

**Date: 29 February 2024**

## **Report to Kent Health Overview and Scrutiny Committee**

### **Gypsy, Roma and Traveller Communities School Aged Immunisations**

#### **Background**

Gypsy, Roma and Traveller communities are recognised as an important inclusion health group. NHS England define inclusion health groups as “an umbrella term used to describe people who are socially excluded, who typically experience multiple interacting risk factors for poor health, such as stigma, discrimination, poverty, violence, and complex trauma.”<sup>1</sup> These communities experience a number of these risks alongside adverse living, working and social environments and engage in health behaviours which are linked with poorer health. People in these groups also have poorer access, experience and outcomes from services. As a result the community experience significantly worse health outcomes than the general population. They are also less likely to be visible in the datasets.

The term Gypsy, Roma and Traveller communities is an overarching term used to describe multiple communities, recognising they can face similar inequalities and experiences of racism. However, the different groups have different histories, beliefs and ways of life.

Kent Public Health Observatory recently published a “Gypsy, Roma and Traveller Populations” Joint Strategic Needs Assessment (JSNA).<sup>2</sup> This identified that Kent has a higher percentage of Gypsy and Traveller people than the England average, living in communities across Kent. There are also a number of significant Roma communities in Kent, focused in Margate, Dover, Folkestone and Gravesend. It is widely recognised that uptake of childhood immunisations in these communities is lower than the general population, putting them at risk of developing a range of preventable diseases and increasing health inequalities.<sup>2</sup> The reasons for the lack of uptake can vary by community. The JSNA identifies from the literature that for Gypsy and Traveller Communities the lack of uptake is linked to reduced access to healthcare; through challenges to register with a GP, the mobility of the population, lower health literacy and lack of services that are sensitive to cultural needs. However, engagement with local families did identify some cultural issues related to uptake of immunisations, particularly the HPV vaccine due to the link with sexual health. In the Roma communities, access to services is similarly a major challenge which may be complicated when children are not born in the UK with a vaccination record. Local stakeholder work identified that low uptake can be as a result of misinformation. Data for this community is not available due to lack of coding for Gypsy, Roma and Traveller communities.

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<sup>1</sup> NHS England (2023) A national framework for the NHS – action on inclusion health. Available at: [NHS England » A national framework for NHS – action on inclusion health.](#) [Accessed 9 February 2023]

<sup>2</sup> Kent Public Health Observatory (2023) *Kent ‘Gypsy, Roma and Traveller Populations’ Joint Strategic Needs Assessment*. Available at: [Ethnicity - Kent Public Health Observatory \(kpho.org.uk\)](#) [Accessed 9 February 2023]

The Kent Community Health NHS Foundation Trust (KCHFT) School Aged Immunisations Service (SAIS) deliver the NHS vaccination schedule to school-aged children across Kent and Medway. This mainly occurs in a school setting, alongside outreach into communities. KCHFT delivers one of the biggest immunisation programmes in the country, the eligible cohort for Flu alone is 311,274 children. The immunisations delivered are:

- Influenza Vaccine (delivered for Reception Year to Year 11 of Secondary School)
- Human Papillomavirus Vaccine (HPV) (12-13 years)
- Tetanus, Diphtheria and Polio Vaccine (Teenage booster) (14 Years)
- Meningococcal ACWY (14 years)

The service will start operating under a new contract from August 2024. The new specification has an emphasis on reducing inequalities in uptake to immunisations.

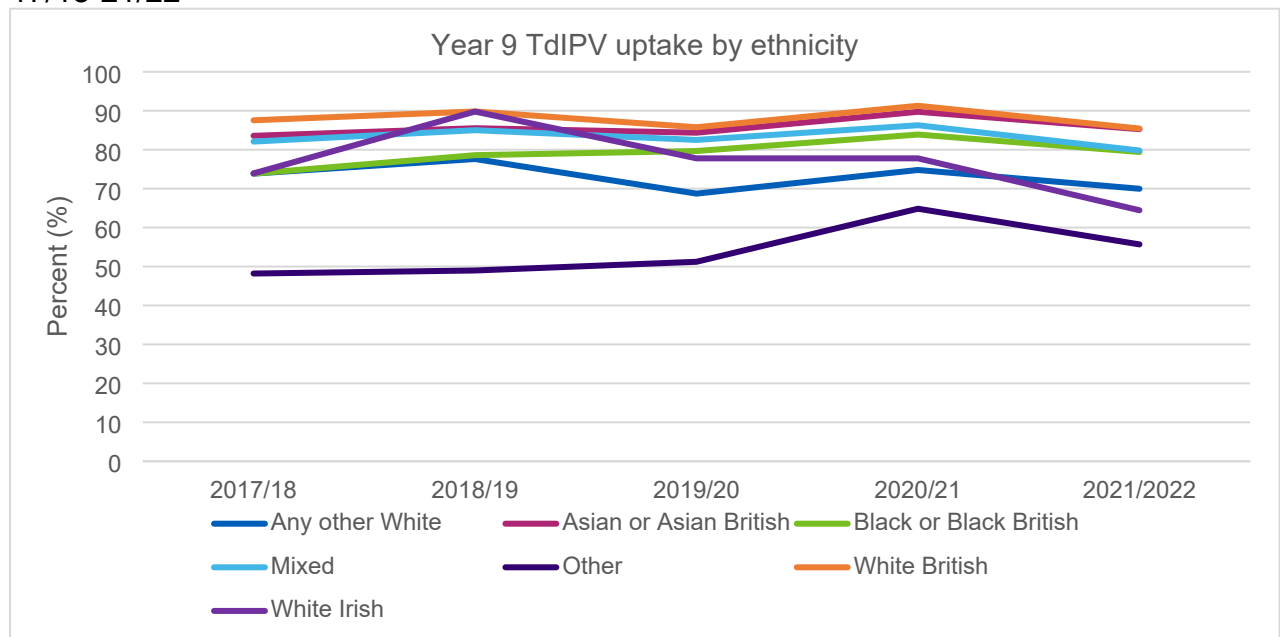
In the Autumn of 2022 the team were invited by their NHS England Commissioners to bid for additional funding to reduce health inequalities related to immunisation uptake. The team were successful and awarded funding to carry out projects related to digital poverty on the Isle of Sheppey, the Eastern European population in Thanet (including the Roma population) and Gypsy and Traveller Communities in West Kent. This paper presents an overview of the Thanet and Gypsy Traveller projects. These projects ran from January-August 2023. The team faced a number of challenges regarding staffing in this period which impacted on the delivery of the projects within the timeframe.

### **Eastern European Population in Thanet**

The main aim of the project was to engage and work collaboratively with the Eastern European and Roma communities in Thanet to identify and understand barriers to immunisations. The team would then take action based on the local findings and other evidence in the literature.

The below graph illustrates the difference in immunisation uptake between the White Other category and the White British population in Kent and Medway, using the teenage booster as an example. It should be noted Eastern European populations sometimes define themselves as White Other when asked for their ethnicity. However, local insights have also suggested people may code themselves as other, or White British.

Diagram 1: Variation in uptake by Year 9 for Teenage Booster by Ethnic Group 17/18-21/22



The service worked with the Compas charity to engage with the local community. Compas work with marginalised and migrant communities, particularly those from Roma communities. They interviewed 66 people from the eastern European community including people from the Roma community. Just under half of those interviewed thought their children had been vaccinated at school. This was followed by parent engagement workshops supported by Margate and Mocketts Primary Care Network (PCN).

They found that nearly three quarters of the people interviewed were not likely to immunise their children, despite being immunised themselves in their home countries. The reasons for this was that they were more able to trust the health system and immunisations in their home country, particularly as they had all the information in their native language. Many people could not remember being contacted about school-based vaccinations.

Nearly all the parents interviewed felt the most uneasy about the HPV vaccine and some had linked it to HIV. They did not feel their children needed this vaccine due to the link to sexual health.

The interviewees felt uncertainty about the delivery of immunisations by nurses in school, due to the lack of the “clinical” nature of the setting and nurses who administer the vaccine. This issue was also identified in a workshop with Roma participants co-organised with the Margate and Mocketts Wood PCN.

A significant finding was that parents from these communities were not happy for their children to consent to their own vaccinations. This is allowed under UK law where a child is assessed to be mature enough to make decisions that affect them. The immunisations team use this provision regularly to allow children to make decisions about immunisations when a parent has not responded to a request to consent to a vaccine.

Additional findings from other workshops were related to unease about the difference in vaccines and schedules in their home country compared to the UK. The lack of any parent held record for immunisations made people spoken to uneasy about children missing or having a vaccination twice.

The below table presents the areas of focus, actions taken and future action planned.

<b>Theme</b>	<b>Action Taken</b>	<b>Future Action</b>
<p>Ensuring all communications are culturally appropriate, available in native languages and speak to community specific barriers to immunisation.</p>	<p>A literature review was undertaken to identify barriers and potential solutions to uptake.</p> <p>The service carried out a further co-production workshop with 5 families from the Roma community, to identify amendments to the online consent forms and invitation letter.</p> <p>Changes were made to the consent form.</p> <p>Guidance on how to change language has been included on the immunisations landing page.</p> <p>The invitation letter includes instructions of how to translate the immunisation website and consent form. Also includes reassurance about delivery of vaccine in school by a nurse.</p> <p>A survey was undertaken to understand the most common languages spoken in schools to focus communication.</p> <p>Local schools have received NHSE vaccination resources in the most commonly used languages in their school.</p>	<p>Further work is being undertaken to ensure translated and culturally targeted communications reach the eastern European and Roma population across Kent.</p>
<p>Working with the PCN and other partners to develop a presence in the community</p>	<p>The service attended a local PCN cancer awareness event to promote vaccines.</p>	<p>The service continues to work with the PCN to identify opportunities for</p>

	<p>The service attends monthly coffee mornings for parents from the eastern European community organised by the PCN.</p> <p>The service has supported a health visitor in Thanet to work with Roma families to increase the uptake of vaccinations. They are also working with the local PCN.</p>	promotion and access to vaccines.
Facilitating members of the community to become immunisation ambassadors		The service continue to explore the concept of vaccine ambassadors and how this can be implemented.
Working with schools to collaboratively to support communities to access immunisations.	<p>Local immunisation teams now have additional capacity to work with local schools to increase uptake.</p> <p>Further engagement with the population provided insight into the role of schools in supporting immunisation e.g. filling in online consent form.</p>	Immunisation team members continue to strengthen links with schools, and support them in the most appropriate way.

## Gypsy and Traveller Communities in West Kent

This programme faced the most barriers to achieve what it set out due to challenges in the workforce and changes. The table below presents the main aims of this programme actions taken and future action planned.

<b>Theme</b>	<b>Action Taken</b>	<b>Future Action</b>
Staff to receive cultural competency training delivered by a Gypsy and Traveller charity.	All staff received cultural competence training from Friends, Families and Travellers.	Exploring the possibility of delivering the training to other Public Health Services.
To deliver immunisations flexibly in ways that would increase uptake by the Gypsy and Traveller Community.	The service has discussed the needs of the Gypsy and Traveller populations with schools that have large populations belonging to the community. A clinic was held at Ulcombe School in Maidstone for families, where there is a large	The Swale Health Visiting team have recently taken the public health outreach bus to a Gypsy and Traveller site. The service will investigate

	<p>Gypsy and Traveller population. This helped to build relationships with the community and resulted in children being vaccinated. Older children were also administered the HPV vaccination.</p>	<p>the opportunities that this could provide.</p> <p>The service will continue to build relationships at Ulcombe school, and take learning from this approach to replicate in other schools with large Gypsy and Traveller populations. Three other events are planned.</p> <p>The service will continue to work with local partners to identify Gypsy and Traveller sites to administer vaccinations at.</p>
<p>Work with system partners to understand the needs of the population and work collaboratively to deliver care.</p>	<p>The service engaged with the KCC led Gypsy, Roma and Traveller working group which was set up to support the needs assessment. This provided links to key stakeholders.</p>	<p>Continue to take part in the working group to expand the service's networks and associated opportunities to deliver care.</p> <p>The service plans to work with general practices in key areas to work collaboratively with communities to deliver vaccines across the age groups.</p>

## Conclusion and Next Steps

The funding available for the projects ended in August 2023, however as the future actions outlined earlier in the paper evidence, the service has continued to implement and embed learning as part of their business as usual delivery. The service continues to closely monitor the uptake of immunisations to evaluate the impact of the actions taken. A health equity audit was undertaken to baseline uptake data and this is currently being updated. Initial findings have been shared with KCC Public Health to support their system wide work.

Reducing inequalities is a key plank of the service's future strategy in line with the new contract specification. Gypsy and Traveller and Roma populations have been identified as a focus for future work.

**Name:** Samantha Bennett

**Job Title:** Associate Director Population Health and Prevention/Consultant in Public Health. Kent Community Health NHS Foundation Trust.