

## **Friends, Families and Travellers submission to the Commission on Race and Ethnic Disparities Call for Evidence on Ethnic Disparities and Inequality in the UK**

30<sup>th</sup> November 2020

This response sets out evidence on ethnic disparities and inequality in the UK for Gypsy and Traveller people.

### **1. What do you consider to be the main causes of racial and ethnic disparities in the UK, and why?**

Gypsy, Roma and Traveller communities face some of the greatest inequalities of any ethnic group in the UK:

- Health – Gypsy and Traveller people are estimated to have life expectancies of between ten and 25 years shorter than the general population<sup>12</sup>.
- Education – Pupils from the Gypsy, Roma and Traveller ethnic groups have the lowest average score in GCSEs of any ethnic group<sup>3</sup>.
- Accommodation – Gypsies and Travellers are more likely to experience housing deprivation than any other ethnic group<sup>4</sup>.
- Social inclusion – 44% of British adults openly express ‘negative’ attitudes toward Gypsies, Roma and Travellers, the most of any protected characteristic group in England<sup>5</sup>.

There are a number of driving factors for the racial and ethnic disparities experienced by Gypsy and Traveller people in the UK. On the whole, policymakers and public services fail to understand and respond to the needs of people within Gypsy and Traveller communities. When targeted policymaking or public services initiatives are developed in relation to Gypsies and Travellers, these are often focussed on enforcement approaches to unauthorised encampments or are positive initiatives but are not backed by adequate resources to make a large scale impact upon Gypsy and Traveller people. As outlined by the Chair of the recent Women and Equalities Committee inquiry into the inequalities faced by Gypsy, Roma and Traveller communities:

*“Gypsy, Roma and Traveller people have been comprehensively failed by policy makers and public services for far too long... the Government must stop filing this under 'too difficult' and set*

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<sup>1</sup> <https://www.equalityhumanrights.com/en/gypsies-and-travellers-simple-solutions-living-together>

<sup>2</sup> <https://leedsgate.co.uk/sites/default/files/media/BaselineCensus.pdf>

<sup>3</sup> <https://www.ethnicity-facts-figures.service.gov.uk/>

<sup>4</sup> <https://raceequalityfoundation.org.uk/wp-content/uploads/2018/02/Housing-Briefing-26.pdf>

<sup>5</sup> Equality and Human Rights Commission (2016) England’s most disadvantaged groups: Gypsies, Roma and Travellers. Available at - <https://www.equalityhumanrights.com/sites/default/files/is-england-fairer-2016-most-disadvantaged-groups-gypsies-travellers-roma.pdf>

*out how it intends to improve health, education and other outcomes for these very marginalised communities who are all too often out of sight and out of mind.*<sup>16</sup>

As a result, the lack of Government action fails to address an unequal playing field for Gypsy and Traveller people. Please find below examples of how this manifests itself across policymaking and public services:

- **Chronic shortage of sites** – According to the January 2020 Government Traveller Caravan Count there were 2,049 caravans on unauthorised developments and 694 caravans on encampments<sup>7</sup>. This is largely as a result of failure by local authorities to meet their spatial planning duties to identify land on which Gypsies and Travellers can live. Our January 2020 research shows that only 8 out of 68 local planning authorities in South East England were meeting their identified need for pitches for the next 5 years<sup>8</sup>. Despite this, the Ministry of Housing, Communities and Local Government have consistently failed to hold local authorities to account but have launched a £1.5million fund for local authorities to enhance their enforcement around roadside families (who mainly have no other place to go).
- **Poor management of sites** – Witnesses at the Women and Equalities Committee inquiry into the inequalities faced by Gypsy, Roma and Traveller communities highlighted that some Traveller sites had “appalling conditions” and that these were “not fit for human habitation”<sup>9</sup>. Every year we support over 1000 Gypsies and Travellers across the UK and we know from our casework of many sites (both private and local authority managed) that are overcrowded, lack basic amenities and fail to comply with basic health and safety regulations.
- **Access to water and sanitation** – Many of the 3000 caravans identified in the Government’s bi-annual Traveller caravan count lack access to basic water and sanitation. This has been shown to contribute to an increase in bladder and bowel issues and incontinence<sup>10</sup>. This was exacerbated through the first lockdown when many households struggled to get access to water and sanitation at all. The UK Government recognises a right to water, and notes that the state should give additional attention to those who have traditionally faced difficulty exercising this right. The UK position on the right to water suggests that the state should “ensure that those without tenure have access to water services on an equal basis to those with tenure” and “...protect the poorest and most vulnerable from exclusion through social,

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<sup>6</sup> <https://committees.parliament.uk/committee/328/women-and-equalities-committee/news/102045/gypsy-roma-and-traveller-communities-comprehensively-failed-by-policy-makers/>

<sup>7</sup> <https://www.gypsy-traveller.org/wp-content/uploads/2020/02/Research-on-the-five-year-supply-of-deliverable-Gypsy-and-Traveller-sites-in-the-South-East-of-England.pdf>

<sup>8</sup> <https://www.gypsy-traveller.org/wp-content/uploads/2020/02/Research-on-the-five-year-supply-of-deliverable-Gypsy-and-Traveller-sites-in-the-South-East-of-England.pdf>

<sup>9</sup> <https://publications.parliament.uk/pa/cm201719/cmselect/cmwomeq/360/full-report.html>

<sup>10</sup> <https://www.healthwatchbrightonandhove.co.uk/wp-content/uploads/2015/02/Friends-Families-and-Travellers-Hidden-Incontinence-in-the-Traveller-Communities.pdf>

*cultural, traditional, or other practices*<sup>11</sup>. Despite this, much of the Government's efforts to address water poverty have been focussed on the needs of developing nations, and there has been limited recognition of the prevalence of water poverty within the UK, or the difficulties accessing water and sanitation faced by nomadic Gypsies and Travellers. Whilst the Government has put in temporary measures through which local authorities are able to provide access to water and sanitation for roadside camps during the pandemic, this is a longstanding issue which must be addressed in a permanent way.

- **Health impacts of unauthorised encampments** – In discussion around unauthorised encampments, the health and wellbeing of Gypsies and Travellers is often given only a cursory nod. It is essential that the Home Office, Ministry of Housing, Communities and Local Government and local authorities begin to take a 'Health In All Policies approach' to roadside camps.
- **Fuel poverty** – people living on sites usually don't get to choose energy suppliers, have to pay up front for energy and homes are by nature poorly insulated. As a result of this combined with unclear information from the government on eligibility for Warm Homes Discount, Gypsy and Traveller communities are at high risk of fuel poverty.
- **Air pollution** – 26% of local authority owned Traveller sites are near to motorways or major roads, 12% are near to rubbish dumps, 8% near to industrial or commercial activity and 3% near to sewage works<sup>12</sup>. This puts Gypsies and Travellers at considerable risk of air pollution. Despite this, we are unaware of any recognition of the nomadic way of life in any of the government's clean air strategies for indoors and outdoors.
- **Impact of discrimination** – 44% of British adults openly express 'negative' attitudes toward Gypsies, Roma and Travellers, the most of any protected characteristic group in England<sup>13</sup>. Police officers consider hate crime to be the most common issue Gypsies, Roma and Travellers report to them<sup>14</sup>, but less than 15% of hate incidences are reported to police<sup>15</sup>. Despite this, there is little or no consideration of the mental or physical health impacts of this on Gypsy, Roma and Traveller people, nor any actions designed to prevent this as part of the Home Office's Hate Crime Action Plan.

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/36540/uk-position-human-right-water.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/36540/uk-position-human-right-water.pdf)

<sup>12</sup> <https://webarchive.nationalarchives.gov.uk/http://www.cabinetoffice.gov.uk/media/346574/inclusion-health-evidencepack.pdf>

<sup>13</sup> Equality and Human Rights Commission (2016) England's most disadvantaged groups: Gypsies, Roma and Travellers. Available at - <https://www.equalityhumanrights.com/sites/default/files/is-england-fairer-2016-most-disadvantaged-groups-gypsies-travellers-roma.pdf>

<sup>14</sup> Traveller Movement (2018) Policing by consent: Understanding and improving relations between Gypsies, Roma, Travellers and the police.

<sup>15</sup> Gate Herts (2018) *Recognise, report, resolve*. Available at <http://www.gateherts.org.uk/wp-content/uploads/2018/06/Recognise-Report-Resolve.pdf>

- **Transport and infrastructure** – Traveller sites are often in rural or out of the way places without basic public services and often with no nearby public transport. This can have damaging effects for site residents who may have challenges in access to healthcare, may live in a food desert, be at higher risk of social isolation and may be near to dangerous roads.

## **2. What could be done to improve representation, retention and progression opportunities for people of different ethnic backgrounds in public sector workforces (for example, in education, healthcare or policing)?**

Public sector organisations should collect data on inclusion of Gypsy, Roma and Traveller people at all levels of the public sector workforce, then use this data to identify ways of improving representation, retention and progression.

The Government should support and consult organisations such as the Gypsy, Roma and Traveller Police Association and the Gypsy, Roma and Traveller Social Work Association who act as leaders within their sector.

Public sector organisations should take firm action where there are instances of Gypsy, Roma and Traveller bullying and racism in the workforce and celebrate the histories and cultures of Gypsy, Roma and Traveller members of the workforce on key occasions such as Gypsy, Roma and Traveller History Month.

## **3. How could the educational performance of school children across different ethnic and socio-economic status groups be improved?**

This month, the House of Lords Public Services Committee released its first report, 'A critical juncture for public services: lessons from COVID-19'<sup>16</sup>. The report follows an inquiry into the effects of the coronavirus outbreak on the future role, priorities and shape of public services. The report emphasises that "*COVID-19 should be a wake-up call for the Government that the designers and providers of public services have paid insufficient attention to the specific needs of minority groups*", with Gypsy, Roma and Traveller groups experiencing "*significant inequalities of access*", which have worsened since the start of the pandemic.

Of almost any group in England, young Gypsy, Roma and Traveller people face some of the greatest issues in accessing and benefiting from the education system. Pre-existing issues in how schools engage with Gypsy, Roma and Traveller communities coupled with long-standing educational inequalities within the communities means that there is a real risk that Gypsy, Roma and Traveller pupils will be further left behind during the country's lockdown and ongoing response to the coronavirus pandemic.

According to statistics released as part of the Race Disparity Audit, pupils from the Gypsy/Roma and Irish Traveller ethnic groups had the lowest average score in GCSEs of any ethnic group in

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<sup>16</sup> <https://publications.parliament.uk/pa/ld5801/ldselect/pubserv/167/16702.htm>

2016/7<sup>17</sup>. Inequalities in educational attainment start at a young age, with figures released just last week revealing that only 34% of Gypsy/Roma children and only 37% of Irish Traveller children met the expected standards in Mathematics in year 2, compared to 76% of pupils in the general population<sup>18</sup>.

Supporting children with their education during lockdown presents challenges in the vast majority of households with school aged children and young people at this time. However, we are concerned that a number of issues have placed Gypsy, Roma and Traveller pupils at a significant risk of falling behind during this period. These include:

- Qualification level of parents or carers – 60% of people over the age of 16 years old in Gypsy and Traveller communities have no formal qualifications<sup>19</sup>. This means that many parents were in a position where they are being asked to support their children with a level of education which they themselves have not been taught to, or may have been taught to, but not received a qualification in.
- Levels of literacy of parents or carers – At Friends Families and Travellers, we support over 1300 families each year with issues relating to accommodation, education, welfare and much more. Based on our routine data collection, we have calculated that around 40% of our service users have low or no literacy. There is a concern that this will act as a severe limiting factor for parents aiming to support children with their education during the pandemic.
- Levels of digital inclusion – In 2018, we conducted research with 50 members of Gypsy and Traveller communities which found that one in five Gypsy and Traveller participants had never used the internet; over half of Gypsy and Traveller participants said that they did not feel confident using digital technology by themselves; and only 38% of Gypsies and Travellers (33% if housed) had a household internet connection, compared to 86% of the general population<sup>20</sup>. This has clear and immediate ramifications for delivering teaching online.
- Overcrowded learning environments – By nature, nomadic homes are necessarily small, however, their inhabitants often spend lots of time in the outdoors. Government restrictions on staying at home made this more difficult, especially when we take into account the large family size typical of Gypsy and Traveller communities. This can create an environment

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<sup>17</sup> Race Disparity Audit (2018) 'Ethnicity facts and figures'. Last accessed 12 Mar 2019. Available at: <https://www.ethnicity-facts-figures.service.gov.uk/>

<sup>18</sup> <https://www.ethnicity-facts-figures.service.gov.uk/education-skills-and-training/5-to-7-years-old/mathematics-attainments-for-children-aged-5-to-7-key-stage-1/latest>

<sup>19</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/datasets/2011censusanalysiswhatdoesthe2011censustellusaboutthecharacteristicsofgypsyoririshtravellersinenglandandwales>

<sup>20</sup> <https://www.gypsy-traveller.org/wp-content/uploads/2018/09/Digital-Inclusion-in-Gypsy-and-Traveller-communities-FINAL-1.pdf>

where it is difficult to home-school children due to the increased risk of distraction and lack of space.

Given the above, we are confident that remote education has exacerbated existing inequalities in the education system. It is absolutely essential that resources are invested into catch up education and remote tutoring for those hardest hit.

At the local level, we have seen that recognition of these challenges, and the level of support provided to families, has varied substantially from place to place, and from school to school. We have received reports that schools in Rotherham and Liverpool have taken a proactive approach to supporting Roma families, by delivering educational packs and supporting with access to necessary materials. However, this is not reflected across the board.

Some schools only provided work for children online and refused to print packs off for children. We have received reports that in some instances, schools have stated that Gypsy and Traveller families experiencing digital exclusion should be able to access online resources as families have access to mobile phone devices. However, this fails to consider that many sites have poor internet connectivity, or no internet, placing these families at a considerable disadvantage for accessing resources, as well as the limited nature of work that can be done on one mobile phone.

Ultimately, we are concerned that as children from Gypsy, Roma and Traveller children return to school that for many children, disadvantages in their experiences of remote schooling during lockdown will have placed them at a significant disadvantage compared to other children of their age group. Given the pre-existing level of inequalities within the education system for Gypsy, Roma and Traveller children, it is imperative that support is offered to children to catch up with pupils in their cohort.

#### **Education COVID-19 good practice**

About 85 of the 420 pupils at St Matthew's Primary School in Ipswich are Roma. The school had previously hired a Romanian Roma translator to support with tasks such as translating school letters, and helping families with any concerns.<sup>21</sup> This is reported to have had a positive impact on attendance and educational outcomes for Roma children at the school. Roma Support Group have reported that, during the lockdown, the school have funded the translator to provide relevant and appropriate translated resources for Roma children, to ensure that Roma children do not miss out on access to education over this period.

Roma Support Group have also reported that the Queen Catherine Academy in Peterborough have been working proactively to provide relevant resources to local Slovak and Czech Roma communities. There are a number of Roma staff employed at the school

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<sup>21</sup> BBC (2019) 'Roma translator boosts pupils' learning and health at 38-language school' Available at: <https://www.bbc.co.uk/news/uk-england-suffolk-48597249>

who have been preparing resource packs and delivering these directly to families to support Roma families with education at home during lockdown.

To address the COVID-19 related educational inequalities within Gypsy and Traveller communities, it is absolutely essential that resources are invested into catch up education, remote tutoring and access to digital for those hardest hit.

In addition to this, we are concerned that there is a disproportionately high number of Gypsy and Traveller children and young people currently out of school. This is as a result of a high number of multi-generational households, particularly on Traveller sites, which have led to high levels of anxiety within Gypsy and Traveller parents about children potentially bringing COVID-19 back from school to vulnerable or older household members. It is essential that schools keep the school places open for these children, not encouraging them into off-rolling and thus losing their place at school or leaving families in the queue for SEN support.

To address longstanding educational inequalities within Gypsy and Traveller communities, the Department for Education should reinstate Traveller Education Services across the country, extend pupil premium to cover all Gypsy, Roma and Traveller children and young people and develop a clear plan of action for addressing educational inequalities for Gypsy, Roma and Traveller people.

#### **4. How should the school curriculum adapt in response to the ethnic diversity of the country?**

In July 2020, the Council of Europe's Committee of Ministers adopted a recommendation that for the first time ever calls on its 47 member states (including the UK) to include the history of Roma and Travellers in school curricula and teaching materials<sup>22</sup>.

Our research, conducted this year, shows that 55% of 2162 British adults surveyed were unaware that over 500,000 Roma and Sinti people were killed in the Holocaust by the Nazis<sup>23</sup>. While all children legally must learn about the Holocaust in Key Stage 3 lessons, often there is little or no mention of Roma and Sinti experiences of the Holocaust as part of this. As a result, children and young people from Roma communities in the UK may take part in lessons on the Holocaust without any recognition of the impact of this on their ethnic group or family.

The curriculum should cover the history of Gypsies, Roma and Travellers, including the Holocaust, and progress on this should be monitored every five years (this monitoring is part of the Council of Europe recommendation). Gypsy, Roma and Traveller History Month should be celebrated in schools every June.

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<sup>22</sup> <https://www.coe.int/en/web/portal/-/schools-should-include-roma-and-traveller-history-in-teaching-curricula>

<sup>23</sup> <https://www.gypsy-traveller.org/wp-content/uploads/2020/02/Forgotten-Victims-report-FINAL.pdf>

## **5. How can the ways young people (in particular those aged 16 to 24 years) find out about and access education, training and employment opportunities be improved?**

Studies have persistently highlighted that young people from Gypsy and Traveller communities often leave school before entry to secondary education<sup>24</sup>. Boys and young men often begin to work alongside their fathers, learning their trades, and girls and young women often stay at home helping their mothers run the family home and caring for younger siblings, children or other family members.

Sadly, there is an acceptance among many young Gypsies and Travellers that they are unlikely to find employment, in part due to leaving school earlier and having fewer qualifications. Participants in a study by Pavee Point equated employment with having to hide their identity and strongly believed that a settled person “would get any job before one of us”<sup>25</sup>.

Fear of facing prejudice is well placed. In 2018, the Equality and Human Rights Commission carried out research on social attitudes which found that 44% of the British public surveyed openly expressed negative feelings towards Gypsies, Roma and Travellers, more than double that of people expressing similar sentiments for any other protected characteristic group<sup>26</sup>. High levels of discrimination can impact particularly on self-employed Gypsies and Travellers who may find it difficult to gain the trust of new customers.

As part of a project funded by the Department of Health and Social Care, Public Health England, NHS England and NHS Improvement, we conducted a focus group and interviews with young Gypsy and Traveller people not in employment, education or training. We found:

- There was generally a strong feeling from our focus group that schools are the key to supporting children into employment and more support needs to come from them as early as possible for Gypsy and Traveller children. It is critical that staff in schools and other organisations understand and are supportive of Gypsy and Traveller culture.
- Employers offering improved apprenticeships and internships with less onus placed on formal qualifications also came out of the focus group as an important means to supporting young Gypsies and Travellers to enter employment.
- Improving access to information around employment opportunities that young Gypsy and Traveller people can reach is also critical. For example, the participants in our focus group talked about how a local hub with integrated support from employment and advice services would be something they would feel comfortable accessing.
- Including Gypsy, Roma and Traveller categories in ethnicity monitoring to assess if services are already being utilised by Gypsy and Traveller people and addressing an underrepresentation where it exists.

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<sup>24</sup> Wilkin, A., Derrington, C., and Foster, B. (2009) “Improving the Outcomes for Gypsy, Roma and Traveller Pupils Literature Review. National Foundation for Education Research 2009, Research Report No DCSF-RR077.

<sup>25</sup> Pavee Point. (2015). Young Pavees: Their mental health needs: A research report. Dublin, Ireland

<sup>26</sup> Equality and Human Rights Commission (2018) *Developing a national barometer of prejudice and discrimination in Britain*



- In a 2010 report, the Department for Education recommends offering individualised and accessible activities and curriculum content for Gypsy, Roma and Traveller pupils, as well as facilitating family/community engagement with schools<sup>27</sup>.
- Training for employers around mental health issues should be more widely used. One participant from our focus group had real concerns that employers and peers in the workplace are not aware of poor mental health issues or taking them into account. One young Irish Traveller participant said *“Employers need to realise what special educational needs (SEN), depression and anxiety are. Physical disabilities are accepted and catered for in work, but people with hidden mental health problems just get badly treated even if they do manage to get a job.”*

Careers advisors should meet with Gypsy, Roma and Traveller children and young people of secondary school age to explore their interests and possible further educational or training paths. The number of Gypsy, Roma and Traveller children and young people undertaking apprenticeships and entering further education should be monitored.

## **6. Which inequalities in health outcomes of people in different racial and ethnic groups are not (wholly) explained by inequalities in underlying determinants of health (for example, education, occupation or income)?**

Gypsy, Roma and Traveller people are known to face some of the most severe health inequalities and poor life outcomes amongst the United Kingdom population, even when compared with other excluded groups, and with other ethnic minorities<sup>28</sup>. Data from the 2011 Census found that in England and Wales, Gypsies and Travellers had the lowest proportion of people rating their general health as ‘good’ or ‘very good’ at 70 per cent compared to 81 per cent overall<sup>29</sup>.

Gypsy and Traveller communities are estimated to have life expectancies of between ten and 25 years shorter than the general population<sup>30,31</sup>. Before the significantly shorter life expectancy of Gypsy and Traveller communities is taken into consideration, Gypsies and Travellers experience six less Quality Adjusted Life Years (that is, years spent in good health) than age and sex matched members of the population<sup>32</sup>.

In the largest piece of research of its kind in the UK, Parry et al found that Gypsies and Travellers were significantly more likely to have a long-term illness, health problem or disability, which

<sup>27</sup> Department for Education. 2010. Improving the Outcomes for Gypsy, Roma and Traveller Pupils: final report.

<sup>28</sup> Parry et al (2007) ‘Health status of Gypsies and Travellers in England’. J Epidemiol Community Health. 2007 Mar; 61(3): 198–204.

<sup>29</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/whatdoesthe2011censustellusaboutthecharacteristicsofgypsyoririshtravellersinenglandandwales/2014-01-21>

<sup>30</sup> <https://www.equalityhumanrights.com/en/gypsies-and-travellers-simple-solutions-living-together>

<sup>31</sup> <https://leedsgate.co.uk/sites/default/files/media/BaselineCensus.pdf>

<sup>32</sup> Parry et al (2007) ‘Health status of Gypsies and Travellers in England’. J Epidemiol Community Health. 2007 Mar; 61(3): 198–204.

limits daily activities or work; experience higher levels of anxiety and depression; experience higher overall prevalence of reported chest pain, higher levels of respiratory problems, are more likely to have arthritis and more likely to experience miscarriage and the premature death of offspring<sup>33</sup>. In the absence of any data collection in England, research from Ireland found that the suicide rate for Traveller women is six times higher than settled women and is seven times higher for Traveller men<sup>34</sup>.

Whilst information on the cause and nature of Gypsy and Traveller health inequalities is scarce, information on the health of Roma communities in the UK is perhaps even harder to find. Between 2005 and 2012, Roma Support Group found that 60% of their Roma beneficiaries had poor physical health including cancer, diabetes, epilepsy, hepatitis B, cardiovascular and respiratory ailments and multiple sclerosis. Further to this, 43% of Roma beneficiaries of the above, were suffering from mental health problems including depression, personality disorders, learning disabilities, suicidal tendencies, self-abuse or dependency/misuse of drugs<sup>35</sup>.

In a number of areas of health and social care policy and practice we have identified both direct and indirect discrimination towards Gypsy, Roma and Traveller people which affect access to and experience of healthcare and ultimately outcomes which worsen health inequalities. The key areas we have identified are:

- **Access to General Practice** – Our research found that of 50 GPs we mystery shopped, almost half of GP practices routinely refuse to register people without an address or proof of identification<sup>36</sup>. Despite this, every GP practice who turned our mystery shopper away was described as ‘good’ or ‘outstanding’ by the Care Quality Commission in their work with vulnerable groups.
- **Access to Dentists** – Our research (to be published) found that out of 100 NHS dentists we mystery shopped, around one third refused to register people without fixed address or proof of identification, a further one third of dentists had a long waiting list which nomadic patients could never hope to reach the top of and a number of dentists said that they required upfront payments from our mystery shopper when they said “*I’m a Traveller and I’ve no ID or address*”<sup>37</sup>. One dentist lied and said they weren’t accepting any more patients when our mystery shopper contacted. We were able to confirm this

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<sup>33</sup> Ibid

<sup>34</sup> [https://www.ucd.ie/t4cms/AITHS\\_SUMMARY.pdf](https://www.ucd.ie/t4cms/AITHS_SUMMARY.pdf)

<sup>35</sup> Smolinska – Poffley, G. (2017), “Health Inequalities for Roma communities in the United Kingdom”. Health and Social Care Briefing: Gypsy, Roma and Traveller Equality and Inclusion. House of Lords, 4 October 2017.

<sup>36</sup> <https://www.gypsy-traveller.org/wp-content/uploads/2019/03/No-room-at-the-inn-findings-from-mystery-shopping-GP-practices.pdf>

<sup>37</sup> According to NHS England policy, people do not technically need to “register” as a patient to access appointments, but commonly this is the term used by members of the public and dentist receptionists. In our calls, our mystery shopper was careful to ensure it was clear they were primarily interested in accessing an appointment.

by mystery shopping immediately afterwards posing as a person from the settled community who wanted to register as a patient.

- **Poor communication with patients** – Challenges around communication for Gypsies and Travellers with the health and care system are multiple and complex:
  - Our research on the experiences of Gypsies and Travellers within primary care found that one third of patients found it difficult to understand information from their doctor<sup>38</sup>.
  - Many of our service users highlight that letters for appointments or with important health information often do not make it to them or make it to them too late because they've been sent to an address they do not live at. As a result, many people living nomadically do not receive invitations to appointments or preventative screening.
  - Despite the fact that around 45% of our service users have low or no literacy, health and care professionals often do not realise and fail to make adjustments to address this.
  - Our research on digital inclusion in Gypsy and Traveller communities found that one in five Gypsies and Travellers had never used the internet and over half of participants said that they did not feel confident using digital technology by themselves<sup>39</sup>. Despite this, we have come across a number of cases where people experiencing digital exclusion are told they can only register or make appointments online. This has been exacerbated as a result of the shift towards digital first health and care services during the pandemic.
  
- **Disadvantage in the health system when relocating within the UK** – Within the Armed Forces Covenant, government policy specifically recognises the disadvantage caused when moving from one area to another. To address the disadvantage, the Covenant states *“Family members should retain their place on any NHS waiting list, if moved around the UK due to the service person being posted”*<sup>40</sup>. Despite the fact there is an explicit recognition in NHS policy that moving from one area to another is disadvantageous and actions have been taken for other groups to address this, this has not been the case for Gypsy and Traveller communities. We believe there is a clear mandate within Public Sector Equality Duty to extend this right to Gypsy and Traveller communities and there is a need to address how the health and care system could better support nomadic communities. Please see below for examples of how this can affect people:

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<sup>38</sup> <https://www.gypsy-traveller.org/wp-content/uploads/2019/07/Experiences-of-Gypsies-and-Travellers-in-primary-care-GP-services-FINAL-1.docx>

<sup>39</sup> <https://www.gypsy-traveller.org/wp-content/uploads/2018/09/Digital-Inclusion-in-Gypsy-and-Traveller-communities-FINAL-1.pdf>

<sup>40</sup> <https://www.england.nhs.uk/commissioning/armed-forces/>

- Mr L needs to have an operation on his ankle. He joins a long waiting list for this but while on the waiting list, he moves to a new area. He goes to his GP in the new area to get a referral and is asked to join a new waiting list, this time in the bottom position. While on the waiting list, he moves again to a new area and starts the whole process off from the beginning. Mr L has now been on waiting lists for over five years and has not had an operation.
- Mr N is experiencing depression and suicidal thoughts. He attends his GP and is told he is entitled to cognitive behavioural therapy (CBT). He joins the waiting list and after six months begins his course of CBT, however, he is living roadside and subject to regular evictions. He misses three appointments firstly because he is being evicted and then because a wide injunction is put in place so he has to move to another area. He is told his course of CBT has been stopped because of non-attendance and if he wishes to access CBT again, he will need to join the waiting list again in his new area.
- Mrs J has polycystic ovary syndrome and her doctor arranges for her to be assessed for a Personal Health Budget. She is successful and has a Personal Health Budget arranged so that she can manage the symptoms. Mrs J is happy with this and feels that it is effective. Mrs J moves to a new area so has to start from scratch. Mrs J is assessed and it is decided that the previous arrangements are no longer appropriate and Mrs J is instead given a treatment package that she feels is unsuitable.
- Miss R is highly mobile and is diagnosed with cancer. NHS staff refuse to come and give her support at her home as they would with other patients because the places she is parked up in fall out of their geographical boundaries. Miss R is forced to relocate to be with friends and family in another part of the country because she cannot manage her condition without support from outreach staff and more support from her social networks. This affects her income and employment.
- Mrs M travels extensively for work and is concerned about her son who she thinks may have autism. She would like to access diagnostic tests for autism and see what support is available to her son. Each time she arrives in a new area, she joins the waiting list for this but never reaches the top of it. Every time she moves to a new area she has to start all over again.

Despite the fact that Gypsy, Roma and Traveller communities are at high risk of poor health, members of Gypsy, Roma and Traveller communities are often missed out by whole population approaches to prevent poor health. For example, health messages may not include individuals who Gypsies and Travellers identify with, or guidance is inaccessible for people with low literacy (e.g. [Coping with Self-harm: A Guide for Parents and Carers](#)), or target audiences are in schools or universities which Gypsies, Roma and Travellers are more likely to be excluded from or not attending (e.g. many of the actions outlined in the [Transforming Children and Young People's Mental Health Provision Green Paper](#)), or prevention activities take place in workplace settings

Gypsy, Roma and Traveller people are less likely to be present in due to self-employment or unemployment (e.g. [Reducing the risk of suicide: a preventative guide for employers](#)).

Coupled with this, key tools for planning of preventative interventions often miss Gypsy, Roma and Traveller people. For example, even though Travellers are six to seven times more likely to die by suicide, Gypsy and Traveller communities are not recognised as a high-risk group, nor mentioned once in the Government’s National Suicide Prevention Plan<sup>41,42</sup>. In an assessment of all 79 publicly available local suicide prevention plans representing 113 local areas, FFT found only five mention Gypsy and Traveller communities and only two list any action to address the high suicide rate in their local Gypsy and Traveller communities<sup>43</sup>.

In addition, our research found that in London only 2 out of 33 borough JSNAs had a chapter on Gypsy and Traveller health needs; in the East of England, there was only one recent Gypsy and Traveller JSNA focus paper out of nine Health and Wellbeing boards and in the South East and South West of England only 13 out of 29 JSNAs had chapters on Gypsy and Traveller Health need<sup>44</sup>.

In order to address the inherent inequalities created by whole population approaches to health information, we believe Gypsy, Roma and Traveller communities would greatly benefit from targeted health behaviour and health improvement interventions which focus on patient education, empowerment and activation. Please see example below:

### **Friends, Families and Travellers Health Champions Programme**

Friends, Families and Travellers is an accredited Royal Society for Public Health (RSPH) Training Centre, providing training to Gypsy and Traveller people on health improvement and behaviour change. The aim of this training is to develop and embed ways of working that support Gypsy and Traveller communities to actively participate in improving their own health, and the health of their community.

For this project, FFT has adopted an asset-based peer-support model of health improvement. Participants are trained as ‘Health Champions’, which involves education on relevant health improvement messages, and the development of tools to enable them to share these messages with their peers and family members. This supports individuals and communities to increase their own knowledge, skills, confidence and self-efficacy. On completion of this training, community members attain an accredited qualification, which is equivalent to a GCSE qualification, and supports access to education or career progression.

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<sup>41</sup> [https://www.ucd.ie/t4cms/AITHS\\_SUMMARY.pdf](https://www.ucd.ie/t4cms/AITHS_SUMMARY.pdf)

<sup>42</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/772210/national-suicide-prevention-strategy-workplan.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772210/national-suicide-prevention-strategy-workplan.pdf)

<sup>43</sup> <https://www.gypsy-traveller.org/wp-content/uploads/2020/10/Suicide-Prevention-Report-FINAL.pdf>

<sup>44</sup> [http://www.gypsy-traveller.org/wp-content/uploads/2017/03/FFT\\_Inclusion-of-Gypsy-Traveller-health-needs-in-JSNA\\_FINAL.pdf](http://www.gypsy-traveller.org/wp-content/uploads/2017/03/FFT_Inclusion-of-Gypsy-Traveller-health-needs-in-JSNA_FINAL.pdf)

At present, FFT delivers the following training courses:

- RSPH Level 1 Award in Health Awareness,
- RSPH Level 2 Award in Understanding Health Improvement and Understanding Behaviour Change

At FFT, 45% of our service users have low or no literacy, which can be a huge barrier to accessing information or advice on health. For this reason, the training has been developed to be completely accessible for people with low or no literacy. Over 70 Gypsy and Traveller people have taken part in the training to date and for many participants, this is their first formal qualification.

## **7. How could inequalities in the health outcomes of people in different ethnic groups be addressed by government, public bodies, the private sector, and communities?**

### **Government**

- NHS England and NHS Improvement should make the collection and publication of high quality equality data on access to, experience of and outcomes of healthcare for Gypsy, Roma and Traveller people mandatory.
- NHS England and NHS Improvement should identify key objectives in relation to health inequalities at all levels of the health and care system and ways in which individuals and organisations can be held accountable to these.
- Across Government, policymakers should consider and mitigate against the impact of their policies on people who are nomadic, people with low or no literacy, people experiencing digital exclusion and people experiencing poverty.
- The Ministry of Housing, Communities and Local Government and the Home Office should adopt a health-first approach to dealing with unauthorised encampments.
- The Ministry of Housing, Communities and Local Government should work with local authorities to address the shortage of Traveller sites across England.
- The Care Quality Commission should carry out mystery shopping of GP practices and Dental practices ahead of routine inspections to ensure practices are not wrongfully refusing to register people from Gypsy and Traveller communities.

### **Public bodies**

- All health and care services should be systematically adapted to meet the needs of people most likely to experience health inequalities.
- Every Clinical Commissioning Group should develop and deliver targeted services to address unmet need amongst patients from inclusion health groups.
- Healthcare services should routinely offer longer appointments to patients with multi-morbidities, complex care needs or communication needs.
- Healthcare services should make routine adjustments for people with low literacy, people who have low or no fluency levels of English and those experiencing digital exclusion.
- All healthcare services should be available to all patients, irrespective if they are able to provide proof of identification, proof of address and proof of immigration status.

- All healthcare services should have clear processes for contacting patients who have no fixed address or have no phone.
- The NHS should routinely collect information from patients on how wider societal issues may put them at high risk of poor health or may affect outcomes of health interventions and target additional preventative measures to address this.
- GP practices should give letters relating to benefits, homelessness and other essential needs for free.
- Health and social care professionals should be supported and trained to signpost people experiencing inequalities to relevant local voluntary sector organisations who can support them with their non-clinical health needs.
- Health and social care professionals should have access to up-to-date and comprehensive advice and templates to support people with benefits claims, housing claims and other things that support people with issues they are experiencing across the wider determinants of health.

#### **Private sector**

- Private Sector organisations who provide Patient Information Management Systems to healthcare settings, such as EMIS and SystmOne should develop digital solutions to ensure patients' communication needs are recorded and met by healthcare services. This includes patients living nomadically, patients with low or no literacy and patients experiencing digital exclusion.

#### **Communities**

Health inequalities are the preventable, unfair and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within societies, which determine the risk of people getting ill, their ability to prevent sickness, or opportunities to take action and access treatment when ill health occurs. Therefore, the burden of addressing health inequalities experienced by Gypsy and Traveller people should not sit with people from Gypsy and Traveller communities.

However, given longstanding issues with inclusion of Gypsy and Traveller people within healthcare settings, the Government can and should invest in peer-led asset-based approaches to health engagement in Gypsy and Traveller communities. Examples of these can be found in pages 39-45 of Friends, Families and Travellers Guide to Tackle Health Inequalities in Gypsy, Roma and Traveller communities<sup>45</sup>.

### **8. What could be done to enhance community relations and perceptions of the police?**

Please refer to the consultation response submitted by Dr Zoë James, Associate Professor in Criminology, University of Plymouth, UK.

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<sup>45</sup> [https://www.gypsy-traveller.org/wp-content/uploads/2020/11/SS00-Health-inequalities\\_FINAL.pdf](https://www.gypsy-traveller.org/wp-content/uploads/2020/11/SS00-Health-inequalities_FINAL.pdf)

**9. What do you consider to be the main causes of the disparities in crime between people in different racial and ethnic groups, and why?**

Please refer to the consultation response submitted by Dr Zoë James, Associate Professor in Criminology, University of Plymouth, UK.

**10. Can you suggest other ways in which racial and ethnic disparities in the UK could be addressed? In particular, is there evidence of where specific initiatives or interventions have resulted in positive outcomes? Are there any measures which have been counterproductive and why?**

Racial and ethnic disparities in the UK are caused by unequal and unjust distribution of resources amongst our population. They are deeply embedded within the systems and structures which govern us. To address the inequalities experienced by Gypsy and Traveller people, the Government must:

- Address longstanding inequalities within accommodation and spatial planning. Our research shows that only 8 out of 68 local planning authorities in the South East were meeting their identified need for pitches for the next 5 years<sup>46</sup>. The Ministry of Housing, Communities and Local Government must work with local authorities to address this as a matter of urgency.
- Address the disadvantage and discrimination present within the health and care system. Across Government, policymakers should consider and mitigate against the impact of their policies on people who are nomadic, people with low or no literacy, people experiencing digital exclusion and people experiencing poverty.
- Address inequalities within the education system. This should include the re-introduction of Traveller Education Services across the country, offering well-evidenced catch up education to children and young people who have fallen behind with school as a result of the pandemic and inclusion of Gypsy, Roma and Traveller histories in the curriculum.
- Address high levels of prejudice, hate speech and hate crime against Gypsy, Roma and Traveller people. This should include increases in prosecution for hate speech and hate crime against Gypsy, Roma and Traveller people and stronger rules around inaccurate and prejudicial media reporting on Gypsy, Roma and Traveller people.

Finally, the Government should make good on its 2019 promise of a national strategy to tackle inequalities in Gypsy, Roma and Traveller communities (now overdue). The following principles will be key:

1. Government officials must meaningfully engage with members of Gypsy, Roma and Traveller communities in the development of the strategy.
2. The Government must allocate the resources needed to deliver real change.

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<sup>46</sup> <https://www.gypsy-traveller.org/wp-content/uploads/2020/02/Research-on-the-five-year-supply-of-deliverable-Gypsy-and-Traveller-sites-in-the-South-East-of-England.pdf>



3. The strategy must have high level commitment and clear lines of accountability.
4. The strategy must address the root causes of inequality in Gypsy, Roma and Traveller communities.

## **About us**

Friends, Families and Travellers is a leading national charity that works on behalf of all Gypsies, Roma and Travellers regardless of ethnicity, culture or background.

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