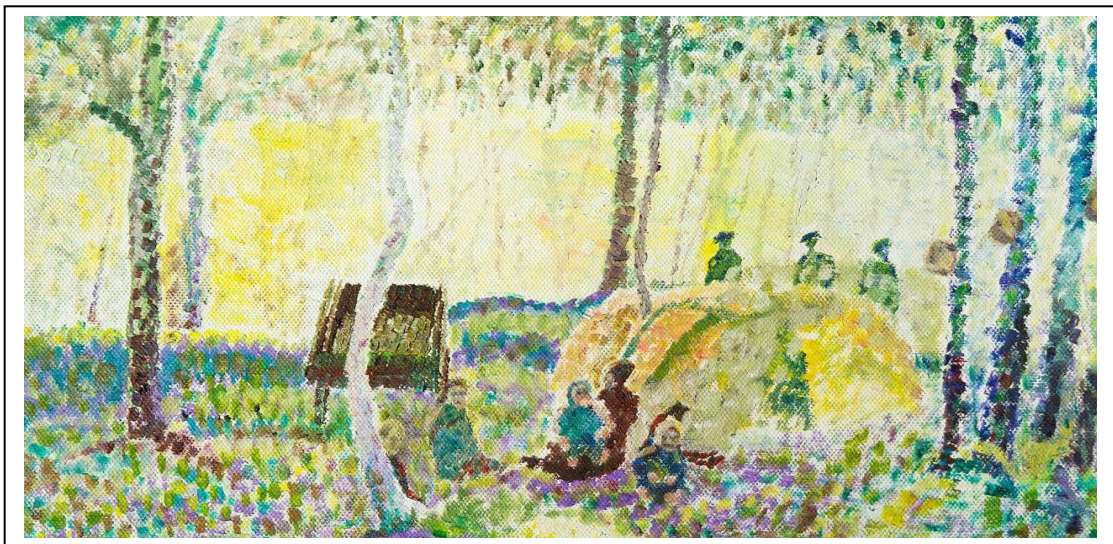


# Health Needs Assessment for Gypsy, Traveller and Boater Populations Living in Wiltshire

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Part of the JSNA



**Wiltshire Council**  
Where everybody matters

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## Summary

Gypsy, Roma, Traveller and Boater communities describes a range of people from different ethnic and minority groups. All these communities experience some of the worst health outcomes of any minority group in the UK, and there is significant health inequality experienced compared to the general population. Assessing the needs of this community is challenging, with a lack of detailed data and a reduced level of engagement between community members and professional agencies. Addressing such significant health inequalities is a key priority, both within the national and local policy context.

The number of people in this community in Wiltshire is unclear. Approximately 750 people identified as Gypsy or Traveller ethnicity in the 2011 census. More recent data suggests around 630 people live on Traveller sites, and 250 children from Gypsy or Traveller of Irish Heritage attend local schools. Almost 560 people are thought to live on a boat (either permanently or temporarily) on the Kennet and Avon canal in Wiltshire.

Evidence suggests that the health outcomes for Gypsy and Traveller communities are worse compared to the general population across the life course. Life expectancy is 10-12 years less than the general population, and there is significant health inequality in dental, maternal, child and mental health. This is compounded by reduced use and access of healthcare services. There are also issues with domestic abuse, and attendance in education.

The provision of current services for Gypsy, Traveller and Boater communities is challenging to assess due to lack of local detailed data. Services which are universal to the general population are available to the community, and there are specialist services for Traveller education and housing sites. There are examples of local partnership working between multiple agencies and Traveller sites, but this is not uniform throughout the county.

Evidence from the literature and from examples of projects in other areas of the country suggest that the development of a trusted working relationship between professionals and members of the Gypsy, Traveller and Boater community is crucial to improving health outcomes. Utilising and developing such relationships, promoting community-driven enablement, and improving local data collation and sharing are all recommended to meet the health needs of the local Gypsy, Traveller and Boater community.

This is the first time a Health Needs Assessment has been done to explore the issues experienced by Gypsy, Traveller and Boater populations in Wiltshire. This assessment provides a snapshot of the current intelligence we have around these communities and will be refreshed as appropriate should new intelligence become available.

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## Background

Wiltshire Council provides a wide range of services to its population, although there is a perceived inequality between Traveller communities and settled communities. Services across the public sector need to work together to empower and support both Traveller and settled communities to live together.

## Definitions

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.’*

## Health inequalities

Significant health inequalities exist between the Gypsy and Traveller population in England and the settled community, even when compared with other socially deprived or excluded groups, and with other ethnic minorities (Parry *et al*, 2007):

- 42 per cent of English Gypsies are affected by a long-term condition, as opposed to 18 per cent of the general population
- Higher levels of stress, anxiety and depression

- Considerably higher numbers of smokers in the Gypsy Traveller population (57%) compared to matched comparators (21.5%)
- Higher rates of stillbirth, infant mortality and maternal death
- Gypsies and Travellers have the poorest self-reported health and provide more unpaid care than any other ethnic minority (Office for National Statistics, 2013)

Gypsy and Traveller communities experience wide ranging inequalities (Cemlyn *et al*, 2009) and the lack of suitable accommodation underpins many of the inequalities that people in this community experience. A lifetime of experiencing racism and discrimination in education, access to health care, employment and other social and public contexts impacts adversely on their health.

Gypsy and Traveller communities experience worse health, die earlier than the rest of the population and are less likely to receive effective continuous health care that meets their needs. They are largely invisible to health service commissioners. There is little robust data available to assist in effective commissioning and monitoring of services to meet existing health needs and improve health outcomes.

## National and local policy context

The recent NHS Long Term Plan commits to a more concerted and systematic approach to reducing health inequalities (NHS England, 2019). Local health systems have new requirements to set out how they will specifically reduce health inequalities by 2023/24 and 2028/29. NHS England has identified a number of good practice examples which will be considered for inclusion in a menu of evidence-based interventions, due to be published with Public Health England, to help this process.

The Houses of Parliament Commons Select Women and Equalities Committee has recently completed (April 2019) an inquiry into tackling inequalities faced by Gypsy, Roma and Traveller communities (Parliament, 2019). This assessed the impact and progress achieved from 28 commitments to tackling inequalities made by a 2012 ministerial working group. The findings and recommendations from this report will be referenced throughout this needs assessment as it provides a comprehensive and current review of the wider context of Gypsy, Roma, Traveller and Boater community inequalities.

Wiltshire Council brings together a wide range of services that engage with Gypsy and Traveller communities. The current Traveller Strategy was refreshed in 2016 (Wiltshire Council, 2016). The strategic aims were:

- That service provision and engagement is co-ordinated throughout the Council and involves consultation with Traveller communities.
- Services and facilities are improved to empower Traveller communities, through joint working, participation and involvement.
- The needs of Traveller communities and settled communities are recognised and addressed in partnership, in line with our aim to create strong and resilient communities with residents that are living healthy, active lives.

- All council officers understand their role in regard to the safeguarding of adults and children in Traveller communities.

The implementation and delivery of a traveller strategy is overseen by the Wiltshire Traveller Reference Group.

### **Aim and scope**

The aim of this health needs assessment is to identify the needs of the Gypsy, Traveller and Boater communities in Wiltshire, to describe the current services and support in place to address these needs, and to identify the gaps in meeting these using evidence-based or best-practice approaches. This report, in conjunction with further input from the Traveller Reference Group, will guide ongoing developments in reducing health inequalities and improving health outcomes for this particular community.

The scope of this report will focus on Gypsy, Traveller and Boater communities in Wiltshire. Showmen and circus families are not included specifically in this assessment, but many of the outcomes and recommendations may be applicable. Accurate local data is challenging to report, and therefore national or literature-based data may be used as a substitute.



## Local health needs

### Demographics

There are an estimated 496,043 people living in the Wiltshire Council Unitary Authority area (mid-year 2017 estimates). This population is expected to grow to 526,200 by 2027. 51% of the population is female. Wiltshire is predominantly White British (93%).

Most routine data is collected at national level for Gypsy and Traveller community demographics, with 'snapshots' of locally collected data available.

#### 2011 Census

The most recent comprehensive data on Gypsy and Traveller demographics is from the 2011 Census. In England and Wales, 58,000 people identified themselves as Gypsy or Irish Traveller. In Wiltshire, 757 identified themselves as a Gypsy or Traveller (0.2% of the population, compared with 0.1% population in England and Wales).

Nationally, the average (median) age of the Gypsy and Traveller population is 26 years old, with 39% of the population being below 20 years old. There is marked difference in the age structure of the Gypsy and Traveller population compared to the national population (Figure 1) with a substantially greater proportion of younger adults and children and fewer older adults.

**Figure 1: Comparison of population age structure – Gypsy or Irish Travellers vs. England and Wales, 2011 Census**

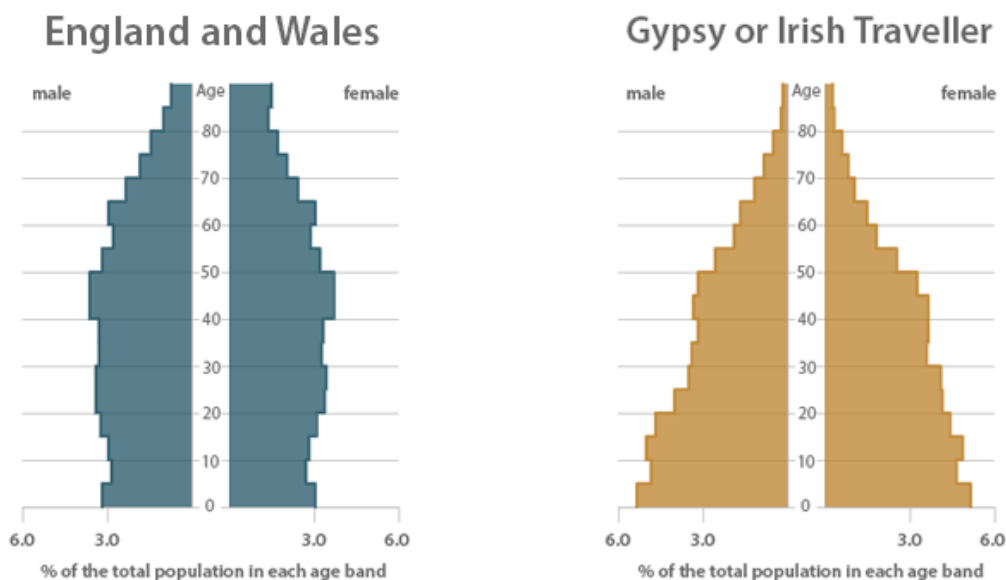


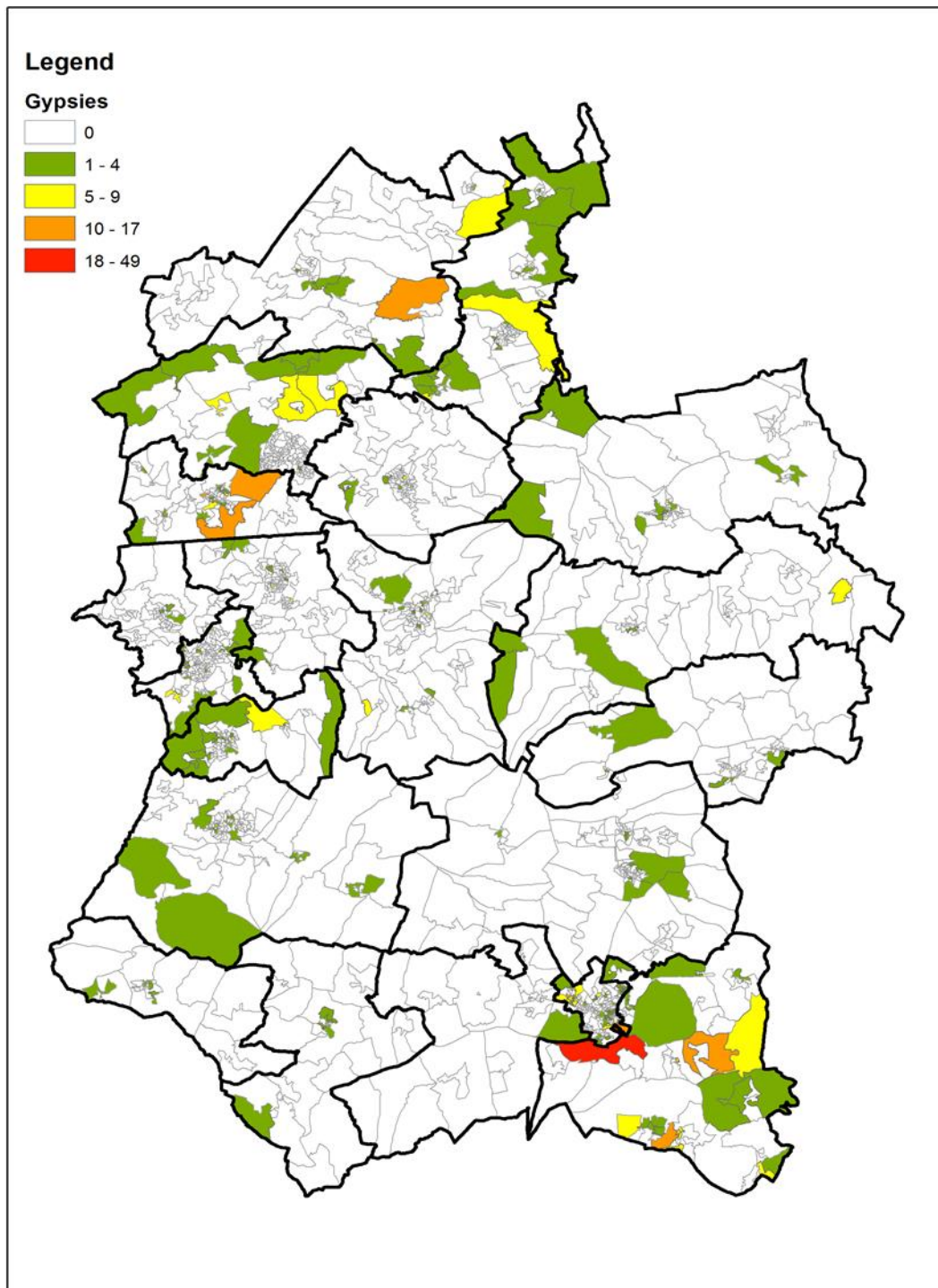
Table 1 summarises some key indicators of difference in demographics, comparing those identifying as Gypsy and Traveller community members to England and Wales overall, identified through the 2011 Census.

**Table 1: Comparison of Gypsy and Traveller community characteristics, compared to overall national figures in ONS Census 2011.**

|   | Gypsy and Travellers  | England and Wales overall |
|---|---|---------------------------|
| Households with dependent children which are lone parent households | 45%<br>(NB 45% of households have dependent children)   | 25%                       |
| Individuals describe their health as 'very good' or 'good'          | 70%   | 80%                       |
| Those aged >16 with no qualifications                               | 60%   | 23%                       |
| Economic activity   | 47% economically active, of these<br>- 51% employed<br>- 26% self-employed<br>- 20% unemployed<br>- 4% full time students<br><br>Economically inactive<br>-27% looking after family<br>- 26% long term sick or disabled<br>-16% retired<br>-31% 'other' | 63% economically active   |

Data from the 2011 Census has been used to show the geographical distribution of people who identify as Gypsies or Travellers (Figure 2). This shows areas of populations throughout the county, with pockets of larger populations in the North, North-West and South.

**Figure 2: Geographical distribution of Gypsy or Traveller individuals, based on 2011 Census (Wiltshire Council, 2016)**



## Other sources of demography

The most recent Gypsy and Traveller Accommodation Assessment (GTAA) for Wiltshire, in 2014, showed there were 200 traveller families on permitted and tolerated traveller sites in the county, totalling 634 people (Opinion Research Services, 2014). The majority of families (171) were gypsies and travellers. There were 29 show people families on 4 sites. The next GTAA is currently being undertaken, and a final report should be available after August 2019.

The January 2019 school census<sup>1</sup> identified 250 children in maintained or Academy status primary, secondary or special schools in Wiltshire whose ethnic group is Gypsy/Roma or Traveller of Irish Heritage. This was 0.36% of the school population, and the majority of these (198) are in primary education. January 2018 school census data (DfE, 2018) showed the 0.37% of the school population were Gypsy/Roma or Travellers of Irish Heritage, which was larger than the South West (0.24%) but similar to England overall (0.40%). This only records those with Gypsy/Roma or Traveller of Irish Heritage ethnicity, and therefore does not provide information on those not defined by ethnicity e.g. New Age Travellers, Boaters.

Overall, there is a lack of robust routine and recent data which reflects the entire Gypsy and Traveller population in Wiltshire. However, available local data suggests that the population in the county is under 1,000, with a substantial proportion of school age children. However, this data may be limited for several reasons. Historically, there can be reluctance from those who identify as Gypsy or Traveller ethnicity to report their ethnicity to officials or institutions due to history of persecution and discrimination. Secondly, due to the mobile nature of the population, such 'snapshots' may be less stable in their accuracy compared to other populations.

559 people lived on a boat on the Kennet and Avon canal in Wiltshire either permanently or temporarily in 2013/14 (Wiltshire Council, 2018). A survey of Boaters in 2017 found amongst 137 respondents:

- The majority were working age adults, aged 35-44 (26%), 45-54 (27%) or 55-64 (23%). 17.5% of respondents were aged 16 year or younger.
- 54% of survey respondents were male
- 33% were in full-time employment, 13% part-time, 23% self-employed and 19% retirees.

## Needs of the Gypsy and Traveller population

Health needs can be defined as the ability of the population to benefit from health care provision (Stevens & Gillam, 1998). Gypsy and Traveller community members can experience health difficulties as any other member of the population. However, there may be specific areas of health and its wider determinants that are particular issues for the Gypsy and Traveller community.

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<sup>1</sup> Data from communication with Childrens Services, not yet published for public

## Health Needs

There is a lack of assessment of health needs specifically for the local Wiltshire population of the Gypsy and Traveller community. Local Hospital Episode Statistics data does not currently delineate Gypsy or Traveller ethnicities within its coding.

Evidence from national data and literature identifies significant health needs within this population, summarised below (Van Cleemput 2018; North Somerset Council, 2013; Parliament, 2019; Racial Disparity Unit, 2019)

|                                   |  |
|-----------------------------------|--|
| Child Health                      | Higher infant mortality<br>Lower birth weight<br>Lower levels of breastfeeding<br>Lower immunisation rates<br>Higher rates of accidents  |
| Maternal Health                   | Higher maternal death rates<br>Higher prevalence of miscarriage (16% vs. 8%)   |
| Adult Health                      | Significantly worse health status<br>Life expectancy is 10-12 years less than non-Traveller population<br>Greater proportion have long-term conditions (42% vs. 18% general population)<br>Higher prevalence of coronary heart disease and respiratory problems<br><br>Significant over-representation of early/premature deaths |
| Mental Health                     | Higher prevalence of depression (25.9 % vs 9.4%)<br>Suicide rate six times greater in Travellers in Ireland than national population   |
| Lifestyle behaviours              | Higher numbers of smokers in the Gypsy Traveller population (57%) compared to matched comparators (21.5%)<br>*lack of robust evidence on any differences in alcohol or substance misuse  |
| Access and use of health services | Fewer patients reporting a positive experience of GP services (72.9% vs 83.8%)<br>Double number are carers for ill or disable relatives compared to general population<br>More likely to use A&E as first point of contact<br>Home care for terminal ill in preference to hospice care   |

The preference of using emergency secondary care to GP services for primary health consultations has significant knock-on effects. The low incidence of diabetes, stroke and cancer in Gypsy and Traveller communities is likely to be indicative of late presentation, and Gypsy and Traveller people are less likely to attend screening (Van Cleemput 2018). There is therefore a substantial gap in the delivery of preventative and health promotion services. Overall there is an inverse relationship between the increased need for healthcare in the Gypsy and Traveller community, and the reduced uptake, access to or use of health services.

A recent systematic review (McFadden *et al*, 2018) examining the barriers to healthcare faced by the Gypsy, Roma and Traveller (GRT) community found the following common themes:

1. Health services issues
  - a. Difficulty registering with primary care
  - b. Reluctance of health professionals to visit sites
  - c. Accessibility issues e.g distance, inflexible service
  - d. Difficulty making appointments and waiting times
  - e. Lack of data (e.g. population size, health needs and service usage) barrier to providing appropriate healthcare
2. Discrimination and attitudes of health care professionals e.g. negative stereotyping, poor communications
3. Cultural and language barriers
  - a. Need for same gender healthcare professionals, particular for sexual and reproductive healthcare
  - b. Cultural differences e.g. accommodating large family groups to attend appointments
  - c. Taboo topics e.g. mental health and substance misuse
  - d. Culture of fatalism in some GRT communities
  - e. Requirement for interpreters, particularly for Roma patients
4. Health literacy
  - a. How to access and navigate healthcare services, particularly mental health, sexual and reproductive health and dental health services
  - b. Compounded by poor functional literacy
5. Service-user attributes
  - a. Age and gender – e.g. men less likely to talk about health, and more often present at later stage of disease progression
  - b. Individual preference e.g. alternative therapies; self-reliance; consulting with family
  - c. Fear or mistrust e.g. expectation of discrimination, fear of removal of children, fear of diagnosis

A significant health inequality within the Gypsy and Traveller community is the difference between men and women. Male community members experience worse health outcomes in comparison to female members, and worse still in comparison to the general male population (Hodgins and Fox, 2012). Contributory factors include a reluctance to seek medical attention with illness as a sign of 'weakness'; health seen as a female domain; taboo around discussion of sexual health; poor health literacy.

### **Dental health**

In a similar pattern to general health, there is evidence to suggest that Gypsy and Traveller communities have high levels of unmet need, low dental registration and minimal use of preventative services (Edwards & Watt, 1997). Children in Gypsy and Traveller communities are at high risk of developing dental caries in future (Doughty *et al*, 2016). Guidance produced by National Institute for Health and Care Excellence (NICE, 2014) highlights people from traveller communities as high risk of poor oral health or having difficulty accessing dental services.

## Mental wellbeing and welfare needs

Rates of mental health issues, including depression and anxiety, are more prevalent in Gypsy and Traveller communities compared to the general population.

Domestic abuse is a serious and long-standing area of concern within Gypsy and Traveller communities and the agencies that work alongside them. Several factors contribute to this issue within this community (Parliament, 2019):

- Risk of marginalisation from the whole community if a woman reports domestic abuse or a marriage breaks down
- Different views on the role of women in marriage e.g. viewed as property of husband, and therefore may not recognise abuse
- Loss of wider community and support network
- Mistrust of social services and police, and fear of removal of children

At organisation/system level, challenges have also been noted in:

- Provision of appropriate refuge (e.g. away from wider network to avoid identification)
- Reliance on short-term funding and voluntary sector to provide specialist support to women from Gypsy, Roma and Traveller communities

The responsibility of caring for ill or disable relatives is expected within Gypsy and Traveller communities, and many carers do not consider themselves as 'carers'. Having carer responsibilities is twice as common in Gypsy and Traveller communities than the general population (Parry *et al*, 2007). However, evidence suggests that many do not access support services, receive appropriate benefits or living aids (Minority Ethnic Carers of People Project (MECOPP), 2013 cited van Cleemput, 2018 p684).

## Educational needs

National analysis shows that pupils from Gypsy, Roma or Traveller backgrounds have the lowest attainment of all ethnic groups throughout their school years. Persistent absence rates (pupils missing  $\geq 10\%$  of their school sessions) from Gypsy/Roma pupils (49.2%) and Irish Traveller (64.0%) are substantially higher than the general population (10.8%). Similarly, the percentage of temporary exclusions is highest in these two ethnic groups (17.29% & 16.2% respectively) (Racial Disparity Unit, 2019).

In Wiltshire, persistent absence rates in pupils recorded with Gypsy/Roma or Traveller of Irish Heritage ethnicity in the January 2019 school census was 53.6%. This is substantially higher than the rate for all pupils in Wiltshire of 9.7%.

The Wiltshire Children and Young People's Health and Wellbeing Survey in 2017 was carried out in 95 schools and colleges across Wiltshire, and 9,951 pupils completed the survey from year groups 4, 5, 6, 8, 10 and 12.

There were 43 respondents identifying as Gypsy Roma or Traveller. These small numbers preclude meaningful statistical interpretation for trends or differences, and specific percentages cannot be detailed due to the risk of identifying individuals. Nevertheless, the survey suggests that more pupils who are Gypsy, Roma or Traveller ethnicity have been bullied, miss 10 or more days of school last term, drink energy drinks regularly, report being in serious trouble with the police, felt the need to carry a weapon, and smoke and drink alcohol, and not report enjoying school compared to all

Wiltshire pupils. A smaller percentage of Gypsy, Roma or Traveller pupils reported themselves or anyone in their immediate family ever being a victim of domestic abuse or violence.

As identified in the January 2019 school census, the majority of Gypsy or Traveller children in schools are primary school age, and there is a marked drop-off rate from primary to secondary level education. Whilst 0.50% of all primary school children are recorded as Gypsy Roma or Traveller of Irish Heritage, this group account for only 0.17% of all secondary school pupils. This trend is reflected nationally, and several contributory factors have been suggested (Parliament, 2019):

- Home education
- Children starting work
- Travelling with families
- Bullying and discrimination at school
- Concerns around mixing students of different genders (e.g. in PE)
- Concerns around relationship and sex education, particularly in mixed gender groups

A greater proportion of children of Gypsy Roma or Traveller of Irish Heritage ethnicity in Wiltshire (Table 2):

- are recognised as having Special Education Needs (SEN) by schools
- have an Education, Health and Care Plan (EHCP), therefore their needs are recognised by the local authority after a statutory assessment process
- attract a pupil premium due to deprivation

**Table 2:** Proportion of children of Gypsy Roma or Traveller of Irish Heritage ethnicity with SEN, EHCP or pupil premiums, compared to all children in Wiltshire (data from January 2019 school census)

|  | <b>Gypsy Roma or Traveller of Irish Heritage ethnicity</b> | <b>All children</b> |
|--|--|---------------------|
| <b>% SEN support</b>                     | 34.8   | 12.3                |
| <b>% Education, Health and Care Plan</b> | 5.2  | 3.4                 |
| <b>% deprivation pupil premium</b>       | 43.6   | 12.9                |

An important gap in data is with regards to those not defined by ethnicity, such as New Age Travellers or Boaters. Non-ethnicity based data with regards to education is not routinely collected, and therefore the needs of this population is more challenging to characterise.

### **Housing needs**

Planning policy for traveller sites has been provided by the Government to guide local authority activity with regards to traveller sites. Local planning authorities are advised to make their own assessment of need, encouraged to plan for sites over a reasonable timescale, and to enable provision of suitable accommodation from which travellers



can access education, health, welfare and employment infrastructure (Department for Communities and Local Government, 2015).

Section 124 of the Housing and Planning Act 2016 inserted a new Section into the Housing Act 1985 requiring that Local Authorities assess the accommodation needs of persons residing in houseboats and caravans within their district. The Government published draft guidance (Ministry of Housing, Communities & Local Government, 2016) to local housing authorities on the periodical review of housing needs (caravans and houseboats). The Government recommends in its guidance that the local housing authority or partnership conduct a specialist survey and/or qualitative research to obtain this information.

There is currently a programme of work within Wiltshire Council as part of this national legislation and policy requirement. The Gypsy and Traveller Development Plan Document will help to provide for the accommodation needs of travellers. A crucial component of this is the Gypsy and Traveller Accommodation Assessment which was last undertaken in 2014 (Opinion Research Services, 2014) but will be updated in July 2019.

This estimated that between 2014 and 2029, an extra 90 pitches would be required to be provided in Wiltshire to meet future need. This estimate would account for all current unauthorised pitches those with temporary planning permissions, concealed households and a compound net annual rate for new household formation of 2%.

## Current services & support

### Health

Under the NHS Long Term plan, adjustments to CCG funding will be undertaken to assist areas with the greatest health inequalities. This is to help deliver one of the main aims of reducing such inequalities. No specific adjustment in the revenue allocation formulae will be implemented for Gypsy, Roma or Traveller populations during the current 5-year funding cycle (NHS England, 2019b), partly due to the lack of suitable adjustment processes to account for unregistered people. However, the recently published Parliamentary enquiry in to tackling inequalities recommends an explicit section for CCGs to outline the needs of Gypsy, Roma and Traveller people in their local area, and that this need should be taken into account by NHS England when allocating funding (Parliament, 2019).

Gypsy, Irish Traveller and Roma categories are not currently on the NHS data dictionary. This creates difficulties in monitoring the equity of access and service uptake in these minority groups. The addition of these categories to the NHS data dictionary has been highlighted as a matter of urgency (Parliament, 2019).

## **Primary Care**

### **Registration**

Difficulties in registering with GP practices have been widely reported by members of the Gypsy and Traveller community. This can be attributed to perceived or actual discrimination, challenges with literacy in completing forms, and the unnecessary requirement for proof of address or identification to register (Parliament, 2019). NHS England have produced clear guidance that neither identification nor proof of address is required, and have highlighted that people from the Traveller, Gypsy or Roma community should not be refused registration based on where they reside or their lack of settled accommodation (NHS England). A report by a leading national Traveller charity suggests there is still evidence of GP practices refusing registration based on lack of proof of residential address (Friends, Families and Travellers, 2019).

The number of patients registered with GP practices in Wiltshire, who have recorded their ethnicity as Gypsy or Traveller background, is difficult to ascertain. There is no direct access of GP registers from Wiltshire Public Health Intelligence team, and there is no centralised access scheme from Wiltshire CCG. Therefore, contacting individual GP practices to ascertain this data is required. Furthermore, as already discussed due to barriers and reluctance to registration, this data would be unlikely to record the number of individuals in the area. Nevertheless, this would be a useful source of service activity data.

### **Communication and engagement**

Gypsy and Traveller communities have lower literacy rates compared to the national average. This will affect how they access services, register with a GP, and receive information leaflets.

Levels of digital literacy, technology and internet use are also lower. It is important that any changes in the delivery of healthcare that rely on technology do not discriminate.

GP practices should offer support when needed with form filling, provide easy to read materials, and ensure patients with low literacy are supported throughout their health journey.

### **Cultural awareness**

Gypsy and Traveller communities have cultural differences that may not initially be apparent. There are several distinct cultural groups within the umbrella term Gypsies and Travellers, with often widely differing traditions and practices. For example, within Gypsy and Traveller communities, women traditionally may not share or discuss their health issues with male members of their family. Women are often the main carers in the family and therefore can find it difficult to get appointments at convenient times or may have to take children with them to appointments. There are often strict rules around gender with some Gypsy and Traveller communities, meaning that women will only agree to see female doctors, and men only male doctors. Men can often be unwilling to seek help for health issues or attend GP practices. Mental health is usually not talked about and is felt to be an issue that family should deal with. When

communicating with members of Gypsy and Traveller communities, it is important to consider that many will have experienced discrimination or stigmatisation from mainstream services. This may affect how they act or feel when accessing their GP practice.

Wiltshire's Health and Wellbeing Board should ensure Travellers are included as key stakeholders. The Board will be relying on the JSNA to inform their work. It is therefore critical that traveller's health assessments are conducted and that these communities are fully involved in the process.

## **Secondary Care**

As already highlighted, NHS data monitoring does not sufficiently gather detail of Gypsy and Traveller ethnicity. Review of local Hospital Episode Statistics data by the Wiltshire Public Health Intelligence Team did not identify any markers to demonstrate service activity or use by patients from Gypsy or Traveller ethnicity backgrounds.

Secondary care for Wiltshire residents is provided by three acute Trusts: Great Western Hospitals NHS Foundation, Royal United Hospitals Bath NHS Foundation Trust, and Salisbury NHS Foundation Trust. Community hospitals are situated in Chippenham, Devizes, Melksham, Savernake, Trowbridge and Warminster, with Minor Injury Units at Chippenham and Trowbridge hospital sites.

## **Drug & Alcohol Services**

The Drug and Alcohol service for adults in Wiltshire is provided by Turning Point. Current data collation does not identify Traveller and Gypsy ethnicity, which will likely be grouped under White British or White Irish. Data from service activity during quarter 3 of 2018-19 showed the majority of service users identified as White British or White Irish (957 out of 1001 total), reflecting the ethnicity profile of Wiltshire.

## **Pharmacy**

The Wiltshire Health and Wellbeing Board produces a Pharmaceutical Needs Assessment, and the current assessment is for the duration 2018-2021 (Wiltshire Council, 2018). This identified a total of 73 pharmacies of which 2 are registered as distance-selling pharmacies. This represents 14.5 pharmacies per 100,000 population. The assessment found the range of pharmacy provision in Wiltshire extends to meets the needs of various specific diseases, different populations and also lifestyle choices.

## **Health Visiting**

Virgin Care deliver the Wiltshire Health Visitor service for children (0-5 years old) and family health. This provides ongoing additional services for vulnerable children and families and contribute to multidisciplinary services in safeguarding and protecting children.

Health visiting is separated into group localities, and the current service delivered throughout the county is summarised below:



### Greenways West

- Covers Chippenham, Corsham and Malmesbury
- Includes the Local Authority run site Thingley Park in Corsham
- Further arrangements in place to visit private sites (Frampton Farm and Sutton Benger)

### High Post North, West and South

- Covers Salisbury, Wilton, Amesbury, Larkhill, Bulford, Durrington and Downton
- The Local Authority sites covered are Dairy House Bridge caravan site; Oak Tree Field Caravan site; Lode Hill Caravan Site

### Derby Court Central and South

- Covers Warminster, Westbury and Melksham
- There are no Local Authority sites in these areas.
- A private traveller site at Hawkeridge (Westbury), a private site (Bonnie Park) in Bratton and two sites at Semington are also covered

Table 2 highlights the available pitches in Local Authority, private and unauthorised sites.

**Table 2: Local data from biannual caravan count for Wiltshire (July 2018)**

| Area of the county                  | Number of Local Authority sites in each area  | Numbers of pitches in each area                          |
|-------------------------------------|---|--|
| North and West Wiltshire            | 1 Thingley Park<br>1 Fairhaven  | 31<br>7  |
| East Wiltshire                      | 0 sites   | 0  |
| South Wiltshire                     | 1 Lode Hill<br>1 Dairy House Bridge<br>1 Oak Tree Field   | 10<br>14<br>40   |
| Total Local Authority sites         | 5   | 102  |
| Area of the County                  | Number of Private or Unauthorised Sites in each area  | Number of pitches on each area                           |
| North and West Wiltshire            | 44 Private sites<br>1 Travelling Show People site<br>3 Unauthorised Encampments (not tolerated)<br>3 Unauthorised sites without planning permission | 155<br>5<br>[4 caravans counted]<br>[3 caravans counted] |
| East Wiltshire                      | 1 Private site<br>1 Travelling Show People Site, Unauthorised Tolerated<br>2 Unauthorised Encampment  | 1<br>10 caravans counted<br>[2 caravans counted]         |
| South Wiltshire                     | 11 Private Sites<br>2 Travelling Show People sites<br>6 Unauthorised Encampments<br>7 Unauthorised sites without planning permission                | 8<br>2<br>[9 caravans counted]<br>14 caravans counted    |
| Total Private or Unauthorised Sites | 81  | 171 pitches<br>42 caravans counted                       |

## **National Screening Programmes**

There are several NHS national screening programmes which should be delivered to all eligible populations.

### **Antenatal screening programmes**

- Infectious diseases in pregnancy (HIV, hepatitis B, syphilis)
- Foetal anomaly screening programme
- Screening for sickle cell and thalassaemia (inherited blood disorders)

### **Neonatal/newborn screening programmes**

- Newborn and Infant Physical screening programme: within 72 hours of birth, and repeated at 6-8 weeks (congenital heart disease, developmental dysplasia of the hip, congenital cataracts, cryptorchidism)
- Newborn bloodspot testing – screening for 9 rare but serious condition, mostly metabolic conditions. Usually tested on day 5 of life, but can be up to 1 year old (except cystic fibrosis test)
- Newborn hearing screening programme – offered within 4-5 weeks of birth

### **NHS Health Checks**

- NHS Health Checks programme is for adult aged 40-74, without a pre-existing condition, offered every 5 years

### **Cancer screening programmes**

- Cervical screening – offered to women aged 25-49 every 3 years, women aged 50-64 every 5 years
- Breast screening – women aged 50-71 invited every 3 years
- Bowel screening – currently screening offered every 2 years to men and women aged 60-74 (additional testing schedule in development)

### **Other screening programmes**

- Abdominal aortic aneurysms – all men aged 65 invited
- Diabetic retinopathy screening – offered to all with diabetes aged 12 or over

Uptake of screening services is difficult to ascertain, as ethnicity is not recorded with in the National Screening Programme data. A request to Primary Care could be made to establish participation data within these screening programmes, however, the absence of ethnic origin on registration status could make this difficult.

Screening uptake may be challenging for several reasons. Often, invitations are based through GP registered addresses. This requires registration with GPs, and regular access to the registered address. Furthermore, information is often provided in written format, which may present challenges for those with reduced literacy. Differences in health beliefs, and in particular a significant fear of cancer as a definite terminal diagnosis, hence avoidance of screening, may also contribute (Parry *et al*, 2007). This is all within the wider context of reluctance and mistrust with official services.

## **Immunisation Programmes**

The routine immunisation schedule for the U.K can be considered to within four age groups:

- 8-16 weeks old
- 1 year to 3 years 4 months
- Early teenagers e.g. HPV, meningococcal groups ACWY
- Aged 65 and over e.g. Pneumococcal, annual Influenza, Shingles

In addition to these universal immunisation programmes, there is an annual influenza vaccination programme for those:

- Aged 65 and over
- Pregnant
- With certain long-term medical conditions
- Are main carers for elderly or disable person whose welfare may be at risk if their carer falls ill
- Children in reception class and school years 1-5

Further vaccinations are provided to pregnant women, namely whooping cough and hepatitis B vaccinations.

There is no reliable data to characterise vaccine uptake in the local Gypsy and Traveller community. This is reflected nationally, partly due to the challenges already described with regards to accurate recording of ethnicity. Evidence does suggest that there is low or variable uptake of childhood immunisations, and this mirrors several outbreaks of measles and whooping cough in Traveller communities (Jackson *et al*, 2016). HPV vaccination uptake, during secondary school, may be hampered by the reduced secondary school attendance already detailed. Data on adult vaccine uptake is more limited.

Evidence from a qualitative study published (Jackson *et al*, 2016), showed Travellers are less likely to access health services, including immunisation. The study aimed to understand what influences Travellers' immunisation behaviours and identified ideas for improving uptake.

- 174 people from different Traveller communities (Romanian/Slovakian Roma, English Gypsy, Irish Traveller, Scottish Show people)
- 39 service providers (e.g. health professionals) who work with Travellers.

The study identified what helps, and hinders, immunisation uptake, and developed ideas for programmes to help.

There was widespread acceptance of immunisation.

- A few English-speaking Travellers worried about multiple/combined childhood vaccines, adult flu and whooping cough. Concerns about vaccines offered during pregnancy and human papillomavirus vaccine were most obvious in the Bristol English Gypsy/Irish Traveller community.
- Language, problems with reading, discrimination, school attendance, poverty and housing were barriers for some Travellers.
- Trusting relationships with health professionals were valued.
- Some English-speaking Travellers described problems of booking and attending for immunisation.
- Service providers tailored their approach for Travellers. Funding cuts, NHS reforms and poor monitoring challenged their work.

Five programmes were identified as most important across the communities:

1. training for health professionals to understand Traveller ways of life
2. identification of Travellers in health records to tailor support and check uptake
3. provision of a named frontline person in general practitioner practices to provide respectful/supportive service
4. flexible systems for booking appointments, recall and reminders
5. protected funding for health visitors specialising in Traveller health.

A request for childhood immunisation status has been made to the Child Health Information Service, using the postcodes of known traveller sites. However, this excludes boaters.

## **Dental services**

Community dental services is provided in Wiltshire by Great Western Hospitals NHS Foundation Trust. Dental Access Centres provide NHS dental treatment to residents who do not have a regular dentist and are in need of urgent care. These are based in Chippenham and Salisbury (as well as Central and West Swindon). There is also an Oral Health Promotion team who provide Oral health Improvement Programmes aimed at improving the dental health of the local population and reducing health inequalities.

## **Mental wellbeing and welfare**

Avon and Wiltshire Mental Health Partnership (AWP) NHS Trust provide community services within Wiltshire, including primary care liaison services along GPs.

Domestic abuse adult victim services cover a spectrum of risk. The Multi-Agency Risk Assessment Case Conference (MARAC) seeks to safeguard the highest risk victims and their families, through a coordinated partnership approach and targeted action plans to reduce immediate risk. Independent domestic violence advisors provide specialist high risk support and advice and through the provision of housing, including refuges, ensure victims and their families can live in a place of safety. Moving down the risk spectrum, domestic violence protection orders facilitate moving the perpetrator away from the victim, the domestic violence disclosure scheme allows partners to know of previous history of domestic violence and early sharing of information through the domestic abuse conference helps safeguard victims. In addition, a community-based 'outreach' support service for victims offers longer term interventions through domestic abuse support workers.

As of November 2018, data collation through domestic abuse support services did not have Gypsy or Traveller ethnicity as a defined category, and no addresses were listed at known Gypsy and Traveller sites. There was anecdotal evidence of support to victims from the GRT community who live outside of known sites, but this was not quantified.

Carer support is delivered by Carer Support Wiltshire. This service is commissioned by Wiltshire Council and Wiltshire CCG to deliver information, advice and support to

carers in Wiltshire. A search of the active carers database in May 2019 by Carer Support Wiltshire showed less than 5 individuals (out of 11,000 listed) who identified as Gypsy, Roma or Traveller background. Furthermore, no current staff members could identify any direct working with individuals who identified as Gypsy, Roma or Traveller backgrounds.

## Education

Education plays a central role in the social inclusion and wellbeing of Travellers. National studies show Travellers have the highest proportion of people without qualifications of any ethnic group.

The Wiltshire Traveller Education Service (TES) aims to improve the capacity of schools to raise the attainment, achievement and engagement of Traveller pupils. The team consists of one Early Help Functional Lead, one Advisory Teacher, three Teaching Assistants and an Education Welfare Officer support

This service provides support to enhance educational provision for Traveller children, ensuring that they meet their full potential by providing bespoke in-school support packages catering to the individual need and abilities of these pupils. It also aims to improve school/home liaison and foster positive relationships between families, schools and the wider community.

Support is provided to families to help access Nursery, Pre-school and foundation stage learning, this may include work with other partner agencies. There is a provision to provide education for children who are visiting the county, such as Fairground and Circus families.

TES can provide training to external agencies, teachers, support staff, leadership teams and governors. Schools can refer an individual Traveller pupil to the service by using a Single Agency Referral Form (SARF).

## Attendance

Data from the January 2019 School Census which covers pupils in Wiltshire at our maintained or Academy status primary, secondary and special schools showed 250 pupils recorded with Gypsy Roma or Traveller of Irish Heritage which is 0.36% of the census caseload.

- 198 Primary School pupils which is 0.50% of all Primary School pupils
- 2 Special School pupils which is 0.29% of all Special School pupils
- 50 Secondary School pupils which is 0.17% of all Secondary School pupils

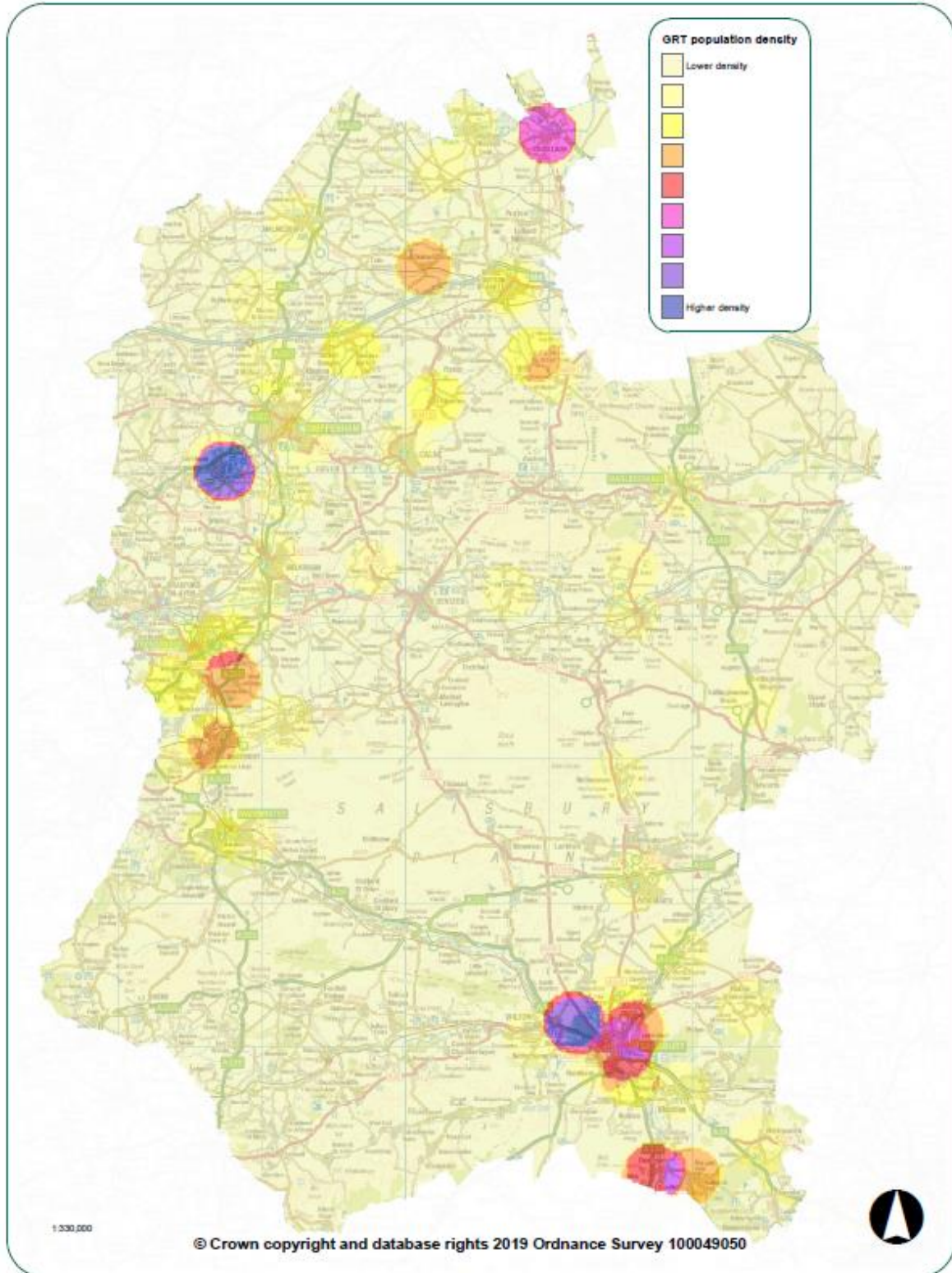
The geographical distribution of Gypsy, Roma and Traveller children is demonstrated in Figure 3. This shows clustering of higher numbers of GRT children in Cricklade, Corsham, Trowbridge and Salisbury areas.



**Figure 3: Map demonstrating the distribution of Gypsy, Roma and Traveller children in schools, based on 2019 School census.**



Gypsy, Roma and Traveller children  
from school census information 2019



Number of pupils recorded with traveller ethnicity where their attendance rate at school is less than 90% i.e. they are a persistent absentee and as a percentage of the entire traveller caseload recorded in the census.

- 134 of the 250 pupils are classed as persistent absentees

## Housing

Wiltshire Council currently own and/or operates 5 residential Gypsy and Traveller sites around the county. However, the ownership of two sites (Dairy House Bridge and Oak Tree Field) along with an adjacent transit site (Odstock transit site) will be transferred to a private purchaser, pending completion of legal transfer. Residential sites provide permanent accommodation in the form of 'family pitches' on which a building is provided to facilitate:

- Cooking
- Washing
- Bathing

The families occupy under licence conditions and are subject to pay:

- Rent
- Council tax
- Site service charge
- Water
- Electricity usage

They provide their own sleeping accommodation in the form of a caravan/mobile home.

Recent data is available through the national biannual traveller count (MHCLG, 2018). In July 2018, there were the following sites:

| This current level of provision is: Area of the county | Number of local authority sites in each area      | Numbers of pitches in each area |
|--|---|---------------------------------|
| North Wiltshire<br>(1 site)                            | Thingley  | 31                              |
| East Wiltshire<br>(0 sites)                            | 0   | 0                               |
| South Wiltshire<br>(3 sites)                           | Lode Hill<br>Dairy House Bridge<br>Oak Tree Field | 12<br>18<br>32                  |
| West Wiltshire<br>(1 site)                             | Fairhaven   | 7                               |
| Total  | 5   | 100                             |

No transit sites are currently available in Wiltshire.

| Type of site   | Number of caravans | Percentage of total caravan count |
|--|--------------------|-----------------------------------|
| Authorise site (private or public)   | 473                | 94%                               |
| Unauthorised developments (on land that was owned by the Gypsies and Travellers)                         | 12                 | 2%                                |
| Tolerated unauthorised encampments (on sites where the land was not owned by the Gypsies and Travellers) | 0                  | 0%                                |

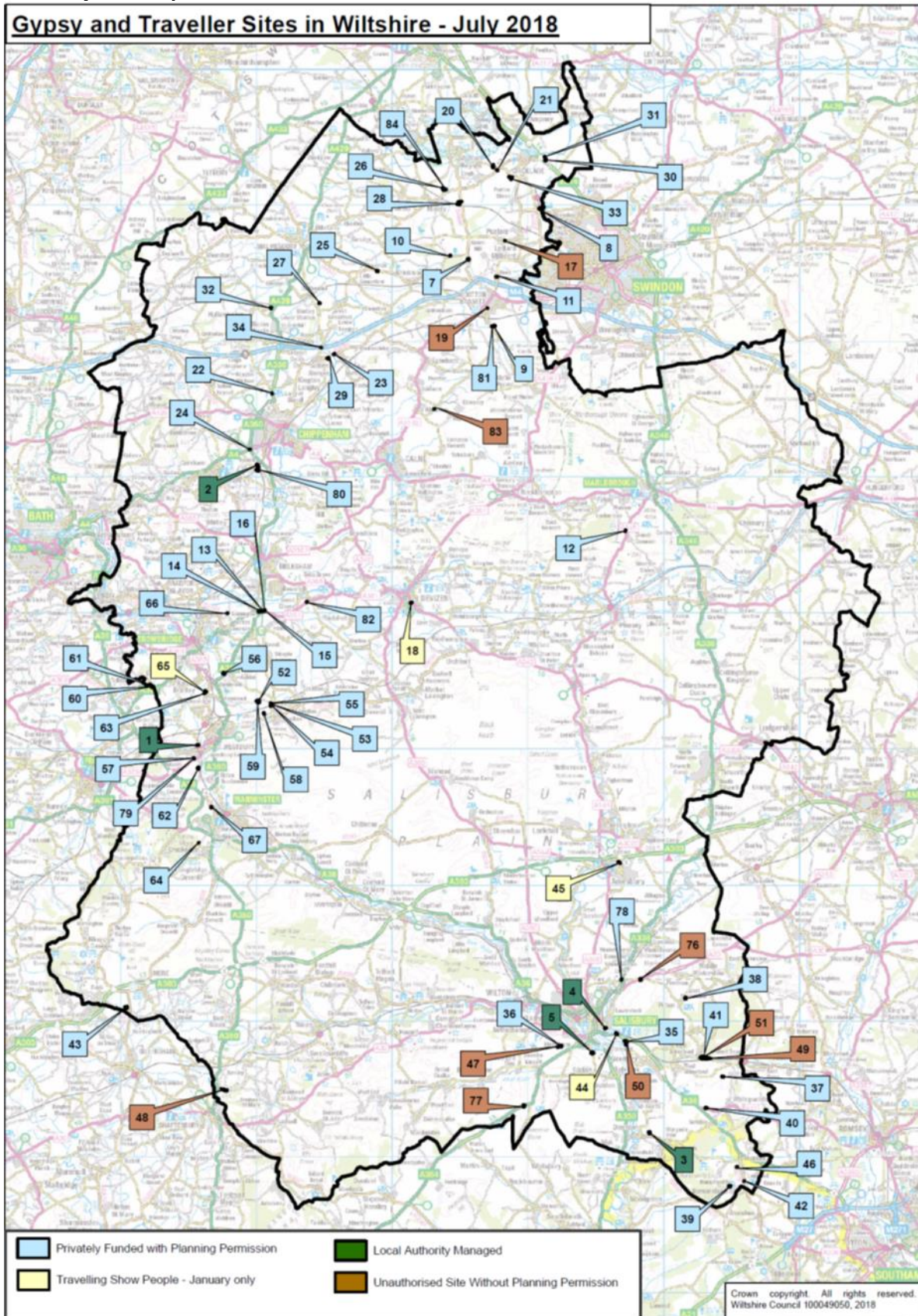
A map (Figure 4 below) displaying the current Gypsy and Traveller sites (July 2018) in Wiltshire demonstrates the geographical distribution of sites throughout the county. The colour-coding, detailed in the key, demonstrates the nature of these sites, showing the majority are privately funded sites.

An unauthorised encampment is when an individual or group of individuals move onto a piece of land that they don't own, without the permission of the landowner. People parking caravans on their own land without planning permission are not unauthorised encampments (in that they cannot trespass on their own land) - they are "Unauthorised Developments" and are always dealt with by enforcement of planning legislation by Wiltshire council.

Before commencing any action to evict an unauthorised encampment, local authorities have an obligation to carry out welfare assessments of the unauthorised campers. This may necessitate the involvement of local NHS bodies, where health issues are apparent.

It should be noted that, where the landowner is a local authority or other public body, the necessary welfare assessments should be carried out alongside the court procedures and should be completed before any eviction is carried out.

**Figure 4: Map of July 2018 caravan count (excluding unauthorised encampments)**



## **Other support agencies - national**

### **Friend Families and Travellers (FFT)**

FFT is a national charity that works on behalf of all gypsies and Travellers regardless of ethnicity, culture and background. FFT is working to end racism and discrimination against Gypsies, Travellers and Roma and to protect the right to pursue a nomadic way of life.

FFT provide advice and consultancy, promote health and wellbeing, work on research and policy, deliver training and resources. They investigate and expose unfair treatment, advocate for equal rights and empower individuals to challenge inequality. Educate professionals to provide fair access to services. FFT celebrate Gypsy, Roma and Travellers' rich history, culture and contributions to society and share this with the wider public.

At least half of FFT Trustees, staff, interns and volunteers are Gypsy, Roma and Travellers. The FFT website offers a policies, publications and information on issues affecting Gypsies and Travellers such as end of life care, healthcare on the water, and information for health service personnel to have a better cultural understanding of Travellers' attitudes to sexual relationships and sex education.

### **The Traveller Movement (TM)**

TM is a national charity committed to the fulfilment of human rights for ethnic minority Gypsy, Roma and Traveller people. They have a proactive community advocacy strategy, help build capacity and act as a bridge between the Gypsy, Roma and Traveller sector, service providers, and policy makers.

Their members are predominantly composed of Gypsy Roma and Traveller people. The charity deliver work in research, policy and lobbying, campaigns on human rights, equality and justice, access to justice, community development and economic inclusion.

## **Other support – local**

### **Traveller Reference Group**

The Traveller Reference Group aims to improve the health and wellbeing of the traveller population of Wiltshire in line with the strategic objectives of Wiltshire Council to create stronger and more resilient communities and ensure those from traveller communities have healthy, high-quality lives.

The TRG oversees and supports the implementation of the Traveller Strategy and is made of a range of council and non-council partners.

Council departments represented include

- Housing
- Communications

- Commissioning
- Planning
- Early help
- Enforcement
- Public health
- Community engagement
- Councillor representation.

External partners include

- NHS and primary care
- Fire services
- Police service.

The Council's Traveller Reference Group has implemented a Traveller Strategy Action Plan to gain intelligence and develop a better understanding of the Traveller community. In conjunction with neighbouring Local Authorities data is being gathered to inform Council policy and develop referral pathways. To deliver on these actions and in response to the new legislative requirements the TSAP will inform the Council's work on the Local Plan and delivering its Traveller Strategy, and more specifically, planning for the needs of the Travelling community in its area.

There are emerging challenges and themes which include,

- lack of a postcode to register with at primary care
- unreliable communication such as lack of telephones and postal services /communication /access by emergency service such as ambulance crews is difficult as locations are often unknown.
- practitioners may be reluctant to make home visits due to many factors including perceived safety issues and physical barriers i.e. 2 miles down a towpath.
- a reluctance from this community, especially men, to acknowledge and seek treatment for ill health
- poor literacy and education i.e. invitation letter for cancer screening and or childhood immunisation may be unread or seen as not relevant.
- lack of trust with authority figures and a sense of being judged for example a traveller with a chronic respiratory condition may feel their lifestyle is judged if an observation is made about damp living conditions

## Boaters

### Difference in needs

Whilst there is a significant overlap with the needs of the boater population with that of the wider Traveller community and the general population overall, there are factors unique to the boater community which are important to consider.

Boats on the canal must be licensed by the navigation authority, the Canal and River Trust. There are currently 2 permanent moorings on the Canal in Wiltshire that have planning consent for residential mooring. Those without a home mooring must be registered as continuous cruisers. The law and boat licence conditions state that continuous cruisers must satisfy the navigation authority that they are being used for 'bona fide navigation'. It is unlikely that continuous cruisers will satisfy their licence conditions if they (Canal and River Trust, 2019):

- do not have a cruising range over a year of 20 miles or more
- do not move moorings after 14 days on regular (unsigned) stretches of the canal, or after the period detailed on short stay mooring signs without agreement from the Canal & River Trust.
- do not undertake navigation beyond a small area

There are up to approximately 500 permanent moorings mainly on the offside of the Canal or in marinas which although designated for leisure use have a significant percentage of residential occupation.

The geography of the Kennet and Avon Canal contributes important factors as well. The Canal is a single passageway running across Wiltshire (see Figure 4). It crosses into BaNES and Berkshire on the west and east side of the county respectively. This therefore means that those on continuous cruising licences are likely to travel between local authorities, and due to the single linear passage there may be challenges with increasing distances from places of work, school etc. This, in addition to the requirement to move every fortnight unless alternative agreements are made, could have significant effects in particular on education and access to healthcare which are particular to the boater community.

## Survey data

### Wiltshire Council snapshot survey

In the summer of 2017 Wiltshire Council undertook a snapshot survey of the boating community on the Kennet and Avon Canal with the aim to collect information about the communities' accommodation needs. The key findings are that additional residential moorings are needed on the Canal. In addition, the community would like to see infrastructure improvements to the Canal and its surroundings

The survey captured essential information on the need for additional moorings in Wiltshire. However, in addition it allowed for the return of general information on household demographics, type of boat used etc.

This report will also be used to inform further cooperation with neighbouring local authorities who share a section of the Kennet and Avon Canal, namely: Bristol City Council; Bath and North-East Somerset Council (BaNES), West Berkshire Council and Reading Borough Council. Planning for the accommodation needs of boaters will also require close cooperation with the Canal and Rivers Trust (CRT) who controls the immediate towpath along the Canal; stakeholders such as environmental agencies; local landowners, the boating community, and others through formal and informal consultation

In total, 137 responses were received. There are approximately 500 boats used for residential purpose in Wiltshire and in 2013/14, 559 people were estimated living on a boat in the county.

- 117 respondents stated that they use their boat as their primary home
- 94 stated that they are continuous cruisers who live aboard most of the year
- Out of the 137 respondents,
- 33 live on their boat with a home mooring.
- 97 respondents stated that they spend 365 nights on their boat and a further 20 stated that they spend approximately three quarters of the year (275 nights) on their boat.
- 65 respondents confirmed that they have been living over 5 years on their boat; and
- 39 stated between 2 and 5 years.
- Most people who live on their boat most of the time are over 16, with
- the biggest age groups being those aged 45-54 (37), followed by 35-44 (36), and 55-
- 64 (32). Only 24 people are 16 years old or younger.
- There were only two households who stated that 3 people lived on their boat, so the majority of households consist of only 1 or 2 people.

Given their transient way of life the Boaters survey sought to find out more about respondent's local connection. More than one answer could be provided and the answers with the highest total were;

- 78 answered registered with a doctor in Wiltshire.
- 55 answered work in Wiltshire
- 53 registered to vote in the county
- 10 answered sending their children to school in Wiltshire, is roughly consistent with the low number of children who live on boats

The survey also provided useful information regarding improvements the community would like to see at or in the vicinity of the Canal. In land-use planning terms:

- provision of moorings
- road access and car parks
- points for water supply
- foul water disposal
- refuse disposal/recycling points

were listed as the most important improvements. Other requests for improvements are directed at the CRT who manages the waterway and immediate towpath;

- dredging and general maintenance of canal infrastructure.



## Annual Canal and River Trust survey

The Canal and River Trust annual Boat Owners survey provides some further insight into the community living on the Kennet and Avon canal (Canal and River Trust, 2018). It is important to highlight that the regional detail is to the whole canal, not just to the section within Wiltshire.

Nationally, 37% of boat owners use their boat as a permanent or temporary place of residence. There is a greater proportion of those aged below 45 years, and females, who use boats as permanent or temporary residence compared to those who use it for leisure.

Amongst those who do most of their boating on the Kennet and Avon Canal, 44.8% use their boat for permanent or temporary residence. This region has one of the highest proportion of residence use, compared to 36.3% nationally. The motivation for living on a boat amongst those on the Kennet and Avon Canal is much more likely to be for a lower cost of living compared to other areas, and over two thirds of residential boats expressed an interested in permanent or long-term moorings.

## Outreach worker

Bath and North-East Somerset (BaNES) CCG commission an Outreach worker to work with Boaters on health and welfare issues. This role has identified common health issues, such as depression and anxiety, and injuries from falls and machinery. Challenges and barriers to healthcare for boaters include GP registration, long distances to travel to appointments (particularly due to cruising requirements), and difficulty with access for emergency services.

There is currently no outreach worker working directly with Wiltshire Boaters and Travellers, however funding for a 2-year health inequality project has just been secured which will include support for the Wiltshire boater community.

The map below (Figure 5) shows the location of the Kennet and Avon canal within Wiltshire.

**Figure 5: Map of the Kennet & Avon Canal in Wiltshire**



## Local Demands

Two interviews were undertaken to gain the local views from partners working in the local community.

### Health Trainer feedback

Anecdotal information obtained from the Senior Health Trainer covering Thingley Park Traveller site.

Outreach services are provided by a Health Visitor, a Health Trainer, Children's centre outreach worker and a children's play worker visiting Thingley park traveller site once a month with the Blue Bus charity taking a professional team to the community.

Women living at the site are more likely to engage with Health Trainers than men. Topics which are covered include healthy eating, and practical emotional wellbeing support.

Key issues which have been identified:

- difficulty to gain trust of services
- literacy
- health literacy e.g.
  - when or when not to attend healthcare services
  - which services to attend e.g. A&E/Out of Hour services vs. GP
- health service use more acute or reactive, rather than engaging with preventative treatments
- similar pattern of behaviour with regards to oral health and dental services
- domestic abuse

The majority of residents at Thingley park are registered at The Porch Surgery in Corsham as the site is located within the Corsham boundary. There are a few registered patients at Rowden surgery in Chippenham.

Chippenham Community Hospital's Minor Injury Unit hospital is used by the residents, unfortunately the hospital admissions data for children cannot identify this community group.

Residents at Thingley Caravan Site refer to themselves as a mixture of Irish and Welsh Travellers. Each family has a day room for cooking, washing and bathing separately from their caravan. Residents pay council tax and rent.

33-35 plots.

Children living at Thingley Caravan site attend one of the three primary schools in Corsham.

## Health Visitors feedback

Health issues reported by the Health Visiting team are that the lack of literacy is common. Health Visitors will try to call parents to arrange appointments, but sometimes keeping a routine appointment or recognising a number is difficult. It is recognised that same day appointments work best. Issues highlighted by the health visitor team is as follows:

- Lack of adequate sanitation can be an issue with head lice and scabies common.
- Breast feeding rates are reported to be low.
- Domestic abuse is not uncommon.
- Immunisation uptake is variable dependent on the beliefs of the extended family.
- Observed maternal grandmothers have a great deal of influence in the family and this considered in health promotion.
- Dogs on site can cause issues with visiting, but for the most part are behind gates.
- Engagement at routine reviews is variable.
- Ages and Stages Questionnaires are completed with behaviour scores needing follow ups.
- Isolation is a concern to access appointments as if the mothers do not drive, the taxi firms decline to pick up from sites.

All teams report no current issues with visiting Traveller sites.

## Resident/service users feedback

Challenges in establishing communication for feedback between members of the GRT and Boater community and authorities is clearly recorded in the literature and already discussed. Nevertheless, it was important to gain input from community members where possible.

Several ways of gaining community feedback were attempted, via organisations or professional individuals who already had established working relationships. The Friends, Families and Travellers (FFT) charity was approached, but there was no current engagement work being undertaken by the charity in Wiltshire. Various local authority partner schemes (Health Visitors, Health Trainers, Children's Centre and the Traveller Education Service) were contacted to discuss ways of gaining community feedback for the health needs assessment. All services who worked with Gypsy and Traveller communities only worked at the Thingley site (near Chippenham). Feedback was gained from community members by service professionals visiting the site. This was a facilitated discussion using a pre-written information sheet, developed with service professional input to reflect the findings of the health needs assessment to date.

## Community Feedback

As part of the development of this Health Needs Assessment we undertook a community engagement exercise with a traveller community based in one of the market towns in Wiltshire. Engagement with Gypsy and Traveller communities can be difficult. The community engagement relating to boaters specifically will be carried out as part of a wider project aimed at supporting the community (from September 2019). Feedback was obtained on the HNA conclusions by developing a briefing sheet for council officers to use when engaging with traveller communities. This briefing sheet provided a basic overview of the HNA findings and asked those from traveller backgrounds if they agreed or disagreed with the main points of the HNA, asked if there was anything missing in the HNA or not correct and what did the community think could be done in Wiltshire to improve the health in their community including what should be the main priorities. Responses were obtained from four female travellers below:

### **1. Do you agree or disagree with these points? Which points sound familiar, and do any not sound like what you experience?**

Not breastfeeding was a common theme from the respondents, being seen as 'not compatible' with the traveller way of life due to lack of privacy and embarrassment. When asked 'what would you do if one of the women chose to breastfeed', the traveller responded, 'I'd tell her to cover herself up and go in the bedroom, it's not how we do things, it's embarrassing.'

Views on vaccination was mixed amongst the group, some recalling that their children had been vaccinated but showing concerns over the potential side-effects of vaccines. One traveller said 'Some people avoid vaccinations, they are afraid of the side-effects of vaccinations.'

Cardiovascular disease and cancer were highlighted as a common concern with the traveller population, which reflects the most common causes of mortality in the under 75s in the general Wiltshire population.

Mental health was raised a concern, a traveller stating that 'more than half of the people on here feel depressed. There's lots of people on here feeling ill, in pain all the time. People are worried about money and there's not much to look forward to. We feel discriminated against. There's no access to a dentist. We don't always understand how things work.'

All respondents felt they had no issues with registering with a doctor and that their experience of accessing primary care services was generally good although getting access to dental services was difficult. Female travellers will often show preference to see a female doctor depending on the health issue.

Overall, services provided by GPs, midwifery and ambulance services were seen positively. Some concerns were raised over discrimination experienced when using pharmacy services and from the police.

One traveller's experience:

"Some people have poor attitudes towards travellers, and don't explain things to you clearly. You don't want to have to explain to people that you can't read, but I do. I've found people don't always explain things properly, not making an effort to help you. The doctors are good, this was in the pharmacy. I needed to buy something, and the woman wouldn't read out the instructions to me."

Many of the travellers who responded highlighted their roles as carer and the importance of caring within the community. One traveller said, 'I care for my mother, lots of people care for family. You should care for family.'

Support when accessing secondary care was not seen as positively, as one traveller mentioned, 'when I had to stay in hospital last year, my family didn't feel welcome. They were asked to leave the hospital and even the car park. This is when you need your family around you.'

Overall, the respondents believed they did not have any difficulty in accessing and navigating healthcare services. Although one traveller felt that know what is available and where to go can be sometimes challenging. The community highlighted internet was often not used.

## **2. Is there anything missing from the HNA or not quite right?**

From those that engaged with us, no issues were raised as missing or not quite right from the HNA. Some of the concerns that were raised were linked specifically to the site that the travellers live and these concerns will be fed back to the appropriate council department.

One traveller commented, 'My community is positive. We all look after each other. This has a positive effect on my health.'

## **3. What do you think could be done in Wiltshire to improve your health? What should be the main priorities?**

From those that engaged with us, the main concerns relating to health were related to site conditions where they live. These concerns will be fed back to the appropriate council department.

The concerns highlighted in the responses link to site conditions, access to support to remedy these conditions and reducing the stigma / discrimination linked to accessing services. This highlights the need for the Council to continue its role in supporting its offers to understand traveller culture and needs to be better placed to support them.

A few quotes below summarise the responses:

'If people talked to us in a proper manner. Some people talk to us like we're pigs or aliens.'

'This is in the community, not within healthcare. It takes longer to get what you need. You have to stand up for yourself to get what you need. People need to be more

understanding, it's difficult getting help if you can't read and people won't read things to you, for example in the pharmacy or at the council offices. This impacts on our health.'

'Getting things sorted on here. We've been told to ring the housing department if we need something fixed, but they don't understand what you're talking about when you tell them what the problem is.'

## What works

The Marmot report, 'Fair Society Healthier Lives' (Marmot 2010), described that people with lower socioeconomic status have worse health outcomes and shorter life expectancy than those higher up the socioeconomic scale. Professor Sir Michael Marmot seeks to increase health equity through action on the social determinants of health.

This report assesses the potential and opportunities for new care models to drive a health system that focusses on population health, reduces health inequalities and takes action on the wider determinants of health. If new models of care can capitalise on the opportunities in the new system and deliver these approaches, then overall improvements to health, reductions in health inequalities and reductions in demand for health care services should result. However, currently there is only partial uptake of the available opportunities through existing mechanisms. As such there is scope to further develop action on health inequalities which the report intends to support.

In 2014 the Government published a report from the Data and Research Working Group of the National Inclusion Health Board (NIHB): Inclusion Health Board Report Hidden Needs: Identifying Key Vulnerable Groups in Data Collections. The report identified that the poor health experiences of some Gypsy and Traveller groups made them particularly vulnerable in terms of much higher rates of mortality and morbidity than the general population.

The health experiences of some Gypsy and Traveller groups are so much worse than their counterparts that (following the Inclusion Health Board's intent to focus on the worst outcomes) they should be designated as particularly vulnerable.

Male Irish travellers in Ireland have a suicide rate 6.6 times higher than the general population; Gypsy Travellers in the Thames Valley have a 100-fold excess risk of measles arising from low immunisation. The report of the Confidential Enquiry into Maternal Deaths in the UK, 1997-99, found that Travellers have 'possibly the highest maternal death rate among all ethnic groups.

These population health findings based on robust data are stark and require urgent public health focus, including targeted suicide prevention services, a robust system of reporting of infectious diseases in the Gypsy/Traveller population and of levels of immunisation (both currently absent), and a robust system for monitoring maternal mortality.

In September 2013, the Royal College of General Practitioners and the NIHB produced a toolkit on commissioning for socially excluded groups. This aimed at widening access to health services and improving the health outcomes of marginalised groups, specifically the homeless, Gypsies and Travellers and sex workers. It included the following “commissioning considerations” when planning services for Gypsies and Travellers:

- Information sharing between different agencies is a key factor in improving access for Gypsies and Travellers, especially given their high mobility and complex needs.
- Community engagement is important for professionals to establish a relationship with the wider network of people, and makes sure that a trusted relationship is gradually set up. This will also contribute to the design of a service that meets the community’s perceived need and develop a sense of ownership.
- Mainstream services: Even though one of the most widely implemented strategies has been the ‘dedicated health visitor’, this should not necessarily be seen as an example of best practice. In fact, Travellers do not want dedicated services, but would much rather be able to access the same high quality services as everyone else, which will also reduce ‘singling out’ (PCC Framework, 2009).
- Poor living conditions and environmental factors are the single most influential contributing factor to the poor health status of Gypsies and Travellers, including stress. This makes partnership working between the different agencies, including the NHS, Local Authorities Social Services, Housing and Environmental Health, and voluntary sector organisations, even more important to provide a coordinated response to these inter-related issues.

A recent systematic review (McFadden *et al*, 2018) identified several types of engagement projects which could enhance or facilitate access to healthcare for those in Gypsy, Roma or Traveller communities:

1. Specialist roles to work with community members e.g. involvement of community members as links between healthcare and their respective communities
2. Outreach work – these projects highlighted the importance of positive relationships between communities and services, however there is a risk of increased disengagement from mainstream services due to access to outreach services
3. Dedicated healthcare services and staff for GRT communities
4. Raising health awareness within GRT communities. These initiatives showed increased knowledge and awareness of health issues from community members, and attracted positive feedback
5. Handheld or personal records - these interventions were of interest to health care professionals and community members, but challenges with efficacy and confidentiality were notable.
6. Cultural-awareness training of all professionals
7. Collaborative working between community members and professionals – this was a common theme in many engagement projects. There is a risk of disengagement however if there is lack of regular contact.



## Literature review

A literature search was undertaken by the Royal United Hospital (Bath) Library service, to identify the available evidence for interventions to address Gypsy, Traveller and Boater health needs or reduce health inequalities.

Whilst there was some evidence available for GRT communities, there was very limited evidence with regards to Boater communities. There is a clear gap in the available evidence on this matter.

Key factors that were identified in the available literature (Greenfields 2017):

- Having local arrangements for effective monitoring of GRT health status through detailed data recording of ethnicity
- Improving cultural competence of people working with GRT communities, including health professionals
- 'In-reach' visits to large Gypsy and Traveller sites
- Leadership from CCGs in identifying and addressing the health needs of this vulnerable population
- Including members of the GRT community in developing joint strategic needs assessments and joint health and well-being strategies.
- Activities aimed at subgroups of the GRT population
  - Social events for older people incorporating gentle physical activity
  - Healthy-eating initiatives that use Gypsy/Traveller recipes cooked in healthy ways
  - 'Drop in' sessions with healthcare professionals at accessible venues such as GTR sites and community centres
- 'Pop up' clinics at events such as horse fairs have increased uptake of immunisations and preventative screening services

A notable example in the primary care setting was a Doncaster-based GP practice which adopted several changes to better meet the needs of their GRT population. This has resulted in increased immunisation levels from 4% in 2003 to 70% in 2014, and increased cervical screening tests from no women to 55% of eligible patients.

Measures included

- Opportunistic childhood immunisations (e.g. during any appointment)
- Sending welcome notes to visiting Gypsy and Traveller groups inviting them to visit the practice
- Offering longer and evening appointments
- Giving patient part of their medical records to allow patient-led information sharing between GP practices

In Leeds, tailored community maternity pathways were developed in partnership with members of the GRT community. This increased uptake of maternity services and engagement at an earlier, with improved maternal outcomes and the development of ongoing relationships between health professionals and wider family members.

The Royal College of General Practitioners (RCGP) Clinical Innovation and Research Centre produced an evidence-based commissioning guide for CCGs and Health and Wellbeing Boards to improve access to health care for Gypsies and Travellers (Gill *et*

al, 2013). They advised the following considerations for commissioning of services to improve inclusion of GRT communities:

- Information sharing between agencies: to improve access, particularly to address the highly mobile population with complex needs.
- Develop trusted relationships through community engagement, to facilitate co-design of services to meet the community's needs as well as develop a sense of ownership
- Ensure mainstream services are accessible and high quality, rather than creating specific but separate GRT-only services (e.g. dedicated health visitors)
- Partnership working is required between multiple agencies to address poor living conditions and environmental factor, one of the most influential contributing factors to poor health

Recruiting community health workers from within the GRT community has been effective in regards to health education around asthma (Brady and Keogh, 2016). This programme used a 'train-the-trainer' approach to help educate the wider community about asthma including secondary preventative education. This initiative helped increase capacity of specialist asthma knowledge, and importantly was well received by members of the community.

## Examples of practice in other areas

### 'Virtual' headteacher model

In Cambridgeshire, a pilot project employed a 'virtual' headteacher for children in Gypsy, Roma and Traveller communities to have oversight and specifically support this group. The headteacher addressed issues around distance learning during travelling seasons, ensuring schools had books and resources reflecting GRT communities, and developing robust distance learning materials, as well as supporting pupils whose parents struggled to help them with homework. Results suggested the initiative increased awareness of issues faces by GRT communities, and some evidence of narrowing attainment gaps between GRT and non-GRT students (Children and Young People Now, 2014). However definitive conclusions were precluded due to the small numbers of individuals involved.

### Local Area Co-ordinator, Leicestershire

Leicestershire County Council have adopted the Local Area Co-ordination model (currently in use in Wiltshire) with a specific countywide co-ordinator for all Traveller families in the area (approximately 2,800 individuals). Their role is to co-ordinate the multi-agency response for individual Traveller families, and work within both the Public Health team and the Multi-agency Travellers Unit (see below). Their objective is to assist community members to support each other, help guide them through the healthcare service, and also to increase awareness of the health needs and cultural practices of the Traveller community amongst professionals.

### Multi-agency Travellers Unit, Leicestershire

Using the traditional model of a specialist Gypsy and Traveller officer was felt to be problematic, as the responsibilities for issues were passed from one person to the next without any consistency of service for both the Gypsy and Traveller population. By drawing up an agency agreement between all the local authorities and other services, such as the police, Travelling Families Health Service, Housing-related Support and the Traveller Education Service, the unit has been able to coordinate a consistent approach to delivering services across the whole of the county. The programme has been successful in training the Gypsy and Traveller community to give presentations and empowering them to get actively involved in promoting their culture. The community representatives act as a floating resource and are often invited to attend meetings of community forums and other specific events. They can also be used for training sessions for members in all tiers of local government.

The proactive engagement and consultations with the Gypsy and Traveller communities has resulted in some tangible outcomes, including Gypsy and Traveller communities attending community events and helping to bust myths commonly held by local residents. The projects have led to improved cohesion and better relationships between Gypsy residents and other local people<sup>2</sup>.

### **Bath and North East Somerset (BaNES)**

Local work with being done with Travellers who stop on Bath and North East Somerset (BaNES), this is called Unauthorised Encampment. This work has shown travellers passing through counties will have children under the age of 5 who have not received their full immunisations. BaNES Local Authority has developed a pathway to ensure the first response team to an unauthorised encampment site will ask families a short questionnaire on their Health Needs before processing with the enforcement policy. The local Health Visitor will be notified within the first 2 days so they can visit the families. The health information collected can then, with permission from the travelling family, be passed on to the next health visiting team in their travelling direction.

### **Brighton and Hove Clinical Commissioning Group and Brighton and Hove City Council – Health Engagement Project**

Brighton and Hove CCG and Brighton and Hove City Council commissioned the FFT charity to provide health engagement workers, to identify any health needs and gaps in the Gypsy and Traveller community in the local area.

By working in co-production with community members, the engagement workers were able to form actionable recommendations for service design, and to provide health intelligence to commissioners. They were also able to inform community members of services that they are entitled to and help them to overcome barriers to accessing services.

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<sup>2</sup> <https://www.local.gov.uk/sites/default/files/documents/proactive-engagement-mult-0dc.pdf>

## Leeds CCG Gypsy and Traveller Health Improvement Project

This project aimed to build bridges between the GRT community and health-related services in Leeds (Warwick-Booth *et al*, 2018). A Specialist Nurse was commissioned for the project, who helped provide health advice, sign-post community members to services, and also collected data for the project evaluation.

The role was successful in providing a 'bridge' to GP practices, by providing advocacy to community members and explanation of the processes involved (e.g. registration). Health advice and sign-posting was particularly used for mental health issues. A Help card scheme, indicating poor literacy requiring assistance from healthcare professionals, was well received as part of the project.

## Identification of Health Gaps

### 1. Lack of local data

There is a paucity of data at a system level on the use and access of vital services by the Gypsy and Traveller community. This is particularly the case in healthcare, and creates challenges in accurately assessing need, informing commissioning decisions and evaluating the effects of any interventions.

### 2. No uniform approach or provision of specialised health interventions

There is no uniform approach to the provision of additional support to Gypsy and Traveller communities. Whilst some sites in the North of the region have a multi-agency approach with additional support through the charity sector, there is no evidence of such work in other areas of the county. This creates a further geographical inequality within a group with already marked health inequity in comparison to the general population.

### 3. School attendance and attainment

Attendance at school, in particularly secondary school education, is reduced in the Gypsy and Traveller community. Gypsy and Traveller children may require additional support to have access to education, and alternative models may be required to accommodate for frequent movement and cultural requirements.

### 4. Health inequalities across multiple indices

This has been identified in national data and in the literature base. Gypsy, Roma and Traveller communities experience the worst health outcomes of any ethnic minority. Multiple indices of health outcomes across the life course (from maternal health to end of life care) demonstrate this, including wider determinants of health. This gap in health outcomes is long-standing and significant.

## 5. Lack of accessing carer support

Almost no carers known to Carers Support Wiltshire self-identified as Gypsy, Roma or Traveller background. Whilst this may partly be due to not openly identifying as GRT background with the service, it is highly likely that a substantial number of carers in the GRT community are not accessing carer support.

## Recommendations

There are five broad themes for recommendations.

### 1. Improve awareness and understanding of Gypsy, Roma, Traveller needs

A key area of need is the improvement in trust and understanding between GRT communities and the professional agencies required to promote and maintain better health. Improving cultural awareness amongst professionals should promote better working practices and could help reduced discrimination (actual or perceived) experienced by GRT community members. This should be undertaken in all agencies involved with the community (e.g. healthcare, housing, education). It should be aimed broadly (e.g. general cultural awareness e-training) and around specific issues highlighted as barriers or challenges (e.g. awareness of GP practice staff around registration requirements).

Such actions could help to reduce mistrust of professional services by GRT members, and therefore help with service use and access. It would also help to better understand the needs of the local community, improving commissioning decisions.

### 2. Support and promote close working relationship with the GRT and Boater community

A recurring theme has been the importance of close working relationship between trusted professionals and community members. There is already good examples of this working within the county (e.g. Health Trainers in North Wiltshire). Where such relationships already exist, they should be supported and promoted to maximise their use for GRT community members in reducing health inequality. When such relationships are not in place, these should be encouraged with sensitivity and appropriate communications. Close working with trusted third-party sectors (e.g. FFT) to establish working relationships could be undertaken.

These established and trusted relationships are a preferable way to help GRT community members improve health, in comparison to professional-driven or official agency actions.

There is evidence that maternal, perinatal and childhood health programmes are the most well-received and have best working relationships between healthcare professionals and GRT community members. These areas therefore could be used as

pathways to introducing broader general health advice (e.g. smoking cessation, healthy eating) into the dialogue between community members and professionals.

### **3. Promote community-driven enablement**

In addition to closer working relationships with professionals, actions should be taken to promote GRT community self-enablement. Improving community representation in related groups, such as Wiltshire Council's Traveller Reference Group, would assist in ensuring the needs of the community are being addressed. Using the Local Area Co-ordination model, members of the GRT and Boater community members could be assisted and supported in helping other members of the community to access and navigate the local healthcare system.

Supporting carers should also be a key consideration, but with appropriate cultural sensitivity. Working with the community to ensure carers are appropriately supported with additional help as required, will help to meet needs for both those being cared and their carers.

### **4. Improve data collation and data sharing**

There are challenges with assessing the current needs of the GRT and Boater community due to lack of specific data. This is an issue both at national level and with local data. The recent Parliament enquiry with regards to inequalities in GRT communities urged NHS England to code ethnicity including Gypsy, Roma or Traveller ethnicities. This will greatly assist in assessing the current service use by community members. Local data arrangements should explore including these categories at the soonest possible opportunity, as national data changes have been suggested for several years.

Locally, qualitative work should be undertaken (e.g. detailed health needs survey) to better describe the current needs of the GRT community and the Boater community. This would assist in the planning and commissioning of current services, and also in the future evaluation of any intervention.

Data sharing between health care services, particularly primary care services, Wiltshire CCG and Wiltshire Public Health should be improved to allow easier capture of sub-population need.

In particular, universal services (e.g. maternity, Health Visitors programmes, NHS Health Checks) should ensure a consistent and comprehensive approach to gathering data highlighting vulnerable and underserved groups, such as the Gypsy and Traveller community. This would help future assessments of unmet need, as well as assisting commissioners and service providers to address inequalities through targeting underserved groups.

The possibility of access to anonymised data based on protected characteristic should be explored, as tackling health inequalities is a key priority of the NHS Long Term plan.

## **5. Respond to national policy changes and local survey results**

The publication of NHS England's toolkit on addressing health inequalities should provide useful evidence-based intervention to reduce health inequalities, such as those seen in GRT communities.

A key focus of the NHS Long Term plan is to address health inequalities, and CCGs which have evidence of significant inequalities may receive additional funding to address these inequalities. Such funding opportunities should be actively sought. There should also be strategic alignment in all healthcare-related organisations with the NHS Long Term plan to ensure continued work on reducing health inequalities across the healthcare economy.

The 2017 Boater survey in Wiltshire identified increasing numbers of residential moorings, and improved Canal-side infrastructure as key priorities. These contribute as wider determinants to health outcomes, and so organisations involved in these interventions should be encouraged to undertake these improvements.

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