Halton Joint Strategic Needs Assessment 2024

Gypsy, Roma and Irish Traveller Joint Strategic Needs Assessment

Reader information	
Author	Chloe Taylor
Contributors	See Acknowledgements
Reviewer	Sharon McAteer, Katherine Woodcock
Number of pages	44
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Contact	sharon.mcateer@halton.gov.uk
Related documents	

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1. Background and Executive Summary

1.1 Executive Summary

The Gyspy, Roma and Traveller community are a diverse group of individuals with different histories, cultures, traditions and beliefs. This Joint Strategic Needs Assessment provides a summary of the available evidence, and local and national data, concerning the current health needs of the Gypsy, Roma and Traveller community within Halton Borough Council.

Research suggests that the health outcomes within the Gypsy, Roma and Traveller communities are worse than that of the general population. Though research is limited by geography or methodological design, individuals from this community experience stark health inequalities with lower life expectancy and higher prevalence of chronic illness.

Across the UK there are approximately 300,000 Gypsies, Roma people and Travellers. This includes a wide range of distinct groups including Romany Gypsies, Scottish and Welsh Gypsies and Travellers, Irish Travellers, Roma, as well as groups not included in Census data who share nomadic lifestyles such as New Travellers, Boaters and Showpeople. Within Halton, there about 160 individuals from within the community, though this figure will likely be fluctuant due to nomadic lifestyle of some in the community. Not all Gypsy, Roma and Traveller people will be nomadic, or may only travel for short periods of time. About two thirds of the community reside within brick and mortar housing, and a third in caravans.

<u>Key findings:</u>

Gypsies, Roma people and Travellers in the North West report higher levels of good or very good health than the general population, but also higher levels of bad or very bad health.

The most prevalent conditions for this community in Halton, where data was available, are:

1. Diabetes
2. Hypertension and depression
3. Asthma and severe mental illness

Healthwatch and Halton Borough Council's Gypsy Liaison Officer work closely with the community, particularly on council-run sites, to promote health messaging and facilitate registration with general practice. However, it is estimated that 21% of local Gypsies, Roma people and Travellers are not registered, and therefore unable to access basic health services or preventative initiatives.

Discrimination has been highlighted as a key barrier towards accessing healthcare. Hostile attitudes from healthcare providers, poor communication and gender-insensitive provision issues have been expressed by Gypsy, Roma and Traveller groups in the literature.

Mental health was highlighted as a health need within the community. Depression and severe mental illness, including psychotic symptoms, were among the most prevalent

conditions. Unfortunately, community mental health service data did not code for Gypsy, Roma and Traveller groups, thus it is not possible to understand what services are being engaged with. Literature suggests suicide rates are 5-6 times higher within the community. There were no reported suicides within the Halton community in 2021.

Regarding children's health, there is low immunisation uptake for local Gypsy, Roma and Traveller children. About one third have had at least one dose of the Mumps, Measles and Rubella vaccine, in comparison to 90% of the overall child population in Halton. Likewise, children are less likely to enrol into secondary school, with a preference for home education in later years. This presents a key barrier to accessing Halton's healthy schools offer or obtaining a higher qualification. Nationally, there has been parental concern regarding relationship and sex education within schools, due to conflict with cultural beliefs, which has led to children being withdrawn from school.

Limitations:

Healthcare data has been difficult to obtain for this health needs assessment due to issues with coding. Ethnicity coding may be outdated, not include ethnic codes used in the 2021 census or may be incorrectly coded. Inaccuracies may result from failing to give the option to Gypsy, Roma and Traveller groups to correctly identify their ethnicity at registration, ethnicity not being disclosed due to fear of discrimination, or not being updated in line with new ethnicity definitions. Some primary care data was available, which facilitated comparison across Quality Outcome Framework indicators, however secondary care data was very limited. This was primarily due to outdated ethnicity coding within the Hospital Episode Statistics data.

As a result of limited local data, census data has been used to gain understanding, though this is mostly presented at a national level.

Recommendations:

1. Improving data-inclusive collection.
2. Better data sharing between agencies and at a regional level.
3. Combat discrimination and stigmatisation.
4. Ensure mental health support given to families including children and young people who are home educated.
5. Improving flexibility within services to meet the cultural needs of Gypsy, Roma and Traveller people.
6. Build a climate risk assessment into the Gypsy, Traveller and Travelling Showpeople Accommodation Assessment.

1.2 Importance

> *"Romany Gypsy, Roma and Irish Traveller communities are known to face some of the starkest inequalities in healthcare access and outcomes amongst the UK population, including when compared with other minority ethnic groups. The reasons for these poor health outcomes are complex, but include the impact of discrimination and stigmatisation, the complicated nature of health systems and the effects of wider social determinants of health."*
>
> *-Friends, Families and Travellers. Health Inequalities Briefing 2022*[1]

The Gypsy, Roma and Traveller population experience poorer health outcomes than the rest of the UK population, including lower life expectancy and higher prevalence of chronic illness[1]. The drivers of health inequality within the community are complex and varied, ranging from experience of significant racial discrimination to exclusion from services.

The purpose of this health needs assessment is to understand the health & wellbeing, as well as inequalities, of Gypsy, Roma and Traveller groups living within Halton. There are limitations of the analysis in this report due to the availability of data. Gypsy, Roma and Traveller groups have historically been excluded from routine data, and so analysis has been limited. Relevant academic and grey literature has been used to highlight inequalities that the data does not allow for in-depth analysis.

1.3 A Brief History

Current estimates suggest there are 300,000 Gypsies, Roma people and Travellers within the UK. This includes a wide range of distinct groups including Romany Gypsies, Scottish and Welsh Gypsies and Travellers, Irish Travellers, Roma, as well as groups not included in Census data who share nomadic lifestyles such as New Travellers, Boaters and Showpeople[2].

Irish Travellers can be traced back to 12th century Ireland and have a discrete identity to that of the general Irish population[3]. Irish Travellers may identify as Pavee or Mincier and speak the Shelta language.

People with Roma heritage are thought to have originated from Northern India and have been documented in England from the 16th Century, though at this time this group were criminalized and punished by execution through the Egyptian Act 1554[4]. They have a long history of discrimination and persecution, including enslavement[5]. Throughout history the community has been marginalized and subject to hate crime; throughout World War II it is

estimated that between 220,000 – 1,500,000 Roma people were killed through the "*porrajmos*"[a].

In the late 20th and early 21st Century the Gypsy, Roma and Traveller communities were defined as distinct ethnic minoritised groups in the UK and included in Census data[3].

1.4 Definitions and Language

It is recognised that the Gypsy, Roma and Traveller communities are not a homogenous group, despite routinely being categorised together. They are distinct ethnicities with distinct cultural practices, languages and heritage[3]. However, the literature and data often categorise groups into "Gypsy and Traveller" or "Roma".

This heath needs assessment will only refer to the needs of the Gypsy, Roma and Traveller community, and will refrain from using the term "GRT", to emphasise the discrete ethnocultural needs of each group.

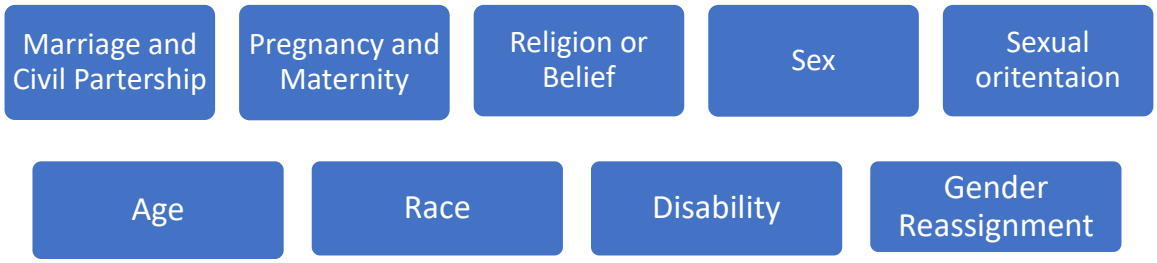
However, other groups are often included with Gypsy, Roma and Travellers due to shared nomadic ways. This includes New Travellers, Showpeople and Boaters. New Travellers grew post-1960s and refers to those who have adopted nomadic lifestyles but do not have a specific ethnic background. Showpeople refers to those who travel alongside and operate carnivals and circuses. They are represented by the Showman's guild. Boaters live along the UK's canals, and many come from a New Traveller background.

1.5 Current Policy

1.5.1. National

Most Gypsy, Roma and Traveller groups are legally protected from discrimination and harassment by the Equality Act 2010[6]. The Act does not, however, provide legal protection for Showpeople or New Travellers.

There are nine protected characteristics under this Act[7]:



[a] Porrajmos translates to the devouring, and is a term used by Roma to refer to the Holocaust of Roma people during the Second World War.

The Equality Act 2010 defines Race to include:

- Colour
- Nationality
- Ethnic or national origins

A racial group may be made up of several races or ethnicities, such as Gypsy, Roma and Traveller, and is protected by law.

1.5.2. Halton

Halton Borough Council has a Gypsy and Traveller Sites Pitch Allocation Policy that aims to acknowledge and cater for the ethnic and cultural background of residents, have a single point of access to sites, social and private housing, conform with homeless legislation, allocate pitches fairly and with consideration of household need[8].

The policy also sets out the role of Halton Borough Council and Cheshire Constabulary in managing illegal encampments. It should be noted that since the Halton policy was published, there has been a recent change in national policing powers under the Police, Crime, Sentencing and Courts Act 2022[9]. This new Act has made it a criminal offence to stay on private land with a vehicle, which has caused, or likely to cause, significant damage or distress. Offenders may be sentenced to three months prison, given a fine of up to £2,500 or have their vehicle seized. These measures are discretionary.

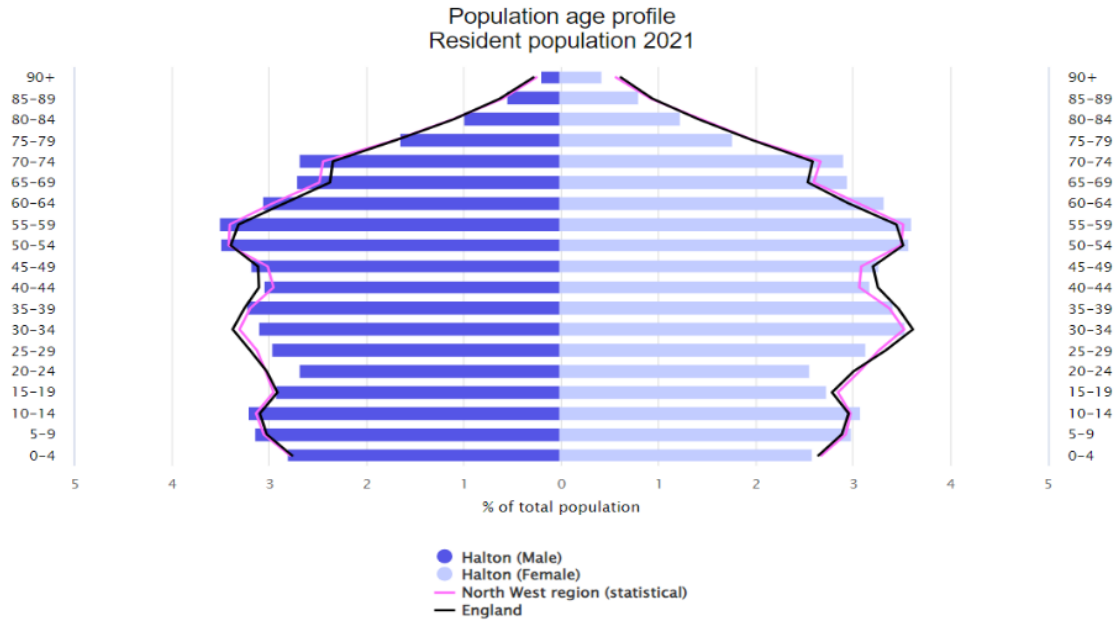
The Act has been challenged, and in May 2024 the High Court ruled that parts of the Act were in violation with the European Convention of Human Rights[10]. In particular, the prohibiting of return to land within 12 months and seizure of vehicles was ruled as discriminatory and, so will need to be reviewed to ensure consistent with the European Convention of Human Rights.

2. Population of Halton

2.1. Halton Background

Halton has a population of nearly 129,000 people, with almost half living in high deprivation areas[11]. Halton's population is living longer, and it is predicted that in 20 years' time the proportion of over 75 year olds will double to 12.8% of the entire population[b]. The 2021 census shows that 93.6% of Halton self-identify as White British (including English, Welsh, Scottish and Norther Irish).

Figure 1: Halton Population Pyramid



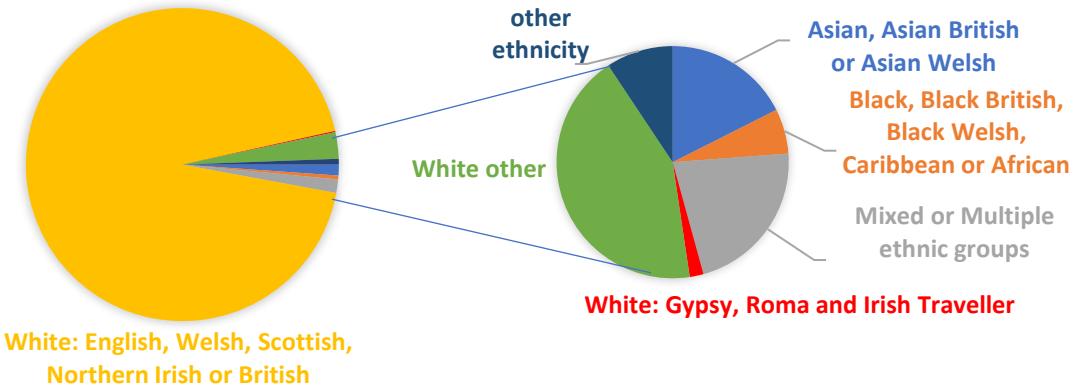
Source : 2021 Census, ONS

2.2 Gypsy, Roma and Traveller Demographics

It is difficult to determine the total population size of the Gypsy, Roma and Traveller community due to nomadic lifestyle. However, at the time of the 2021 Census, there were 90 Gypsy or Irish Travellers[12] and 70 Roma people located in the borough[13]. Gender is only broken down for Roma – there are 25 females and 45 males in the borough. Halton has a predominantly white population as shown by Figure 2.

[b] JSNA Summary 2024.pdf (halton.gov.uk)

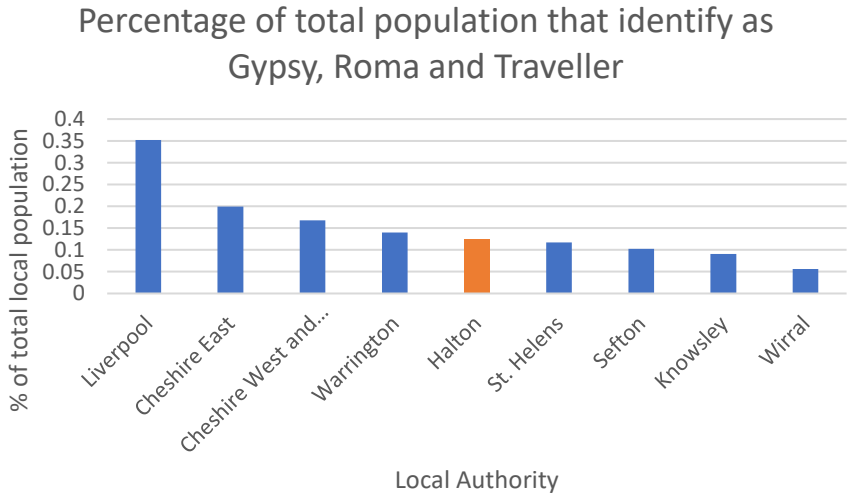
Figure 2: Halton Demographics



Source: 2021 Census, ONS

The Gypsy, Roma and Traveller community make up 0.125% of the Halton population, making it the fifth highest proportion in the Cheshire and Merseyside area[12,13]. See Figure 3 for comparisons across the Cheshire and Merseyside area.

Figure 3: Population proportions across Cheshire and Merseyside

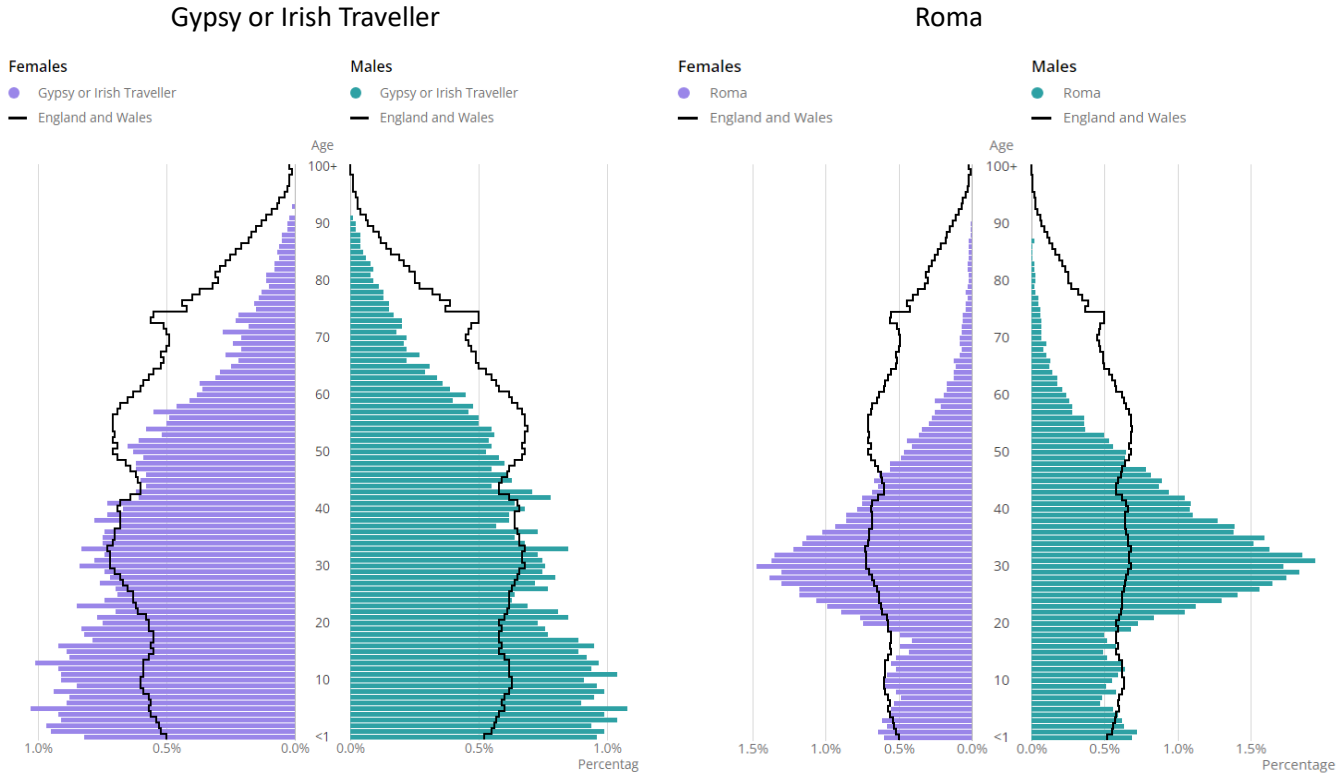


Source: 2021 Census, ONS

Due to small number suppression rules, it is not possible to analyse census data to determine the gender and age demographics of all Gypsy, Roma and Traveller groups within Halton. However, the Office for National Statistics (ONS) have analysed this data at a national level. A larger proportion of the Gypsy and Irish Traveller population is young (compared to England and Wales overall), suggesting higher birth rates and higher mortality rates, resulting in lower life expectancy than would be expected in comparison to England and Wales[13,14]. The population pyramids below show different patterns for Gypsy, Roma and Traveller groups, compared to the general population of England and Wales. There is a notable peak of Roma people between the ages of 20 to 45, with slightly more males in

these age groups than females. This may be due to increased migration in 2004 secondary to the expansion of the European Union[14].

Figure 4: Gypsy, Irish Traveller and Roma Population pyramids, England & Wales



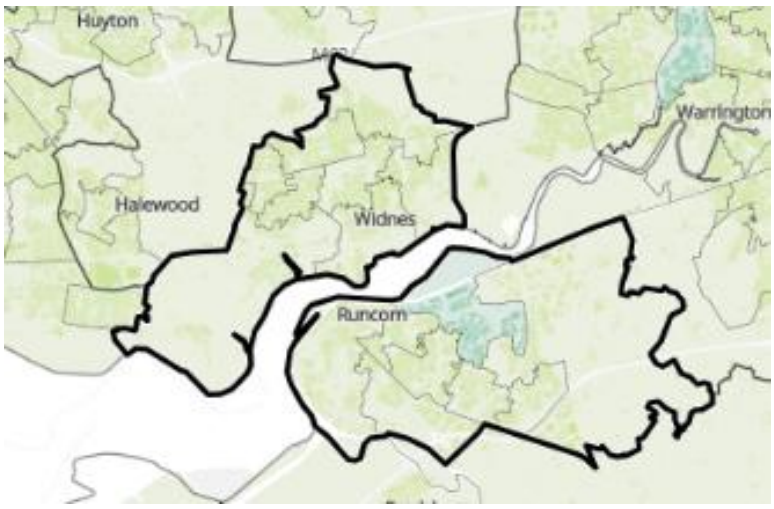
Source: 2021 Census, ONS

2.3. Geography

As discussed earlier the Gypsy, Roma and Traveller community is not a homogenous group. Within Halton there are different geographical contexts for all ethnic groups. The Roma population mostly reside north of the river Mersey and the Gypsy and Traveller group live south of the river in Runcorn. These populations may have different needs which should be considered when developing services.

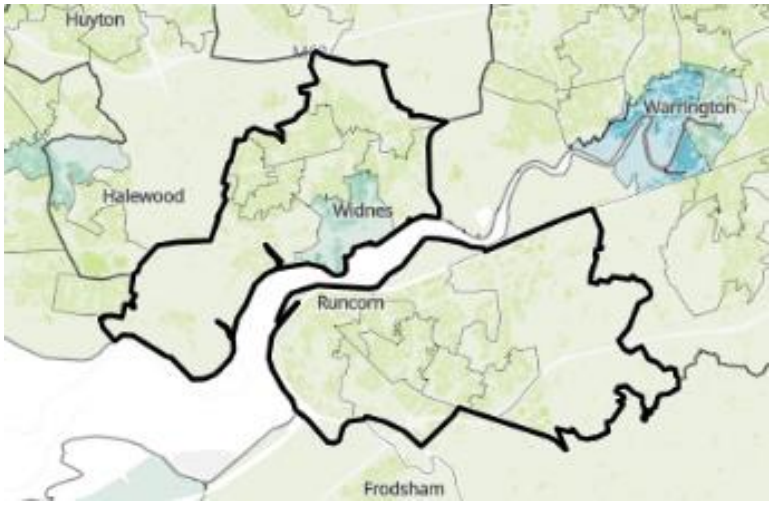
Figure 5: Population Density in Halton

Gypsy and Irish Traveller



Blue indicates higher population density

Roma

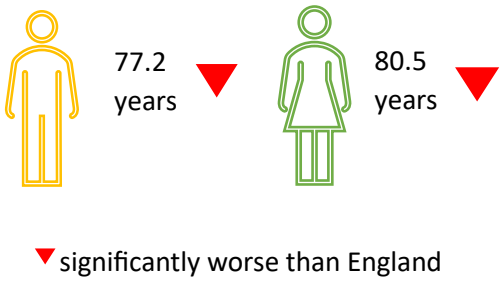


Source: 2021 Census, ONS

3. Health Needs

3.1. General Health

The life expectancy of Halton residents has been improving though is significantly lower than that across England. Halton men have a life expectancy of 77.2 years[15], of which 61.4 years are spent in good health[15], whereas women have a life expectancy of 80.5 years, with 58 years spent healthy.

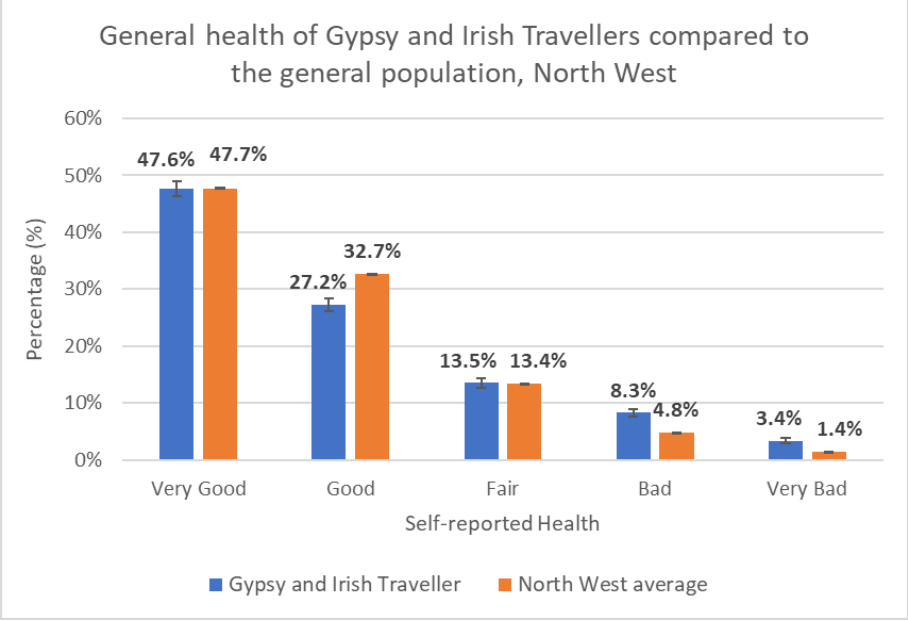


3.2 General health of Gypsy, Roma and Traveller population

The Census captured self-reported levels of health and disability across England and Wales in 2021. This was the first year when Roma was included as its own ethnic category[16]. Some area level data has been suppressed due to low numbers, so census data has been analysed at a regional or England level.

People from the Gypsy, Roma and Traveller community in the North West report significantly higher levels of bad or very bad health than the general population. This is also true across England as a whole[14].

Figure 6: Proportions reporting general health across the North West, Gypsy and Irish Travellers compared to the general population.



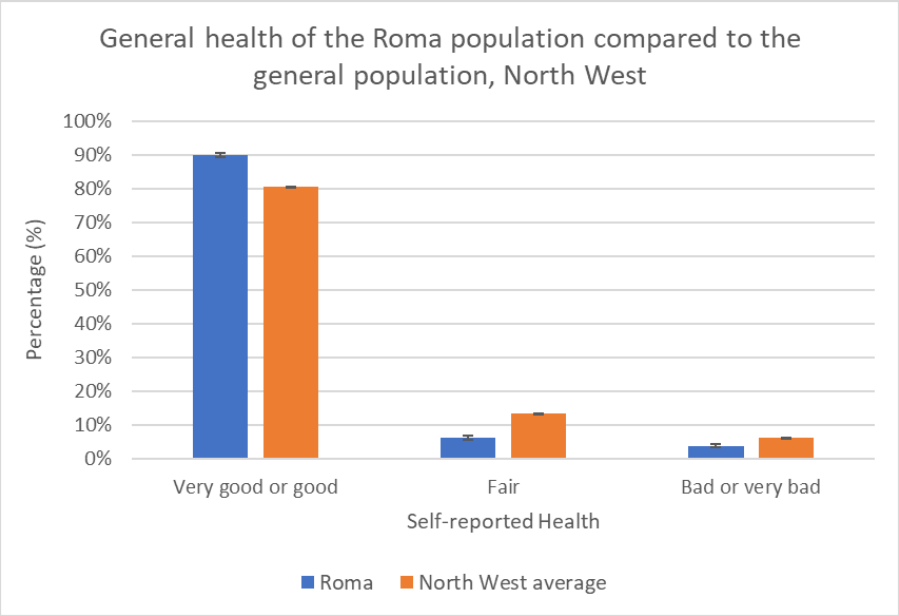
Source: 2021 Census, ONS

In England, the proportion of Gypsy and Irish Travellers reporting bad or very bad health was higher in all age groups between 0 and 85 and over for both males and females (compared to the overall England population).

The All-Ireland Traveller Health study found that, in 2008, Irish Traveller men had a life expectancy of 15.1 years less than the general population of Ireland, and women had a life expectancy deficit of 11.5 years[17]. Data was collected retrospectively, and deaths identified through Traveller families, in an attempt to account for ethnicity misclassification on death certification. Though this may be vulnerable to recall bias and may not be applicable to populations within England, it provides a more complete dataset than traditional health data sources which would likely be miscoded.

Self reported health of the Roma community shows a different pattern to that of Gypsy and Irish Travellers. Both in the North West and England as a whole, Roma report higher levels of very good or good health and lower levels of very bad or bad health. However, the pattern varies by age; very good or good health was reported by more Roma males and females aged 15 to 49 than across England as a whole, but more Roma reported bad or very bad health by later middle age (45+ for females and 50 to 79 for males).

Figure 7: Proportions reporting general health across the North West, Roma population compared to the general population.



Source: 2021 Census, ONS

There are several limitations to self-reported data to consider. It may not provide an accurate reflection of health needs, as understanding of good health may vary between communities and this can lead to measurement bias.

3.3. Self-Reported Disability

Figure 8 demonstrates the self-reported disability across the English population and ethnic groups. Disability is defined, in line with the Equality Act 2010, by limiting of daily activity by a physical or mental health condition for at least 12 months. There is a higher proportion of Gypsy or Irish Travellers reporting a disability than the White British population (26.7% compared to 19.7%); the Roma population has a much lower reported prevalence of disability (6.7%).

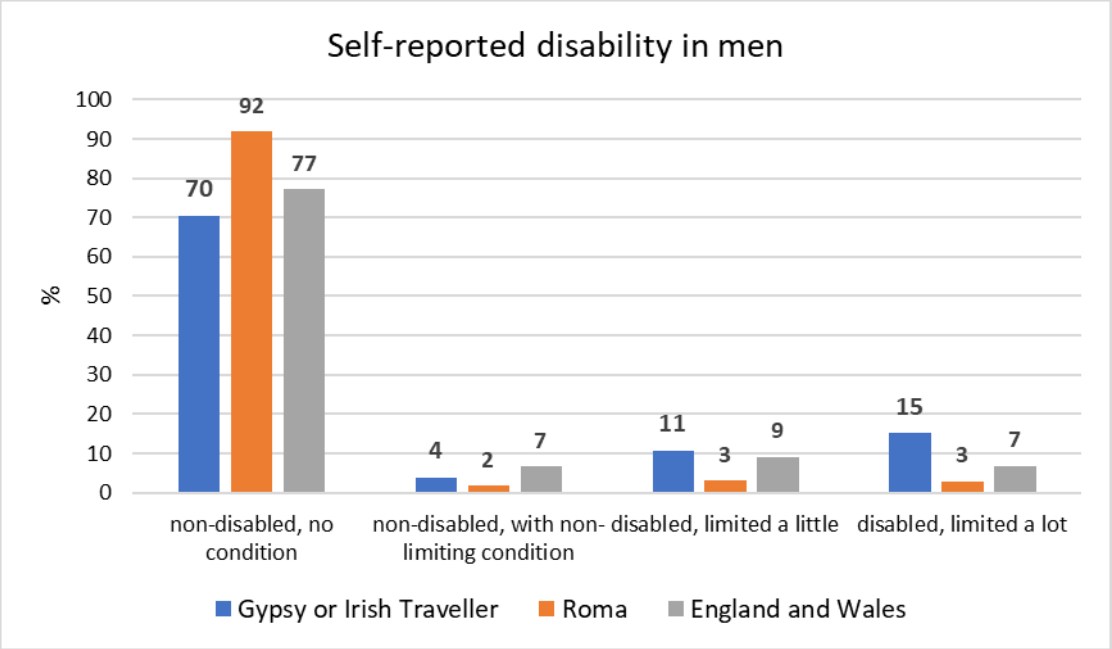
Figure 8: Self-reported Disability using Census 2021 data for England.

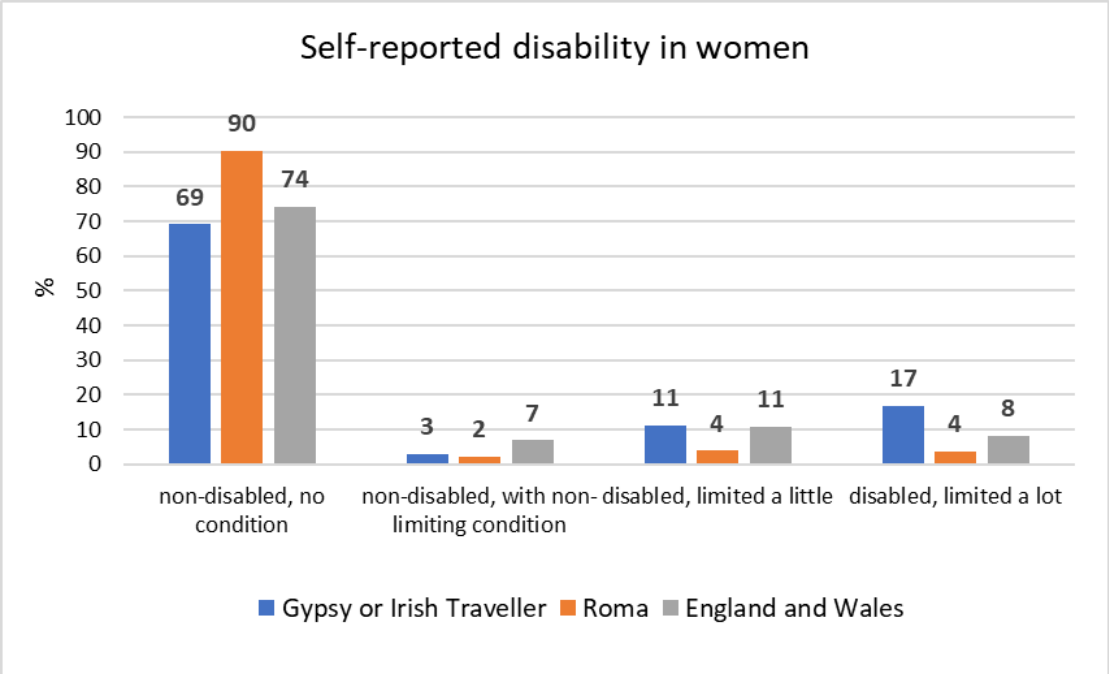
Source: 2021 Census, ONS

Proportions were similar in Halton to the England average for White British and Gypsy or Irish Travellers (22.7% and 25.6% respectively) but higher than England for Roma (12.9% compared to the England average of 6.7%). However this should be interpreted with caution due to small numbers.

Figure 9 shows that across England, Gypsy and Traveller communities report higher levels of disability in both men and women, compared to the England and Wales average. Conversely, Roma communities report lower levels of disability. Gypsy and Irish traveller men and women report higher levels of significantly limiting disability, and lower levels of being condition free and non-disabled.

Figure 9: Disability for men and women across England.



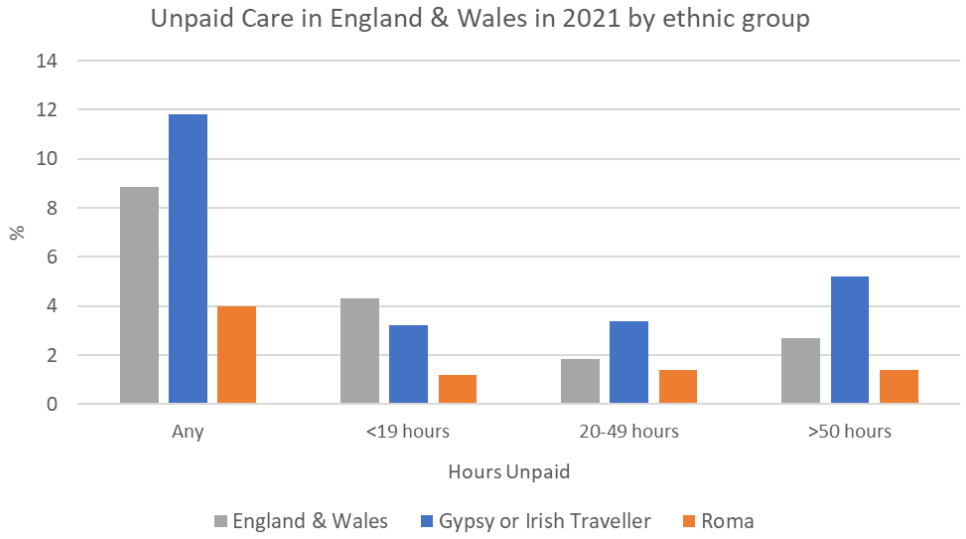


Source: 2021 Census, ONS

3.4 Unpaid Care

Members of the Gypsy and Traveller community are more likely to take on unpaid care and more for longer periods of time than both Roma groups and the England and Wales average. Unpaid care is defined as those who care for anyone with chronic disability or illness. As demonstrated in Figure 10, nearly 12% of Gypsy and Irish Travellers undertake unpaid care; over 5% are caring for more than 50 hours.

Figure 10: Levels of unpaid care in England & Wales



Source: Census 2021, ONS

Roma groups have lower reported levels of unpaid care; however, this may be reflective of a younger population with fewer elderly relatives to care for.

3.5 GP Registration

As of March 2024, there are 127 Gypsy, Roma and Traveller people registered to a general practice in Halton (Source: Cheshire & Merseyside ICB Halton Place). This is lower than the 160 identified through the 2021 Census. There may be several reasons for lower registration including inaccurate records due to non-disclosure of ethnicity, previous poor experiences with medical and allied health professionals, regular traveling, difficulty completing forms due to literacy difficulties and inadequate coding of ethnicity.

A 2019 'mystery shopping' scoping review of 50 general practices across England found that nearly half of GP practices refused to register someone who identified themselves as a nomadic Traveller[18]. Common cited reasons included lack of an address or formal identity documentation. Furthermore, the National Association of Health Workers and Travellers highlight that though some GPs do register families, they may register them as temporary and, therefore, ineligible for various services including screening[19].

3.6 Physical Health

There is limited healthcare data available to assess the needs of the Gypsy, Roma and Traveller community. However, the literature suggests the community experience significantly worse health outcomes.

Parry et al [20] quota-sampled 260 Gypsies and Travellers and compared their health status to that of an age-sex matched population. Gypsy and Traveller participants were statistically

significantly more likely to report chronic illness (42% vs 31%, p=0.009) and poor health (30% vs 14%, p<0.001). The conditions with the highest prevalence were Asthma (65%), chronic cough (49%), chronic sputum (46%), bronchitis (41%) and anxiety (39%), all of which were significantly higher than the comparator group (p<.001). Importantly diabetes, stroke and cancer were found to have no significant difference between groups. There are limitations with this study, particularly its use of quota sampling which may lead to selection bias between groups, and use of self-reporting. However, there is evidence that Gypsy, Roma and Traveller groups may under-report health conditions due to cultural attitudes and fatalistic beliefs.

3.6.1. Local Primary Care Data

Local primary care data gives some insight into the health needs of the Gypsy, Roma and Traveller population. The most prevalent long-term conditions are diabetes, hypertension and depression, and asthma and severe mental illness diagnosis[c]. Prevalence rates cannot be disclosed due to there being a small number of patients, and is therefore, potentially identifying. These findings are broadly similar to the overall population prevalence rates. Although the ranking may be different, this is likely due to small numbers in the Gypsy, Roma and Traveller GP registered population.

Table 1: Most Prevalent Conditions in Halton and the local Gypsy, Roma and Traveller Population.

Rank	Gypsy, Roma and Traveller Population in Halton	Halton Population
1	Diabetes	Depression
2	Hypertension and Depression (=2)	Hypertension
3	Asthma and Severe Mental Illness (=3)	Obesity

Source: Unpublished data, Cheshire & Merseyside ICB Halton Place; Quality & Outcomes Framework

3.6.2. Smoking

Halton primary care data suggests that the Gypsy, Roma and Traveller community have higher smoking rates than that of the general Halton population. Likewise, there is a lower prevalence of never smokers amongst Gypsy, Roma and Traveller peoples (Figure 11).

Due to the age categorisations within primary care data, it is unclear the smoking status in adults >18 years old. To allow for comparability across the overall Halton and England

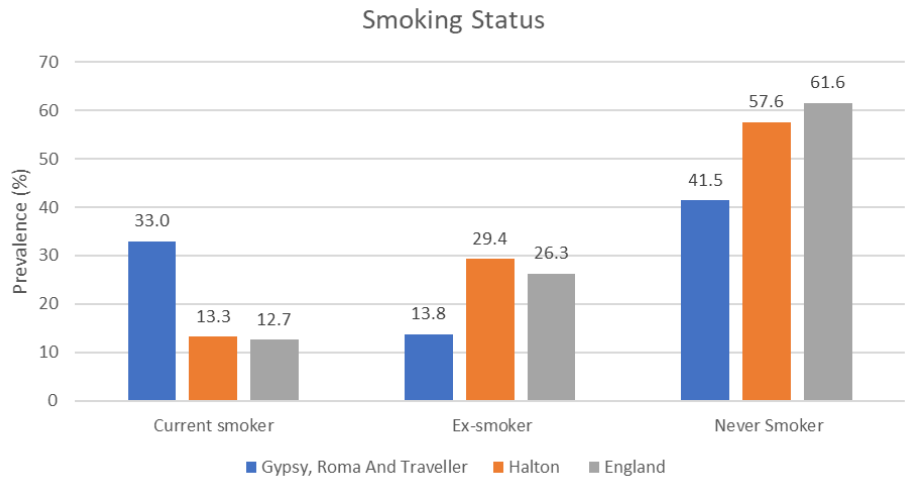
[c] Severe mental illness diagnosis refers to conditions with psychotic symptoms.

populations, children 17 and under were excluded from smoking prevalence calculations but it is recognised this may overestimate prevalence rates.

The prevalence rates presented for the overall Halton population and the English population are calculated using self-reported smoking status in the Annual Population Survey. As there is different underlying methodology to that of primary care data, the smoking rates are not directly comparable. However, as primary care data for Halton and England does not categorise smoking status (never, ex or current), the survey data has been used as a best estimate.

These findings are consistent with the literature, though Parry et al suggest that smoking prevalence may be as high as 92% [20].

Figure 11: Smoking status across Halton and England



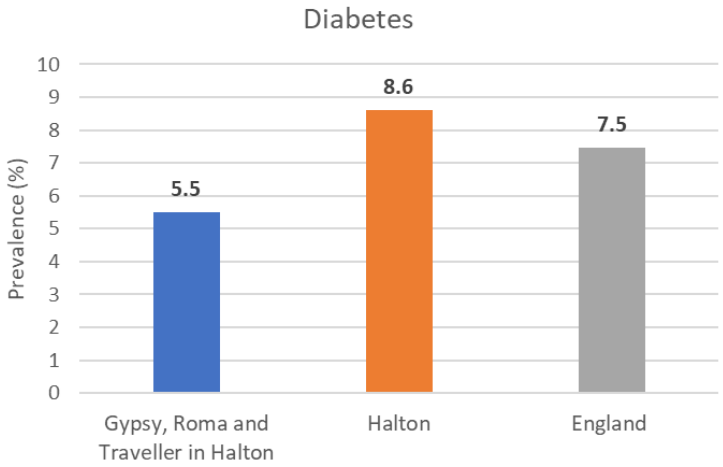
Source: Gypsy, Roma and Traveller in Halton data: unpublished data, Cheshire & Merseyside ICB Halton Place; Halton and England data: OHID Fingertips tool

3.6.3. Diabetes

According to primary care data, diabetes is the most prevalent condition across all ages within Halton's Gypsy, Roma and Traveller population. In contrast for the overall Halton population diabetes is the fifth most prevalent condition. It is not possible to analyse the proportion attributed to type 1 or type 2 diabetes.

Prevalence rates presented for the overall Halton and England populations are for ages 17+, whereas Gypsy, Roma and Traveller rates are calculated across all ages. It was not possible to differentiate between ages for the Gypsy, Roma and Traveller groups, and so although data is not directly comparable, it provides some insight.

Figure 12: Diagnosed diabetes across Halton and England



Source: Gypsy, Roma and Traveller-unpublished data, Cheshire & Merseyside ICB Halton Place; Halton and England- Quality and Outcomes Framework, NHS England Digital

This finding is in contrast with results from Parry et al's epidemiological survey[20], who suggested that there was no statistically significant difference in prevalence rates in Gypsies and Travellers for diabetes, stroke and cancer. The prevalence rates within Halton for the Gypsy, Roma and Traveller population, may be underreported as this group are less likely to present to primary care[19].

3.7 Women's Health

Gypsy and Traveller women are reportedly less likely to accept preventative programmes such as cervical screening[19]. This may be due to lack of female medical staff, travelling lifestyle and lack of access. Irish Travellers report that other initiatives, such a healthy eating promotion, are not prioritised because of wider pressures and discrimination of living nomadically.

Parry et al[20] compared maternity outcomes of Gypsy and Traveller women against age-matched comparators. The study found that Gypsy and Traveller women were more likely to experience the death of a child (excluding miscarriages). Causes of death included stillbirth or neonatal death. When comparing miscarriage rates, these were higher in the Gypsy and Traveller group (29% vs 16%, p<0.001).

Friends, Families and Travellers (FFT) conducted a literature review and then established a working group made up of community members to gain insight to experiences of maternal care in the UK [21]. Their work also

included focus groups with 86 women from Gypsy, Roma or Traveller backgrounds. The review found that one in five Gypsy and Traveller women, compared to 1 in 100 in the general population, experienced the death of a child and that miscarriage rates were significantly worse within the community. Insight work suggested that health services were unable to match the needs of Travellers, particularly when those living roadside were classified as homeless. Participants highlighted that handheld medical notes were helpful when mobile, but not always available. Furthermore, issues with continuity of care, including a preference for on-site midwife visits, inflexibility of waiting lists and problems with GP registration were raised by participants. Importantly, many participants expressed concern disclosing their ethnicity due to fear of prejudice or social service referral.

Breastfeeding rates are also lower within the community. Within the Western Cheshire Primary Care Trust (PCT), which is no longer in existence, a study found that 2.7% of Gypsy and Traveller mothers breastfed at birth and by 6-8 weeks 0% chose to breastfeed [22]. Data was collected retrospectively using health visitor records for 75 children and is vulnerable to information bias. Follow up questionnaires were sent to Gypsy and Traveller families to assess feeding method behaviours. Approximately 15% of mothers had ever breastfed, 60% felt breastfeeding was more difficult than bottle feeding and 45% felt neutral about breastfeeding overall. Possible reasons described in the literature include breastfeeding being viewed as indecent or not culturally normal[21]. The FFT insight work found women report instances of feeling pressured by midwives to breastfeed, being uncomfortable with male partners watching and judged for declining to breastfeed.

3.8 Cancer Screening

There is evidence of low uptake of cervical screening in the literature. A lack of female staff to conduct cervical cytology and discuss the results with Gypsy, Roma and Traveller women can make them hesitant to take up screening offers [19].

It should be noted that cancer is a taboo topic within the community. A qualitative study found that cancer was often referred to as “the Devil’s disease” or the “big C” and is viewed as a superstitious disease[23]. Likewise, a generational shift was described, with younger Gypsy, Roma and Traveller women being described as more likely to attend screening appointment. An issue highlighted was a lack of knowledge about when screening was offered, particularly if travelling from another country or healthcare system. Literature also suggests that other reasons cancer screening may not be taken up include fear of diagnosis, a hierarchical culture where elders or men may make health decisions or determine health behaviours, discrimination and fatalism[19].

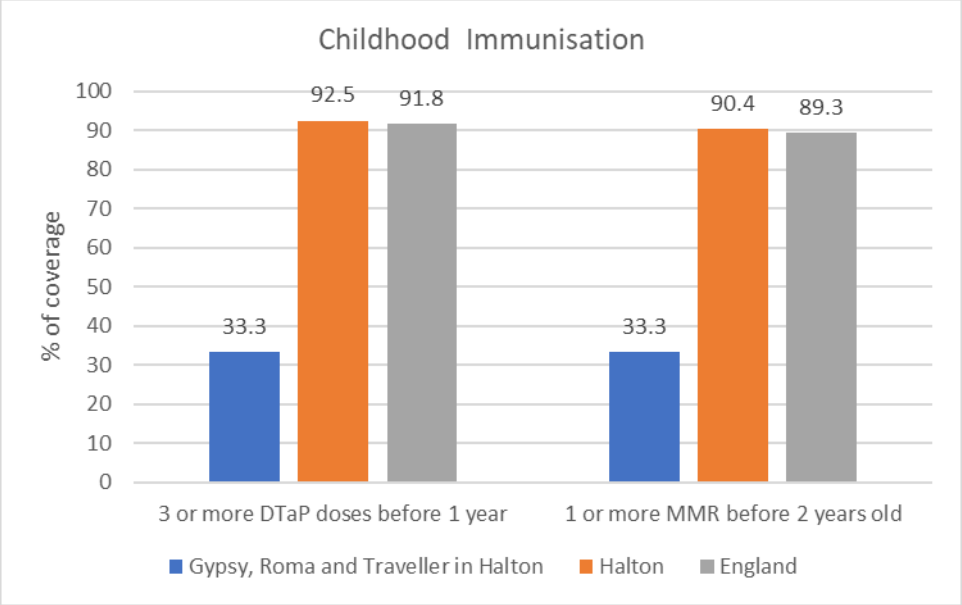
There are anecdotal reports that screening has been taken up by residents for Halton Borough sites. Unfortunately, there is a lack of data to confirm this.

3.9 Child Health

3.9.1. Immunisations

The immunisation uptake for Gypsy, Roma and Traveller children is lower than for other children living within Halton. One third of GP-registered Gypsy, Roma and Traveller children have received at least one Mumps, Measles and Rubella (MMR) vaccination before the age of two. In comparison, just over 90% of all Halton children have received at least one MMR dose over the same time period. Additionally, a third of Gypsy, Roma and Traveller children have received at least three doses of the Diphtheria, Pertussis and Tetanus (DTaP) vaccination by one year of age.

Figure 13: Childhood Immunisation Across Halton and England 2022/23



Source: Gypsy, Roma and Traveller-unpublished data, Cheshire & Merseyside ICB Halton Place; Halton and England- Childhood Vaccination Coverage Statistics, NHS England Digital

A survey of English PCTs found that only 25% (n=20) of PCTs, who were aware of local Traveller sites, were able to estimate immunisation uptake across the Gypsy and Traveller population [24]. Of these, 8 PCTs predicted less than 50% coverage of MMR 1st dose and only 4 estimated over 90% coverage. Uptake of at least three doses of the Polio-protective vaccine was better, with 11 PCTs reporting over 70% coverage. Qualitative interviews with Roma peoples report language and literacy levels as a barrier to both understanding information related to vaccinations or in giving informed consent [25]. A lack of translators or someone available to read through leaflets with community members, led to children missing out on school vaccinations. Other barriers included a preference for on-the-day GP appointments, previous adverse experiences with vaccinations and mistrust of healthcare providers.

3.9.2. Injury

There is some evidence that suggests the Accident and Emergency (A&E) attendance rate for injuries is higher for children of Gypsy, Roma and Traveller heritage. Beach used data collected by the All-Wales Injury Surveillance System to compare A&E attendance in two council-owned sites against non-Gypsy or Traveller children in the same area[26]. The injury attendance rate for Gypsy or Traveller children was double that of non-Gypsy or Traveller child population. It should be noted that confidence intervals are not reported, and so significance cannot be established. It is unclear whether the different attendance rates are reflective of truly higher injury rates, or of different patterns of service use. The sites included in this study were situated close to busy main roads, had no safe space for leisure or play, and were in an industrial area which may also contribute towards higher A+E attendance.

3.10 Dental Health

The literature suggests there is limited access to dental services[19], and this was reiterated through anecdotal discussions with Healthwatch. There was particular difficulty noted in terms of obtaining regular check-up appointments.

The issue of access to NHS dental services has been hitting the news headlines over the past few years. Healthwatch nationally and locally report an increase in the number of enquiries they receive about access and concerns being raised about the lack of dental practices willing to take new NHS patients.

Unlike GPs where you have to register to access services, patients can access any dental practice. Unfortunately, this also means those who have not visited the dentist for some time have found themselves being told they can no longer access the dental practice they have used in the past and unable to register as a new patient.

For both adults and children, the drop in those accessing an NHS dentist in the last 12 months (children) or 24 months (adults) seen during the pandemic restrictions, has still not recovered to pre-pandemic levels—less than half of children and just over half of adults, with levels being lower than the national averages[d].

Many vulnerable populations find organisational barriers to access as well as communication and cultural barriers[27]. These barriers apply to Travellers, which further exacerbates challenges gaining access to dental appointments. They may experience negative attitudes of dental professionals and a lack of specific services that meet their cultural needs.

3.11 Mental Health

The mental health outcomes of the Gypsy, Roma and Traveller population have been shown to be worse than that of the general population[19]. Primary care data for Halton shows that both depression and severe mental illness diagnoses are the second and third most

[d] Unpublished Halton Borough Council Oral JSNA

prevalent conditions respectively for Gypsy, Roma and Traveller groups. Due to the stigma associated with mental health there is likely to be low engagement with services and, thus may be underreported in the data. Through discussion with stakeholders, there is mixed reporting of mental health concerns within the community. There is no available data for community mental health service settings due to the absence of ethnicity coding specific to the Gypsy, Roma and Traveller community. Within Halton, there are no bespoke mental health services.

Parry et al suggest there is a higher prevalence of anxiety and depression within this group[19,20]. The researchers used the EQ-5D questionnaire to measure anxiety and depression, in addition to mobility, self-care, pain and activity, and mean scores were statistically significantly worse in the Gypsy and Traveller group (mean difference 0.12 95%CI 0.07 to 0.16). Gypsies and Travellers were also three times more likely to report anxiety (39% vs 13% $p<0.001$).

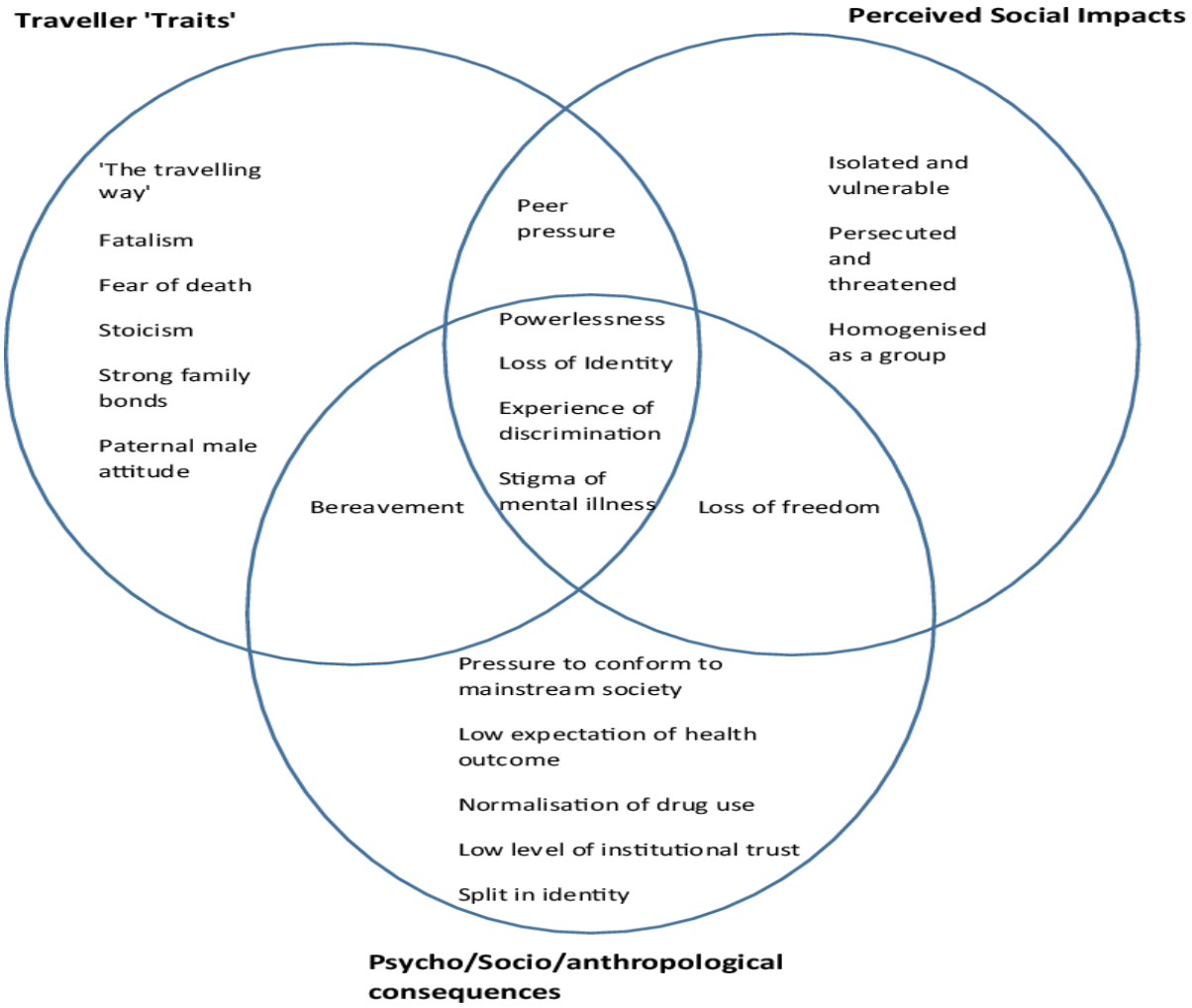
The Equality and Human Rights Commission (EHRC) 2009 report highlights that anxiety and depression can be driven by multiple and complex components. Gypsy, Roma and Traveller people are exposed to high levels of discrimination, hostile attitudes and racism, poor living conditions and unemployment. Living in brick and mortar housing has been associated with anxiety and depression and may be a consequence of losing a sense of community[19].

The EHRC also emphasises the need for cultural awareness around language and services. The Gypsy, Roma and Traveller community believe “mental” to be associated with beliefs of insanity or superstition and are more comfortable discussing “nerves”. Cultural norms and behaviours make it hard to discuss mental health with anyone, particularly health services, who do not belong to their immediate family circle.

Suicide rates are higher within the community. The All-Ireland Traveller Study found that the suicide rate for male Irish Travellers was 6.6 times than of the general population (SMR=660, 95%CI 316-1214) with an estimated excess of 12.4 deaths secondary to suicide in the study population[17]. For women, the suicide rate was 4.89 times higher. However, this finding has a wide confidence interval and is not statistically significant (SMR=489, 95%CI 59-1764). Within Halton, there were no suicide deaths noted within the Gypsy, Roma and Traveller community in real time surveillance data, however the accuracy of data coding is unclear. There is no ethnicity coding for Gypsy, Roma and Traveller groups in local death data (Primary Care Mortality Data).

McKey, Quirke, Fitzpatrick et al conducted a rapid literature review of Irish Travellers’ experiences of suicide to understand the psychosocial mechanisms that drive poor mental health and wellbeing [28]. A narrative synthesis of 12 qualitative studies, as presented in Figure 14, demonstrates a complex intersection of Traveller culture, discrimination and interaction with health and health services.

Figure 14: Factors contributing to poor mental health outcome.



Source: McKey, Quirke, Fitzpatrick et al [28]

3.12 Healthcare Access and Barriers

Both Healthwatch and Halton Borough Council's Gypsy Liaison Officer play an important role in improving access and knowledge of services available to the Gypsy, Roma and Traveller population. It is essential that there are strong relationships built between the community and a trusted person. A key barrier to accessing healthcare services is fear or experience of discrimination from health professionals[19].

A recent systematic review concluded there were several institutional and cultural barriers that prevented the Gypsy, Roma and Traveller community accessing appropriate services[29]. The most frequently reported barrier was registration difficulties. It should be noted that studies were included from across Europe where registration criteria may differ, though UK-based studies made up the majority.

Discrimination was also a predominant feature within the literature[29]. Gypsy, Roma and Travellers perceive healthcare staff to have hostile or prejudiced attitudes. This includes

experiences of poor communication, lack of thorough medical examination and sense of trivialisation of issues. The hostility is likely secondary to lack of cultural awareness and needs of the Gypsy, Roma and Traveller community. Professionals of the same gender are preferred, particularly for sensitive issues such as sexual and reproductive service. Moreover, there should be an understanding of attendance behaviours, such as attending with multiple family members.

Literacy was also highlighted as a barrier for the community. Within Halton, it has been reported that younger generations have higher levels of literacy than elders. Friends, Families and Travellers (FFT) emphasise that there is a vulnerability to digital exclusion within the Gyspy, Roma and Traveller community, with 38% of those living on site or roadsides unable to access the internet. Of the Roma population, FFT highlight there are high proportions unable to access technology, such as laptops, which may present a barrier to access appointments or healthcare information[21]. Further consequences of low literacy levels, outside of accessing healthcare services, include difficulty reading medication instructions or health improvement information.

Gender plays a role in how healthcare is accessed [21,30]. A qualitative study of four Gypsy women living in Sweden found that women often attended in groups, either for support or for both attendees to discuss issues important to them[30]. They often presented very acutely with periods of frequent attendance. There was a strong sense of hierarchy and tradition within the community, with the young showing elders respect. If societal rules are broken, women may be outcast from the community. Women may be more likely to engage with health services for their children's needs[29]. Men are more likely to present late to services, due to difficulty discussing their own health, fear of discrimination and distrust in authority.

Several methods have been suggested to improve access. A systematic review[29] highlights that specialist roles and dedicated staff to link the community to healthcare, outreach of services, can have a positive impact on the community. It should be noted that stakeholders did stress that outreach was not always appropriate, particularly for vaccination, as members of the community did not want others to know about their health choices.

3.12.1 Pharmacies

There have been issues raised concerning access to medication. There have been reported instances of multi-compartment compliance aids, commonly referred to as blister packs, being withdrawn from residents, due to not having appropriate clinical sign-off.

The Royal Pharmaceutical Society (RPS) and NICE do not recommend the use of blister packs as a first line measure for people to manage their medications[31]. There is limited evidence on blister pack effectiveness in supporting people to accurately take their medication and may not be suitable for some medications that become unstable when removed from their original packaging. Under the Equality Act 2010, reasonable adjustments must be made to help people take their medication. These adjustments may include blister packs, reminder charts or alarms, and winged bottle caps. Moreover, concerns have been raised whereby the

process of making up blister packs means they are being issued by the pharmacist 'off licence' and taking clinical responsibility.

Local feedback from the Gypsy, Roma and Traveller community suggests that blister pack withdrawal has presented a challenge, particularly due to low literacy levels and complicated instructions on prescription medication.

4 Wider Determinants of Health

4.1 Housing

Halton Borough Council currently manages three Gypsy and Traveller sites across Halton. There is one permanent site situated in Widnes that has space for 23 caravan pitches, plus one permanent and one transit site in Runcorn that have 27 pitches in total. The transit site can be used for a maximum of three months, following successful application to the site. In cases of unique circumstances, such as poor health or pregnancy, some residents may be permitted a longer stay. All Halton Borough Council managed sites are reportedly in good condition. The populations within the permanent sites are mostly stable and have built good relationships with residential wardens and the local authority. Residential wardens are from within the community, well respected and trusted.

There are three approved private sites that are not managed by the local authority. The sites range in size and are able to contact Halton's Gypsy Traveller Liaison Officer if they need assistance.

The 2018 Gypsy, Traveller and Travelling Showpeople Accommodation Assessment (GTAA) suggested a need of 4 to 10 additional pitches needed in Halton by 2032, and up to 160 across Cheshire East, Cheshire West and Chester, and Warrington[32]. The GTAA reported acceptable environmental conditions of both permanent sites in Halton. The most recent counts, taken every 6 months, indicate there are 104 caravans across the borough. All are on approved sites and 72% on local authority managed sites[33]. These counts are a snapshot as of January 2024 and may not be representative of current counts.

Figure 15: Occupancy on Halton Borough Council managed Gypsy, Traveller and Roma sites.

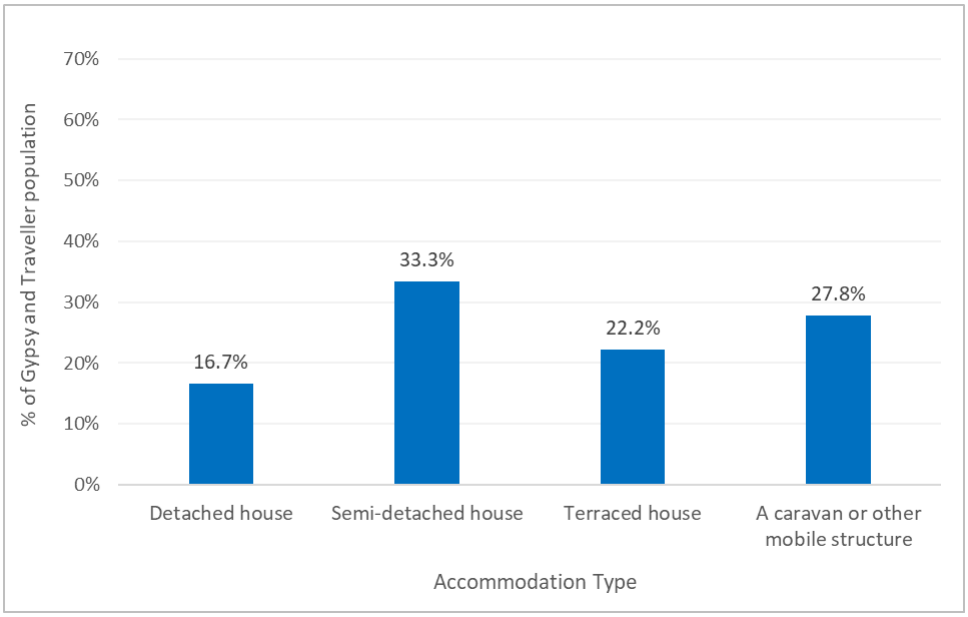
Site	Total no. of pitches	No. of vacant pitches	No. of occupants
Transit Site (Runcorn)	15	4	28
Canalside (Runcorn)	12	0	36
Riverview (Widnes)	23	0	52
Total	50	4	116
Women	32%		
Men	28%		
Children (<16)	40%		

Source: Halton Borough Council

It is important to recognize that not all members of this community reside in caravans or mobile sites. According to Census 2021 data nearly one third of Gypsies and Travellers live in

caravans, and the remaining two thirds live in bricks and mortar structures, see Figure 16. This data is not available for the Roma population.

Figure 16: Gyspy and Traveller accommodation types, Halton.



Source: 2021 Census, ONS

4.2 Built Environment

The Widnes site is well connected to public transport, though most residents own their own form of transport (car, van, bicycle). The Runcorn sites are also well connected by bus links, with the nearest bus stops between 70- 130 meters. However, shops and access to food outlets are about a mile and a half away.

4.3. Cost of Living

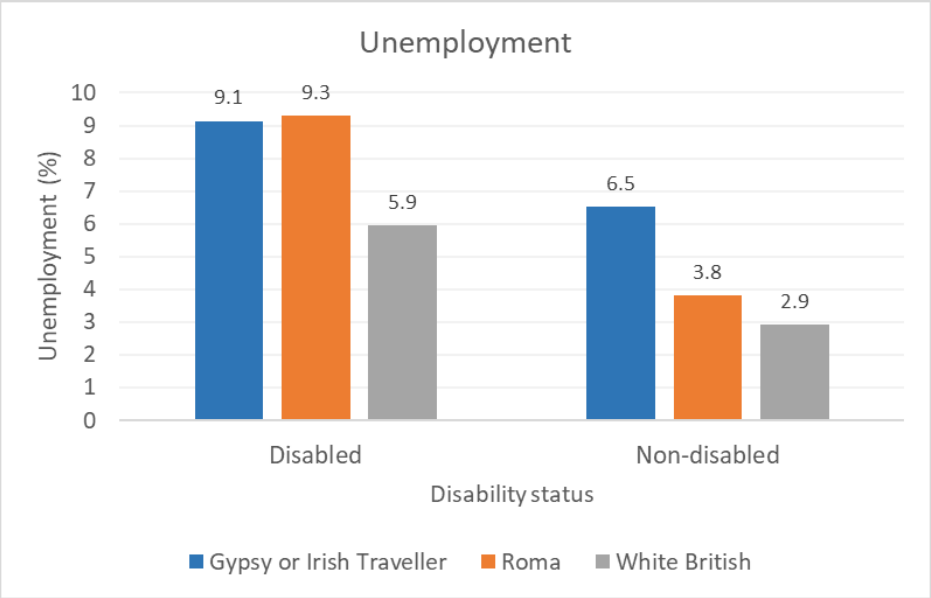
Residents on Halton's sites have mixed access to their own electricity meters and therefore, some were able to access the Energy Bills Support Scheme between 2022 and 2023. In some sites, residents buy £10 energy cards from the council (Riverview and Transit site) and are therefore unable to access energy support payment. Healthwatch reported no issues raised by residents around rising energy and food costs. There is a strong sense of community and support within the sites, with extended families providing extra support if needed.

4.4. Employment

Unemployment rates are higher for both Gypsy and Irish Traveller, and Roma populations in comparison to White British groups. This is further exacerbated by disability status as shown in Figure 17. Over 9% of both the Gypsy and Irish Traveller, and Roma group experienced

unemployment when reporting disability. This is statistically significantly more than the White British group who are unemployed at a rate of 5.9%.

Figure 17: Unemployment rates in England 2021



Source: Census 2021, ONS (visualisation dvc2281)

4.5 Education

Small number suppression means a full breakdown of educational attainment (such as those obtaining GCSEs or A-levels) using census data is not possible at a local level. Of data that is available, 29% of the Roma community in Halton have no formal qualifications and 21% have higher qualifications including diploma or degree[34]. At a national level 30.9% of Roma peoples reported no qualification in contrast to 18.9% across England and Wales[13]. Those who identify as Gypsy or Traveller are three times more likely to possess no formal educational qualifications than the general population of England and Wales with 56.8% reporting no qualifications[14]. Approximately 11% of this group have higher qualifications.

School absence rates are high among the Gypsy, Roma and Traveller community. In the autumn and spring terms of 2022/23 this group had the highest rates of absence in England across all ethnicities: 22.2% in the Irish Traveller group and 17.7% in the Gypsy and Roma group, compared to 7.5% amongst White British pupils. Furthermore, a greater proportion of absentees in Irish Traveller and Gypsy and Roma groups were persistent absentees (69% and 62% respectively) compared to White British pupils (21%)[35]. Using unpublished Halton education data, the combined absence rate for these groups across all schools was 24.8%.

Within Halton there were 54 pupils registered to both primary and secondary schools for the autumn and spring term for 2022/23. This may not mean that all 54 pupils are currently resident and attending school in Halton, as families may be travelling. There is guidance in place to ensure that absence due to travelling is authorised and will not face legal prosecution. Over the same term time, there was a travelling absence rate of 14.4%[35].

Schools will take various steps to address high absence rates and take a stepwise approach. A standardised process is followed for all children including letters, parent meetings and referral to the education welfare team. There is a national legal framework in place that issues fixed penalties to parents for a child that has had unauthorised absences for at least 10 sessions (5 days). This fine is £80 if paid within three weeks, or £160 if paid within a month[36]. If absence persists, an Education Supervision Order may be put in place which details a nominated supervisor to support the child. Finally, there is risk of prosecution with up to three months jail sentence. Legal prosecution is taken as a last resort.

Home educated children are provided a letter with information regarding an appointed school nurse and their entitlements including vaccination programmes. The parents have to make contact themselves to organise vaccination which may present a challenge due to literacy levels. However, Halton Borough Council's Education Welfare Officer has reported that parents are receptive and do seek childhood immunisations.

4.5.1 Relationship and Sex Education

Relationship and sex education was made part of the curriculum in late 2020[37]. For primary schools this means relationship education only, whereas in secondary school both relationship and sex education are required components. Parents are able to withdraw their children from sex education, given this is done before their 16th birthday. However, relationship education is compulsory, and withdrawal is not permitted.

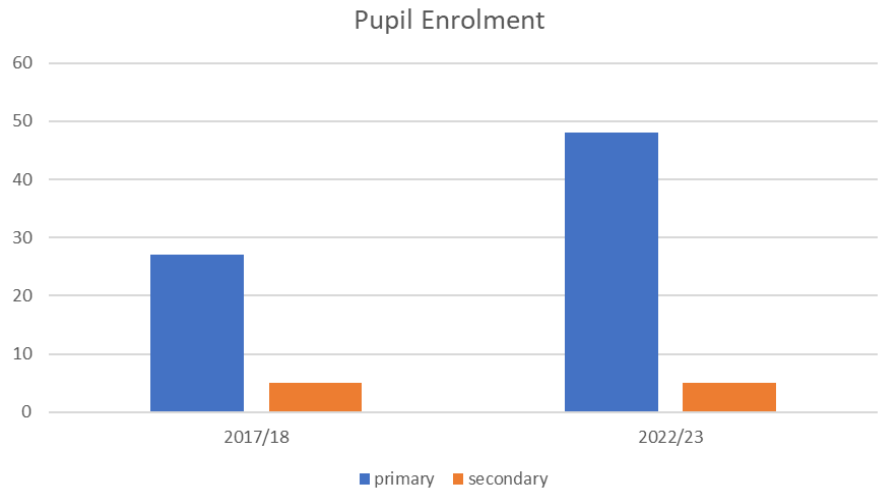
There are reports of Gypsy, Roma and Traveller parents withdrawing their children from sex education. A case study from Traveller Movement described a parent who was concerned about the teaching of Lesbian, Gay, Bisexual, Transgender, Queer or questioning, Intersex or Asexual (LGBTQIA+) relationships as this conflicted with their cultural and spiritual beliefs[38]. The organisation supported the parent, advised their rights, particularly around compulsory relationship teachings, and explained their options. This resulted in the parent working closely with the school to form a solution.

Children may be withdrawn from school completely, or just during the period of relationship and sex education. It is unclear whether parents are made aware of what is to be taught on the curriculum, and whether it is made clear that sex education is not compulsory. There were reports of parents getting letters implying lessons were mandatory which led to children being withdrawn.

4.5.2. Secondary School Enrolment

There is a reduction in pupil enrolment numbers as children progress from primary to secondary school [35,39]. In 2017/18 there were 27 children enrolled in primary schools in Halton. By 2022/23 there were 5 children enrolled in secondary school. Figure 18 shows pupil enrolment from 2017/18 and 2022/23[35].

Figure 18: Gypsy, Roma and Traveller pupil enrolment in primary and secondary schools across 5 years.



Source: Education Statistics, UK Government

Within the Gypsy, Roma and Traveller community children are often home educated when they reach secondary school age. If home educated, the local authority must ensure that there is an appropriate educational plan in place that meets the child's needs. Halton Borough Council employs an Educational Welfare Officer who supports families to develop their child's education and ensures it is adequate. The officer reports having a good relationship with the community and is trusted to refer families to support services. The officer mostly interacts with women and is able to offer advice, distribute educational resources and provide support for the whole family, including highlighting services available to different members of the family.

4.5.3. Healthy Schools Offer

Through Halton Borough Council's Health Improvement Team there is a comprehensive offer to schools to support health and wellbeing of children and staff. This includes, but is not limited to, promoting positive wellbeing, school breakfast programme, oral health, tobacco education, gambling awareness and parent workshops.

If children remain in school education, then they will have easy access to the Healthy Schools offer. However, children who are home educated may not be able to access this support due to being unaware of entitlements.

4.5.4. Power in Partnership (PIP)

PIP is an organisation that provides a space for learning for young people in Halton. This organisation provides free courses for English and Maths and can be referred by the Educational Welfare Officer. These courses are completed online, and children are supported

by a tutor alongside this. PIP also offer courses to keep young people in education or training and to develop skills from hair and beauty to construction.

4.5.5. Discrimination

Discrimination has been highlighted as a key barrier towards accessing healthcare. According to the Evidence for National Equality Survey, 62% of Gypsies and Travellers, and 47% of Roma people have experienced race-based discrimination[40]. Over a third of Gypsy, Roma and Traveller groups reported physical violence as a result of racial discrimination.

Racial discrimination was also shown to vary between settings. In the educational setting, 44% of Gypsies and Travellers, and 53% of Roma people reported racist incidences, and over a third reported racially motivated discrimination in a justice setting. These findings emphasise the widespread prejudice that Gypsy, Roma and Traveller groups experiences. However, these findings should be interpreted with caution given the researchers were unable to recruit the desired quota sample size.

4.6. Climate Change

There is very limited evidence on the impact of climate change on the Gypsy, Roma and Traveller community. There is potential for increased risk of adverse health effects from extreme weather due to living conditions and working outside[41].

Sovacool and Furszyfer highlight the extreme energy poverty and poor housing quality experienced by Gypsies, Roma people and Travellers in Ireland[42]. Those interviewed reported inadequate housing or old caravans which did not protect against extreme cold and had 8 times the likelihood of living in overcrowding than the general population. Heating costs during periods of cold weather could equate to half of monthly expenditure. Although these findings are taken from an Irish setting, it emphasises a need to consider the extreme weather vulnerabilities of this population.

4.7 Relationships

It can take time for Gypsy, Roma and Traveller communities to trust officials. It is important that relationships are maintained over the long term to ensure the community feel valued and empowered to raise issues important to them.

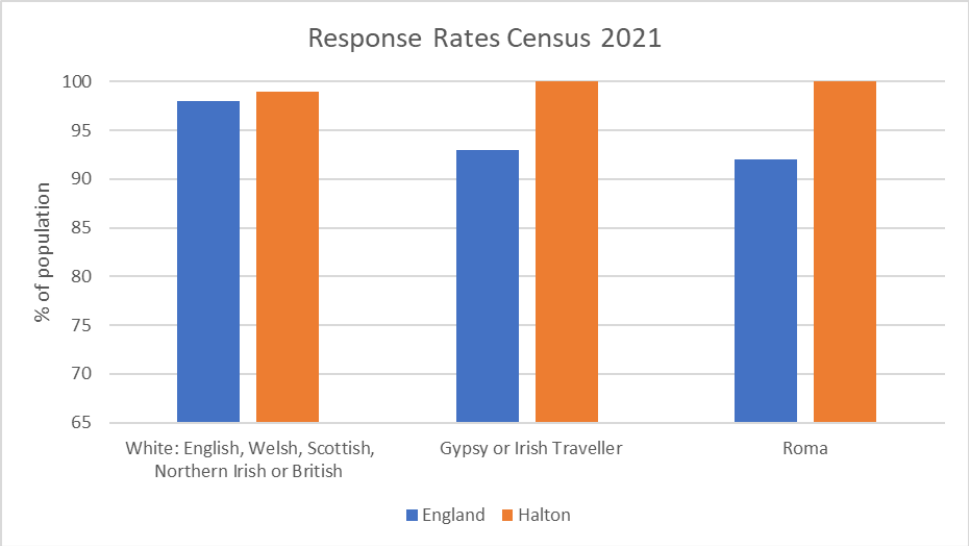
It is important the voices from within the community are heard and championed. The council should work alongside Voluntary, Community, and Social Enterprises (VCSE) and organisations such as Healthwatch that have built strong bonds with the community, to commission research to better understand the lived experience of health and wellbeing.

5. Limitations

5.1. Census Data

The response rates for the Gypsy, Roma and Traveller community in Halton are higher than the expected national response rate. Caution is advised, as though the local rate is 100% this does not evidence complete coverage, as this has been rounded to the nearest integer[43]. Likewise, the response rate is estimated using predicted population counts and may not be a true reflection of population counts. However, response rates are higher in Halton in all groups, as shown in Figure 19. This implies good coverage and representative data at time of collection.

Figure 19: Response rates for the Census 2021 in England and Halton



Source: 2021 Census, ONS

Census data was collected three years ago and so may no longer be truly representative of the Gypsy, Roma and Traveller population within Halton and the surrounding areas. Likewise, there may be risk of inaccuracy secondary to low literacy levels within the community.

However, the data is easily accessible and provides good cross-sectional data, allowing for comparisons across ethnicities and regions.

5.2. Healthcare Data

Healthcare data has been difficult to obtain for this health needs assessment due to issues with coding. Ethnicity coding may be outdated, not include ethnic codes used in the 2021 census or may be incorrectly coded. Inaccuracies may result from failing to give the option to Gypsy, Roma and Traveller groups to correctly identify their ethnicity at registration, ethnicity not being disclosed due to fear of discrimination, or not being updated in line with new ethnicity definitions. Caution should be taken when interpreting data due to risk of misclassification and, therefore, may underreport healthcare use and prevalence rates.

There was a lack of locally specific data and, thus, the most prevalent conditions may not truly represent the health needs of the population. When local data was not available, it was taken from national sources or from the available literature.

It was not possible to obtain secondary care data as is not coded in line with the change in ethnicity census codes of 2021. Hospital episode statistics data does not offer an option for Gypsy, Roma or Traveller and community members may be classified by several indeterminate codes: Irish, British, any other White, any other Ethnic group, not stated and not known.

5.3 Local Engagement

This health needs assessment does not include the voices of those with lived experience. It is recognised that strong bonds and relationships need to be built and maintained with the community to ensure lasting community connections.

There was a lack of locally specific data and, thus, the most prevalent conditions may not truly represent the health needs of the population. When local data was not available, it was taken from national sources or from the available literature.

6 Recommendations

Improving data-inclusive collection

- Improving how data is recorded and collected is critical in understanding the needs of the Gypsy, Roma and Traveller population. There should be the option to correctly self-identify ethnicity at registration with primary care services, and records should be retrospectively updated in line with changes in ethnicity coding in 2021 Census. Halton-level primary care data did provide coding for Gypsy, Roma and Irish Traveller which helped identify prevalence of various health conditions. However, across other sectors including secondary care and mental health services there was limited data available.
- Friends, Families and Travellers have highlighted that data invisibility is an issue nationally and highlight that this may lead to services not accounting for unique needs of the community[1].
- Ethnicity coding should be in line with those used in the 2021 Census to facilitate a better understanding of the needs of the community.

Better data sharing between agencies and at a regional level

- Improving the sharing of data between agencies and across Cheshire and Merseyside will reduce silo working and improve learning of best practice across the sub-region. This will meet the needs of the wider population including Gyspy, Roma and Traveller groups.
- Data sharing will improve understanding of the Gypsy, Roma and Traveller community's needs across sectors such as housing, education and health. Sharing of health data will improve understanding of prevalence rates at a local and integrated care system level.

Combating discrimination and stigmatisation

- The Gyspy, Roma and Traveller population experience significant discrimination in a variety of settings. Within the healthcare setting this has led to the mistrust of health professionals and avoidance of services.
- Cultural competency training is recommended to all staff who interact with Gypsy, Roma and Traveller community. Halton Borough Council currently offers Race Equality Training to local authority staff; however, an evaluation of its inclusion of Gypsy, Roma and Traveller communities is recommended.
- Halton Borough Council, Voluntary, Community, and Social Enterprises and NHS partners should engage with health care and commissioned services to ensure that services are culturally appropriate and not exclusive. This recommendation is multi-sectorial and is not the sole responsibility of any one team. An example of how to assess service engagement with Gypsies, Roma people and Travellers, as well as other groups, is the Families, Friends and Traveller's Inclusion Health Audit Tool.

Ensure mental health support given to families including children and young people who are home educated.

- The Gyspy, Roma and Traveller community experience higher levels of anxiety and depression than the general population and they should be able to have equal access to support services.
- Mental health is highly stigmatised within the community[44] and there is a need to raise awareness of support available. Mental wellbeing and health promotional information should be accessible to the community particularly those experiencing low literacy or digital exclusion.
- An improvement in ethnicity coding is recommended within mental health services to better understand the mental health needs of the community.
- Home educated children may find it more difficult to access Halton's Healthy Schools offer or school vaccination services. Information provided to parents should be culturally sensitive and they should be supported to understand what services are

available. The Health Improvement Team should work closely with the Education Welfare Officer to ensure families are made aware of their entitlements.

Improving flexibility within services to meet the cultural needs of Gypsy, Roma and Traveller people.

- There should be flexibility within health services to offer individualised, culturally appropriate care to the Gypsy, Roma and Traveller community. The community present differently to services including through acute services or in groups. These health behaviours should be part of improving the cultural awareness of healthcare providers.
- Healthcare providers and Voluntary, Community, and Social Enterprises must be able to offer gender-sensitive providers to improve access. This is particularly important for sexual and reproductive care.
- Outreach services may not always be appropriate as Gypsy, Roma and Traveller communities often keep health issues private within the family and may also reinforce marginalisation. In some instances, it may be more appropriate to provide dedicated services, specialist roles or health promotion. Specialist roles are associated with enhanced relationships between healthcare providers and community members, and increased engagement with services[29].
- Consider unique approaches for nomadic Travellers such as handheld records in maternity services. Concerns about confidentiality and data protection would need to be addressed.
- Walk-in health appointments, or increased capacity for same day appointments may facilitate access within the community.
- Collaboration between the Health Improvement Team and Education Team is needed to ensure oral health promotion messages reach families, particularly home educated children who will have reduced access to school-based oral health sessions.

Build a climate risk assessment into the Gypsy, Traveller and Travelling Showpeople Accommodation Assessment.

- Gypsy, Roma and Traveller groups who live on council sites may be at an increased health risk from climate change. Poor caravan quality can increase vulnerability to extreme weather events.
- The most recent Gypsy, Traveller and Travelling Showpeople Accommodation Assessment (GTAA) does not consider the risk of climate change to residents on sites. The council will need to work alongside Cheshire East, Cheshire West and Chester, and Warrington to implement change in future GTAAs.

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Danielle McCulloch, Lead Commissioner for Maternity Services, Cheshire and Merseyside ICB

Jane Munday, Family Hubs and Children and Young People's Tracking Services Officer, Halton Borough Council

Kate Bazley, Mental Health and Wellbeing Lead, Halton Borough Council

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