



Key messages for the workforce

- The Gypsy, Roma and Traveller community includes people from a wide range of different groups, with different histories, needs and lifestyles. A word which is a proud part of one person's identity ("Gypsy"), may be offensive to someone else. Taking the time to ask all individuals how they identify is an important first step to building a respectful relationship. Many accessible resources are available to learn the nuances of each group's history, including this community designed video: Roads From The Past Short Film Travellers' Times Online.
- People from the Gypsy, Roma and Traveller community have some of the worst health outcomes in England, including a lower average life expectancy. Supporting people to access the services they need can make a real difference to people's lives.
- However, the prejudice and discrimination experienced by the community has an ongoing impact on interactions with professionals. Working with colleagues who already have trusted relationships with the community can help to create positive interactions going forward.
- Services need to be culturally sensitive, and respect the values many people in the community hold, such as caring for family, independence and religious faith. Services which do not take these into account are unlikely to meet the needs of the community.



Community Facts



Gypsy, Roma and Traveller is an umbrella term including many different communities, with distinct histories and traditions. Asking each individual how they identify is a vital part of a respectful working relationship.

The 2021 Census reported 617 Gypsy or Irish Traveller people living in Staffordshire, and 577 Roma people. This is likely to be an underestimate. The largest Gypsy or Irish Traveller communities live in South Staffordshire, while the largest Roma communities live in East Staffordshire and Tamworth.

Health Facts

Nationally, people in Gypsy, Roma and Traveller communities face huge health inequities, and life expectancy is around 10 vears lower.



Gypsy Roma and Traveller people are more likely to report having a long-term condition and poor general health.



Uptake of immunisation and screening programmes is lower among the community. This has led to outbreaks of vaccine preventable diseases.

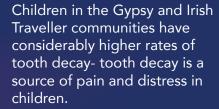


Deaths in babies and pregnant mothers are high in the Gypsy, as are other perinatal health outcomes such as premature birth.



Roma and Traveller community,

Rates of anxiety, depression and suicide are high in the Gypsy, Roma and Traveller community, but support is hard to access.





Smoking rates are very high in the Gypsy, Roma and Traveller community, but evidence regarding alcohol and drug use is mixed.



The Gypsy, Roma and Traveller community experience many barriers to accessing health and social care services. These include:

- Lower rates of literacy making written material difficult
- Concern about culturally inappropriate care
- Difficulties registering and maintaining relationships with clinicians
- Stigma about asking for help for certain conditions, especially mental health
- Fatalistic beliefs about serious disease, including cancer

Who is represented in this report?

The term Gypsy, Roma and Traveller is an umbrella term used by organisations and policy-makers to describe multiple ethnic groups and people with nomadic ways of life. While some members of the community find the term "Gypsy" to be offensive¹, others are proud to identify as Gypsies. Gypsy or Traveller is also included as a distinct ethnicity in the UK Census. The word Gypsy is used throughout this report, with the important caveat that it is not the identity of everyone represented here.

It is vital to recognise members of the community are different, all with their own traditions and cultures, particularly as research has shown that the wider British population largely do not understand these nuances². Different datasets referred to in this report divide the communities in different ways, and the specific groups included will be clearly defined throughout. Where the whole Gypsy, Roma and Traveller community is referred to, this term, or the shorter "Community", will be used. Key differences between the communities are outlined in the table below:

Romany Gypsies



Originally from North India, but in the UK for many generations, with the first record dating to the 16th Century.

Recognised ethnicity protected against discrimination by UK law in the Human Rights Act 1998 and the Equality Act 2010.

Irish Travellers



A distinct Irish population group since at least the 12th Century, with the first UK record dating to the 18th Century.

Recognised ethnicity protected against discrimination by UK law in the Human Rights Act 1998 and the Equality Act 2010.

Roma migrants



Originally from North India, the Roma settled across Europe, with increased migration to the UK in the 20th/21st Centuries.

Recognised ethnicity protected against discrimination by UK law in the Human Rights Act 1998 and the Equality Act 2010.

Travelling Showpeople



People who travel to host shows, fairs and circuses, with the first UK recorded charter dating to the 13th Century.

Defined in law as cultural travellers, as opposed to Ethnic Travellers, so do not have the same legal protections.

New Travellers



People of any background or ethnicity who choose to live a nomadic lifestyle.

Defined in law as cultural travellers, as opposed to Ethnic Travellers, so do not have the same legal protections.

Liveaboard Boaters



As with New Travellers, boaters or Bargees are people of any ethnicity who choose to live on the canals of the UK.

Defined in law as cultural travellers, as opposed to Ethnic Travellers, so do not have the same legal protections.

Figure 1. Communities making up the wider Gypsy, Roma and Traveller community

For the three groups protected by the Equality Act 2010, these titles are ethnicities which are still a part of a person's identity whether they choose to travel or not. Many people in these communities choose to live in housing rather than travel but are still legally defined as a protected member of the community.

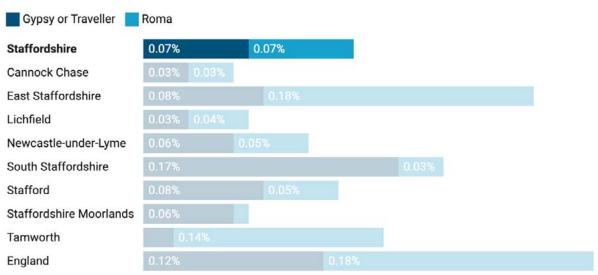
There is a lack of data regarding the Community as clearly identified groups³. Even the census, typically a gold standard source of information, is thought to underestimate the number of people in the community, due to hesitancy to self-identify and incomplete response rates. However, as a key source of information, the 2021 Census results for Staffordshire are presented here, to provide an imperfect picture of the local community.

Our community

In total, 1,194 people identified as Gypsy, Traveller or Roma in Staffordshire in the 2021 Census. This is 0.14% of the total population, considerably lower than the 0.3% of the population seen across England. However, these rates vary across the different district areas, with many more people identifying as Gypsy or Traveller in South Staffordshire and substantially more identifying as Roma in East Staffordshire and Tamworth.

South Staffordshire and Cannock have comparatively higher rates of people identifying as Gypsy or Traveller, while Burton-upon-Trent and Tamworth have a higher population of people identifying as Roma.

Proportion of the population identifying as Gypsy, Traveller or Roma in the 2021 Census



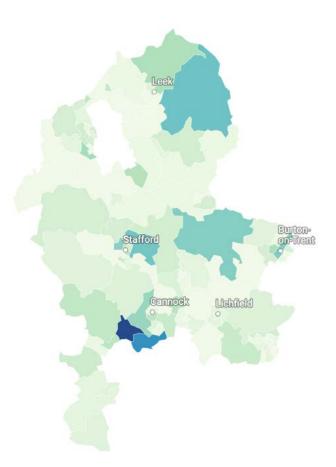
Please note that the Gypsy or Traveller category above includes everyone who identified as "White: Gypsy or Irish Traveller", "White: Other Traveller" or "Other ethnic group: Gypsy/Romany". The Roma category includes those who identified either as "White: Roma" or "Other ethnic group: Roma".

Source: Census 2021 · Get the data · Created with Datawrapper



Proportion of the population identifying as Gypsy, Traveller in the 2021 Census



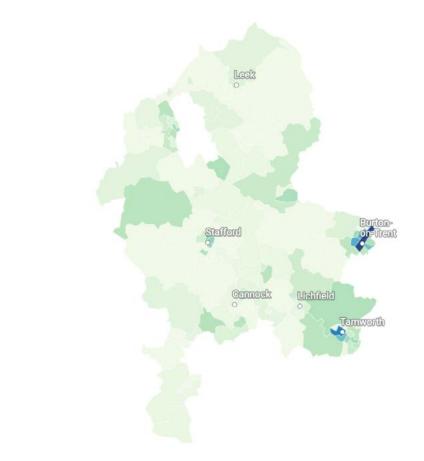


Please note that the Gypsy or Traveller category above includes everyone who identified as "White: Gypsy or Irish Traveller", "White: Other Traveller" or "Other ethnic group: Gypsy/Romany".

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Proportion of the population identifying as Roma in the 2021 Census



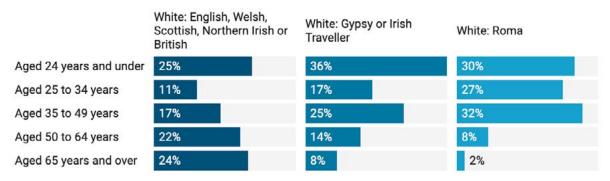


Please note that the Roma category includes those who identified either as "White: Roma" or "Other ethnic group:

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The age profile of the Gypsy or Irish Traveller and Roma communities is very different to that of the White British population. A much greater proportion of the Gypsy, Roma, Traveller community are in the 0-49 age group, with much higher rates of people in the older age groups in the White British population. It is unclear whether these differences reflect genuine differences in the demographics of the Communities, or whether older people in the Gypsy, Roma and Traveller communities were less likely to respond to the Census.

Percentage of people by group across Staffordshire in the 2021 Census, by ethnicity



Please note due to the large number of categories, data for all Staffordshire has been presented. Data for each District is available in the Census

Source: Census 2021 • Get the data • Created with Datawrapper

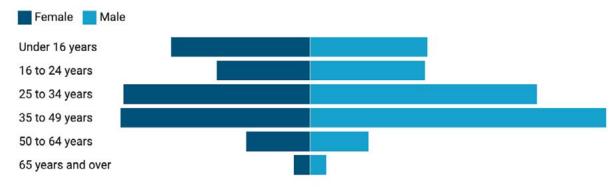
Age breakdown for the "White: Gypsy or Irish Traveller" community across Staffordshire



Source: Census 2021 . Get the data . Created with Datawrapper

Census data reveals interesting differences in age and sex, particularly regarding women, over the life course. In the Gypsy or Irish Traveller data, the number of men and women is relatively similar in the younger and older age groups, but much lower in the 16-34 age group. It is unclear why this is the case. This pattern is not seen to the same degree in the Roma community, but is still a visible pattern. This unexplained pattern highlights the inability of the Census to act as a complete record of the community.

Age breakdown for the "White: Roma" community across Staffordshire



Source: Census 2021 • Get the data • Created with Datawrapper

Health of Children

Numbers of children living locally

The Census reporting of the number of dependent children living across Staffordshire highlights the importance of being aware of the impact of small numbers when working with the Community. Across the whole of Staffordshire, there were 71 Gypsy or Irish Traveller dependent girls and 64 dependent boys, while in the Roma community, there were 58 girls and 5⁴ boys. The geographic distribution seen the maps above is reflected in these numbers, with the largest proportion of Roma children living in East Staffordshire, and the largest communities of Gypsy or Irish Traveller communities living in South Staffordshire and Stafford.



Infant mortality

Though there is no comprehensive published data on this topic, research has shown that the Gypsy, Roma and Traveller community experience numerous poor outcomes with regard to infant health, including higher premature births, lower birth weight, higher rates of prebirth restricted growth and infant mortality, along with higher levels of maternal mortality⁵. A study of Gypsy Traveller women found that 17.6% had experienced the loss of a child, compared with 0.9% matched comparators⁶.

School outcomes

Nationally, Gypsy, Roma and Irish Traveller children have the highest rates of overall absence from school across all ethnic groups, at 17.8% and 22.1%, compared to 7.9% for White British children⁷. The community also have the highest proportion of any ethnic group of children eligible for free school meals (Gypsy/Roma: 47%; Traveller of Irish Heritage: 63%; White British: 20%)⁸. With regard to educational attainment, Gypsy/Roma and Irish Traveller pupils have the lowest levels of children meeting expected standards at ages 4-5 (Gypsy/Roma: 34%; Irish Traveller 39%; White British: 73%) and 10-11 (Gypsy/Roma: 19%; Irish Traveller 26%; White British: 65%). Rates of Grade 5 or higher in GCSE English and Maths are also lower than all other ethnic groups (Gypsy/Roma: 6%; Irish Traveller 14%; White British: 43%).



Health of Adults

Employment and income

Rates of employment are generally similar between the White British and White Roma communities in Staffordshire (over 70% of working age adults), but different in the Gypsy or Irish Traveller community (41%). Larger numbers of the Gypsy or Irish Traveller communities reported being economically inactive due to being long term sick or disabled, or looking after the home or family. Nearly a quarter of respondents were economically inactive for another reason, very different to the two other communities.

Occupation sector varied considerably across the different communities. In line with the economic activity data presented above, considerably more people in the Gypsy or Irish Traveller community responded that this question did not apply. Overall, many more people in the White British population were in manger, professional and associate professional professions, while people in the Roma community were much more likely to work in elementary occupations and process, plant and machine operative roles. This is in line with data showing that a much greater proportion of the Community have no formal qualifications⁹. There is no routinely collected data regarding income across the Community. However, data from the EU FRA Survey: UK 2018 and 2019¹⁰ suggested high levels of financial insecurity among the community, with 57% of respondents stating that their "household cannot afford to pay for unexpected but necessary expense" and 21% that their "household cannot afford to pay for replacement clothes for those worn out". This financial insecurity leads to food insecurity for some members of the community, with 7% stating that they went to bed hungry in the past month at least once because there was not enough money for food.

Racism and hate crime

Members of the Gypsy, Roma and Traveller communities face considerable racism and discrimination, to the point that it has been described as the "last acceptable form of racism" by the Commission for Racial Equality¹¹. In Britain, a 2021¹² survey found a higher proportion of "Gypsy/Traveller" respondents reported being the victim of racist assaults than any other ethnic group, with a particularly high rate of women reporting assaults. The EU FRA Survey found that 43% of "English Romany Gypsies and Irish Travellers" reported experiences of harassment due to their identity, with 7% saying they experienced discrimination while accessing healthcare.



Health of Older People

Health Status

The health status of the Community is generally poorer than the White British population, with a much higher proportion reporting a long-term health condition¹³. One large UK study¹⁴ found that chest pain, respiratory problems such as asthma and bronchitis, and arthritis were more prevalent. The poorest health was seen in people who rarely travelled, experiencing more long-term illness, poorer overall health and higher anxiety. A separate study found that the average health status of someone aged 60 in the community was comparable to the health of an 80-year-old in the White British population¹⁵. As people get older, poverty may become an increasing issue, as physical work becomes difficult¹⁶.

Life expectancy

Differences in life expectancy for the Community are stark, with men living on average 10 years less than the non-Traveller population and women 12 years less than the non-Traveller population¹⁷. There are a number of underlying causes, including late or undiagnosed cancers, uncontrolled long-term conditions such as diabetes or cardiovascular disease and higher rates of premature death caused by factors such as increased maternal or infant mortality, increased rates of suicide and higher rates of traumatic accidents¹⁸.

End of life

Research with the Community has found that distinct beliefs about death and disease mean that community members have specific needs with regard to end of life care¹⁹. The desire to die at home and be cared for by family is very strong within the Community, with relatives having a very strong duty of care. Feelings of shame and stigma arose from seeking support from people outside the home. Individual communities have a distinct health beliefs and rituals related to death that mean accessing hospice and end of life care can be difficult. After experiencing bereavement, members of the community are less likely to speak about their grief or to access support²⁰.



Infectious disease and screening

Screening

Screening is a vital component of health protection in England, with four statutory screening programmes (AAA, breast cancer, bowel cancer and cervical cancer). NHS England data does not include the community as a separate ethnic category within their data, so it is not possible to access screening rates locally or nationally. However, one audit of cervical screening rates in 2020 found significantly reduced access among the Roma Slovak community²¹. This may be partly due to strong cultural taboos around cancer in the community, with some community members believing that saying the word cancer can bring bad luck²², and fatalistic beliefs about disease²³.

Vaccination

As with screening, vaccination data is not available for the community, though more research has been conducted in this area. A 2017 study²⁴ reported increased positivity and acceptance of routine childhood vaccinations in current parents compared to the older generation, but that a number of practical barriers sometimes prevented uptake. These include language, literacy, discrimination, poor school attendance, poverty and housing, with continuity of care and trusted relationships with healthcare providers being identified as enablers.

Infectious disease

A recent systematic review of European literature found higher rates of influenza, acute bronchitis, intestinal infections, otitis media, pneumonia, and viral diseases among the Roma community²⁵. There are a variety of underlying causes for this, but research conducted during the Covid-19 pandemic highlighted lack of access to water and washbasins and cramped living conditions as areas of vulnerability for the community²⁶. Lower vaccination rates have been linked to multiple outbreaks of measles in the UK²⁷ prior to the large scale 2024 outbreak in England.



Health and lifestyles

Smoking and Alcohol

National level data suggests that smoking rates (2022/23) are significantly higher in both the White Gypsy or Irish Traveller (45%) and White Roma (42%) communities compared to the White British community (13%). There is very little routine data available on alcohol and drug consumption across the Community and the research picture is mixed. With regard to alcohol, studies suggest that daily or habitual alcohol use is lower in the Community than the wider population²⁸, but that problem drinking something which causes concern²⁹. A higher proportion of people entering prison from the Community reported an alcohol or drug problem compared to the wider population³⁰ suggesting problematic use among some Community members.

Diet

The diet and activity surveys used to monitor obesity rates across England do not include separate data for the Community, and there is very little research regarding diet and obesity. However, one systematic review suggested diets may be higher in fat and cholesterol and lower in key nutrients, leading to higher rates of obesity , while other smaller studies have highlighted lower rates of fruit and vegetable consumption and higher consumption of fast food³².

Mental health

GP data for England suggests that the White Gypsy or Irish Travellers population have much higher rates of mental health conditions than the overall population (29% compared to 14%) whereas the White Roma population have lower rates (6.6%)³³. Women in the Community report particularly high rates of anxiety and depression³⁴, and have increased risk factors such as very high rates of domestic abuse³⁵. Suicide rates are considerably higher in the Traveller community in Ireland³⁶. There is high degree of stigma and fear with regard to mental ill health across the Community, which may lead to an unwillingness to seek help, both from medical professionals and family and friends³⁷.



Health and lifestyles

Mental health (Continued)

There is also evidence that parents fear that they will lose access to their children if they are in treatment for mental health conditions³⁸. As well as these psychological barriers to seeking support there are a number of additional practical barriers to mental health treatment for travelling communities, such as GP registration and digital exclusion³⁹.

Use of healthcare services

There are numerous barriers equal access of health and social care services, and this has a profound impact on Community health and wellbeing⁴⁰. Friends, Families and Travellers identified eight factors contributing to poor health outcomes across the community, including exclusion from health and wider services, discrimination, lack of identifiers in health datasets and lack of understanding of Community specific health issues⁴¹. Other barriers which have been identified elsewhere include a tendency to only seek healthcare when very ill, resulting in poor outcomes and greater use of A&E⁴². Another is a fear that taking children to the doctor, or seeking healthcare for certain conditions, such as mental health, will lead to children being taken into care⁴³. Finally, Community taboos can make it particularly difficult to access some services, for example sexual healthcare⁴⁴.



Supporting the community

A number of enablers to increase uptake of screening and immunisation offers have been identified in the literature⁴⁵. These include: building up positive, continuous relationships between patients and healthcare providers, face-to-face engagement, cultural competency training, identifying a named member of staff to work with the local community, flexible appointment systems, verbal or simple written information about the service and its purpose, and dedicated community clinics for people who cannot attend the surgery due to transport availability or location. NHS England has developed a Framework to support the health of people in inclusion groups, which includes the Gypsy, Roma and Traveller community. Shown above, it highlights the need to commit to action, understand the characteristics of the community and deliver accessible services.



Figure 2. Principles for action on inclusion health, from https://www.england.nhs.uk/long-read/a-national-framework-for-nhs-action-on-inclusion-health/



Local resources

South Staffordshire Council Gypsy and Traveller Accommodation Assessment. Final Report August 2021: https://www.sstaffs.gov.uk/sites/default/files/2024-02/council-_gtaa_2021_final_report_-_new_acre_stables.pdf

South Staffordshire Council Local Plan Review. Publication Plan Gypsy and Traveller Topic Paper. April 2024: gypsy_and_traveller_topic_paper_2024_no_app_c.pdf (sstaffs.gov.uk)

Cannock Chase Council Gypsy and Traveller Accommodation Assessment. Final Report March 2019: gttaa_1.pdf (cannockchasedc.gov.uk)

Lichfield District Council, North Warwickshire Borough Council and Tamworth Borough Council Gypsy and Traveller Accommodation Assessment (GTAA). Final Report November 2019:

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Gypsy and Traveller and Travelling Showperson Accommodation Assessment 2022. Stafford Borough Council. Final Report March 2022: Gypsy and Traveller and Travelling Showperson Accommodation Assessment 2022 (staffordbc.gov.uk)

Staffordshire Connects Gypsy Roma Traveller Service: Staffordshire Connects | Gypsy Roma Traveller Service

Tamworth Borough Council Traveller and Gypsy Sites: Traveller and Gypsy sites | Tamworth Borough Council

Derbyshire, Peak District National Park Authority and East Staffordshire Gypsy and Traveller Accommodation Assessment 2014. Final Report June 2015. Northamptonshire GTAA (chesterfield.gov.uk)

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