Kirklees Gypsy and Traveller Health Needs Assessment
2022

Acknowledgements

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OVERVIEW

Introduction from the Director of Public Health

As Director of Public Health for Kirklees Council, I am delighted to be able to present this vitally important Health Needs Assessment for Gypsies and Travellers who live in, or travel through Kirklees. I am confident that this Health Needs Assessment will be the start of an improved understanding and relationship between ourselves and Gypsies and Travellers.

Inclusion is a fundamental value for Kirklees Council. This means that we are committed to:

- Equal access to opportunities and resources for all people
- Removing barriers, discrimination and prejudice and
- Promoting a culture of inclusion and diversity

We are also committed to reducing inequalities. Evidence tells us that the Gypsy and Traveller population continues to experience a number of stark inequalities compared to the general population.

During the Covid pandemic, a major part of our work was focused on enabling vulnerable groups and communities to access the Covid vaccine. During this period, we realised that there was much more that both the Local Authority and our partners needed to do in order to enable Gypsies and Travellers to feel understood and listened to in Kirklees. For this reason, we created a partnership with our colleagues from Leeds GATE. Leeds GATE is a vibrant grassroots organisation led by Gypsy and Traveller people and they have worked in partnership with Public Health to produce this Health Needs Assessment.

This Health Needs Assessment includes recommendations and actions which can be carried out at a local level in order to improve our relationship and understanding of Gypsies and Travellers, reduce the inequalities which are experienced and ultimately improve the health and wellbeing of our Gypsy and Traveller communities.   My challenge to you is that you spend some time considering what you, and your organisation can do differently in order to achieve these aims.

Finally, I would like to thank Leeds GATE and its members for their fantastic support with this piece of work. At the heart of this piece of work are the voices of Gypsies and Travellers themselves; it is vitally important that we view any actions and next steps through this lens.

Introduction from Leeds GATE

Leeds GATE is a grass-roots members organisation for Gypsies and Travellers in West Yorkshire, established almost 20 years ago. A small organisation with a big heart and a big challenge, they work to improve quality of life for their communities who face some of the worst outcomes. From their bustling community hub in Cross Green they offer a range of services, support and activities to their 800+ members to improve accommodation, health, education and social inclusion. This includes advocacy and mental health support, community led support groups, volunteering,

activities and groups for children and young people and a care of post service for 170 homeless families. They are committed to our value of helping people to help themselves and work with communities to take positive action on the things that affect their lives.

At the time of writing Leeds GATE were able to provide the following services in Kirklees:

- One-to-one mental health and suicide prevention support.
- Support for those experiencing domestic abuse.
- Care of Post service.
- Support for strategic planning including the Health Needs Assessment, and partnership development.
- Training

Executive Summary
Background

 The term 'Gypsies and Travellers' does not constitute a single, homogenous group, but encompasses a range of groups with different histories, cultures and beliefs. These include: Romany Gypsies, Welsh Gypsies, Scottish Gypsy Travellers and Irish Travellers. There are also Traveller groups which are generally regarded as 'cultural' rather than 'ethnic' Travellers. These include 'New' (Age) Travellers and occupational travellers, such as showmen and waterway travellers. This Health Needs Assessment focusses solely on ethnic Gypsy and Traveller groups.

It is estimated nationally that approximately 25% of Gypsy and Traveller communities are nomadic, with the vast majority living in 'bricks and mortar' accommodation. It is important to recognise that Gypsy and Traveller status is recognised as an ethnicity and is not dependent on their travelling status.

Gypsies and Travellers face stark inequalities across health and its wider determinants, irrespective whether they travel or are permanently settled. It is recognised that Gypsy and Traveller community suffers the poorest health outcomes and lowest life expectancy of any ethnic group in the UK.

Prior to this Health Needs Assessment, our local knowledge around this community was limited. This is also the case nationally, with recognised gaps in data, intelligence and research evidence. A previous baseline Census for Kirklees[5,6], estimated that there are 145 Gypsies and Travellers living in the authority; however, this is likely an underestimate due to data limitations and ingrained mistrust.

There are overarching local authority legal duties for Gypsies and Travellers under both the Equality and Health and Social Care Acts. This is alongside renewed national and local priorities to tackle inequalities. The Planning Policy for Traveller Sites states that

'Local planning authorities should, in producing their Local Plan: identify and update annually, a supply of specific deliverable sites sufficient to provide 5 years' worth of sites against their locally set targets'[1]

Currently there are no established sites, authorised encampments or negotiated stopping places in Kirklees. Also, more broadly, there is no established health or outreach offer for the community.

Action is needed to tackle the inequalities faced by the community. This needs to be informed by an understanding of their needs and through the fostering of relationships. This Health Needs Assessment aims to begin this process and was undertaken in partnership with Leeds GATE.

Key Findings of the Health Needs Assessment
The most significant health needs that were identified in the assessment were around child, maternal and mental health. For instance, it has been reported that one in five mothers experience the loss of a child [2] (compared with one in a hundred in the general population) and that suicide rates in the community are six times higher in women and seven times higher in men[23].

The most significant wider needs that were identified are:
- Access to healthcare services.
- Poor living conditions and inadequate accommodation provision.
- A lack of community cohesion and isolation
- Crime.
- Racism and discrimination.
- A lack of cultural awareness.
- Poor educational attainment (ethnic group with the worst educational attainment and high illiteracy rates).
- Low income and deprivation.

The identified needs were prioritised by a selected group of stakeholders as follows:
1. Mental health.
2. Inequity in access to healthcare services.
3. Poor living conditions.
4. Maternal Health

There were a number of barriers identified in addressing the needs of Gypsies and Travellers to improve their health and wellbeing:
- The 'cross-cutting themes' as above.
- A lack of knowledge (from wider communities, professionals and organisations).
- A lack of support.
- A lack of relationships and trust.
- Practical difficulties with the nomadic lifestyles of some Gypsies and Travellers.

There were concerns generally from the participants interviewed as part of the Health Needs Assessment around limited community assets and good practice examples in Kirklees.

Recommendations

Seventeen recommendations were developed for partners as informed by the findings of the Health Needs Assessment priority areas. They have been collated according to responsibility area.

Through the implementation of these recommendations, it is hoped that we will improve the health and lives of Gypsies and Travellers in Kirklees.

All Partners

1) Build relationships with Gypsies and Travellers to ensure that we hear their voices, learn from their lived experience, and build relationships with them.

2) Ensure that partners take a proactive approach in the identification of the Gypsy and Traveller community in Kirklees.
   - Key aspects to this will be:
     - Continuing to work in partnership with Leeds GATE, using a grassroots approach and existing resources to identify settled and nomadic members of the community.
     - Ensuring that partners across the system include Gypsies and Travellers in their demographic data collection.
     - Ensuring that partners across the system creates an environment that supports Gypsies and Travellers to disclose their ethnicity when collecting demographic data.

3) Develop cultural awareness of Gypsies and Travellers across Kirklees and with the general public by enabling access to training, supporting and proactively celebrating Gypsy and Traveller culture

4) Partners to support Gypsies and Travellers in Kirklees by upskilling through training, sharing knowledge and creating spaces to share good practice.
   - Options include:
     - Training sessions delivered by Leeds GATE particularly for front-facing colleagues, councillors and service areas that emerged as priorities through the HNA (education, housing, healthcare, mental health).
     - Creating communities of practice or working groups to share knowledge and good practice amongst partners.
     - Continuing to feed into regional networks for Gypsies and Travellers.

5) Strengthen local data intelligence around Gypsies and Travellers to enable ongoing assessment and monitoring
   - Options include:
     - All partners across Kirklees to include Gypsies and Travellers in their demographic collection and recording.
     - Collecting data from the community as part of local surveys such as the CLIK and Children and Young People's surveys.
     - Proactively working with and listening to Gypsies and Travellers in order to gain further lived experience insights.

All Partners ctd…

6) Tackle bullying, discrimination, and racism towards (and by) Gypsies and Travellers.
   - Options include:
     - Developing cultural awareness (as per recommendation 3).
     - Ensuring appropriate challenge of these issues amongst internal and external partners.
     - Reviewing systems of reporting for these issues amongst internal and external partners.
     - Training of key partners across the breadth of the system (as per recommendation 4).

7) Ensure equity of access to services across the breadth of the system for Gypsies and Travellers by making reasonable adjustments.
   Key areas of focus should be:
     - Education services both for children and adults.
     - Healthcare services.
     - Housing services.
     - Financial services and Local Welfare Provision.
   Key aspects to consider will be:
     - Ensuring that Gypsies and Travellers can register with services even if they do not have a fixed address.
     - Supporting Gypsies and Travellers to access services in view of the barriers that they face.
     - Services working flexibly with Gypsies and Travellers in order to meet their needs, especially if they are nomadic.
     - Reviewing standard practices and adjusting these to meet the needs of Gypsies and Travellers.
   Options include:
     - Offering accessible information around sources of support for the community.
     - Offering a liaison colleague(s) within organisations and services to act as a point of contact for Gypsies and Travellers.
     - Dedicated services for the community or dedicated members of staff within existing services.

Local Authority

1) Work with internal and external partners to ensure a commitment to addressing the needs of Gypsies and Travellers and reduce related inequalities.
   Key aspects to this will be:
   - Working with partners across the breadth of the system, recognising the multifaceted needs of the community both nomadic and bricks and mortar.
   - Working with front-facing partners who will have direct access with the community.
   - Working with councillors to develop their understanding around the needs of the community and enabling them to effectively support Gypsies and Travellers.
   - Continuing our relationship with the regional group around this agenda made up of five West Yorkshire places and Leeds GATE.
   - Working with the regional group to produce recommendations for the West Yorkshire Integrated Care System.
   - Developing our relationship with the West Yorkshire Integrated Care System and linking in with their work around Gypsies and Travellers.
   - Developing relationships between place-based organisations and community anchors.

2) Ensure adequate provision of good quality accommodation for both settled and nomadic Gypsies and Travellers to address the health inequalities experienced by this community.
   Key aspects to this will be:
   - Working with colleagues across the council to explore options and feasibility around negotiated stopping, authorised encampments and delivering a permanent site on identified land in Kirklees; following best practice examples to guide.
   - Working with housing colleagues to ensure 'healthy homes' across different tenures.
   - Ensuring that nomadic Gypsies and Travellers have access to basic amenities such as clean water and sanitation.

3) Ensure that the needs of Gypsies and Travellers are reflected in the council's priorities and strategies and that these priorities and strategies are operationally aligned.
   Key priorities and strategies will be:
   - The three 'top tier' council strategies (Kirklees Health and Wellbeing Strategy, Economic Strategy, Inclusion and Diversity Strategy).
   - Suicide Prevention Plans.
   - Kirklees Joint Strategic Assessment.
   A key aspect to this will be ensuring that Gypsies and Travellers are considered as a target group for interventions and supports that are commissioned by the council.

4) Support the community to access financial support and ensure that Gypsies and Travellers are included in council strategies and policies to address the underlying causes of poverty.
   - Key aspects and options to consider are common to recommendations 7 and 10.

Local Authority ctd…

5) Review current practice around the statutory welfare check that is conducted by the local authority for all Gypsy and Traveller encampments and develop this to ensure that the holistic needs of Gypsies and Travellers are identified through this check

    Key aspects to this will be:

- Recognising the challenges of carrying out eviction proceedings alongside the welfare check.
- Options here could be: Other professionals or organisations supporting enforcement teams with the welfare check.

6) Ensure that communications by the council are inclusive of Gypsies and Travellers.

    Key aspects to this will be:

- Training of communication colleagues to strengthen their awareness around culture and needs (as per recommendations 3 and 4).
- Ensuring that communications are accessible for the community, both in terms of language and literacy level.
- Promoting positive media messaging around the community.
- Reviewing out-facing council communications, including on the council's website.

7) Support Gypsies and Travellers across the life course to develop their knowledge, skills and aspirations.

    Key aspects to this will be:

- Working with our education colleagues to support children in going to school by addressing the barriers that preclude their participation.
- Working with our education colleagues to support adults in developing basic literacy, numeracy and life skills.
- Empowering the community to support themselves.

    An option here could be:

- Developing an offer around a specific education colleague in the council responsible for supporting the educational needs of Gypsies and Travellers.

Health Sector

1) Ensure equity of access to healthcare services for Gypsies and Travellers by making reasonable adjustments.
   - Key areas to prioritise will be:
     - Children's and maternity services.
     - Vaccination services.
     - Mental health services.
   - The key aspects to consider will mirror those for services across the breadth of the system (see recommendation 7).
   - Options here could be:
     - Offering community outreach services.
     - Offering informal advice to Gypsies and Travellers around supporting their health needs.
     - Offering 'drop-in' services.
     - Developing an offer around a health visitor for the community.
     - Developing an offer around specialist healthcare services for the community or dedicated members of staff within existing healthcare services.
     - Offer continuity of care by using the same health professional
     - Providing information around sources of support and services via advertising, social media and word of mouth and offering this to members who arrive to an area temporarily.

2) Prioritise the mental health of Gypsies and Travellers recognising the significant inequalities that exist and the stigma around mental health within the community.
   - Options here could be:
     - Building on existing suicide prevention work undertaken with the community.
     - Targeted training around the needs of Gypsies and Travellers with mental health providers.
     - Targeted communications by mental health providers towards the community to stimulate engagement.

Third Sector 12

1) Work with partners to strengthen community participation both within the Gypsy and Traveller community itself and also with the general public.
   - Key aspects to this will be:
     - Creating opportunities where members of the community can meet safely to talk and connect with each other.
     - Widening access to community spaces.
     - Supporting community anchors to respond quickly to families when they move into an area.

Aims and Objectives of this Health Needs Assessment

Aims:

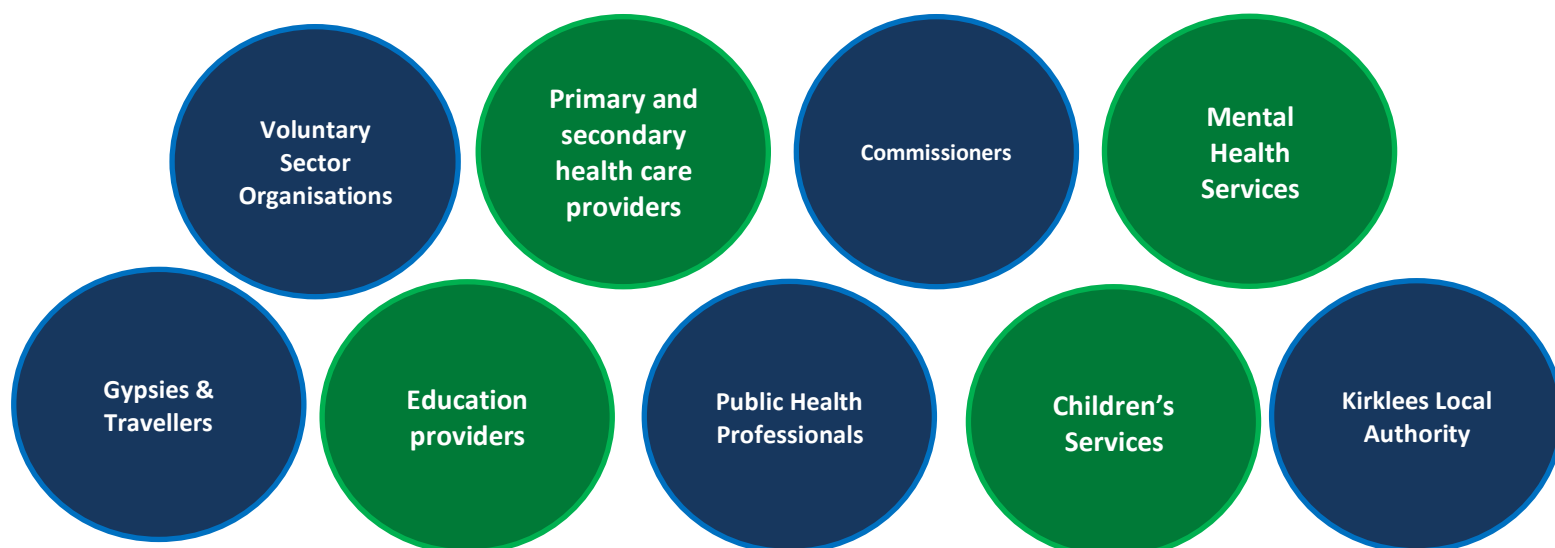|		
To identify the health and wellbeing needs of Gypsies and Travellers living in or travelling through Kirklees	To improve the health and wellbeing of Gypsies and Travellers living in or travelling through Kirklees and reduce inequalities by developing recommendations	To work with the Gypsy and Traveller community and other stakeholders, creating spaces to foster relationships and build trust

Objectives

- To recruit Gypsy and Traveller participants using snowball sampling methods and initiate access with the community through partnership working with Leeds GATE.
- To work with and support engaging with stakeholders throughout the Health Needs Assessment process.
- To explore the views of the Gypsy and Traveller communities and wider stakeholders in working groups and individual interviews to better understand health needs and priorities.
- To analyse data from individual interviews and working groups using thematic analysis.
- To identify health priorities from highlighted themes with a focus group of key wider stakeholders.
- To develop a set of recommendations using the findings from the HNA to inform future action planning steps.
- To disseminate the findings of the HNA and subsequent recommendations amongst our wider stakeholders.
- To use the HNA to instigate local change and reduce inequalities.

Who is this health needs assessment for?

This health needs assessment was developed to support all professionals working in health and social care, planning, education, or any service or organisations who works in Kirklees and may work with members of the Gypsy and Traveller community.

Voluntary Sector Organisations

Primary and secondary health care providers

Commissioners

Mental Health Services

Gypsies & Travellers

Education providers

Public Health Professionals

Children's Services

Kirklees Local Authority

BACKGROUND AND INTRODUCTION TO GYPSY AND TRAVELLER COMMUNITIES IN KIRKLEES

Table 1: Overview of Background of Gypsy, Traveller and Roma Communities

	Included in this Health Needs Assessment.			Not included in this Health needs assessment
	Romany Gypsies	**Irish Travellers**		**Migrant Roma**
Ethnicity	Historically originating in northern India.	Originated in Ireland as separate ethnic groups from the general Irish population.		Historically originated in northern India and settled in eastern Europe (Romania, Slovakia, Czech Republic and Poland) before migrating to the UK more recently.
Arrival to UK	Before the 16th Century.	Recorded from the 18th Century.		Small numbers since 1945 with a number of Roma seeking asylum in the 1990s and early 2000s due to increase in racially motivated violence against Roma. A growth in population following EU expansion in 2004 and 2007.
Language	English and many speak a Romani dialect to varying levels of fluency	English and some speak Gaelic/Irish. Many Irish Travellers also speak Gaelic derived Gammon or Cant.		The majority of Roma speak their European origin country's language(s). Many Roma also speak a Romani dialect, as well as English to varying levels of fluency
Accommodation	Around 75% of Romany people live in housing, and 25% live on Traveller sites, in caravans or chalets, or roadside.	Around 75% live in housing and 25% on Traveller sites in caravans or chalets. Of these, a small proportion live roadside or in public spaces.		The vast majority of Roma people live in housing, although there are disproportionate levels of homelessness and overcrowding.

Table adapted from: https://www.gypsy-traveller.org/wp-content/uploads/2022/09/Suicide-Inequalities-agencies-report.pdf

For the purposes of this Gypsy and Traveller Health needs assessment 'Gypsy and Traveller Communities' refers to ethnic Romany Gypsies and Irish Travellers.

Gypsy and Traveller Population data

Romany Gypsies and Irish Travellers are recognised as ethnic groups and protected under the Equality Act [4]. Despite this, historically and present day these groups have faced racism and discrimination. Sustained systemic discrimination has bred a lack of trust, especially in the state and in professionals, which is a recognised barrier to undertaking public health work with this population [2,3,5].

There is a recognised gap in data sources both nationally and locally for Gypsies and Travellers given a lack of data collection [3]. Estimates from the Census suggest that there are 158 people identifying as Gypsies and Travellers in Kirklees (0.04% of Kirklees' population) [5]. This estimate is much lower than national prevalence figures of 0.1%; which represents 58,000 people. Both these local and national figures are recognised as likely underestimates [14]. This is in part due to the mistrust within the community and the resulting reluctance to self-identify but also due to the issues with data collection and intelligence [2,14]. For example, the NHS data dictionary has failed to include Gypsy and Traveller ethnic groups, resulting in a data collection gap.

Baseline Census data suggests one fifth of Gypsies and Travellers within Kirklees are aged 65 and over and just under half are under 20[5,6]. Despite the limitations in both data and evidence, from the evidence that is available, Gypsies and Travellers suffer from stark inequalities across health and the majority of health determinants.

Gypsies and Travellers have the poorest health outcomes of any ethnic group nationally [1]

Clearly, action is needed to reduce these inequalities. The inequalities agenda is a renewed national and local priority enshrined in policy [14,15] and bound under the Health and Social Care Act [16]. Currently, there is no formally established health or outreach offer for Gypsies and Travellers in Kirklees. Given the data and evidence gaps, an understanding of the needs of this population is required in order to undertake policy and commissioning decisions. We have little knowledge or insight into Gypsy and Traveller communities in Kirklees in terms of who they are, where they live or what their needs are. Through the process of this Health Needs Assessment, we will work with the Gypsy and Traveller community to develop this understanding and also to address the trust barriers and foster relationships.

Local Authority Responsibilities
Local authorities like Kirklees Council have responsibilities towards Gypsies and Travellers, some of which are underpinned by legislation spanning across the wider determinants of health.

Overall LA responsibilities:
- Public Sector Equality duty under the Equality Act to ensure equality for Gypsies and Travellers.
- Duty to reduce inequalities under the Health and Social Care Act.
- Duty to reduce inequalities as part of the Public Health Outcomes framework.
- Statutory guidance for the KJSA (Kirklees Joint Strategic Assessment) to address Gypsies and Travellers.

Specific LA responsibilities:
- Educational teams need to contact Children Missing Education and check those receiving Elective Home Education annually.
- Accommodation and planning teams should ensure a five-year supply of accommodation as specified under 'Planning Policy for Traveller Sites'.

Links to work within Kirklees Council

- Our Council Plan 2021- 2023 highlights a commitment to a vision of reduced inequalities and better lives for Kirklees residents and in underpinned by the values of inclusion and kindness. https://www.kirklees.gov.uk/delivering-services/council-plan.aspx

- Kirklees Shared Outcomes: particularly outcomes relating to place-based working, safe and cohesive communities and improving health and wellbeing. https://www.kirklees.gov.uk/delivering-services/council-plan.aspx

- Inclusion and Diversity Strategy: The strategy promotes fairness and the tackling of inequalities by: prioritising inclusion first, developing both culturally confident colleagues and also 'inclusion allies'. https://www.kirklees.gov.uk/delivering-services/inclusion-and-diversity-strategy.aspx

- Kirklees Inclusive Economy Strategy: This vision of an inclusive economy is particularly important for Gypsies and Travellers as they experience low rates of economic activity and low incomes. https://www.kirklees.gov.uk/delivering-services/pdf/economic-strategy.pdf

- Kirklees Joint Health and Wellbeing Strategy: The KWHS vision of 'people who live, work or study in Kirklees living their best lives with good health and wellbeing, free from inequality, stigma, discrimination and barriers, so they can do and enjoy the things that matter to them'; again underlies local authority duties under the Equality Act and Health and Social Care Act. Further emphasised through the KHWS is a 'working with' approach and this is reflected throughout the approach with this HNA. https://www.kirklees.gov.uk/beta/delivering-services/health-and-wellbeing-strategy.aspx. National guidance makes specific reference that Health and Wellbeing Boards should consider groups that might be excluded from engagement, including

inclusion health groups, of which Gypsies and Travellers are part of. https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance/health-and-wellbeing-boards-guidance

- Inclusive Communities Framework: provides an approach to working with communities for these strategies, supporting activity in all areas to contribute to more inclusive communities and a sense of belonging

- Kirklees Local Plan: Allocates land for Gypsies, Travellers and Travelling Showpeople. www.kirkles.gov.uk/localplan

HEALTH NEEDS ASSESSMENT

Methodology
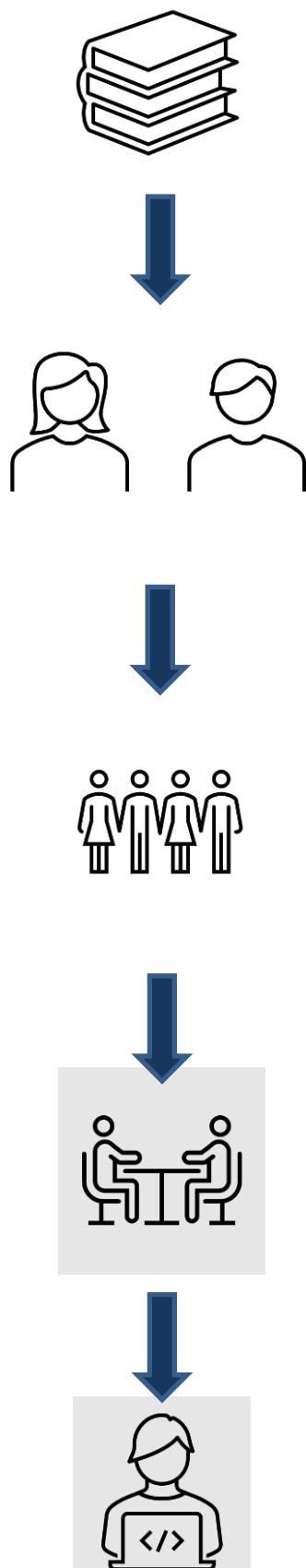
Literature Review

Participant Recruitment
- Facilitated via Leeds GATE
- Existing participants recruited further participants (snowball sampling)
- 6 Gypsy and Travellers recruited

*This sampling method is not generally representative of Gypsy and Travellers; however random sampling would not have provided sufficient numbers for meaningful conclusions.

Stakeholder identification
- Key internal and external stakeholders were identified by project team who represented the breadth of the public health system
- Training sessions offered by Leeds GATE to support internal stakeholders with their understanding of the needs of Gypsy and Traveller populations

Data Collection
- One to one community interviews conducted face to face by Leeds GATE
- Co-produced questions
- Virtual stakeholder sessions including members with lived experience

Data Analysis
- Thematic analysis of anonymised interviews
- Stakeholder working group to identify health priorities

Characteristics of participants

4 females aged between 23-42 and living in bricks and mortar housing
1 male aged 28
1 individual who chose to withhold their personal details

Stakeholder Views regarding their role in supporting Gypsies and Travellers

When these stakeholders were questioned around their role in supporting Gypsies and Travellers in Kirklees, the following roles were recognised:
- Ensuring the identification and recognition of Gypsies and Travellers.
- Ensuring the inclusion and embedding of Gypsies and Travellers in Kirklees Council's strategies and policies.
- Awareness raising of health issues and inequalities faced by Gypsies and Travellers.
- Ensuring compliance with equality duties, including equity of access to services.
- Building Gypsies and Travellers into 'Impact Assessment' guidance.
- Discussing and planning the delivery of a local site as part of the council's 'Local Plan'.
- Conducting the enforcement process and welfare check for Gypsies and Travellers who stop in Kirklees.

Nationally, life expectancy of Gypsies and Travellers is at least 10 to 12 years lower compared with the general population[2,14]

Mental and Physical Health

In Gypsy and Traveller Communities suicide rates are six times higher in women and seven times higher in men than the general population [23]

The largest national health survey of Gypsies and Travellers (n=293) to date, showed that Gypsies and Travellers compared to the general population:

- Experienced significantly poorer health at all stages of life
- Had more self-reported ill-health
- Were more likely to have a long-term illness

Community Views
Locally, community members highlighted different types of mental health issues affecting the community including substance misuse; low self-esteem; mood disorders such as depression and bipolar; schizophrenia; eating disorders; self-harm and suicide.
Another member suggested that physical health and financial problems were contributing factors to poorer mental health in the community.

'There's a lot of mental health problems that people don't want to talk about because of pride.'
- Interviewee

There were differing views around the physical health issues affecting the community. This was aside from the theme of 'accidents' which emerged. Two community members recounted their experiences of road traffic accidents leading to premature deaths. These same members also highlighted that 'feud(s)' and physical fights could also affect people's physical health due to injuries.

Individual community members then highlighted the following physical health issues that they considered significant for the community. One member interpreted this question generally and said that Gypsies and Travellers suffered health inequalities and 'died younger because of poor health'. Another member highlighted specific issues with maternal and child health and shared her personal experience of miscarriages.

'I hadn't told many people I was pregnant. It isn't spoken about, but I had lost babies and I was scared. Like I had four miscarriages late on. I kept thinking I will tell people at a certain date, but I kept pushing it back and back. When I got to 34 weeks I had still only told like four people'

The issue of poor nutrition in families was raised by a third member:

'We tend to eat the same foods over and over and maybe don't get all the vitamins and nutrients we need'.

The final member felt that the community might:
'Have things undiagnosed due to not engaging with health services'
This suggests that we might not know the extent and nature of physical health issues affecting Gypsies and Travellers.

One in five Gypsy and Traveller Mothers experience the loss of a child compared with one in a hundred in the general population [1,2]

Wider Stakeholder views

Stakeholder views relating to health needs focused on mental health (particularly suicide), women's health (particularly maternity care) and child health.
One stakeholder with direct contact with communities commented

'The majority would say that they've struggled with depression and anxiety'.

When discussing physical health issues one stakeholder remarked that: *'infant death, infant mortality (and) childhood accidents'* were amongst the most significant affecting the community. However, another stakeholder (direct contact with the community) prioritised women's health alone saying that: *'the biggest amount of issues (they) are told about are pregnancies'*.

Other physical health issues that some of the stakeholders raised were around overall life expectancy, cardiovascular problems, diabetes and health checks. Interestingly, one stakeholder who has direct contact with the community, observed that they didn't *'seem to have (many) physical issues…reported (to them).'*

'You're not treated like a human'
-Interviewee

Inequalities across the Wider Determinants of Health and Related Health Needs

Gypsy, Roma and Traveller communities experience chronic exclusion across the wider social determinants, with many people facing multiple inequalities including deprivation, difficulty accessing adequate accommodation, inequalities in education, and barriers to employment.

Both national and local perspectives will be included in reviewing the wider determinants of health under the following headings:

- Healthcare.
- Education and employment.
- Housing and Accommodation.
- General socio-economic, cultural and environmental conditions
- Social and community networks.

Healthcare

Gypsies and Travellers use healthcare services comparatively less compared with the general population and often present acutely [25]. Both systemic discrimination and resulting mistrust are recognised barriers to accessing healthcare [1,23–26]

A systematic review (included 49 national studies) identified other key barriers in access, in addition to discrimination, including:

- Health systems' bureaucratic processes.
- Cultural misunderstanding.
- Language barriers.
- Low levels of health literacy.
- Affordability [29].

Other studies [3,30] have identified similar barriers but additionally:

- The reluctance of GPs to register Travellers or visit sites.
- Practical problems of access whilst travelling.
- Mistrust.

Community members highlighted inequity in access to healthcare services as a key determinant of poor health and wellbeing for the community. Much of this inequity centred around the following themes:

- Time, more specifically: long waiting times, appointments that were not long enough and a lack of appointments
- A lack of continuity of care
- A lack of support
- Issues with registration or signing up to services
- Institutional discrimination.
- Limited availability of mental health sessions

Community members also argued that there were problems with the continuity of healthcare, such as '*doctors don't know you*', and that this served as a barrier in the community building relationships and trust with healthcare professionals. There were also issues highlighted in registering or signing up to healthcare services and difficulties were given particularly around registering with primary care. More broadly, members said that that they weren't aware or '(*did not) know where to get help*' and did not have support to access services. Instead, they said that they had to rely on '*word of mouth*' and signposting from one organisation in Kirklees. Furthermore, there were the following examples given of both overt and institutional discrimination within healthcare services:

'*I feel I am having to push and push to get what everyone else gets… I feel our community is always pushed out and always last to get any help*'.

'*I think that once they know you are a Gypsy or Traveller they treat you differently*'.

'*In Kirklees, nothing is set up specific for Gypsies and Travellers*'.

Individual members also highlighted other issues relating to healthcare services. One member highlighted that some services digitally exclude Gypsies and Travellers if they require the use of the internet to gain access:

'*If they have to use the internet to book appointments or fill in forms… (if they have) no access to Wi-Fi or a smart phone then they won't use the service*'.

One member told of her story of childbirth:

'*I called for an ambulance when I was in labour, but I ended up giving birth on my own at home and was then told to just come to the hospital for the baby to get checked over. I spent 1 hour in hospital, so they could check my daughter and then sent home. I have never had any eye care, offers of family planning or any support after the trauma of my daughter's birth and I had to push and demand for vaccines for my children*'.

Another member expressed community concerns with vaccines: '*Many don't trust the MMR and women won't give it to their children. They are afraid of autism*'.

'The recording of ethnicity needs to improve'
- Stakeholder

Wider stakeholders also highlighted the issue of inequity of access to healthcare. One stakeholder when questioned around the most significant mental and physical health issues affecting Gypsies and Travellers, responded that *'access is a big one for both the settled and 'moving' communities'*. Specific examples were given by stakeholders around inequities in access to primary care, due to registration issues, and also around immunisation services. Inequity in access to immunisation services and vaccination hesitancy were highlighted by stakeholders, particularly related to the Covid-19 vaccination. One stakeholder commented that: *'the vast majority still don't seem to have had the vaccine…do not want to have (it, and)… a lot have said they don't believe in it'*.

Another issue raised by one stakeholder, was around data intelligence and specifically the inaccuracies of ethnicity coding for Gypsies and Travellers within healthcare IT systems. They commented that nationally there are a *'really bizarre set of different codes… not fit for purpose… (and are) simply not right'*. So nationally, *'the recording of ethnicity needs to improve'* in order to successfully identify Gypsies and Travellers.

Education and Employment

Participation in secondary education and further education after the age of sixteen is low, with 25% of children not progressing into further education or employment [1,25]. They are also more likely to be excluded and absent from school [1,36]. Gypsies and Travellers consistently have the lowest school attainment of any ethnic group [1]

Barriers to educational attainment [2]
- Bullying and discrimination
- Schools not taking into account needs
- Parents not seeing the relevance of education and feeling that schools do not educate their children in a way that they would find acceptable

These educational attainment gaps extend into working life for Gypsies and Travellers. Employment rates are low and the community has the lowest rates of economic activity of any ethnicity [2].

'They left…. because of years of bullying because they were a traveller'

<div align="right">*-Interviewee*</div>

Educational inequalities were highlighted by some members of the Gypsy and Traveller communities when questioned around the underlying determinants of poor health and wellbeing. There was consensus amongst the majority of members that literacy levels including health literacy levels were poor amongst Gypsies and Travellers and that many were not literate. One member argued that '*a lot of problems start because of many children not going to school and hav(ing) low reading and writing abilities*'. Another member said that there was poor educational attainment amongst Gypsies and Travellers, with some leaving school early.

The views of wider stakeholders around education were largely negative, with several flagging a lack of education and literacy as one the most significant issues facing Gypsies and Travellers. Poor levels of education and illiteracy are then barriers for Gypsies and Travellers across the life-course, including when trying to access services, such as healthcare services and local welfare provision. One stakeholder (direct contact with the community) supported this, stating that: '*one of the biggest things, the biggest barriers is, if someone struggle(s) with reading and writing… (which the) vast majority do*'. A lack of health literacy was also specifically mentioned by one stakeholder which reinforces the evidence of barriers to healthcare access. Another stakeholder also alluded to the preference for Gypsy and Traveller families to home school their children, however, it is unclear how representative this view is due to gaps in local data.

There was mention by some stakeholders of issues around employment. One stakeholder flagged that Gypsies and Travellers were having to travel long distances to find work and another highlighted (through their job role in the council) that the employment needs of Gypsies and Travellers needed to be met.

There were differing views of wider stakeholders around digital access in the context of enabling education and employment. One stakeholder stated that Gypsies and Travellers had sufficient access to the internet and mobile devices in their experience and that they used this access for work and '*to decide where to move on to*'. Another stakeholder, however, said that in their experience families did not have access to the internet in the context of home schooling their children.
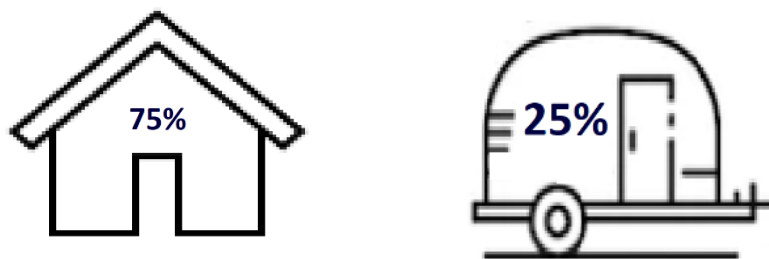
Nationally, approximately 75% of Gypsy and Traveller communities now live in bricks and mortar accommodation [13].

For the remaining travelling community, data is collected as part of the biannual 'caravan count'. The most recent data for England shows that there are 24,203 traveller caravans, the majority (88%) of which are on authorised land [39].

Overall, living conditions for Gypsies and Travellers are often poor [2,40]. There are specific issues with the standard of private rental accommodation and also with living environments. For instance, often sites are located in unfavourable locations [2,40]. There are also issues with the provision of suitable accommodation, with a lack of sites and barriers in planning applications nationally [2,40].

It has been recognised across the literature that there are a 'myriad of social, economic and health-related problems' as a result of inadequate housing [41]. For 'bricks and motor' Gypsies and Travellers, housing has been associated with long-term illness, poorer health state and anxiety [3]. For those travelling, local authorities do not legitimately recognise many Gypsies and Travellers and also the unfavourable locations of travelling sites promotes poor health in terms of pollution and noise levels. Gypsies and Travellers with the highest rates of self-reported 'bad/very bad/poor health' mainly live on unauthorised and roadside sites, local authority sites or in poor housing [40].

In 2015, Leeds GATE were commissioned by both Calderdale and Kirklees Councils to conduct a baseline Census for Gypsies and Travellers in these local authority areas [5,6]. In order to deliver this, 51 surveys were conducted over a fortnight by members of Leeds GATE. The majority of those surveyed were aged under 25 with few aged over 65.

The baseline Kirklees Census data reflects an estimated population size (145) similar to local Office of National Statistics (ONS) estimates as shown in **Table 2.** A range of accommodation was identified in the surveys; 'bricks and mortar' and 'non bricks and mortar'. More rural areas were found to have more privately-owned yards.

The local ONS Census data estimates that there are 158 Gypsies and Travellers living in Kirklees out of a total population of 422,458 people; equating to a prevalence of 0.04%. This figure is lower than the national prevalence of 0.1% [5,6]. If local Census figures are uplifted to this national rate, this increases the population estimate in Kirklees to 442 Gypsies and Travellers [5,6].

It should be emphasised that all the figures in **Table 2** are estimates due to recognised data limitations. The ONS data is likely to be unrepresentative due to: fear of self-identification, illiteracy and historical issues with recording ethnicity. Although steps were taken to tackle these limitations within the methodology for the baseline Census, by generating trust with the community and tailoring the questionnaire for those with low literacy, there were still additional limitations. These limitations were around: difficulties with snowball sampling such as duplication; the inability to survey certain postcodes; data collection during a finite period of time and persistent fear/lack of trust [5].

Bricks and Mortar	Non Bricks and Mortar	Baseline Census	Local ONS Census Data	Local ONS Census data as Percentage of general population	Population estimate at 0.1% uplift
35	110	145	158	0.04%	442

Table 2: estimated population size of Gypsies and Travellers in Kirklees based on 2015 Baseline Census survey data compared with local ONS Census estimates [5]

Qualitative information was also collected by Leeds GATE alongside the surveys for the baseline Census. There were a number of themes that emerged from the analysis of this data. Firstly, there was evidence of a 'historical connection to place' but that numbers of Gypsies and Travellers '*had been eroded over time through a lack of provision and the negative attitudes of authorities*' [5]. Under the theme of 'planning', there was the perception that this erosion of numbers was largely due to inadequate accommodation provision or an '*openly hostile attitude to those seeking planning permission to live in a trailer*' [5]. The final theme was around 'roadside provision'; there was common feeling amongst those surveyed that the two local authorities (Calderdale and Kirklees) managed roadside encampments in a less flexible way than other local authorities and that this was a key area for development.

'I would like that security of having a permanent home for me and my son'

-Interviewee

Community View

There were differing experiences amongst those interviewed around access to suitable housing or other accommodation. Three of the members lived in bricks and mortar housing and were happy with their living situation at the time. However, in one of these cases their

housing was temporary, and they feared the consequent instability: *'I don't feel stable and I'm not sure what will happen when I have to leave. I would like that security of having a permanent home for me and my son'*.

Two members also reflected on previously poor quality

accommodation. One lived in an area with *'a lot of drugs, theft, fights and cars racing by'* and another who lived in a privately rented house that *'had a lot of issues with it - repairs not being fixed… (it) was unsafe to live in'*. These same two members also reflected on how poor housing or other accommodation can negatively impact on health. In fact, one of these members felt that the biggest difference to their health and the health of the community generally would be *'quicker access to suitable housing - bricks and mortar and a site for caravans. Living in houses and houses that are not fit to live in, create a lot of mental health problems and stress'*. The other member emphasised how overcrowding on sites and within houses can lead to a lack of sanitation, illnesses spreading more easily and more accidents. This member had experienced the loss of their son due to a car accident on a busy site.

> *'The settled community doesn't realise why we park up on playing fields. It gets their backs up…but we have nowhere else and we have to find somewhere that is safe for our children… not by the roadside where they could get knocked down'*
>
> *-Interviewee*

The other community members did not expand further on their own living situation. However, one remarked that they knew of a lot of community members living in social housing in Kirklees. They again highlighted the lack of a site and also stopping places in the area: *'that there are no (Traveller) sites in Kirklees.…. We need one… we need more sites and stopping places'*. They also said that those who travel face difficult decisions about where to stop. Moreover, they emphasised the impact on health of 'moving on': *'we don't get a good sleep when we move because we often do it at night – under the cover of darkness, like a midnight flit'*.

Wider Stakeholder view

Wider stakeholders were unanimous in raising issues around housing and accommodation for Gypsies and Travellers in Kirklees when questioned around the most significant underlying causes of mental and physical health issues. The lack of local authority accommodation provision was raised by all. There are currently no sites, authorised encampments or negotiated stopping places currently in Kirklees, although land has been allocated with the intention of a site as part of the Local Plan. Issues were also raised by

some stakeholders around access to social housing and applying for this through the council.

Furthermore, the theme of 'accommodation negatively impacting on health' emerged amongst wider stakeholders. There were concerns from some stakeholders around the quality of accommodation for Gypsies and Travellers and how this results in poorer health and wellbeing. In travelling families specifically, stakeholders highlighted the negative impact on health and wellbeing that results from constantly being 'moved on' or evicted from stopping places. They emphasised the potential tensions associated with enforcement processes and the resulting strains, stresses and pressures on Gypsies and Travellers. This is illustrated by one of the stakeholders as follows: 'you could see the pressures…being moved week-in week-out… so tensions, you know, would sometimes be raised… so I had an appreciation perhaps of… the strain that they might be on them whilst they were… moving from (place to place)'. Another stakeholder also suggested that inadequacies in accommodation provision could be feeding into issues with healthcare access: 'a permanent site… would make obvious access to health services easier'.

One final point raised by some stakeholders, was that many Gypsies and Travellers live in bricks and mortar accommodation. This is supported in the national data. One stakeholder questioned whether this may be as a result of the pressures on Gypsies and Travellers, as outlined above, in response to being 'moved on' or evicted.

General socio-economic, cultural and environmental conditions

There are high levels of deprivation for Gypsy and Traveller households, this includes households with children [2,3,41]. Compared with the general population, these levels are 7.5 times higher for Gypsy and Traveller households [13]. This deprivation contributes to poor health outcomes for Gypsies and Travellers [2,3,41].

There is a lack of recognition of Gypsy and Traveller culture amongst the general population and this issue cross-cuts many of the other wider determinants as outlined.

As already outlined, environmental conditions and those around sites in particular, predispose Gypsies and Travellers to poorer health.

Community View
Some of the community members highlighted socio-economic issues as contributing to the poor health and wellbeing of Gypsies and Travellers. One of these members expressed that in their opinion, one of the main issues for Gypsies and Travellers in Kirklees is a '*low*

income… (with) families needing help with clothes and other baby equipment, but also vitamins and baby packs'.

'Lots of Travellers are on benefits but people don't really see that, and it can be for lots of reasons'

-Interviewee

Some of the community members also highlighted a lack of cultural awareness or recognition by the settled community when interacting with Gypsies and Travellers. One member expressed the need for Gypsies and Travellers to be treated as individuals '*even though (they are) from the same background*'. Another, described colleagues at their work expressing their discomfort when she discussed her culture with members of the public.

Wider Stakeholder view
Some of the wider stakeholders highlighted poverty as one of the most significant underlying causes of mental and physical health problems for Gypsies and Travellers in Kirklees. One stakeholder emphasised the inequalities: '*social and economic impact(s) (are felt by the community)… on a seemingly greater basis*'. Another stakeholder expanded further, saying that local welfare provision is insufficient in tackling poverty and inaccessible by the community due to literacy issues. This stakeholder also raised concerns specifically around fuel poverty and the future impacts of the current 'cost of living crisis' on the community.

Another theme which also emerged amongst wider stakeholders was around a lack of cultural awareness and also the importance of recognising individuals within their communities. One stakeholder explained that some latter generations may not identify with the terms 'Gypsy' or 'Traveller' due to their settled status, but on the other hand, that some individuals are more traditional with their historical roots and cultural practices. Another stakeholder emphasised the cultural differences between families and individuals that they had come across in their front-line work: '*they are all different… (and) you've got to reflect that, you can't not, they may be Travellers, but they are different families'.*

Additionally, some stakeholders raised issues of inadequate water supplies and sanitation for nomadic Gypsies and Travellers. This was an evolving situation during the Covid-19 pandemic where the council provided mobile toilets; this was considered an example of good practice by some stakeholders.

Gypsies and some Travellers are recognised as ethnic groups, and specifically Romany Gypsies, Scottish and Irish Travellers are recognised as races. All of whom are protected under the Equality Act [4]. Despite this, historically and present day, these groups have faced both overt and systemic discrimination and racism. There is evidence of discrimination and harassment from the general public and other authorities, including the police [42]. Moreover, a report by the Traveller Movement showed that 90% of a sample of their members had experienced discrimination due to their ethnicity [43]. There is evidence, that those living on unauthorised sites are most at risk [40].

Sustained systemic discrimination has bred a lack of trust, especially in the state and professionals, which is a recognised barrier to undertaking public health work with this population [2,3]. These issues again cross-cut many of the other wider determinants of health.

There is also evidence that Gypsies and Travellers are socially excluded and have low participation within their communities [2,42]. Racism and discrimination plays a large part here as evidenced.

During the course of this health needs assessment, on the 28th June 2022, the 'Police, Crime, Sentencing and Courts Act' was enacted. This gives police the powers to arrest Gypsies and Travellers on unauthorised encampments. However, currently there are no permanent or stopping sites for Gypsies and Travellers in Kirklees. The risk of this act, therefore, is that because the community are unable to stop in Kirklees, they will be at greater risk of arrest. Currently the impact of the Bill in Kirklees is unclear as there is no evidence available around its implementation.

Community View

All of the community members had experienced racism and discrimination in their lives. There were examples of both overt and systemic discrimination given by these members. The settings where members highlighted systemic discrimination were within healthcare, or schools; where themselves or their children had been bullied. One member said that the reason they home-schooled their children was because they didn't '*want them to face all the bullying (they) had as a child*'. Another said that they '*left school in (their) third year at secondary school because of years of bullying because (they were) a Traveller*'. There was a sense from member's stories that racism and discrimination is ingrained and spans throughout the life course.

'Gypsies and Travellers never report racism because we've had it all our lives. There are

groups that stand up against racism towards other people groups, but nobody stands up for Gypsies and Travellers'.

<div align="right">

-Interviewee

</div>

It was also apparent from the community interviews, that there are issues of racism and discrimination by members of the community towards other community members and also other ethnic groups. One parent was *'shamed by (their) family and community because (they) have a mixed-race child'*. Another member discussed their experience of racism at a community session for Gypsies and Travellers during the Covid-19 pandemic: *'one woman said if a Chinese man walked in the room right now that she would leave right away. One woman said that her son had some sunglasses from China, her mum made her bleach them three times and she still threw them in the bin afterwards'.*

Other themes that emerged amongst all community members when discussing their social and community networks were 'a lack of community cohesion', 'family networks' and 'crime'. The community members described divisions between Gypsies and Travellers and the settled community and also tensions within the community itself.

When discussing 'family networks', there seemed to be a reluctance for the community to talk about problems with loved ones, particularly around health and mental health specifically.

'There's a lot of mental health problems that people don't want to talk about because of pride. They want to pretend everything is fine, but people carry a lot of guilt and shame about not meeting certain expectations they feel their family wanted for them'

<div align="right">

-Interviewee

</div>

Another member described the 'chaotic lives' of families and friends serving as a negative example for their children. A final member described their story of leaving home because of a breakdown in their family network: *'I moved…because my family went against me for wanting to take my uncle to court for knocking down my son (who died from the accident) on the site'.*

The majority of community members had experienced crime both internally and externally to their community. Several members spoke of 'feuding' within the community itself which could lead to violent crime and accidents. Other members highlighted issues of domestic

violence, substance abuse and theft. One of these members felt that the introduction of easily accessible drugs to society was a key determinant of poor health and wellbeing for the community and that children were particularly vulnerable to this.

Additionally, individual community members discussed other aspects of their social and community networks. One member described Huddersfield in a positive light and said that *'being in a diverse town (had) helped (them) and (their) son'*. Another member talked of the issue of isolation of individuals from the wider community, particularly in the context of older people and children. On the other hand, a third member spoke of their need for privacy for the benefit of their mental health within the context of overcrowded conditions for Gypsies and Travellers: *'there's always someone there, but sometimes you just want or need to be on your own'*.

Wider Stakeholder view

A 'lack of community cohesion' emerged as a theme when talking with wider stakeholders. There were examples given by some stakeholders around triggers of community tensions, such as, a lack of sanitation and enforcement proceedings. One stakeholder also explained that there were tensions within communities: *'(with) different (Gypsy and Traveller) families, even families don't get on with other families'*. There was also an example given in an unauthorised encampment where such tensions had spilled over into crime with *'bricks (being) thrown at the caravans'*. Within this theme of 'crime', another stakeholder also emphasised that domestic violence was *'something that (they) see a lot (in their role)'*.

Some of these examples are also illustrative of the theme of racism, discrimination and bullying which emerged. Again, wider stakeholders gave examples of both overt and systemic discrimination. The more overt examples were of children being bullied in school, verbal abuse and negative media 'vitriol'. One stakeholder highlighted the challenges with Gypsies and Travellers   accessing primary care services:

An individual stakeholder also discussed family networks. They expressed that in their experience there were many lone parent families in the community and also instances where children had become 'looked after'. On this latter point, this stakeholder along with another highlighted the fear of social workers within the community and the negative impact that having a child placed into care has on parents' mental health and wellbeing.

Community Assets

Community view

Between all of the community members, they could only name two organisations that they felt were community assets in Kirklees for Gypsies and Travellers. Due to confidentiality, neither of these organisations can be disclosed publicly in this report.

Two of the community members were very positive in how one of these local organisations had supported them, as illustrated with the following quotes:

'There is nothing in Huddersfield that Gypsies and Travellers would get involved with other than going to X'.

'X really helps me, and I use this mainly to spend time with other people. They have helped me in the past with my accommodation… if I needed help with a form or to know more about a service, there are staff I know at X who can help. I'm confident to ask questions and very forward when I feel I need support, however I know most of the community are too scared to reach out as they have never accessed other services before'.

Wider Stakeholder view

When wider stakeholders were questioned around community assets within Kirklees, there were some commonalities that emerged. The majority of stakeholders signposted a primary care service accessible by those with no fixed address. However, there was also concern by some stakeholders that this was the only example that they were aware of in Kirklees and stakeholders expressed a desire for there to be a more diverse range of community assets for Gypsies and Travellers to access across Kirklees.

Other community assets that were highlighted by individual stakeholders were libraries and social prescribing link workers attached to primary care services.

Good Practice Examples

Community View

Community members were unanimous in their views that there were limited examples of good practice in Kirklees for Gypsies and Travellers. None of the members could think of any, as illustrated by this quote:

'I have never heard of anything in this area for the Gypsy and Traveller community'.

Most of the wider stakeholders felt that there were limited local good practice examples for Gypsies and Travellers or that they did not have sufficient knowledge of them.

Individual stakeholders, however, did highlight some good practice examples that they were aware of, some of which are specific to Kirklees:
- Basic amenities such as toilets were provided by the Kirklees Council enforcement team during the Covid-19 pandemic.

- Colleagues in the Kirklees Community Cohesion team demonstrated 'pockets of good practice' in this area with some links and contacts with Gypsy and Travellers from across the district.
- Kirklees Council have fostered relationships with Leeds GATE to advocate for Gypsies and Travellers.
- There is a welfare assessment conducted by Kirklees Council's enforcement team with Gypsies and Travellers who stop in the area.

National Examples:
- In Leeds, there are permanent sites and a 'toleration' of encampments where facilities and support are provided to the community.
- In North Staffordshire, there was a formation of an Interagency Group for improving services for Gypsy and Traveller families. This group included a Health Visitor and an Assistant Health Visitor whose remit it was specifically about working with Gypsy and Traveller families.

Barriers to Support

Some of the issues that have already been raised can be considered as barriers in improving the health and wellbeing of Gypsies and Travellers. In particular, the following wider determinants of health are 'cross-cutting': educational inequalities including illiteracy; racism and discrimination; a lack of cultural awareness and deprivation. Educational inequalities are particularly significant as they span a person's life course and transcend generations.

The specific barriers relating to healthcare have already been covered. However, other barriers that emerged in all of the community interviews related to a lack of awareness/knowledge, support, relationships and trust.

A 'lack of awareness and knowledge' is a barrier for both the community themselves and also the general public. From the perspective of Gypsies and Travellers, educational inequalities were emphasised, along with a lack of awareness of services and other sources of support. It was also felt that services are not catered to the needs of Gypsies and Travellers given that members of the general public are often culturally unaware.

Community view
A 'lack of support' was also noted by all community members. Examples were given from services across different sectors including healthcare and Kirklees Council was named specifically too.

A 'lack of relationships and trust' between the community and wider society was a key barrier emphasised by all. A lack of trust in professionals was particularly emphasised. Specific examples were given for healthcare professionals, social workers, health visitors and authorities including councils. Community members expanded further in providing underlying reasons for a lack of relationships and trust:

- Concerns around secondary agendas: *'what are (they) getting out of it'.*
- Fear: *'I know that most of the community are too scared to reach out (for help)'.*
- Judgement, racism and discrimination: *'she doesn't share she is a G&T and neither do others in Kirklees that she knows for fear of how they may be treated'.*
- People working in services are perceived to be *'(un)approachable'.*
- Media and social media: *'social media doesn't help with the trust… everyone gets worried'.*
- Pride, guilt and shame in asking for help: *'our people are too proud sometimes and feel that accessing support services means that you can't do it yourself'.*
- A lack of continuity of care:

'Services need some sort of continuity with their staff. It takes a while to get to know and trust people and then you don't want to have to have to share your information all over again'

-Interviewee

Other barriers in improving the health and wellbeing of Gypsies and Travellers were highlighted by some community members. Two members expressed that there was a reluctance in the community to discuss problems and particularly health problems openly, it seemed taboo to do so. The underlying reasons around this are thought to be due to pride, guilt and shame as already highlighted. One of the members, however, expanded further and felt that this reluctance stemmed from childhood where: 'as children (they are) told to be quiet and not speak up and (they think) that's why (they are) not good at accessing or even asking for help'. Another member also felt that a lack of self-esteem and confidence within the community prevented them from engaging with new people and consequently with services.

<u>Wider Stakeholder view</u>
The barriers that were most highlighted by wider stakeholders related to: a lack of awareness, knowledge or insight of Gypsies and Travellers' needs; a lack of trust and the nature of a nomadic culture.

There were specific examples given by stakeholders which illustrate the barrier of 'a lack of awareness, knowledge or insight', as follows:
- A lack of knowledge of the community and its prevalence in Kirklees: *'We don't know exactly the number of Gypsy /Traveller families in Kirklees'* and *'I'm sure (other stakeholders do have contact with people) …who are from Gypsy and Traveller communities, but there wasn't anybody (in the stakeholder meeting) who was aware that they did have. So, when you asked if they directly work with someone (in*

stakeholder meetings), everybody said no bar myself… and I'm sure they do, but just don't know'.

- A lack of cultural awareness: *'it's a real lack of understanding by the public service family in, in terms of the need and how people need to work differently with that community'.*
- Educational and training needs were flagged: *'(there is) a lack of training, education and awareness among the health workers and other workers'.*
- A lack of knowledge around services to signpost to: 'we do advertise where the Health Centres are that they can access etc. But we do know… that there are others who don't always offer that information'.
- A lack of specialist knowledge: '*I think one of the difficult things is that… the role that I perform is more of an information gathering, reporting role, rather than turning up and finding solutions (for the community) … I don't have the knowledge, authority or whatever to say, oh yes, we will be able to deal with that'.*
- Not knowing how to keep issues for this community on the agenda: '*what I don't have is the knowledge of how to do is, how do we make sure that the issue of Gypsy Traveller health is kept on the agenda, high up the agenda. I don't know how to do that'.*

The barrier of 'a lack of trust' appeared to be in professionals and services widely. There were specific examples relating to a mistrust of social services fearing that children would be taken away: *'they're scared of social workers getting involved…so they don't really want to tell as much'*. Also, a mistrust of enforcement teams with a lack of disclosure during welfare checks: '*we kind of find that (the community) don't want to tell us what their health issues are, whether it's physical or mental… generally the information that they share with us is quite limited'*. Interestingly, it also transpired from the interviews that there were some instances of mistrust of the community by professionals. There was a specific example given around enforcement teams requesting proof of a healthcare appointment which was subsequently found to not match up with records.

The nomadic culture of some Gypsies and Travellers was perceived as a barrier by wider stakeholders due to the subsequent impact that this had on registration with services (particularly primary care), a lack of continuity of care and loss to follow-up when moving out of an area. Some of these impacts are illustrated with the following quote: '*I do think a lot of (the underlying causes of ill health) seem to be down to…the nature of the Travelling community, the medical resources that they've got available is probably a lot more reduced than for you or I that have a fixed address… it's kind of the access to services that has a real underlying effect'*. Also, the movement of travellers, particularly when being 'moved on' by enforcement teams, was highlighted by some stakeholders as negatively impacting on health and wellbeing.

Additionally, the barrier of 'conflicting interests' was raised by a few stakeholders relating to the council's enforcement team carrying out welfare visits. There were opposing views around this issue. The position of Kirklees Council as a corporate landlord was acknowledged and there was recognition by some that the duties around repossession of land made it difficult to build the trusting relationships needed to conduct a welfare check. However, one stakeholder felt this was not an issue and they felt it wasn't as issue to have a bailiff present during welfare conversations.

Other barriers that were highlighted by individual stakeholders were:
- A lack of relationships with the community (this contributes to the mistrust as highlighted above).
- No specific role(s) within services to address the needs of Gypsies and Travellers.
- A perceived small number of Gypsies and Travellers in Kirklees meaning that their 'issues get lost'.
- A lack of human and material resources to divert towards the needs of Gypsies and Travellers.
- A lack of feedback on information that is passed on or reported to other services or agencies.
- The bureaucracy of services.

To expand on this final barrier further, one stakeholder articulated how difficult it can be for Gypsies and Travellers to navigate services such as local welfare provision, particularly in the context of deprivation and the educational inequalities that have already been highlighted. Such bureaucracy can also be compounded by the barrier of 'a nomadic culture', for instance, when paperwork and information needs to be shared between different areas.

Challenges

What was learnt as a project team

There were many challenges throughout the conduct of this HNA and steps were taken to mitigate against them.

As already outlined, there were no established relationships between the council and the community at the start of this health needs assessment process. To mitigate against the recognised barrier of trust in building these relationships, the council worked in partnership with Leeds GATE; consulting with them and their members throughout the conduct of the health needs assessment. Where there were existing relationships within a few VCS organisations within Kirklees, Leeds GATE looked to develop these relationships further.

Another key challenge was tackling the lack of knowledge around the community amongst wider stakeholders. This was particularly noticeable with the following areas: identification of the local community, data and intelligence, misconceptions and a lack of cultural understanding. In some cases, a lack of cultural understanding extended to the use of discriminatory language around the community by professionals. These instances were sensitively challenged by members of the project team. The team found that the largest

barriers in identifying the local community were the lack of existing relationships with the community and the lack established sites in the area. To mitigate against these barriers, Leeds GATE had to begin to use a 'grassroots' approach with a local organisation known to be attended by Gypsies and Travellers and utilise snowball sampling methods for participant recruitment. The data collection and analysis within this HNA we hope will go some way in mitigating against the recognised paucities in local data and intelligence. To address a lack of knowledge broadly including misconceptions and a lack of cultural understanding, Leeds GATE have led a series of training sessions for council staff throughout the conduct of this HNA.

Given these previous challenges, engaging with wider stakeholders around the issues facing the community was challenging. In order to enhance this engagement, the project team ensured that relevant stakeholders were approached across the breadth of the system whilst balancing those with power and interest. Also, the stakeholder meetings that were organised provided an opportunity for colleagues to learn, hear stories from people with lived experience and share their thoughts with peers. To maintain engagement after these meetings, 'Calls to Action' resources (Appendix 2) were circulated amongst stakeholders, and they were encouraged to commit to 'achievable actions' through their roles. To encourage the engagement of councillors, relevant portfolio members were briefed throughout, and internal processes were followed.

Finally, this work had been led by colleagues working in the Public Health Improvement Team. In order to move this agenda forward by implementing interventions to address the identified health needs, a systems approach is required and internal and external colleagues across the breadth of the system will have to take ownership and responsibility for driving change around these identified needs.

Potential Solutions

In the research literature several solutions have been described to address the health needs of Gypsies and Travellers and to reduce related inequalities.

A systematic review [29], highlighted several approaches that might successfully facilitate community engagement with Gypsies and Travellers and address inequities in healthcare services:

- Outreach and specialist roles.
- Cultural awareness training for healthcare staff.
- Collaborative working between healthcare services and Gypsy and Traveller communities.
- Addressing discrimination, accessibility and affordability within services.

A Health Needs Assessment in Leeds [3] identified solutions in addressing inequalities across the wider determinants of health and increasing opportunities for healthy living:

- A community health development approach to public health issues.

- Building trust using people already known to the community.
- Improving access to healthy food.
- Encouraging community cohesion.
- Engaging males in prevention and early treatment.
- Addressing barriers that females experience in access to health and wellbeing services.
- Increasing awareness and knowledge within Gypsy and Traveller communities of how to access health services.
- Working closely with outreach nurses.

Another study, examined strategies taken by a community-health partnership developed in a Covid-19 context [42]. The findings of this study showed that targeted mitigation interventions supported by health promotion strategies contributed in minimising the potential widening of health inequalities. The most common approach was to address social inequalities experienced by the most disadvantaged families and individuals. Culturally sensitive communications were also particularly important due to literacy barriers in accessing services.

Potential Solutions for Kirklees

Community members response

The community members proposed ways in which the health and wellbeing of Gypsies and Travellers could be improved. All members advised that trust and relationships needed to be built with the community and that services should be accessible.

In terms of accessibility services, the community members proposed ways in which this could be achieved equitably, as follows:
- Using health visitors.
- Providing information around sources of support and services via advertising, social media and word of mouth (information by word of mouth is often preferred within the community).
- Providing information around sources of support and services when members of the community arrive in an area.
- Offering the option of home visits.
- Offering 'drop-in' services.
- Offering initial and regular welfare checks.
- Offering continuity of care by using the same professionals.
- Offering services specifically for Gypsies and Travellers within an area.
- Offering choice within services e.g. the option of a female healthcare professional.
- Ensuring timely access to services.
- Ensuring that primary care can still be accessed even if Gypsies and Travellers move within an area.

In terms of trust and relationships, the community members expanded further around how this could be achieved. They emphasised that services and individuals need to demonstrate cultural awareness of the community to be able *'to understand and support (them) better'*. Also, that people should be treated as individuals because *'there's a lot of different ways of*

living and thinking (within the same community)'. Members also suggested that links needed to be built between services and the community. They also argued that a continuity of staffing within services would enable the building of relationships and trust.

Several community members also proposed ways that would facilitate engagement with the community:
- Working with the community to develop programmes and projects.
- Use of community champions to develop trust.
- Engaging with whole families rather than individuals.
- Working to identify the community in Kirklees, perhaps with the use of a liaison member of staff within Kirklees Council for Gypsies and Travellers.

Several community members also highlighted the need for further education and skills development for the community to improve their own health and wellbeing. Education around life skills such as food and nutrition, managing finances and health were highlighted. Members emphasised that the vehicle to deliver this education should be accessible for the community; *'all need to be easy to apply or register for'*.

Individual community members also proposed some further ways in which the health and wellbeing of the community could be improved:
- Through advocacy services.
- Building self-esteem within the community.
- With the support of Kirklees Council and links within the council.

Wider Stakeholders response

From the perspective of wider stakeholders, potential solutions to address the needs of Gypsies and Travellers can be derived from the themes emerging from the questions around perceived roles and good practice examples.

These overarching themes and related concepts are as follows:

1. Working with and for Gypsies and Travellers:
   - Partnership working.
   - Advocating for the community and working with advocacy organisations.
   - Linking in with other organisations and partners.
   - Linking with the community and building relationships and trust with them.
   - Offering informal advice to Gypsies and Travellers around their health and other needs.
   - Recognising that Gypsies and Travellers pass on information by 'word of mouth'.
   - Aligning strategic aspects with the operational side of Kirklees Council.

2. Ensuring equity:
   - Adapting and adjusting services to meet the needs of Gypsies and Travellers.
   - Ensuring basic amenities are provided for those Gypsies and Travellers who stop in Kirklees.
   - Using health visitors to engage with the community.

- Offering informal advice that is accessible.
- Offering 'drop-in' health services and other services.
- Offering outreach services.
- Offering choice within services where possible.
- Signposting to services and ensuring accessibility.
- Directing resources towards meeting the needs of Gypsies and Travellers.
- Including Gypsies and Travellers within Health Impact Assessments.
- Ensuring that Gypsies and Travellers have transient and fixed sites in Kirklees.

3. Increasing the awareness, insight and knowledge around the community and their needs:
   - Sharing information within and between organisations.
   - Creating communities of practice for Gypsies and Travellers.
   - Encouraging the development of specialist expertise in meeting the needs of Gypsies and Travellers.
   - Developing data intelligence systems to provide quantitative data.
   - Learning from the lived experienced of individuals.

Priority Health Needs

There were twenty-one health conditions and wider determinants of health which were identified as needs for Gypsies and Travellers in Kirklees in the analysis (see **Appendix 1** for a list of these conditions and determinants). These were collated from the individual interviews with members of the Gypsy and Traveller communities and discussions within the stakeholder meetings.

These conditions and determinants were assessed in terms of their impact on the population; the severity of each condition and determinant was considered here as the recognised paucities in data precluded assessment based around size. To assess severity, stakeholders in this working group considered how these conditions/determinants impacted on: 'role functioning', other conditions (i.e. if they are cross-cutting), long-term health and mortality. The conditions and determinants which were assessed as 'high severity' and therefore 'high impact' in this case are as follows:
- Child health.
- Maternal health.
- Mental health conditions.
- Low income/deprivation and reliance on local welfare provision.
- Poor quality accommodation/living conditions.
- Inequity in access to healthcare.

Subsequently, these conditions and determinants were assessed in terms of their 'changeability'. This was based on the subjective opinions of the stakeholders present (representative of the breadth across the council) of whether these issues could be changed, considering the three levels of prevention and council policies. The conditions and determinants which were assessed as 'high changeability' and, therefore, can be considered as the final priority needs for the community, were as follows:

- Mental health conditions.
- Inequity in access to healthcare.
- Poor quality accommodation/living conditions.
- Maternal Health.

RECOMMENDATIONS

All Partners

1) Build relationships with Gypsies and Travellers to ensure that we hear their voices, learn from their lived experience and build relationships with them.

2) Ensure that partners take a proactive approach in the identification of the Gypsy and Traveller community in Kirklees.
   - Key aspects to this will be:
     - Continuing to work in partnership with Leeds GATE, using a grassroots approach and existing resources to identify settled and nomadic members of the community.
     - Ensuring that partners across the system include Gypsies and Travellers in their demographic data collection.
     - Ensuring that partners across the system creates an environment that supports Gypsies and Travellers to disclose their ethnicity when collecting demographic data.

3) Develop cultural awareness of Gypsies and Travellers across Kirklees and with the general public by enabling access to training, supporting and proactively celebrating Gypsy and Traveller culture

4) Partners to support Gypsies and Travellers in Kirklees by upskilling through training, sharing knowledge and creating spaces to share good practice.
   - Options include:
     - Training sessions delivered by Leeds GATE particularly for front-facing colleagues, councillors and service areas that emerged as priorities through the HNA (education, housing, healthcare, mental health).
     - Creating communities of practice or working groups to share knowledge and good practice amongst partners.
     - Continuing to feed into regional networks for Gypsies and Travellers.

5) Strengthen local data intelligence around Gypsies and Travellers to enable ongoing assessment and monitoring
   - Options include:
     - All partners across Kirklees to include Gypsies and Travellers in their demographic collection and recording.
     - Collecting data from the community as part of local surveys such as the CLIK and Children and Young People's surveys.
     - Proactively working with and listening to Gypsies and Travellers in order to gain further lived experience insights.

6) Tackle bullying, discrimination, and racism towards (and by) Gypsies and Travellers.
   - Options include:
     - Developing cultural awareness (as per recommendation 3).
     - Ensuring appropriate challenge of these issues amongst internal and external partners.
     - Reviewing systems of reporting for these issues amongst internal and external partners.
     - Training of key partners across the breadth of the system (as per recommendation 4).

All Partners ctd…

7) Ensure equity of access to services across the breadth of the system for Gypsies and Travellers by making reasonable adjustments.

Key areas of focus should be:
- Education services both for children and adults.
- Healthcare services.
- Housing services.
- Financial services and Local Welfare Provision.

Key aspects to consider will be:
- Ensuring that Gypsies and Travellers can register with services even if they do not have a fixed address.
- Supporting Gypsies and Travellers to access services in view of the barriers that they face.
- Services working flexibly with Gypsies and Travellers in order to meet their needs, especially if they are nomadic.
- Reviewing standard practices and adjusting these to meet the needs of Gypsies and Travellers.

Options include:
- Offering accessible information around sources of support for the community.
- Offering a liaison colleague(s) within organisations and services to act as a point of contact for Gypsies and Travellers.
- Dedicated services for the community or dedicated members of staff within existing services.

Local Authority

1) Work with internal and external partners to ensure a commitment to addressing the needs of Gypsies and Travellers and reduce related inequalities.
   a. Key aspects to this will be:
      - Working with partners across the breadth of the system, recognising the multifaceted needs of the community both nomadic and bricks and mortar.
      - Working with front-facing partners who will have direct access with the community.
      - Working with councillors to develop their understanding around the needs of the community and enabling them to effectively support Gypsies and Travellers.
      - Continuing our relationship with the regional group around this agenda made up of five West Yorkshire places and Leeds GATE.
      - Working with the regional group to produce recommendations for the West Yorkshire Integrated Care System.
      - Developing our relationship with the West Yorkshire Integrated Care System and linking in with their work around Gypsies and Travellers.
      - Developing relationships between place-based organisations and community anchors.

Local Authority ctd…

2) Ensure adequate provision of good quality accommodation for both settled and nomadic Gypsies and Travellers to address the health inequalities experienced by this community.
   a. Key aspects to this will be:
      - Working with colleagues across the council to explore options and feasibility around negotiated stopping, authorised encampments and delivering a permanent site on identified land in Kirklees; following best practice examples to guide.
      - Working with housing colleagues to ensure 'healthy homes' across different tenures.
      - Ensuring that nomadic Gypsies and Travellers have access to basic amenities such as clean water and sanitation.

3) Ensure that the needs of Gypsies and Travellers are reflected in the council's priorities and strategies and that these priorities and strategies are operationally aligned.
   Key priorities and strategies will be:
      - The three 'top tier' council strategies (Kirklees Health and Wellbeing Strategy, Economic Strategy, Inclusion and Diversity Strategy).
      - Suicide Prevention Plans.
      - Kirklees Joint Strategic Assessment.
   A key aspect to this will be ensuring that Gypsies and Travellers are considered as a target group for interventions and supports that are commissioned by the council.

4) Support the community to access financial support and ensure that Gypsies and Travellers are included in council strategies and policies to address the underlying causes of poverty.
   - Key aspects and options to consider are common to recommendations 7 and 10.

5) Review current practice around the statutory welfare check that is conducted by the local authority for all Gypsy and Traveller encampments and develop this to ensure that the holistic needs of Gypsies and Travellers are identified through this check
   Key aspects to this will be:
      - Recognising the challenges of carrying out eviction proceedings alongside the welfare check.
      - Options here could be:Other professionals or organisations supporting enforcement teams with the welfare check.

6) Ensure that communications by the council are inclusive of Gypsies and Travellers.
   Key aspects to this will be:
      - Training of communication colleagues to strengthen their awareness around culture and needs (as per recommendations 3 and 4).
      - Ensuring that communications are accessible for the community, both in terms of language and literacy level.
      - Promoting positive media messaging around the community.
      - Reviewing out-facing council communications, including on the council's website.

7) Support Gypsies and Travellers across the life course to develop their knowledge, skills and aspirations.
   Key aspects to this will be:
      - Working with our education colleagues to support children in going to school by addressing the barriers that preclude their participation.
      - Working with our education colleagues to support adults in developing basic literacy, numeracy and life skills.
      - Empowering the community to support themselves.
   An option here could be:
   - Developing an offer around a specific education colleague in the council responsible for supporting the educational needs of Gypsies and Travellers.

Health Sector

1) Ensure equity of access to healthcare services for Gypsies and Travellers by making reasonable adjustments.
   - Key areas to prioritise will be:
     - Children's and maternity services.
     - Vaccination services.
     - Mental health services.
   - The key aspects to consider will mirror those for services across the breadth of the system (see recommendation 7).
   - Options here could be:
     - Offering community outreach services.
     - Offering informal advice to Gypsies and Travellers around supporting their health needs.
     - Offering 'drop-in' services.
     - Developing an offer around a health visitor for the community.
     - Developing an offer around specialist healthcare services for the community or dedicated members of staff within existing healthcare services.
     - Offer continuity of care by using the same health professional
     - Providing information around sources of support and services via advertising, social media and word of mouth and offering this to members who arrive to an area temporarily.

2) Prioritise the mental health of Gypsies and Travellers recognising the significant inequalities that exist and the stigma around mental health within the community.
   - Options here could be:
     - Building on existing suicide prevention work undertaken with the community.
     - Targeted training around the needs of Gypsies and Travellers with mental health providers.
     - Targeted communications by mental health providers towards the community to stimulate engagement.

Third Sector

1) Work with partners to strengthen community participation both within the Gypsy and Traveller community itself and also with the general public.
   - Key aspects to this will be:
     - Creating opportunities where members of the community can meet safely to talk and connect with each other.
     - Widening access to community spaces.
     - Supporting community anchors to respond quickly to families when they move into an area.

Conclusions

Gypsies and Travellers face stark inequalities across health and its wider determinants. This is reflected in the community suffering the poorest health outcomes and lowest life expectancy of any ethnic group in the UK.

Through the process of this Health Needs Assessment, the most significant health needs that were identified were around child, maternal and mental health. The most significant wider needs that were identified were around: access to healthcare services; poor living conditions and inadequate accommodation provision; a lack of community cohesion and isolation and also crime. Moreover, there were several significant wider needs identified which can be considered 'cross-cutting' as they affect all conditions where Gypsies and Travellers live and work including their community networks. These cross-cutting themes were: racism and discrimination; a lack of cultural awareness; poor educational attainment and low income and deprivation. The needs that were assessed as the highest priority to address by a representative group of stakeholders were around mental health, access to healthcare services and poor living conditions.

There were a number of barriers identified in addressing the needs of Gypsies and Travellers to improve their health and wellbeing. Firstly, the cross-cutting themes can be considered as significant barriers in themselves. Additionally, other common barriers that were highlighted through this health needs assessment were: a lack of knowledge, support, relationships and trust and practical difficulties with the nomadic lifestyles of some Gypsies and Travellers.

There were concerns generally from participants around limited community assets and good practice examples in Kirklees.

Several potential solutions were proposed across a variety of sources to address the needs of the community as follows.
- Colleagues should work with and for the community, in partnership, in order to foster links, relationships and build trust.
- There should be increased knowledge, insight and awareness (including cultural) around the community and practical ways of achieving this were detailed.
- Empowering professionals to be able to support the community and empowering the community to support themselves.
- Equity should also be ensured, including accessible services; several reasonable adjustments were proposed around how this could be achieved.

Finally, now that the health and wellbeing needs and the most urgent priorities have been identified, the recommendations should be taken forward by council partners in order to improve the health and lives of Gypsies and Travellers and reduce related inequalities. We should continue to work with the community and in partnership with colleagues, as we have done throughout the cycle of this HNA, in order to achieve this.

APPENDICES
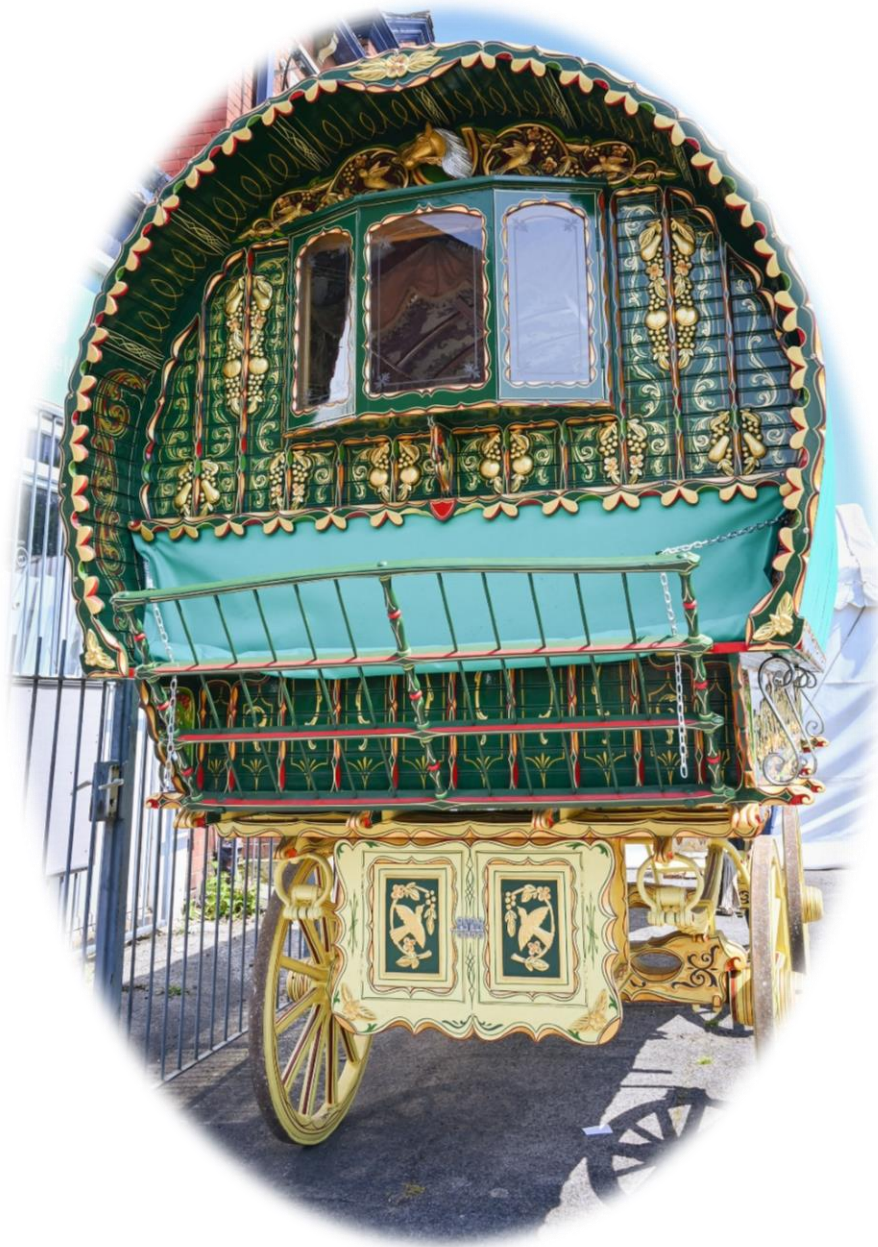
List of the health conditions and wider determinants which were assessed in terms of their impact and changeability by stakeholders to agree final priority needs

Health Conditions
- Child health:
    o Neonatal/infant deaths.
- Maternal health:
    o Pregnancy complications e.g. miscarriages.
- Mental health conditions:
    o Depression, anxiety, substance misuse, self-harm/suicide.
- Accidents and injuries:
    o Childhood accidents, Road Traffic Accidents.

Wider Determinants of Health
Healthcare
- Inequity in access to healthcare.
- Crisis/late presentations.
- Specific issues highlighted with:
    o Maternity care.
    o Vaccination services.

Education and Employment
- Poor educational attainment.
- Poor literacy levels/illiteracy (this includes health literacy).
- Bullying.

Housing and accommodation
- Lack of provision/access to suitable accommodation – lack of bricks and mortar housing, sites, authorised encampments, stopping places.
- Poor quality of accommodation/living conditions.
- Poor living environments.
- Negative impact of enforcement processes and being 'moved on'.

Socio-economic, cultural and environmental conditions
- Low income/deprivation and reliance on local welfare provision.
- A lack of cultural recognition/awareness.

Social and community networks
- Overt and systemic discrimination and racism.
- A lack of community cohesion.
- Social exclusion/isolation.
- Crime – e.g. violence including domestic violence, drugs, theft.

Health Needs Assessment Call to Action

Gypsies and Travellers experience some of the worst health inequalities in England.

You have a vital role to play in taking steps towards identifying and supporting Gypsy and Traveller communities and influencing positive change.

Take a look at our list of potential action ideas below and add your own.

Please identify one action to take by the end of February 2022.

Ideas to get you started...

✓ Ask local people to get in touch if they identify as a Gypsy or Traveller and get to know them (maybe over a cuppa!). What do they want from your service?

✓ Ask them if they are interested in having their views heard as part of the health needs assessments using the resources we've provided you with.

✓ Check the language you use when describing the work - ensure it's accessible and relatable.

✓ Review your monitoring forms and add: Romany Gypsy, Irish Traveller, Scottish Traveller, Welsh Traveller, as categories.

✓ Review a key strategy or action plan and include Gypsies and Travellers.

✓ Include images of Gypsies and Travellers in your publicity.

Already working with Gypsies and Travellers?
Great! What else can you do and how can you share it with us?

Supported by

Kirklees COUNCIL

LEEDS GATE

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