

By: Oliver Mills, Managing Director, Adult Social Services  
To: Gypsy and Traveller Advisory Board – 22 April 2008  
Subject: **GYPSY AND TRAVELLER HEALTH ISSUES**  
Classification: Unrestricted.

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Summary: A report describing the various health inequalities experienced by the Gypsy and Traveller communities in Kent and joint work to address these.

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## **Background**

1. The communities that perhaps experience the most extreme health inequalities are Gypsies and Travellers. However, very little authoritative data (including health data) on these populations exist, either nationally or locally. The national census does not include categories for these communities, although we understand that that should change in time for the next survey in 2011. Kent has a history of involvement with English Romany Gypsy communities, evidenced by connections with agricultural work, including hop-picking. Many of those families have settled and integrated substantially into housed communities, but the numbers can only be guessed at, and many of those who are now settled would not necessarily self-declare as English Romany Gypsies or Irish Travellers. However, it is important to note that settlement in housing and integration with the surrounding population does not mean that there are no remaining issues about lifestyle and support needs.

## **Numbers in caravans or mobile homes**

2. As a result of Gypsy and Traveller Unit monitoring of countywide unauthorised encampment data over the last four years, and data collected as a by-product of the Government's bi-annual caravan count, we can estimate that there are approximately 3,000-4,000 Gypsies and Travellers living in caravans in Kent.

## **Numbers in housing**

3. There is strong evidence – for example through the relatives and connections of those who live on private and public sites - that the majority of the Kent Gypsy and Traveller population live in houses. Our best estimate, assuming 0.6% of the population is a Gypsy or Traveller is that there would be 9,600 people in total, and thus 5,600 to 6,600 in housing. However, in Kent, with its history of connections with, and settlement of, English Romany Gypsies, that figure is likely to be much higher, and it could conceivably be double or treble that number. Many of those in housing are probably living in forms of social housing. Whilst a few housing forms include a category of Gypsy or Traveller, many are reluctant to declare themselves as such, for fear of discrimination. The Pupil Level Annual School Census (PLASC) also collects ethnicity data and whilst response rates are improving, there is still a general reluctance amongst Gypsy and Traveller parents to declare their children as members of these communities. The numbers of Irish Traveller children recorded by

PLASC data in Kent are very small indeed, and do not appear to reflect the total numbers either of Irish Traveller children in school, or numbers overall.

### ***Which communities?***

4. The principal Gypsy and Traveller populations would currently appear to be English Romany Gypsies and some Irish Travellers, and we estimate that the split is approximately 85%/15%. Very rarely does the Gypsy and Traveller Unit encounter Scottish, Welsh and New Travellers, although we cannot rule out the possibility that populations exist.
5. The Gypsy and Traveller Unit manages eight of the seventeen permanent public caravan sites that are provided specifically for Gypsies and Travellers. The location of these sites are spread across the county. Pitch turnover on most of sites managed by the GTU is very low, with most families staying on our sites for long periods.
6. The majority of caravans are on land owned by Gypsies and Travellers, both with planning consent and without. These families are generally more independent, content and self-sufficient than those without a base. Although they may well encounter long difficulties in establishing their own sites, and they may be unsuccessful and have to leave such land, otherwise they are unlikely to have specific needs that are linked, for others, with accommodation problems and shortage.
7. We do know that there are about eight to ten families that are permanently travelling around the county (and have been doing so for at least four years, particularly in Swale and Canterbury Districts) that would appear to have no permanent base to live on. Some of the families used to live on a publicly-run site in Canterbury District that was closed in 1998.
8. About half of the unauthorised encampments that occur in Kent are Gypsies and Travellers visiting from outside Kent, who are thought to have settled bases elsewhere.

### **What do we know about the health of these communities?**

9. There is very little reliable scientific and statistical data available about the health of the Gypsy and Traveller populations, both nationally and locally. Perhaps the most significant and reliable information nationally is a 2004 report produced for the Department of Health by the University of Sheffield – summary report attached (Appendix 1).
10. Most commentators accept that life expectancy is considerably less than that of the settled community - perhaps by as much as 10 years or more. Complications in pregnancy including still births and miscarriages are more prevalent, as well as the incidence of breathing problems such as asthma. A paper published by the Commission for Racial Equality in 2004 reported that Gypsy and Irish Traveller mothers are 20 times more likely to experience the death of a child than other mothers.
11. Locally, there is no separate ethnicity category for Gypsies and Traveller in health monitoring data. That makes it difficult to ensure that services are designed to meet

the cultural and lifestyle needs of these communities. Kent's Public Health Strategy contains the following short paragraph in its Health Inequalities section:

***“Gypsies and Travellers: A travelling lifestyle makes getting routine health care more difficult. Continuity of care and preventative measures, like vaccinations, are particular problems. One study showed life expectancy is 10 years shorter than average in traveller communities and complications in childbirth are 20 times more likely. Kent has more Gypsies and Travellers than most other counties.”***

12. From its various dealings with Gypsies and Travellers, the Gypsy and Traveller Unit is aware that health is an important and significant issue among these communities, particularly those on unauthorised encampments. Being able to access healthcare when mobile, and continuity of care appear to be the main issues. There is also a fear or mistrust of vaccination programmes, and a perception that it can be difficult to access GPs.
13. A workshop on Gypsy and Traveller health involving a number of agencies and community members took place on 11 January 2008. A number of workstreams emerged from that meeting.
  - Investigate whether the Public Health Observatory could collate currently available Gypsy and Traveller health data, so that partners can identify what is missing and consider how best to fill that gap. The Observatory is not yet fully operational but initial discussions have taken place, with a view to identifying what might be possible.
  - Investigate whether this issue could be included within the remit of the Access to Healthcare Select Committee. The Committee is in the process of being constituted, but our desire to include evidence on Gypsy and Traveller health inequalities has been raised and it is likely to be supported by the Strategic Health Authority. It would be useful if this Board endorsed this proposal.
  - Improve continuity of care for Gypsies and Travellers when they are mobile, by introducing a Gypsy and Traveller Health Passport more widely as other areas have done. We are currently obtaining a number of Health Passport examples from other SHA areas and will then discuss the matter further with health colleagues.
  - Improve awareness amongst health and social care professionals of these communities and their needs. Our health colleagues are considering how best to achieve this. Internally, the Gypsy and Traveller Unit are having discussions with colleagues with a view to establishing a familiarisation course for KCC staff, initially for those in KASS who provide services to these communities. We are seeking to provide this training in partnership with English Romany Gypsies and Irish Travellers.
  - Identify those healthcare professionals that have expertise and awareness of Gypsies and Travellers, their culture and their medical needs. A number of healthcare staff that regularly deal with these communities have already been identified by PCT colleagues.
  - Improve awareness of immunisation programmes and their uptake in the community. Dr Chandrakumar, Director of the Kent Health Protection Unit, has expressed an interest in pursuing an awareness campaign involving community members. Further discussions are being arranged to determine what may be possible.
  - Investigate the extent to which the Department of Health's Pacesetter scheme can be used to fund work in this area. The Pacesetter programme aims to improve the health status of Gypsies and Travellers by trialling a number of initiatives, broadly in line with the bullet points above. They have held two events in the South East that were well attended by SHAs, PCTs and local authorities. Our SHA and PCT

colleagues are leading on this programme, although we are supporting them where we can. A Department of Health summary report on the health status of Gypsies and Travellers is attached (Appendix 2).

## **Recommendations**

14. Members of the Gypsy and Traveller Advisory Board are asked to:

- (a) Endorse the approach outlined in this report; and
- (b) Agree that it would be useful to include evidence on Gypsy and Traveller health outcomes and inequalities during the planned Select Committee on Access to Healthcare.

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