accessible information sources, peer support and adult education.
- Training trusted individuals in Making Every Contact Count (MECC) to support healthy lifestyles and uptake of preventative services.
- Identifying primary care champions, developing communities of practice and promoting inclusion health audits.
- Developing innovative solutions to support those living nomadic lifestyles attend screening and routine appointments.
- Investing in and training of community members to increase employment opportunities.

- Developing granular understanding of community needs though furthered in-depth research with community members.

Next steps will be to undertake qualitative interviews with Gypsy, Roma and Traveller community members to sense-check these HNA findings and gain insights into and decide priorities dependant on community-expressed need.

**Recommendation:**

The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the information contained within this report, and to **COMMENT** on the findings and next steps.

## 1. Introduction

- 1.1 Established research evidence demonstrates that Gypsy, Roma, and Traveller people have poorer health experiences and outcomes than non-Travellers across the life course. They also experience more poverty, worse living and working conditions and face numerous barriers to accessing health and other services.
- 1.2 Gypsy, Roma, and Travellers also experience multiple overlapping risk factors for poor health, face stigma and discrimination and are not consistently accounted for in electronic records such as healthcare databases. As such these communities are considered to be inclusion health groups; inclusion health is a 'catch all' term to describe people who are socially excluded and typically experience multiple overlapping risk factors for poor health such as poverty, violence and complex trauma, experience stigma and discrimination and are not consistently accounted for in electronic records such as healthcare databases. People belonging to inclusion health groups frequently suffer from multiple health issues and have extremely poor health outcomes, often much worse than the general population. Gypsy Roma, and Traveller communities are also identified as a priority within the 'PLUS' element of the NHS CORE20PLUS5 framework which seeks to reduce health inequalities.
- 1.3 Nationally there is a lack of focus on Gypsy, Roma, and Traveller communities within Joint Strategic Needs Assessments (JSNAs). [The Women and Equalities Select Committee](#) has highlighted that this omission results in these communities being overlooked when planning services.
- 1.4 In response to these issues the council's Public Health Team carried out a Gypsy, Roma, and Travellers Health Needs Assessment (HNA) to update the previous HNA of 2015. A mixed methods approach was used to describe the scale of health needs faced by Gypsy, Roma, and Traveller communities in Kent. A variety of stakeholders from health and social care, Kent County Council, Voluntary Community Sector Enterprise (VSCE) services, community advocates and other statutory services were interviewed to obtain views on the needs for health and social care services amongst Gypsy, Roma and Traveller communities and the extent to which these needs are currently being met and barriers faced. Where possible stakeholder findings were triangulated with findings from other recent projects supporting Gypsy, Roma, or Traveller communities in Kent.
- 1.5 The groups in scope for this HNA were the Romany Gypsies, Irish Travellers and Roma groups. These are ethnically and culturally diverse groups although share

the tradition of a nomadic lifestyle. When referred to collectively in this paper, it is with the understanding that there are differences between these communities which are recognised and acknowledged; equally, there are aspects of similar shared experiences which are also recognised.

## **2. Findings**

- 2.1 The 2021 Census recorded that 5,405 people in Kent (0.3%) identified themselves as being from Gypsy and Irish Traveller ethnic groups, compared with the England average of 60,073 (0.1%). The corresponding figures for people identifying as Roma were 2,255 people (0.1%) in Kent compared to 99,138 (0.2%) in England; 1.1% of pupils on the school roll in Kent (Spring 2022) are Gypsy, Roma, and Traveller of Irish Heritage. Many Gypsy, Roma and Traveller individuals are housed or live on traveller sites.
- 2.2 Stakeholders reported poor health outcomes across the life course for all Gypsy, Roma, and Traveller groups. High rates of childhood illnesses such as asthma were observed, and very poor dental health was noted in children as young as 4. There was a predominance of non-communicable disease such as cardiovascular disease and chronic obstructive respiratory disease amongst adults. Additional concerns for older community members included musculoskeletal issues, especially in men, and the care of individuals in dementia. All groups have a strong tradition of elder care which may deter seeking help for older relatives.
- 2.3 Poor mental health was reported across the life course, specifically perinatal mental health for Gypsy and Traveller mothers and bullying of children and young people. Stakeholders highlighted that the concept of mental health is unfamiliar amongst Roma communities which negatively impacts seeking help and treatment. Mental health issues were reported to be high especially amongst Roma men of working age. Isolation of Roma women and reliance on others to access services was also thought to contribute to poor mental health.
- 2.4 Members of the Gypsy, Roma, and Traveller communities face multiple barriers to accessing healthcare, many of which are common across all communities. A major theme was a lack of trust resulting from experiences of discrimination and a lack of cultural awareness amongst healthcare providers. For first generation Roma communities this is compounded by an unfamiliarity of the UK healthcare system and knowledge of healthcare entitlements. All communities were reported to be wary of authorities having powers such as the ability to take children into care.
- 2.5 Despite this a survey of KCC and district and borough council's Gypsy and Traveller site managers found that respondents thought that most residents on their sites were registered with a GP. This aligns to findings from a survey of 10 Gypsy and Traveller community members carried out in 2022 in which all respondents reported to be registered with a GP. However, high use of Accident and Emergency (A&E) services were also reported.
- 2.6 Healthcare access issues relating to a nomadic way of life included not being able to register with services due to having no fixed address and being unable to attend routine appointments if travelling. Healthcare providers reported workarounds, such as using the GP practice address, but this is not standard

practice across the system. Overall, it was noted that many members of Gypsy, Roma, and Traveller communities had difficulty navigating healthcare services.

- 2.7 Stakeholders reported low levels of health literacy amongst some community members. This was partly attributable to general low literacy levels, language difficulties (for first generation Roma migrants) and in-going cultural beliefs/taboo of issues such as sexual health, mental health, and cancer. It was strongly felt that services should do more to be more accessible to these communities. Key areas included cultural competence training for health and social care staff, the provision of accessible health information and greater availability of translation services (often Roma individuals use children as translators).
- 2.8 Barriers to healthcare result in low uptake of preventative and screening services across all communities. Uptake of antenatal and cancer screening services were of particular concern. NHS patient survey data for Kent residents found a higher proportion of Gypsy, Roma, and Traveller individuals reporting a cancer diagnosis compared to the general population.
- 2.9 Smoking rates are high, especially amongst Gypsy, Roma, and Traveller men and high take up of smoking and/or vaping amongst Roma adolescents. Many stakeholders reported poor diets and obesity as issues. Bottle feeding is preferred amongst Roma women and practices such as adding sugar to infant formula was thought to contribute to obesity in childhood.
- 2.10 Gypsy, Roma, and Traveller children experience the worst educational outcomes of all groups in England. The percentage of pupils meeting the expected standard KS2 in reading, writing and maths is significantly lower for Gypsy-Roma and Traveller of Irish Heritage children and young people at 14.9% compared with the Kent pupil population at 59% (Census, 2021).
- 2.11 There was a higher percentage of Gypsy, Roma, and Traveller children and young people, recorded as educated at home between 6 September 2021 and 31 August 2022 when compared to the pupil population; 8.2% compared to 1.1% respectively. In the 2020/21 academic year, 37.7% R-6-year group students and 33.3% 7–11-year group students identifying as a traveller of Irish heritage were removed from the school admission register (referred to as being 'removed from roll'), this compares to 1.4% at the Kent level in both year groups. In the Autumn 21 and Spring 22 terms 7.5% of Gypsy, Roma and Irish Traveller pupils were excluded from school compared with 2% for the whole of Kent.
- 2.12 For Gypsy and Travellers there was concern around living conditions on traveller sites; poor water sanitation, high levels of pollution and air quality, as sites are often near motorways, issues of contaminated land and the suitability and safety of sites in the height of winter and summer and unsafe environments for children were also acknowledged. Overcrowding and individuals not being aware of the benefits and support they might be entitled to was highlighted.
- 2.13 Although this HNA found significant health inequalities entrenched in all communities, encouragingly a generational shift was noted with younger generations more able to engage and build knowledge around health conditions and services they can access.

2.14 There are several pockets of good practice in Kent where individuals and services have recognised and responded to specific needs of the Gypsy, Roma, and Traveller communities. This had both fostered trust and engagement with communities and supported better health outcomes. However, these services are often reliant upon the commitment of individuals and can be subject to short term funding. There is a need for system-wide recognition of inequalities faced and development of sustainable services and practices to address these.

2.15 The report makes several recommendations covering the following areas:

- Instigating and monitoring Gypsy, Roma and Traveller ethnicity reporting in health, social care and Voluntary Community Social Enterprise (VCSE) services across Kent.
- Using policy levers and system leadership to develop a system-wide approach to addressing health needs.
- Increase more joined up working between services and co-design with service users.
- Investing in developing trust and culturally competent services.
- Addressing health and mental health literacy through accessible information sources, peer support and adult education.
- Training trusted individuals in Making Every Contact Count (MECC) to support healthy lifestyles and uptake of preventative services.
- Identifying primary care champions, developing communities of practice and promoting inclusion health audits.
- Developing innovative solutions to support those living nomadic lifestyles attend screening and routine appointments.
- Investing in and training of community members to increase employment opportunities.
- Developing granular understanding of community needs though furthered in-depth research with community members.

### 3. Next steps

3.1 Although this HNA describes significant health inequalities within the Gypsy, Roma, and Traveller communities, it has not been able to investigate many of these in depth. **Wave 2** of this research will undertake qualitative interviews with Gypsy, Roma, and Traveller community members to understand the lived experience of these communities and in the absence of data to undertake a health and wellbeing survey in order to accurately capture the health needs of different subsets. Findings will then be triangulated with Wave 1 (stakeholder engagement findings) to determine priorities and generate a final set of recommendations. The council's Public Health Team is currently working on a Clinical Research Network Kent Surrey Sussex (CRN KSS) Under-served Funding Programme bid application enabling this work to progress.

- 3.2 The Public Health Team is also working with regional and national fora to identify opportunities to share best practice, advocate for and identify funding and other national resources which can be deployed in Kent.

#### 4. Equalities implications

- 4.1 This report focuses solely on Gypsy, Roma, and Traveller people who are protected against discrimination under the Equality Act 2010 in England. All groups with protected characteristics within these communities are considered equally within the Health Needs Assessment, including recommendations made.

#### 5. Conclusions

- 5.1 This report highlights the significant health inequalities faced by Gypsy, Roma, and Traveller groups across Kent which are in line with what is known about the health needs of these communities nationally. These health inequalities result from longstanding inequalities in the wider determinants of health as well as inequities in access to preventative, screening, and treatment services. These are exacerbated by experiences of stigma and discrimination faced by these communities. Additionally, levels of health literacy, cultural and health beliefs shape the way community members view the need for services. It is important for culturally competent services to build trust to address needs.
- 5.2 Action taken at system, place-based and service level will improve health outcomes for Gypsy, Roma, and Traveller people. This will contribute to the Integrated Care Strategy (ICS) commitment to reducing health inequalities and will support NHSE Core20Plus5 priorities. The ICS (pp30) highlights the importance of addressing the prevention and health protection needs of these vulnerable communities. System leadership will foster joint working between health, social care and wider services and support the co-development of service improvements with community members.
- 5.3 Improving ethnicity recording in all services will ensure that Gypsy, Roma, and Traveller health needs are visible to all service planners and outcomes can be routinely monitored.
- 5.4 Further research work with community members will consolidate findings of this Health Needs Assessment, underpin priority setting and co-creation of future service developments.

#### 6. Recommendations

6.1 The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the information contained within this report, and to **COMMENT** on the findings and next steps.

#### 7. Background Documents

<https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>

[https://www.kmhealthandcare.uk/application/files/4316/7171/0774/Kent\\_and\\_Medway\\_Interim\\_Integrated\\_Care\\_Strategy\\_-\\_December\\_2022.pdf](https://www.kmhealthandcare.uk/application/files/4316/7171/0774/Kent_and_Medway_Interim_Integrated_Care_Strategy_-_December_2022.pdf)

## 8. Contact Details

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