

**Gypsy & Traveller Health Needs
Assessment: A Rapid Assessment of the
Health Needs of York's Gypsy and Traveller
Population**

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Foreword from Violet Cannon, Traveller's Trust

York Travellers Trust is delighted with the results of this needs assessment, our first formative step to create a fairer, more accessible health care system in York for our community.

We see this work as a starting point of a relationship where we work together to ensure health care in York is made better not just for the Gypsy and Traveller community, but for all York residents.

Now that York recognises the poor health outcomes of Gypsy and Traveller Communities, we can work together – both the statutory and voluntary sector – to find solutions that benefit York Travellers Trust clients by creating inclusive services and generating health benefits for all York Residents.

[To ADD: Violet signature]

Contents

Guide to This Assessment	3
Who Should Read this Assessment?	3
Partners involved in this Needs Assessment	3
Executive Summary	4
Definitions	5
Gypsies and Travellers	5
Race Relations Acts, 1976	7
Key Findings of this HNA	8
Key inequalities identified in this HNA.....	8
Part One: Introduction	10
What is the needs assessment?.....	10
Assessment Aims and Objectives.....	10
Why a Needs Assessment for the Gypsy and Traveller Communities?	10
Local Authority and Integrated Care Board Responsibilities	11
The Local Picture	11
Part Two: Health	12
Overview	12
Barriers to Accessing Healthcare	14
Trust	15
Barriers in Accessing Health Care	15
The Health Picture in York	15
Key trends in disease prevalence identified in York	16
Mental Health	18
Men’s Health.....	18
Women’s Health	18
Children & Young People’s Health	19
Substance Use Disorder	20
Palliative Care	20
Dental Care	21
Part Five: Additional Information	21
Caravan Count.....	21
Schools	22
Conclusions of this HNA.....	23
Recommendations of this HNA.....	23

Guide to This Assessment

This assessment focuses on Romany Gypsies and Travellers, known throughout as Gypsies and Travellers. Roma members have not been included in this analysis as the communities is very small with little data; it is hoped that in the near future, a health needs assessment could be undertaken specifically for this group.

This assessment provides a comprehensive insight into the health needs of Gypsies and Travellers and includes some local quantitative research undertaken in 2022 and 2023. It also talks about some limitations, including gaps in the data set. Presentations of key findings will accompany in due course.

Who Should Read this Assessment?

This assessment will be public facing and serve as a comprehensive guide to the health needs of the local Gypsy and Traveller communities to all members of the public. It is hoped that the report will be utilised by any organisation or department which wishes to understand the issues raised and work to improve the living experiences of the Gypsy and Traveller communities in York.

Partners involved in this Needs Assessment

York Travellers' Trust¹ is a registered charity, established in 1999, that gives support, advice and advocacy to the Gypsy and Traveller communities in York. The Trust also acts as a conduit between service providers and York residents which aims to allow increased understanding between communities in order to facilitate better community cohesion. The Trust provides many activities and resources, including a Community Food Share which is available to everyone in need and not restricted to the Gypsy and Traveller Communities. Mental health and wellbeing is also supported with a weekly Catch Up Club as well as individual and group sessions led by an Integrative Wellbeing Support Worker. The Trust also liaises with other agencies including the Police, education, and housing services. Six people are employed by the Trust with core funding coming from charitable donations. There is no funding from the NHS currently.

The Public Health Team led on the writing of this HNA, and are extremely grateful to York's Travellers' Trust for their collaboration with us, and the opportunities to attend their workshops and meet members of the communities.

¹ [York Travellers' Trust](#)

Executive Summary

This health needs assessment (HNA) presents the findings of unmet need within York's Romany Gypsy and Traveller communities. Evidence suggests that these communities experience worse health outcomes, live shorter lives than the rest of the population, and are less likely to receive continuity of healthcare which addresses their needs.

There is a lack of local quantitative and qualitative data that adequately describes the health needs of this community, or that provides accurate representation of the number of Gypsies and Travellers living in York and where they are located. Recent workshops organised by York Travellers' Trust have provided some insight into lived experiences; however more is required to better understand specific health and wellbeing challenges.

These communities experience racism and discrimination which often extends to their experiences with professional services, such as the police, council and healthcare professionals. As such, Gypsies and Travellers understandably express low levels of trust in service providers and, fear that reaching out for help can make some situations worse (for example, due to a fear of intervention by social services in the event of seeking help for childhood illness).

Actual and perceived discrimination from statutory services can lead to adverse health impacts, for instance through missed opportunities for preventive / early interventions which the rest of the population benefit from. This can result in the development of higher rates of chronic diseases, including mental ill health, higher morbidity rates, high accident rates, and higher levels of infant mortality.

A number of Gypsies and Travellers also live in "bricks and mortar" housing, though their locations are largely unknown and their needs are even hard to pinpoint. Some residents express feelings of disconnection from their families and the community, which again can lead to poor physical and mental health

Provision of accommodation at Travellers sites has the potential for adverse health impacts, for instance through exposure to overcrowding, or from air pollution from diesel generators.

Definitions

- Gypsies and Travellers are not a homogenous group rather they encompass a range of ethnic groups with distinctive histories, beliefs and cultures.
- Approximately 300,000 Gypsy, Roma and Traveller people reside in the UK.² In York, approximately 368 residents identified as Gypsy or Traveller in the Census 2021. There are likely to be significantly more.
- Gypsies and Travellers face some of the most marked health inequalities compared to other ethnic minority groups.
- Travelling was reported to be a crucial part of the identity of these communities and is strongly driven by family ties.
- Overcrowded sites and housing that is difficult to heat, and environmental factors are some of the most influential contributing factors to the poor health status of Gypsies and Travellers in York, including stress.

The Health and Social Care Act 2012 details legal duties on health inequalities aiming to:

- a. Reduce inequalities between patients with respect to their ability to access health services
- b. Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services

Gypsies and Travellers

Gypsies and Travellers are diverse ethnic groups with distinct cultural practices and traditions. They face various challenges, including discrimination, marginalisation, and lack of access to basic services such as healthcare and education.

Efforts have been made to address the challenges faced by these groups, including the provision of culturally appropriate services, anti-discrimination laws, and efforts to increase access to education and employment. However, more needs to be done to ensure that these communities can live free from discrimination and enjoy the same rights and opportunities as the rest of society.

Despite these efforts, discrimination and prejudice still exist:

² Included are Romany Gypsies, Irish Travellers, Scottish Gypsies and Travellers, Welsh Gypsies and Travellers, New Travellers, Boaters, Travelling Showpeople and Roma people.

- Discrimination against these groups is often based on stereotypes and misconceptions about their lifestyle and culture. For instance, Travellers are sometimes unfairly associated with criminal activities or seen as a burden on the settled communities.
- Lack of access to education is a significant barrier for Gypsy and Traveller children. Many face discrimination and bullying in mainstream schools and are sometimes unable to fully participate in the curriculum due to their nomadic lifestyle.

It is society's responsibility to work towards understanding and respecting the culture and way of life of Gypsies and Traveller with a focus on improving access to education, employment and healthcare, whilst combating discrimination and prejudice. By addressing these often deep-rooted challenges, a multifaceted approach is required that involves a greater understanding and involvement of the need of the communities.

Romany Gypsies

It is generally agreed that the Romany Gypsy communities originate with a group or groups of people who left India over a thousand years ago and dispersed across the globe. Along the way they were defined (usually by others) as being 'Egyptian' and this has become shortened to Gypsy. Romany Gypsies are believed to have originated from India and migrated to Europe in the 14th century. They have a rich cultural heritage that includes music, dance, and storytelling. However, they have been subject to discrimination and persecution throughout history, including the Holocaust during World War II. Gypsies began occurring in UK records in the 16th Century and have settled here ever since. Romany is the word that Gypsy people in England and Wales apply to themselves hence the term 'Romany Gypsy'. Romany Gypsies are recognised as an ethnic minority group in UK Law (Race Relations Act (amended) 2000 and Equalities Act 2010).

Please note, the term 'Romany Gypsy' must not be used to describe more recent incomers to the UK from Central and Eastern Europe. This group should be described as 'Roma'. Confusion or conflation of these terms can cause deep offence to both groups.

Irish Travellers

Irish Travellers have a different ethnic background but they do have much in common in terms of lifestyle and to some extent shared history with Romany Gypsy and Scottish Gypsy Traveller people, have a different ethnic route and do not come originally from India but Ireland.

Scottish Gypsy Travellers

Travelling people in Scotland, whilst sharing much in common with other Travelling groups have recently been recognised as a separate ethnic group in Scotland. The origins of Scottish Gypsy Travellers may be linked to Romany Gypsies and Irish Travellers as well as having some distinct routes of their own. It is believed that the first Romany Gypsy people in the British Isles were in Scotland.

All of these groups are characterised by a strong sense of community, distinctive values, and to some extent a nomadic lifestyle. They each face numerous challenges, including inadequate accommodation, poor health outcomes, and prejudice from the settled communities.

[Race Relations Acts, 1976](#)

The Race Relations Act (1976, amended 2000) and the Equalities Act (2010) legally recognise Gypsies and Travellers as ethnic groups and thus protected from discrimination. Gypsy and Traveller communities are known to face some of the worst health inequalities in healthcare access and health outcomes, especially when compared with other minority groups. These reasons are complex and include the impact of stigmatisation and discrimination as well as the broader social determinants of health.

The Equality Act 2010 stated public bodies must comply with public sector equality duty. Public authorities must have due regard or think about the need to:

- a. Eliminate unlawful discrimination
- b. Advance equality of opportunity between people who share a protected characteristic and those who don't
- c. Foster or encourage good relations between people who share a protected characteristic and those who don't

The 2019 Women and Equalities Committee inquiry "Tackling Inequalities faced by Gypsy, Roma and Traveller Communities" emphasises these communities facing the starkest inequalities of any ethnic group and that persistent failure by both national and local policy-makers has failed to tackle inequalities in sustained ways.

City of York Council has pledged to be an anti-racist council with hopes for York to become an anti-racist city. Partnership work with the Black, Asian and Racially Minoritised Communities (BARMC) will lead to the development of an anti-racist plan to address racial inequality and improve

opportunity and access to services and employment. Additional work will involve:

- education around the history and impact of racism and discrimination in our society, and actively work to identify and challenge racist attitudes and behaviours
- create and maintain safe and inclusive spaces for all members of the York communities, regardless of race, ethnicity, religion, gender identity, sexual orientation, or ability
- support and amplify the voices of marginalised communities and work to ensure that their needs and concerns are heard and addressed

Key Findings of this HNA

- The health status of Gypsies and Travellers is much poorer than that of the general population in similar economic circumstances. On average, the health status of Gypsies and Travellers is worse than that of other ethnic minority groups³.
- Poor access to, and uptake of, health services is a major factor in Gypsy and Traveller health.
- The health of Gypsies and Travellers is often not mentioned because the communities are generally not included in data sets.
- Examples of good practice exist (in Leeds, for example), but these need to be funded and replicated across more localities.

Key inequalities identified in this HNA

- Gypsies and Travellers live between 10 and 25 years less than the general population.⁴

³ [Microsoft Word - GT final report for web.doc \(bemis.org.uk\)](#)

⁴ [Equality and Human Rights Commission., Gypsies and Travellers: Simple Solutions for Living Together](#)

- Gypsies and Travellers have a significantly higher prevalence of long-term illness, health problems or disabilities, which limit daily activities or work.⁵
- The health of a Gypsy or Traveller in their 60s is comparable to an average White British person in their 80s.⁶
- An All Ireland study⁷ found that suicide prevalence is six times higher for Irish Traveller women than women in the general population, and seven times higher for Traveller men.

I think nowadays, there needs to be... a bit more knowledge of Gypsies and Travellers. That's what it is... They need to be able to pick up on...how we say things. I mean, I can say I've got a headache, but actually, I really want to put my head through a window because I'm in that much pain. But I will say, I've got pain in the side of my head. I mean, take, for instance, I went to the doctors, and these three years, nearly they said to me, you've got an ear infection, or throat infection. Have you got toothache? No, I haven't got toothache, it's down one side of my head, you know, things like that. And it took me ages to actually, till in the end, we walked in, and just started crying and I sat with the doctor, I said look I can't cope no more. But it got to that point whereas if you had somebody even from our community, that could, even though we speak very good English to translate the fact of what we're meaning...I think they need more training...on who Gypsies and Travellers are, how their terminology is, how they speak about things.

Female, aged 70 to 80 years, bricks and mortar

⁵ [Parry et al., \(2007\) Health Status of Gypsies and Travellers in England, Journal of Epidemiology and Community Health, Mar;61\(3\):198-204](#)

⁶ [NHS Race & Health Observatory: Inequalities in Mental Health Care for Gypsy, Roma, and Traveller Communities](#)

⁷ [The Traveller Movement- Policy Briefing Addressing Mental Health and Suicide among Gypsy, Roma, Traveller Communities in England, March 2019](#)

Part One: Introduction

What is the needs assessment?

It is the responsibility of Health and Wellbeing Boards produce and publish health needs assessments. Locally, these analyse and identify the current and future health and wellbeing needs in York.

Assessment Aims and Objectives

- Provide an evidence base to support the improvement and development of current and future services
- Provide a baseline profile of the health needs of this population, and ensure services are developed in ways that meet their needs and are easily accessible
- To gain an understanding of the experience of service providers' working with these communities
- Raise the profiles of the Gypsy and Traveller communities in order to inform and influence commissioners
- Describe current understandings of the health needs of the population
- Make recommendations to improve health and access to health care for Gypsies and Travellers
- Obtain the views of community members, health and education professionals
- Establish key priorities for addressing unmet needs
- Improve efforts to eliminate discrimination
- Foster good relations
- Report key findings to City of York Council's Communities team who commissioned this needs assessment

Why a Needs Assessment for the Gypsy and Traveller Communities?

Gypsies and Travellers in the City of York make up a small proportion of the population. Evidence suggests, however that the

communities experience significant health inequalities that have a detrimental affect on quality of life and equality of opportunity. Poor health can also affect the ability to fully participate in society.

Local Authority and Integrated Care Board Responsibilities

The inclusion of Gypsies and Travellers in topic-specific health needs assessment is crucial for the planning and commissioning of services that aid to reduce health inequalities. If the health needs of marginalised communities are excluded from comprehensive reports they risk being further excluded from future service developments in this area. “Evidence, including the Equality and Human Rights Commission report 2009, suggests that today Gypsies and Travellers are the most marginalised and disadvantaged of all minority groups nationally, suffering the greatest inequalities across a range of indicators. These include access to suitable accommodation, policing, justice and probation, health, education, employment and financial services.

The Local Picture

Little is known about the true size of the Gypsy and Traveller communities residing in York. The Census 2021 reported that only 0.2% (n=368) of York residents identified as Gypsy or Traveller.⁸ The York Traveller’s Trust estimates that there are around 1300 at any one time.⁹ Due to continuous racism and stigmatisation, many Gypsies and Travellers feel unable to reveal their true ethnicity even in a formal and anonymised document as the Census. Data is therefore skewed, and as many would choose to select their ethnicity as White British or White Other where health outcomes are significantly better, quantitatively capturing the health status of Gypsies and Travellers is challenging.

A heat map from the Census 2021 gives an idea of the distribution of Gypsies and Travellers in the city. Perhaps understandably, where the map shows a higher proportion in the darker blues, this indicates the location of the Traveller sites.

⁸ [ONS Census 2021: Ethnic group, national identity, language and religion](#)

⁹ [York Museums Trust](#)

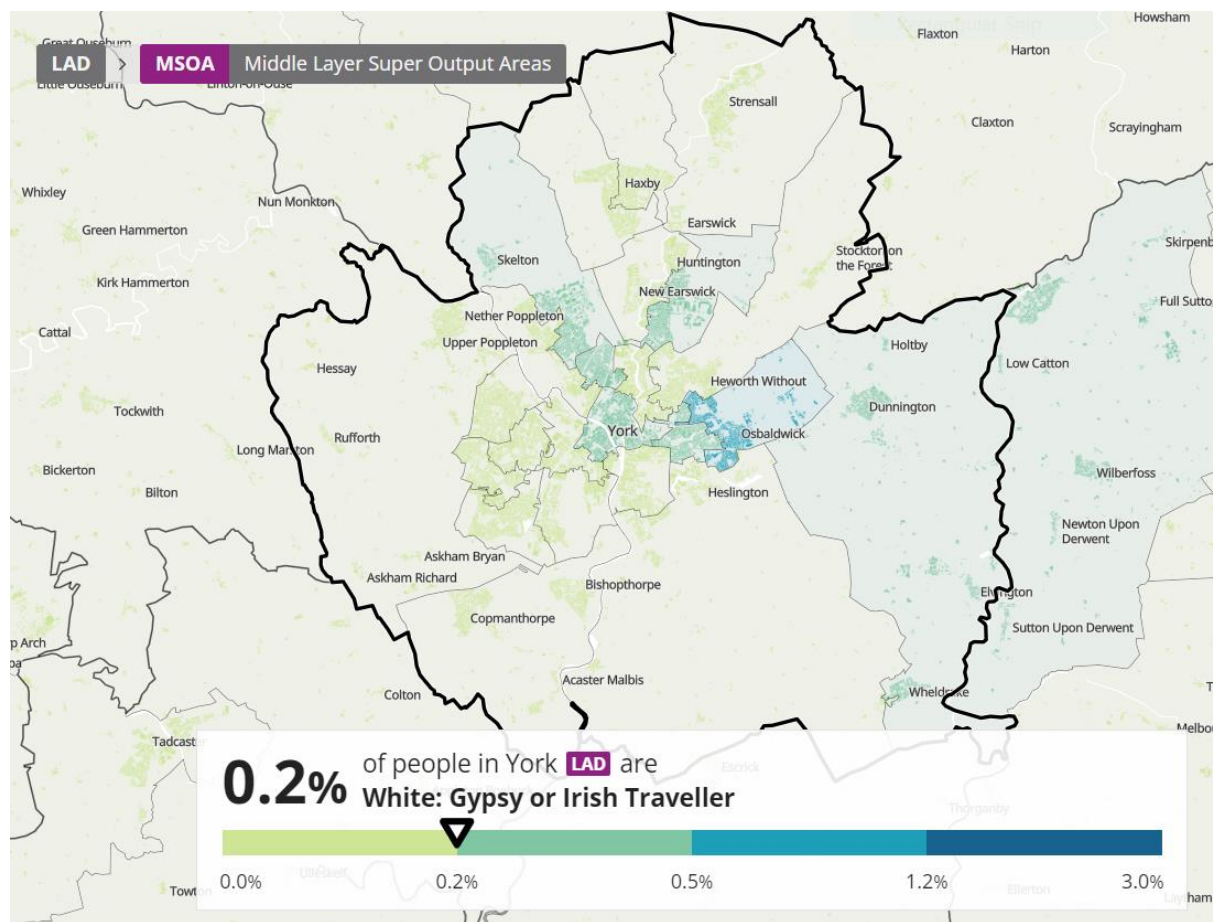


Figure 1: Map from ONS showing the prevalence of Gypsies and Travellers in York as per Census 2021 demographic data

Part Two: Health

Overview

Nationally, Gypsies and Travellers can expect to live on average 10-25 years less than the general population. They also live approximately 6 years less in good health. Lower life expectancy can be demonstrated clearly in the 2021 census, which shows the lack of older Romany Gypsy and Traveller people compared to the whole England population. Over half of the Gypsy and Traveller populations who are represented in the census were aged under 30.

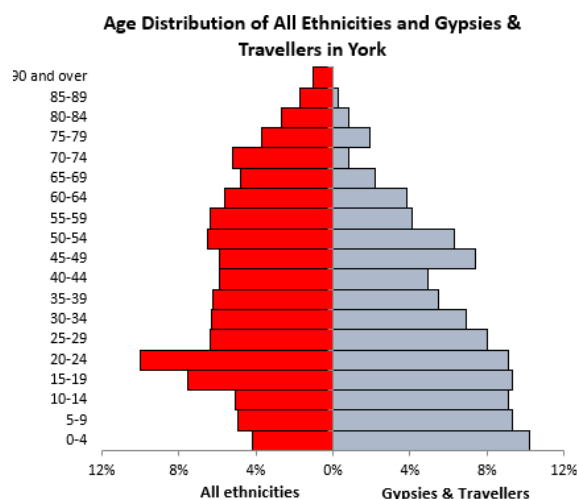


Figure 2: Population Pyramid showing the age demographics of Gypsies and Travellers against other ethnic groups in York. Data from ONS Census 2021

By way of comparison 17% of the whole England population is over 65, compared to just 6% in the Gypsy and Traveller Populations.

Gypsies and Travellers describe experiencing a range of health conditions that create vulnerability to negative health outcomes, sometimes due to delayed access to healthcare services.¹⁰ Conditions that have been described in the communities have included asthma, type 2 diabetes, chronic obstructive pulmonary disease (COPD), the “c” word (cancer), and mental health conditions. Health inequalities have resulted in significant health inequalities. Presentations of chronic conditions to healthcare staff are often acute or in an advanced state meaning treatment and disease-management is more difficult. Delayed access to care can also result in delayed diagnoses and access to screening and prophylactic care.

Some factors for poor health were environmental, such as site locations, the use of diesel generators, as well as occupational hazards linked with manual labour. The nomadic nature of the Gypsy & Traveller lifestyles meant there was experience of difficulty in registering with GP Practices as there was no fixed address. Literacy skills, especially in the older members of the communities was an additional challenge due to the requirement of filling out forms.

Subjective experiences of discrimination and judgemental attitudes of healthcare providers could further delay access to healthcare. Open

¹⁰ <https://gateherts.org.uk/wp-content/uploads/2020/12/Rain-Report-201211.pdf>

communication, a cultural understanding of the lifestyles and needs of the communities would aid to support engagement with healthcare.¹¹



Figure 3: Infographic outlining health challenges faced by the Gypsy & Traveller Communities, How to Tackle Health Inequalities in Gypsy, Roma and Traveller Communities., Friends Families and Travellers



Figure 4: Infographic outlining disadvantages faced by Gypsies and Travellers., *ibid*

Barriers to Accessing Healthcare

Barriers to healthcare services were particularly observed in access to primary care services which would lead to delayed routine care and

¹¹ [Gypsies and Travellers' Lived Experiences, health, England and Wales: 2022, ONS](#)

immunisation. This was particularly challenging for Gypsies & Travellers living roadside or on sites.

You wouldn't be accepted at the doctor's... because she didn't have a settled address. You couldn't say when I'm living on the side of the streets and trailers, we call the caravan as the settled community houses. We couldn't, you couldn't give that as an address. It wasn't acceptable. So... you couldn't register with the doctor when having to get seen.

Female, aged 70 to 80 years, bricks and mortar

Whilst patients can register with GP Practices using the Practice postcode, this was largely unknown.

Trust

Many members have expressed longstanding experiences of discrimination that have meant building trust with service providers can take time.¹² A lack of awareness of services and the uncertainty of whether an individual would feel welcomed or be appropriately and sensitively seen also contribute to a lack of trust. Nonetheless, Gypsy & Traveller communities often hold senior health care professionals (HCPs) in high regard and look up to their wisdom and authority.

Barriers in Accessing Health Care

Research conducted by for the Friends, Families and Travellers Trust indicates that over 45% of service users have low or no literacy so have difficulty in reading medical letters and understanding information given by health professionals. Many Gypsies and Travellers also feel they are stereotyped by HCPs.

The Health Picture in York

Efforts have been made to understand better the health status of York's Gypsy & Traveller communities. A quantitative health questionnaire was created for participants the results of which are detailed in the next chapter.

¹² [McFadden., et al \(2016\), Community Engagement to Enhance Trust between Gypsy/Travellers, and maternity, early years' and child dental health services: protocol for a multi-method exploratory study, International Journal for Equity in Health, 15:183](#)

As well as engaging with the communities, GP Practices and Naburn School were contacted for their insights.

Priory Medical Group, which has nine surgeries in York, have around 114 patients registered whom live at Traveller sites including Water Lane and Outgang Lane. They state they have a very good relationship with these patients. GPs and other medical consultants are held in high regard and recent life-saving procedures have resulted in deep gratitude expressed by the communities.

The practice has observed a number of occasions in which people from the Gypsy and Traveller community have accessed primary care for situations in which urgent care would have been more appropriate. This has resulted in the healthcare staff providing advanced life support and clinical care in situations such as:

- a man in peri-arrest- the recognised period either just before or after a cardiac arrest- attending the GP Practice instead of Emergency Department
- A 3-day old baby with severe breathing difficulties

A number of reasons could be suggested for this, which may include the trust levels this community have in the different healthcare settings, information availability, or access issues e.g. long waits

Barriers to accessing GP services include difficulty accessing and booking appointments and follow-up care: Practices are now relying more on text messaging with appointment reminders and even initial consultations sent to mobile phones. Technology exclusion particularly amongst the older population has meant accessing services difficult. For those patients able to access services, one GP stated that initial consultations were well-attended. Challenges were faced when follow-up appointments were required mostly due to GP Practices relying more on communication through the NHS app and text messaging; facilities not generally accessible by the communities.

Key trends in disease prevalence identified in York

- Gypsies and Travellers appear to have a higher prevalence of brittle asthma¹³
- A significant number are cystic fibrosis carriers leading to children with the disease

¹³ Information from Priory Medical Group, York

- There is a higher incidence of acute presentations of chronic conditions suggesting individuals do not access medical care at an earlier time point, nor attend a healthcare facility that is best suited to their needs. For example, a patient attended a local GP Practice with severe cardiac chest pain, where he collapsed in peri-arrest and myocardial infarction diagnosed. The GPs provided life-saving care before he was transferred to hospital by ambulance.
- High rates of smoking and consumption of energy drinks
- Bereavement is strongly felt according to national data. Whole families come together when a family member is seriously ill or when a death has occurred. Grief is expressed very deeply and it has been observed by clinical staff that it is more acceptable to express grief than expressing mental ill health.

Immunisations and screening uptake was generally low at Priory Medical Group. In an eligible cohort, 15 of 114 total patient population, had had a cervical screen within three years. 21 patients had not had a smear within three years. Measles, mumps and rubella (MMR) vaccination uptake was 50% for the first dose, however many children did not return for their second dose. It has been suggested that the main reason for this is GP Practices relying on mobile phone and electronic messaging to send appointment reminders to patients. Postal reminders were also missed due to postal delivery services refusing to distribute mail around the sites, thereby leading patients to missed communication.

Adults generally were unvaccinated however there was an increased uptake in COVID-19 vaccination suggesting Gypsies and Travellers were able to recognise the importance of self-protection from the virus, and acknowledging

Children were brought for vaccinations within their first year but appeared to stop coming after that. It is surmised that this could correspond to health visitor input or a shift in focus as a baby becomes older.

COVID-19 vaccinations were the only outlier. Uptake was generally good in the Gypsy & Traveller population. This could be due to availability of resources, direct invitations by the NHS to individuals, and efforts to provide information and resources tailored to the communities.

Efforts to source funding within the Humber and North Yorkshire ICB to help tackle inequalities in York is underway. One possible idea being mooted is to plan occasional outreach clinics.

Mental Health

Mental ill health and suicide are known major issues for Gypsies and Travellers. Limited data however underestimates the extent this has within the communities. In the first of its kind, West Yorkshire Health and Care Partnership's (WY HCP) Suicide Prevention Programme delivered a two-year contract to Leeds GATE in order to tackle the high suicide risk amongst the communities. Their 2020 report "Don't Be Beat" reported an average of six suicides per year amongst a 7000-strong population in Leeds.¹⁴ In another report commissioned by GATE HERTS in the same year, a sample of Gypsies and Travellers stated they had experienced multiple deaths by suicide in their extended families- on average two to five family members.¹⁵Part Three: Wider Health Considerations

Men's Health

There has been a recent focus on the need for a gendered strategy when assessing health needs with recognition for a focus on the health of men in general. Men consistently present with more serious illness than women and generally have a shorter life expectancy. Both Gypsy and Traveller men and women experience poorer health outcomes overall than the general population. A 2010 Irish study found that Gypsy and Traveller men, however, had 3.7 times the mortality of males in the general population and a suicide rate 6.6 times higher than that of the general population. 2008 life expectancy was 61.7 years- equivalent to the general male life expectancy in 1987.¹⁶

In a more recent case study,¹⁷ a need to tackle existing barriers to men seeking mental health support was identified to prevent suicidal ideation. Male-specific initiatives are recommended to ensure more men feel able to ask for help.

Women's Health

In 2022, the Government published the first Women's Health Strategy in England to improve the health and wellbeing of women and girls across the life course in England. Specific to women from Gypsy and Traveller communities, is evidence which suggests poor take up of preventative

¹⁴ <https://www.wypartnership.co.uk/news-and-blog/news/success-partnerships-gypsy-and-traveller-suicide-prevention-project-believed-be-one-first-its-kind-country>

¹⁵ <https://gateherts.org.uk/wp-content/uploads/2020/12/Rain-Report-201211.pdf>

¹⁶ Our Geels All Ireland Traveller Health Study, 2010

¹⁷

health care such as screening and immunisation. Cervical and breast screening is typically lower than in the general population.

Maternal needs were identified due to high national rates of maternal, perinatal and post-natal deaths. Specifically, a study from University of Sheffield which matched Gypsy and Traveller mothers with non-Gypsy and Traveller mothers in similar circumstances found that although there was no difference in reported problems during pregnancy and deliver (i.e. pre-term babies, there was a difference in the experience of miscarriage and infant deaths. These differences remained even when controlling for the total number of pregnancies. Of the sample of 142 traveller women of childbearing ages 16 (14%) had experienced one or more miscarriages, 6 (4%) had experienced one or more stillbirths, and 25 (18%) had experienced the death of a child¹⁸.

Better understanding and communication from healthcare providers would ensure concerns addressed by women were taken on board to improve rates of preventable complications in pregnancy and birth, and sensitive communication around topics such as breastfeeding.

Domestic violence occurs across all socio-economic backgrounds, ethnicities and educational levels. Nonetheless, the majority of cases of domestic violence occur within intimate relationships and particularly in communities where male authority is culturally accepted and condoned. Victims of domestic violence in the Gypsy and Traveller communities are generally female and, like the general population, be triggered by a number of factors. Impacts to health can be physical, mental and sexual. These are compounded by a lack of culturally appropriate resources and stigma which can prevent a girl or woman from seeking help.

Children & Young People's Health

Early exposure to poor health can have long term impacts that extend into adulthood. As such, inequalities identified in low socio-economic circumstances are a vital measure of the quality of life and health in adulthood. There is a lack of granular data concerning the health of Gypsy and Traveller children however there is evidence that children experience higher rates of illness as opposed to the general population and a significantly higher rate of premature deaths in children.

Immunisation rates are generally lower than average though parents generally accept the first dose of MMR. Many children have not had a second dose according to York data from Priory Medical Group.

¹⁸ [Microsoft Word - GT final report for web.doc \(bemis.org.uk\)](#)

In a recent workshop led by mothers from York Travellers' Trust, concern was expressed about being reported to Children's Social Services in the event of their child becoming ill. Often experiencing common childhood illness such as influenza and croup, the focus group described the "vicious circle" of delayed access to a doctor for diagnosis and treatment, and a general deterioration of the condition, leading to concerns the child would be taken into care. They also experienced instances of health professionals being dismissive of their child's health, and of parental concern. In one example, a doctor repeatedly told a mother that she couldn't understand why the mother had brought her child in and was initially reluctant to examine her. Upon examination, the child was in fact found to have an infection and was prescribed curative treatment. No apology was given by the doctor, or by York & Scarborough NHS Hospital Trust.

There was some evidence to suggest high rates of ADHD, eating disorders and autism in children as well as experiences of other mental health conditions. The way in which local mental health services such as Children and Adolescent Mental Health Services (CAMHS) should be reviewed to ensure more Gypsy & Traveller children are referred and assessed in a timely manner.

Substance Use Disorder

Substance use disorder is a more common in areas of greater deprivation and where there are greater circumstances of poverty and socio-economic disadvantage. Alcohol misuse has existed in a minority of Gypsy and Traveller communities but there has been national indication of increasing poly-substance use dependency, particularly in young men in unstable accommodation.¹⁹ Studies on this subject are generally quite old, however- the most recent find being published in 2010. Therefore, a closer look at substance misuse in ethnic minorities in York will enable us to capture a more accurate picture of the needs and available support for the communities.

Palliative Care

As with much of the general population, Gypsies and Travellers generally prefer to die at home. However, professional input by GPs and palliative care specialists are often overlooked and therefore little support is provided for individuals at the end of their life. Access to palliative services

¹⁹ Devon Gypsy & Traveller Health Needs Assessment, 2009

is important to ensure “a good death” can occur, and so tertiary care services should evaluate access by the communities.

Dental Care

Gypsies and Travellers are at significant disadvantage of accessing dental health services. Access especially to NHS dentistry has widened inequalities and seen a greater decline in communities receiving acute and regular appointments. A review of access to dental services, particularly for marginalised communities is recommended.

Part Five: Additional Information

City of York Council owns and runs three main Traveller sites throughout the City:

- Water Lane, Clifton
- Outgang Lane, Osbaldwick
- James Street, York
- We are also aware of a small number of Travellers living on a non-CYC site in the Naburn area with many sending their children to the nearby Naburn Primary School²⁰

Residents pay rent, council and utilities. In total, there are 61 individual pitches; most are big enough for 2 caravans and 1 or 2 vehicles. Each pitch has its own service block which includes a kitchen area and bathroom. There are regular visits from support workers who manage the site and provide help when required. An unknown number- yet considered the majority- live in “bricks and mortar” housing throughout the city. York’s high cost of living causes significant stress for the communities with many on low incomes struggling to afford the basics.

Caravan Count

A biannual statistical count of the number of caravans on both authorised and unauthorised sites across England takes place every January and July.

²⁰ Discussion with Head Teacher of Naburn Primary School

Month	Caravan Count: York		% of total caravans in Yorkshire & Humber
	Authorised Sites (with planning permission)	Unauthorised Sites (without planning permission)	
Jul-22	86	0	5.0%
Jan-22	83	0	5.6%
Jul-21	74	0	4.5%
Jan-20	84	0	5.6%
Jul-19	85	0	5.2%
Jan-19	89	0	5.6%

Figure 5: Biannual statistical caravan count in York

In line with official guidance from the UK Statistics Authority and the Office for Statistics Regulation, collection of Traveller caravan data was suspended during the summer of 2020 and Winter 2021 due to the coronavirus (COVID-19) outbreak. Whilst this is named a Traveller caravan count, it is consistent with applying to all caravans lived in by ethnic Gypsies and Travellers as well as non-traditional Travellers.

Schools

In the 2021 York Schools Survey, a total of 35 pupils across six primary and secondary schools (total number of participating schools =37) reported their ethnicity as “White- Gypsy or Irish Traveller.” The schools listed have recorded three or more pupils. Please note, as with overall numbers of Gypsies and Travellers in York, this will not be a true representation of the numbers in education, but it does provide some insight into continuity into secondary education. From speaking with Naburn Schools’ headteacher, the school, which has an overall intake of n=83, especially sees a high intake (up to 40%) of primary school-aged children due to Travellers who live on land belonging to the nearby Acre Farm.

Institution Name	Type of Institution	No. of pupils identified as Gypsy or Traveller
Huntington School	Secondary School	6
Joseph Rowntree School	Secondary School	4
Vale of York Academy	Secondary Academy	4
Manor CofE Academy	Secondary Academy	3
Lakeside Primary Academy	Primary Academy	3
Naburn School	Primary School	3

Figure 6: List of York schools with pupils who have identified as Gypsy or Traveller in 2021 Schools Survey

Conclusions of this HNA

Gypsies and Travellers experiences significantly worse health outcomes and inequalities than any other marginalised communities. Combined with high levels of racial discrimination and prejudice, this results in delayed access to relevant health services and a lack of trust in professional staff treating them with respect and dignity.

The wider determinants of health and well-being are well-documented as having key impacts on health and wellbeing. Support and advice that is easily accessible and culturally appropriate is generally unavailable and so many members of the communities can feel excluded from important and key health messages.

Recommendations of this HNA

1. Gypsies and Irish Travellers should be treated as distinct groups when assessing needs.
2. A dedicated Liaison Officer should be identified within the Council, who can be a point of contact for all Council-related matters by the communities.
3. Develop a short and medium term action plan, mutually agreed by the trust and key agencies, to tackle the issues raised in this HNA
4. Develop closer relationships between York Travellers' Trust and partners to gain further insights into the health and wellbeing of Members of these Communities.
5. Update key information on partner websites, e.g. City of York Council's webpage for Gypsies and Travellers.
6. Refresh the membership and Terms of Reference (ToR) of the Gypsy, Roma, Traveller working group and to ensure all necessary partners are invited and community members are clearly heard.
7. Work with York Travellers' Trust to provide resources and information that can be easily accessed by the Gypsy and Traveller communities. These may include resources written in simple English, photographs representative of the communities, or delivered in different formats, such as audio and information

sessions. Topics would include various health topics, including accessing the most relevant health services for a specific health condition, information around diseases and conditions commonly experienced by the communities, and immunisation and vaccination.

8. Build a greater awareness amongst health care professionals of the challenges an increased reliance on technology can pose to the communities for appointment-making, test results, and other communication. Advise that more traditional forms of communication should still be used.
9. Ensure the voices and lived experiences of Gypsies and Travellers is captured in the formation of City of York Council's Anti-Racism plan.
10. Collectively, partners should consider their response to the findings of the Office of Health Improvement and Disparities (OHID)²¹ 2022 report into the health needs of Gypsies & Travellers. These include:
 - providing health information and resources provided in accessible formats
 - providing mobile outreach clinics
 - providing peer-led efforts to improve cohesion between community members and health services.
 - providing flexible health services to allow for care despite no fixed address has also been suggested.
 - providing GP access cards to navigate literacy barriers could also be provided.
 - better understanding for staff of community culture, with better communication and empathy leading to better engagement and trust.

²¹ [Gypsy, Roma and Traveller Groups: An Introduction to History and Culture, Health and Disparities](#)