

Wiltshire Gypsy, Roma, Traveller and Boater Strategy 2020-2025

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September 2020

Introduction

Wiltshire Council brings together a wide range of services and responsibilities that engage with Traveller communities. A Wiltshire Gypsy and Traveller strategy was published in 2010, which was refreshed in 2016. During this time, the needs of the community and the services available have changed. In addition, there has been an increasing awareness and understanding of the differing needs of the Boater population, which is significant in Wiltshire. The first Health Needs Assessment of the Gypsy, Roma, Traveller and Boater population in Wiltshire (Wiltshire Council, 2019)¹ was recently completed. This has provided the most current assessment of the health needs of these communities and identify the best evidenced interventions to meet these needs. This has allowed the development of this new strategy using the most up to date information and evidence.

Who are Travellers?

The terms Gypsy, Roma and Traveller are used to describe a range of ethnic groups, or those with nomadic ways of life but are not from a specific ethnicity. In the UK context, there is often differentiation made between Gypsies (including English Gypsies, Scottish Gypsy/Travellers, Welsh Gypsies and other Romany people); Irish Travellers (who have specific Irish roots), and Roma (those who have more recently migrated from Central/Eastern Europe). The term Travellers also encompasses groups that travel, including New (Age) Travellers, Boaters (also known as Bargees) and Showpeople.

Under the Equality Act 2010, several groups have recognition as ethnic groups protected against discrimination. These include English, Welsh and Scottish Gypsy Travellers, Irish Travellers, and Romany Gypsies and Roma people. However, Showpeople and New (or New Age) Travellers are not recognised within these definitions and may not be protected (Parliament, 2019).

The definition for “gypsies and travellers” collectively for the purposes of planning policy have been stated as (Department for Communities and Local Government, 2015: p.9):

‘Persons of nomadic habit of life whatever their race or origin, including such persons who on grounds only of their own or their family’s or dependants’ educational or health needs or old age have ceased to travel temporarily, but excluding members of an organised group of travelling showpeople or circus people travelling together as such.

In determining whether persons are “gypsies and travellers” for the purposes of this planning policy, consideration should be given to the following issues amongst other relevant matters:

- a) whether they previously led a nomadic habit of life*
- b) the reasons for ceasing their nomadic habit of life*
- c) whether there is an intention of living a nomadic habit of life in the future, and if so, how soon and in what circumstances.’*

For the purpose of this strategy, the term ‘Traveller’ will be used to describe all members of communities described above, including Gypsy, Roma, Traveller and Boater communities. However, where a differentiation is required between land-based and the live-aboard boating

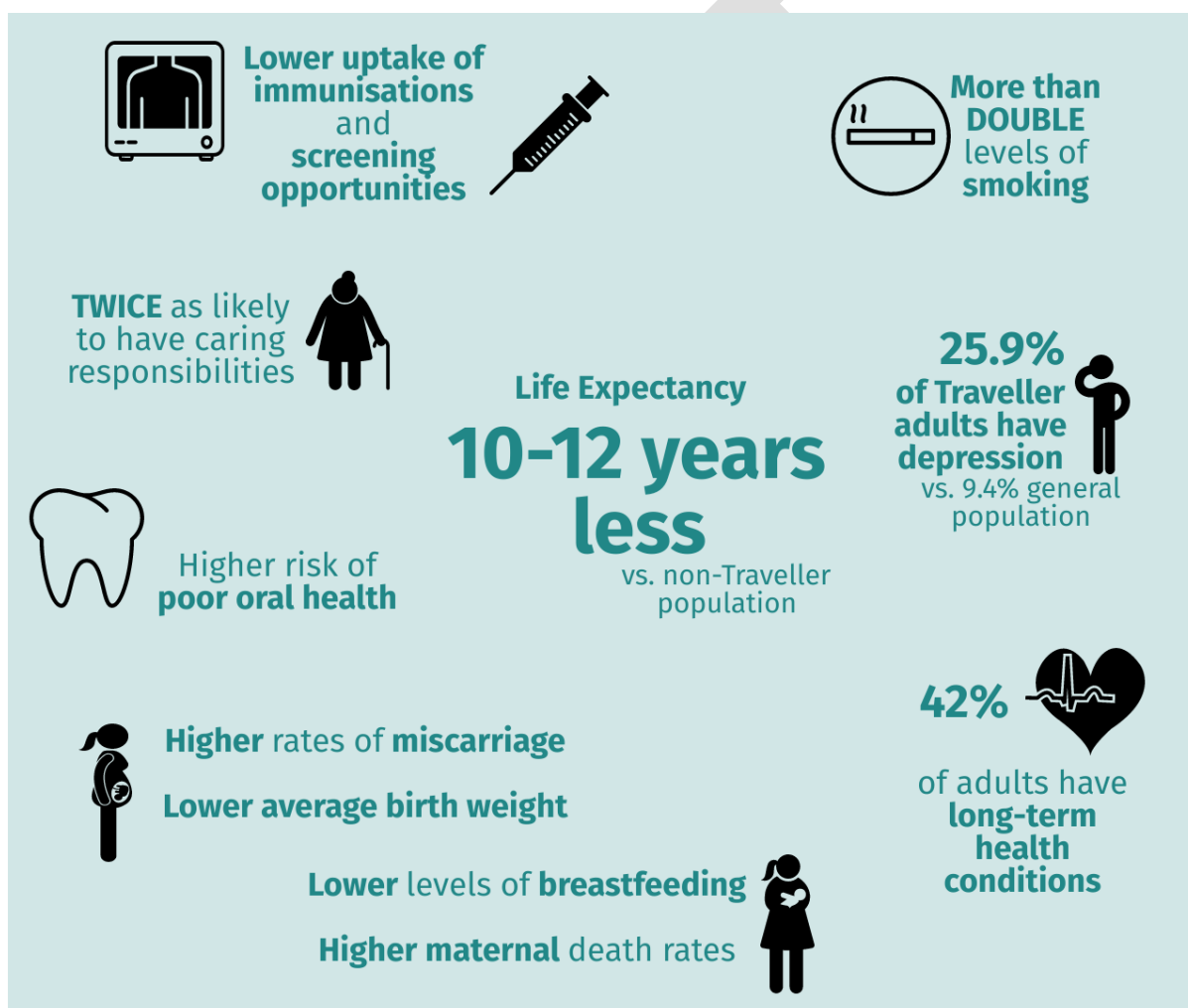
¹ Health Needs Assessment available online https://www.wiltshireintelligence.org.uk/library/_gypsy-traveller-and-boater-populations-health-needs-assessment/

community, these will be differentiated by Gypsy, Roma and Traveller (GRT) communities and Boater communities respectively.

Why do we need a Traveller strategy?

It is widely acknowledged that members of the Traveller community have significantly worse health outcomes than the general population and experience substantial health inequalities. The recent GRT and Boater Health Needs Assessment (HNA) highlighted that these challenges continue both at national and local level (Wiltshire Council, 2019). Figure 1 highlights some of the most substantial and stark health inequalities and challenges experienced by these vulnerable communities, according to national data and published evidence.

Figure 1: Health inequalities experienced by Traveller communities (data source: Wiltshire Council, 2019)



Two key priorities within the Wiltshire Council Business Plan (Wiltshire Council, 2017) are creating strong communities, and protecting the vulnerable. This strategy will build on these priorities, to help address the significant health inequalities faced by the Traveller community, and to support these Wiltshire communities to live healthily.

Development of the strategy

The strategy has been developed based on key national and local documents and the input from a wide range of stakeholders in Wiltshire. This feedback has been facilitated primarily through the Wiltshire Traveller Reference Group, which comprises council and non-council partners, and public consultation.

The recent GRT and Boater HNA provided an up to date analysis of the current health needs of these specific communities in Wiltshire. Whilst there were some data limitations and challenges with getting a detailed local picture, the HNA gathered all the relevant evidence and importantly also gained input from community members where feasible. In addition, the HNA collated the evidence on best-practice interventions to help address the identified gaps in meeting needs. The HNA therefore forms the evidence base of this strategy, for both identifying the inequalities to target but also the means to reduce them.

In Spring 2019, the House of Commons Women and Equalities Committee published a report on tackling inequalities faced by Gypsy, Roma and Traveller communities (Parliament, 2019). This provided a comprehensive overview of the current national state of inequalities faced by these communities. The report highlighted the breadth of agencies and organisations with responsibilities towards addressing these challenges, with recommendations for action upon several departments in central and local government, NHS England, the Care Quality Commission, and Ofsted. The recommendations from this report have also been used in the strategy development.

Initial discussion with the Traveller Reference Group with regards to the strategy framework highlighted the importance of focussing on addressing inequalities. Another important factor was ensuring that the strategy focussed on actions and plans specific to GRT and Boater communities which are in addition to the on-going usual business plans.

Addressing health inequalities

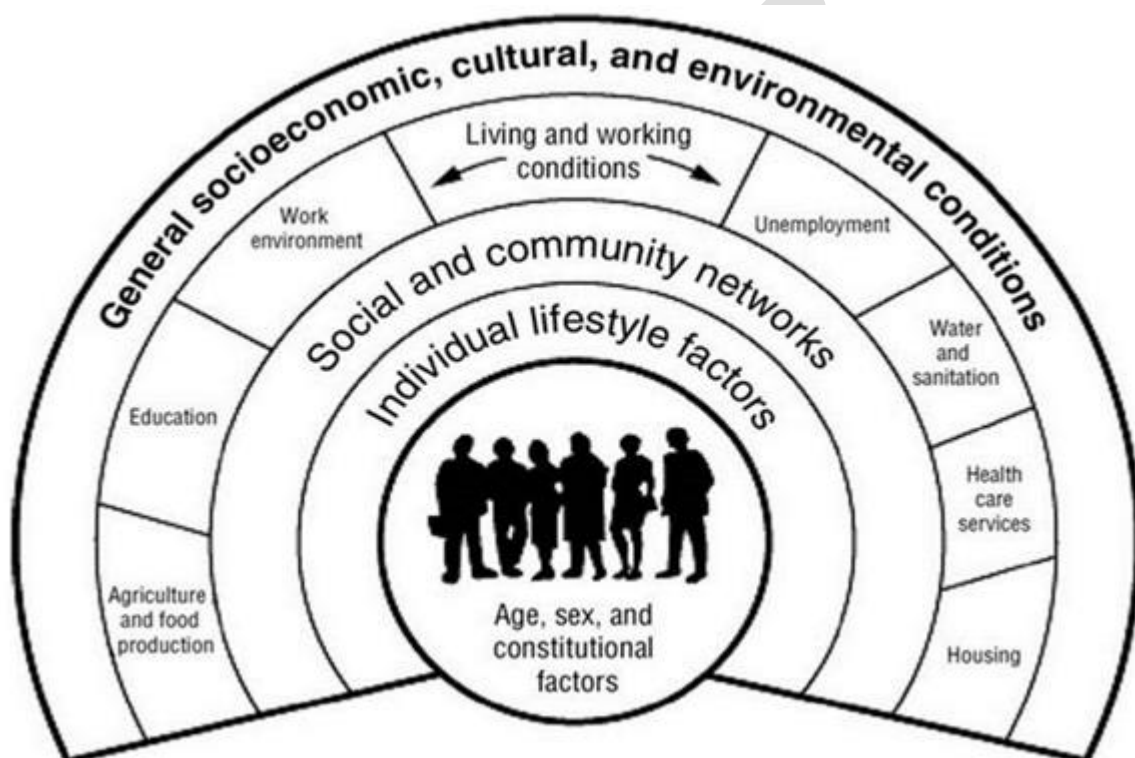
Health inequalities describe differences in health outcomes experienced by individuals which are not due to chance but by factors beyond their control which have created significant and persistent effects on the individual's health. This presents a significant social injustice– the number of years an individual is likely to live, the proportion of those spent in a state of good health, and the opportunities to live a healthy life are strongly linked to the extent of deprivation and disadvantage experienced by an individual. There is an imperative on all public organisations to address health inequalities, so that all individuals have the same opportunity to live healthy lives no matter their background, ethnicity or socioeconomic status. Furthermore, the public sector equality duty highlights the need for due regard of advancing equality of opportunity between those who share protected characteristics (e.g. ethnicity such as Gypsy or Irish Traveller) and those who do not.

The importance of tackling health inequalities has been highlighted in the recent NHS Long Term plan (NHS England, 2019). This is reflected in the continued higher share of funding towards areas with high health inequalities, and requirement for local health systems to describe how they are specifically reducing health inequalities. The Women and Equalities Committee have recommended to the Government that this resource allocation should account explicitly for the needs of Gypsy, Roma and Traveller people within a given NHS Clinical Commissioning Group (CCG) area.

Health is not determined by clinical healthcare alone, and the role of all agencies including local government to improve health and health inequalities is reflected in the wider

determinants of health. These are the broad social and economic circumstances that can affect an individual's health throughout their life, such as the level of educational attainment, employment status, living standards and access to green spaces (Public Health England, 2017). This is summarised in the Dahlgren-Whitehead model (Figure 2) which maps the relationship between the individual and the social, economic and physical environment surrounding them as the layers of influence on their health. The Marmot review (Marmot, 2010) established that the wider determinants of health have significant effects on health inequalities and therefore actions is required across all determinants to throughout the life course to address health inequalities.

Figure 2: Dahlgren-Whitehead model of the social determinants of health (Dahlgren and Whitehead, 1991 cited Public Health England 2017)



This demonstrates the need for working across all Wiltshire systems between partner agencies to help tackle the significant inequalities faced by these communities. This is reflected in the aim and strategic priorities of the GRT and Boater health strategy.

Aim

- To tackle inequalities experienced by the Gypsy, Roma, Traveller and Boater communities of Wiltshire.

Strategic Priorities and Themes

1. Educational attainment and attendance
2. Preventative services (primary, secondary and tertiary) – including management of long-term conditions; screening; immunisations; pharmacy and dental services
3. Safeguarding and violence prevention
4. Mental health
5. Maternal health and early years
6. Social care and carer support
7. Place and Community e.g. site safety, access to refuse points

Four cross-cutting themes run through all these priorities:

- A.** Increasing awareness of GRT and Boater culture and health needs
- B.** Improving multi-agency dialogue and information sharing to work towards reducing inequalities using current services and resources available
- C.** Improved local data collation and analysis specific to GRT and Boater communities in Wiltshire
- D.** Facilitate engagement with GRT and Boater communities

STRATEGIC PRIORITIES

1

Educational attainment and attendance

2

Preventative services

3

Safeguarding and violence prevention

4

Mental health

5

Maternal health and early years

6

Social Care and carer support

7

Place and Community

4 CROSS-CUTTING THEMES

Increasing awareness of GRT and Boater culture and health needs

Improving multi-agency dialogue and information sharing to work towards reducing inequalities using current services and resources available

Improved local data collation and analysis specific to GRT and Boater communities

Facilitate engagement with GRT and Boater communities

Strategic Priority 1: Educational attainment and attendance			
Inequalities	<p><i>GRT</i></p> <ul style="list-style-type: none"> - Higher rates of absenteeism - Significant reduction in attendance when transitioning from primary to secondary school education - Substantially greater proportion of children requiring SEN support, and requiring deprivation pupil premium - Lowest attainment of all ethnic groups throughout schooling <p><i>Boater</i></p> <ul style="list-style-type: none"> - Challenges of school access with cruising requirement of boat licences with non-permanent moorings 		
What we will do	<ul style="list-style-type: none"> • Increase proportion of children attending secondary education from GRT background (as a marker of GRT community attendance) • Improve educational attainment at both primary and secondary level education • Reduce potential barriers to school attendance – tackle bullying; ensure schools are welcoming and culturally aware of GRT & Boater communities; challenges of non-permanent address • Explore models of education delivery to empower educational attendance and attainment within GRT and Boater communities in Wiltshire • Involvement of key partner organisation and community members in addressing identified educational needs • Gather intelligence (quantitative and qualitative) to better understand the educational needs of the GRT and Boater communities in Wiltshire • Explore options to offer skills and vocational training for 14-16 year olds from Traveller backgrounds, and improve adult literacy 		
Key Partners	<table border="0"> <tr> <td> <ul style="list-style-type: none"> • Education Welfare service (Wiltshire Council) • Further Education • Children’s Services (Wiltshire Council) • Schools • Employment and Skills (Wiltshire Council) • Ethnic Minority and Traveller Achievement Service (Wiltshire Council) </td> <td> <ul style="list-style-type: none"> • School Improvement Partners • Friends, Families and Travellers (a Traveller led charity) • ‘Virtual school’ team • Canal and River Trust </td> </tr> </table>	<ul style="list-style-type: none"> • Education Welfare service (Wiltshire Council) • Further Education • Children’s Services (Wiltshire Council) • Schools • Employment and Skills (Wiltshire Council) • Ethnic Minority and Traveller Achievement Service (Wiltshire Council) 	<ul style="list-style-type: none"> • School Improvement Partners • Friends, Families and Travellers (a Traveller led charity) • ‘Virtual school’ team • Canal and River Trust
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Examples of effective interventions	‘Virtual headteacher’ model		

Strategic Priority 2: Preventative Services			
Inequalities	<ul style="list-style-type: none"> • Lower uptake of screening and immunisation interventions • Higher rates of smoking • Greater proportion of individuals with long-term conditions requiring secondary/tertiary prevention² • Reduced uptake of dental services and worse oral health outcomes • Challenge of registration for and access to healthcare, in particular for Boater community, with non-permanent address 		
What we will do	<ul style="list-style-type: none"> • Increase uptake of universal screening and immunisation services within GRT and Boater communities in Wiltshire. • Review the invitation process for screening and immunisation services within the context of GRT and Boater challenges (e.g. access to facilities, health literacy, postal invitations) • Improve local data collation to facilitate better measurement and understanding of inequalities experienced by GRT and Boater communities within preventative services • Explore feasibility of at-site healthcare provision as already occurs at some Traveller sites • Improve opportunistic interventions for preventative health input at every opportunity (e.g. MECC training for non-clinical staff) • Explore options for community health champions or similar community member leadership in health promotion • Review the registration process for GP practices for those with non-permanent addresses 		
Key Partners	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 60%;"> <ul style="list-style-type: none"> • Wiltshire Clinical Commissioning Group (CCG) • Primary Care Networks, particularly those with GRT and Boater community sites located within them • Health Visitor service (Virgin Care) </td> <td style="vertical-align: top; width: 40%;"> <ul style="list-style-type: none"> • Public Health (Wiltshire Council) • Dental Public Health (NHS England) • Screening and Immunisations teams (NHS England/Public Health England) • Pharmacies </td> </tr> </table>	<ul style="list-style-type: none"> • Wiltshire Clinical Commissioning Group (CCG) • Primary Care Networks, particularly those with GRT and Boater community sites located within them • Health Visitor service (Virgin Care) 	<ul style="list-style-type: none"> • Public Health (Wiltshire Council) • Dental Public Health (NHS England) • Screening and Immunisations teams (NHS England/Public Health England) • Pharmacies
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Examples of effective interventions	<ul style="list-style-type: none"> • ‘Drop in’ sessions with healthcare professionals at accessible venues such as Traveller site and community centres • ‘Pop up’ clinics at events such as horse fairs • Opportunistic childhood immunisations during any appointment at GP • Recruiting community health workers from within the GRT community • Help card scheme to indicate poor literacy requiring assistance from healthcare professional 		

² Prevention can be considered as primary, secondary or tertiary. Primary – preventing disease; secondary – prevent worsening of disease already present; tertiary – improving quality of life and symptoms with chronic conditions

Strategic Priority 3: Safeguarding and Violence Prevention	
Inequalities	<ul style="list-style-type: none"> • Unknown levels of domestic abuse and violence in GRT community • Significant barriers to reporting (e.g. amongst older generations, different perceptions of role of women within family structure; risk of marginalisation from wider community; mistrust of authorities) • Provision of appropriate refuge
What we will do	<ul style="list-style-type: none"> • Ensure all front-line staff who provide services to GRT and Boater communities have culturally-appropriate safeguarding training to be able to identify, sign-post and raise concerns as required • Identify any gaps in information sharing particular to GRT and Boater communities (e.g. due the mobile nature of some groups; good working relationship with some agencies but not all), especially across borders (e.g between maternity services) and between agencies; improve pathways and information sharing networks to address any identified gaps
Key Partners	<ul style="list-style-type: none"> • the Multi-Agency Risk Assessment Case Conference (MARAC) partner agencies • Youth Offending Team (Wiltshire Council) • voluntary/third-sector organisations e.g. Victim Support • all front-line services, including within local authority (e.g. Enforcement, Estates, Housing) and other public sector agencies (eg. Fire and Rescue Service; Highways Agency, GP practices)
Examples of effective interventions	<ul style="list-style-type: none"> • Domestic violence project undertaken by Leeds GATE, initiated by member of the GRT community

Strategic Priority 4: Mental Health	
Inequalities	<ul style="list-style-type: none"> • Higher rates of depression and anxiety in GRT communities • Higher rates of suicide • Local community members expressed concern around mental health issues • Challenges with taboo around mental health, and with health literacy in accessing and navigating mental health services
What we will do	<ul style="list-style-type: none"> • Increase access and awareness of mental health and mental health services (including the spectrum of mental health services available) working with those who already have trusted relationships with the GRT community • Review current pathways to accessing mental health services and consider known barriers for GRT&B communities (significant taboo; health literacy; perceptions of who needs mental health

	<p>services; need for GP to refer into pathways; intermittent internet access; access to healthcare sites whilst travelling)</p> <ul style="list-style-type: none"> • Explore options of working with trusted community/charity organisations to help address barriers and stigma associated with mental health, and also improve site access for mental health service staff • Consider the development of community mental health champions, in a similar manner to Strategic Priority 2 for health promotion
Key Partners	<ul style="list-style-type: none"> • Primary care (CCG/GP practices) • Avon and Wiltshire Mental Health Partnership • Public Health (Wiltshire Council) <ul style="list-style-type: none"> • Substance misuse services • Front-line services
Examples of effective interventions	<ul style="list-style-type: none"> • Sign-posting to mental health services by healthcare outreach workers (Leeds CCG Gypsy and Traveller Health Improvement Project)

Strategic Priority 5: Maternal Health and Early Years	
Inequalities	<ul style="list-style-type: none"> • Higher rates of miscarriage, infant mortality and maternal morbidity • Lower levels of breastfeeding and immunisation uptake • Local concerns around attendance at antenatal appointments, loss to follow up, late presentation during pregnancy, and continuity of care when travelling particularly safeguarding issues
What we will do	<ul style="list-style-type: none"> • Improve levels of breastfeeding and infant immunisation uptake in Traveller communities in Wiltshire • Explore models of information sharing to maximise continuity of care for those who travel during pregnancy • Consider any barriers intrinsic to home/site visit risk assessments particular to GRT&B communities which could be modified. • Increase number of Traveller sites visited regularly by Health Visitor service • Empower maternity and health visitor services, as trusted professionals, to recognise and easily sign-post GRT and Boater community members to other services as required (e.g. dental services, housing information) • Work with site providers (e.g. local council, private landlords) to provide basic contacts and information for new/returning residents of local healthcare support
Key Partners	<ul style="list-style-type: none"> • Local community maternity services (SFT, RUH, GWH) • Primary Care <ul style="list-style-type: none"> • Health Visitor service • Public Health (Wiltshire Council)
Examples of effective interventions	<ul style="list-style-type: none"> • Tailored maternity pathways, developed with GRT community members (Leeds GATE)

Strategic Priority 6: Social care and carer support	
Inequalities	<ul style="list-style-type: none"> • Being a carer is twice as common in GRT community compared to general population • Minimal use of carer support services in Wiltshire by carers identifying as from GRT background • Many carers not accessing appropriate benefits or living aids • Local concern around provision of social care to those not in bricks and mortar residence, particularly Boater community
What we will do	<ul style="list-style-type: none"> • Increase the uptake of carer support in Wiltshire by members of GRT and Boater community • Review any barriers to social care provision for those not resident in bricks and mortar.
Key Partners	<ul style="list-style-type: none"> • Carer Support Wiltshire • Primary Care • Adult Social Care
Strategic Priority 7: Place and Community	
Inequalities	<ul style="list-style-type: none"> • Local communities express concerns over site conditions, and challenges in addressing this when working with authorities • Boater communities concerns around provision of moorings, road access, points of water supply, foul water disposal and refuse/recycling points • Higher rates of child accidents in GRT communities • Living conditions and environmental factors one of the most significant contributory facts to poor health in GRT community (Gill <i>et al</i>, 2013)
What we will do	<ul style="list-style-type: none"> • Work with GRT community members to improve pathways for addressing housing and site condition concerns, both for local authority owned and private Traveller sites where feasible • Work with Boater community members and the Canal and River Trust to ensure adequate provision of amenities, and access to moorings, to provide a safe environment for all • Ensure that private Traveller sites have access to a minimum standard of basic amenities • Engage and inform GRT and Boater community members about site safety (e.g. fire safety awareness) • Empower front-line staff to recognise and sign-post issues experienced by GRT and Boater community members to the appropriate services (e.g. safeguarding; maternity services) • Work across services (e.g. healthcare, education) to maximise utility from sharing data gained when new residents access a site or when a new private site is registered; also consider utilising communication points to provide health promotion messaging (e.g. leaflets on local maternity services sent with housing support information)
Key Partners	<ul style="list-style-type: none"> • Housing, Planning, Enforcement, Countryside Access, Environmental Health (Wiltshire Council)

	<ul style="list-style-type: none"> • Canal and River Trust • Other front-line agencies involved in site safety (e.g. Fire and Rescue Service, Police) • Private Traveller site owners
Examples of effective interventions	<ul style="list-style-type: none"> • Agency agreement between local authorities and other services, providing a co-ordinated consistent approach across the county (Multi-Agency Traveller Unit, Leicestershire)

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Strategy Governance and Implementation framework

The strategy will be under the governance of the Health and Wellbeing Board. This reflects the broad strategic approach to addressing inequalities across the wider determinants of health, with partnership working between council and non-council agencies throughout the county.

The 7 strategic priorities provide the approach to strategy implementation. Key partners within each priority will create working groups and include additional agencies or organisation as appropriate. The role of each working group will be to:

- Develop and implement specific projects to address the inequalities highlighted
- Seek opportunities to integrate the 4 cross-cutting themes into all project development
- Report back to the TRG to provide update and feedback to the wider group

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